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**HEALTH POLICY
INITIATIVE**

Semi-Annual Report, Task Order I

**October 1, 2007–March 31, 2008
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), Futures Institute, and Religions for Peace.

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USAID Task Order No.	GPO-I-01-05-00040-00
Location	Washington, DC
Title	USAID Health Policy Initiative, Task Order 1
Activity Description	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.
Achievements	Task Order 1 implements a comprehensive and challenging set 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. To date, the project has received field support funds from 32 country or regional programs. The bureaus for Africa, Asia and the Near East, Eastern Europe and Central Asia, and Latin America and the Caribbean also provide funds for HPI to support their regional activities in health, HIV/AIDS, family planning, and contraceptive security. For the period from October 1, 2007 to March 31, 2008, we report 72 results in 20 country and regional programs.
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ABBREVIATIONS

AFR	Africa region
AIDS	acquired immune deficiency syndrome
ANE	Asia/Near East (region)
AO	activity objective
ART	antiretroviral therapy
ARV	antiretroviral
BGH	Bureau for Global Health
CA	cooperating agency
CBD	community-based distribution
CBDs	community-based distributors
CDC	Centers for Disease Control and Prevention
CEDPA	Centre for Development and Population Activities
CIT	contextual interaction theory
CME	constructive men's engagement
CPR	contraceptive prevalence rate
CS	contraceptive security
CSO	civil society organization
CTO	cognizant technical officer
DHS	Demographic and Health Survey
ECSA	Eastern, Central, and Southern Africa
EECA	Eastern Europe and Central Asia
FBO	faith-based organization
FHI	Family Health International
FP	family planning
FP/RH	family planning/reproductive health
GBV	gender-based violence
GIPA	greater involvement of people living with HIV
GLP	global leadership priorities
GWG	Gender Working Group
HIV	human immunodeficiency virus
HOP	headquarters operational plan
HPI	USAID Health Policy Initiative
HSA	health service assistants
HVC	highly vulnerable children
IA	innovative approach
IDP	internally displaced persons
IEC	information, education, and communication
IGWG	Interagency Gender Working Group
IQC	indefinite quantity contract (USAID)
IR	intermediate result
LAC	Latin American and the Caribbean (region)
MARP	most-at-risk population
MC	male circumcision
MDGs	Millennium Development Goals
M&E	monitoring and evaluation
MENA	Middle East and North Africa
MH	maternal health
MOH	Ministry of Health

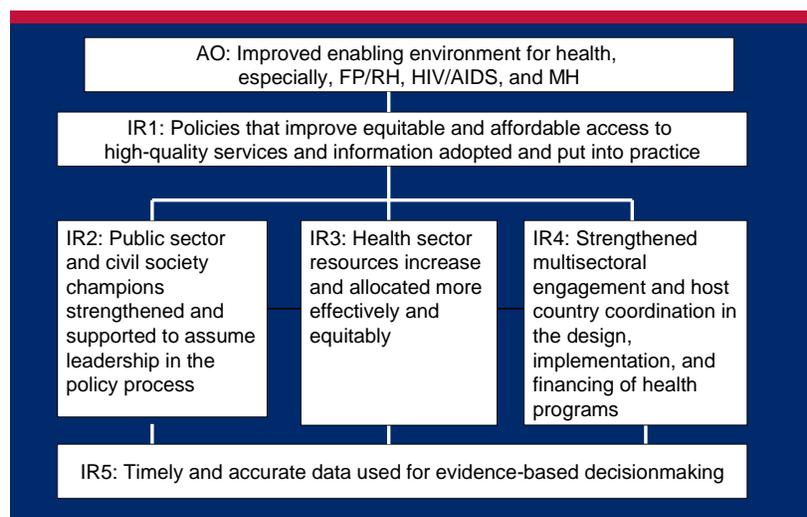
MSM	men who have sex with men
NGO	nongovernmental organization
OBA	operational barriers analysis
OP	operational plan
OGAC	Office of Global AIDS Coordinator
OPRH	Office of Population and Reproductive Health
OVC	orphans and vulnerable children
PAC	postabortion care
PEP	post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PEWG	Poverty and Equity Working Group
PLHIV	person living with HIV
PMP	Performance Monitoring Plan
PMTCT	prevention of mother-to-child transmission of HIV
PRSP	poverty reduction strategy paper
QA	quality assurance
RH	reproductive health
RHAP	Regional HIV/AIDS Program (Southern Africa)
RCH	reproductive and child health
RHSC	Reproductive Health Supplies Coalition
RMA	Resource Mobilization and Awareness Working Group
RNM	Resource Needs Model
S&D	stigma and discrimination
STI	sexually transmitted infection
TA	technical assistance
TB	tuberculosis
TD	technical development
TO	task order
TOR	terms of reference
TOT	training-of-trainers
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
USAID	U.S. Agency for International Development
USG	U.S. government
VCT	voluntary counseling and testing
WG	working group
WHO	World Health Organization
WRA	White Ribbon Alliance

I. Project Description: Health Policy Initiative

“Unlocking the Power of Policy” was the theme for the project’s 2008 Technical Development Week in Washington, DC. This catch phrase also identifies the scope of work Task Order 1 of the USAID | Health Policy Initiative (HPI). The project’s overarching objective is to foster an *improved enabling environment for health, especially family planning/reproductive health (FP/RH), maternal health, and HIV/AIDS*. Task Order 1 uses five primary approaches to achieve its objective:

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

HPI Results Framework



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 (TO1) 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 Religions for Peace. The Futures Institute and Cultural

Practices are also active subcontractors on TO1. Task Order 1 is now halfway through its expected five-year project cycle.

Task Order 1 serves as the IQC's primary mechanism for supporting new and original activities in policy dialogue and implementation that cut across countries or may be applied in several settings. Core funds are also used to monitor overall HPI progress, compile and disseminate knowledge and lessons learned across the IQC, and share data and tools produced by all IQC holders. In addition, TO1 implements activities funded by regional bureaus, USAID regional programs, and USAID Missions. Country-specific programs integrate activities across HPI's five intermediate results (IRs) to the extent possible. HIV/AIDS funds are programmed according to the priorities of the President's Emergency Plan for AIDS Relief (PEPFAR).

This report summarizes HPI-TO1's main activities and achievements for the period from October 1, 2007, to March 31, 2008. In recognition of the diverse funding streams for TO1, this semi-annual report is organized according to the source of funds. Following a presentation of the project's results during this reporting period, the remainder of the report includes a description of core-funded activities pertaining to FP/RH, maternal health (MH), and HIV; and summaries of country and regional activities carried out with field support.

II. Overview of Project Achievements and Results

A. Overview of Project Achievements

HPI Task Order 1 continues to make great strides toward achieving its Activity Objective of “improving the enabling environment for health, especially FP/RH, maternal health, and HIV/AIDS.” This will be showcased throughout this semi-annual report. A highlight of this past reporting period was the first Technical Development (TD) Week organized under HPI. The week’s theme—Unlocking the Power of Policy—echoed HPI’s mandate to use policy formulation and implementation to foster an enabling environment for health, and emphasized the role of policies in helping programs to achieve their goals. More than 40 field staff from 20 countries attended TD Week and a number stayed for the follow-on training week. Together, the two weeks served to update technical skills and share lessons learned across the project. To facilitate further sharing among staff, presentations and materials from TD Week and training week are on the Intranet and have been put on CD and mailed to country offices.

For achievements this period, we present 72 results emanating from a combination of field activities and the application of technical tools and approaches created with core funds. At the country level, HPI has received field support funds from 32 countries or regional programs since project inception. We are currently working in 23 country or regional programs, including two startups in the Democratic Republic of Congo (DRC) and Senegal. At the same time, several countries completed work under Task Order 1 during this reporting period: China, Haiti, Peru, South Africa, and Ukraine.

On the population side of the portfolio, HPI addresses major policy concerns of the Office of Population and Reproductive Health (OPRH), such as repositioning family planning in Africa; ensuring that a full range of contraceptives continues to be available to all who need and want them; improving equitable access to and uptake of services, especially for the poor and other disadvantaged groups; and increasing gender equity. We have made considerable headway in designing new tools and approaches in support of HPI’s key areas of emphasis and are pilot-testing them in OPRH’s priority countries.

Policy Implementation Assessment Tool

As a result of the Guatemala application of the Policy Implementation Assessment Tool (PIAT), the Congress signed a memorandum of understanding with civil society to establish a Monitoring Board for Reproductive Health. The in-country team also plans to adapt the tool to assess the HIV section of the Social Development and Population Policy. In addition, the tool has generated considerable interest from field programs. A second pilot test is underway in India and other country programs, such as Kenya and DRC, are planning their own applications of the tool.

We continue to address the project’s crosscutting issues of gender; poverty and equity; and human rights, stigma, and discrimination in core and field activities and have completed Round 1 of the Gender Integration Index to ascertain the extent of gender integration in HPI’s country programs. A new focus is on training service providers and community members to reduce stigma and discrimination in the provision of FP/RH care to HIV-positive women.

Maternal health (SO2) core funds are being used to help countries increase access to high-quality, affordable, and comprehensive maternal health services for all women. The White Ribbon Alliance

(WRA) assists its country alliances in a variety of ways from regional training courses to the dissemination of technical information and the provision of direct technical assistance to partners. Increasing the number of champions for safe motherhood is an integral component of achieving significant improvements in maternal health. These champions have a crucial role to play in strengthening political will, encouraging the mobilization of resources, and monitoring accountability for improved maternal health programs. After a year's work with key stakeholders in Yemen, in October 2007, the Yemen WRA was registered with the Ministry of Social Affairs. The group immediately began leveraging support for safe motherhood from a range of government entities and was successful in mobilizing \$10,000 from the Prime Minister to support the activities of the local alliance.

In the HIV core portfolio, HPI responds to priorities of the Office of HIV/AIDS (OHA), the Office of the Global AIDS Coordinator (OGAC), and the OGAC technical working groups in the areas of gender, orphans and vulnerable children (OVC), models, and male circumcision. Male circumcision work focuses on two key areas: costing for policy decisionmaking and guidelines for policy development and implementation. Another implementation focus is examining economic and other barriers for accessing antiretroviral (ARV) treatment. We continue to develop and apply innovative tools and approaches to address stigma and discrimination (S&D), such as the pilot-test of a citizen monitoring mechanism to help local partners identify and reduce S&D barriers to HIV services.

An ongoing challenge is to reach out across countries to improve our communications and knowledge management. We continue to add to the series called "Approaches that Work" to showcase technical resources available on topics such as economic analysis, poverty and equity, and workplace initiatives. To make information more accessible to field staff, we are developing multimedia virtual training modules to accompany the series. We are also sharing our information and approaches with the broader IQC and cooperating agency (CA) community through our technical website, and this period we completed guidelines and a content management system for new task orders to post information, materials, and success stories.

B. Cumulative Project Results (as of March 31, 2008)

HPI is making considerable progress toward its end-of-contract targets. Through March 31, 2008, HPI achieved 240 results in 26 country or regional programs. Results have occurred fairly evenly across all regions: 72 for Africa; 78 for Asia and the Near East (ANE) (including Ukraine); and 82 for Latin America and the Caribbean (LAC). Table 1 shows the distribution of results to date for all countries where Task Order 1 has worked. Table 2 shows progress toward achieving contractual targets for results.

Table 1. Cumulative Results by Country, through March 31, 2008							
Country	AO	IR1	IR2	IR3	IR4	IR5	Total
Africa							
Botswana			2	1		1	4
DR Congo			1				1
Ghana						1	1
Kenya		1	5	5	2	2	15
Madagascar							
Mali		3	2	1	1	2	9
Mozambique		6			2	1	9
RHAP						1	1
Rwanda						2	2
Senegal							
South Africa	1	3	3	2	1	3	13
Tanzania		1	5	2			8
West Africa Region		4				1	5
Asia and Near East							
China	1	1	3	4		2	11
Egypt							
India							
Indonesia						1	1
Jordan		1		3	3	1	8
Mekong Region						1	1
Nepal			1				1
Vietnam	1	5	3	5	2	1	17
Yemen						1	1
Europe and Eurasia							
EECA Bureau							
Ukraine	1	20	5	1	6	5	38
Latin American and the Caribbean							
LAC Bureau			1	2	2		5
Dominican Rep.							
Guatemala		5	9		1	1	16
G/CAP		1	3	1	2		7
Jamaica			4	3			7
Haiti							
Mexico	2	4	11	5	1		23
Peru	1	9	3	4	3	4	24
Global (WRA)			5	3	1		9
Total Results	7	64	69	42	27	31	240
Total Countries	6	14	17	14	12	18	26

Level	# of Indicators Required	Target	Achieved
AO	At least 1	All countries	6 countries
IR1	At least 1	12 countries	14 countries
	At least 2	10 countries	7 countries
	At least 3	5 countries	5 countries
IR2	At least 1	12 countries	17 countries
	At least 2	10 countries	12 countries
	At least 3	5 countries	7 countries
IR3	At least 1	12 countries	14 countries
	At least 2	10 countries	3 countries
	At least 3	5 countries	0 countries
IR4	At least 1	12 countries	12 countries
IR5	Data used (5.2)	12 countries	11 countries
	Tool applied (5.1 or 5.3)	5 countries	10 countries

Three countries—Mexico, South Africa, and Vietnam—have improved the policy environment for health by virtue achieving results in at least four of the five IRs, culminating in an activity objective (AO)-level result (# of countries where results are achieved in at least four of the five IRs in the same substantive area). A brief overview of their improved policy environments is included below.

Country	AO	IR1	IR2	IR3	IR4	IR5
Mexico: HIV	2	4	11	5	1	
South Africa: HIV	1	3	3	2	1	3
Vietnam: HIV	1	5	3	5	2	1

- In **Mexico**, HPI has achieved its overall activity objective of fostering an improved enabling environment for health. We have strengthened workplace policies, engaged policy champions, fostered greater multisectoral cooperation, and increased resources available for HIV. These results reflect the enormous impact that HPI has had on improving Mexico's HIV policy environment. We helped to establish the first National Business Council on HIV/AIDS (CONAES). Since its launch, numerous companies have enacted first-ever workplace HIV policies. We have supported policy champions, enabling them to change state marriage laws to end discrimination against PLHIV, to fight for the establishment of nondiscrimination laws that include PLHIV, to change the composition

of state AIDS decisionmaking bodies to include civil society representatives, and even to successfully argue a landmark Supreme Court case outlawing discrimination against PLHIV in the military. We have worked to increase the participation of women affected by the epidemic in the policy process by fostering the foundation of new networks and helping them advocate for the needs of women. We have worked with local partners to increase funding for prevention, workplace initiatives, and for the empowerment of women living with HIV. We have helped indigenous peoples gain a voice in the policymaking process, and continue to support the development of policies that address their needs. We have worked closely with state media outlets to ensure that PLHIV are represented accurately and respectfully. We helped with the adoption of the first national AIDS policy. Finally, we have helped to foster increased funding for human rights and HIV in Mexico and throughout the region. As a result, Mexico's HIV policy environment is more inclusive, more responsive to stakeholders' needs, and less characterized by stigma and discrimination than it was when the project began.

- In **South Africa**, HPI has achieved its overall activity objective of fostering an improved enabling environment for HIV treatment, care, and support. We have worked with government partners to develop and revise workplace HIV policies and to overcome barriers to their implementation. We have created new tools to combat stigma and discrimination, including *To the Other Side of the Mountain*, a toolkit for trainers, opinion leaders, and PLHIV on how to challenge stigma and discrimination in society; and a technical assistance guide for designing HIV/AIDS policies that was adopted by the Department of Public Service and Administration (DPSA). Those we have trained in the use of these tools have gone on to train others, with one individual training 69 people in two provinces. We have cultivated strong relationships with religious and traditional leaders, resulting in an increase in their commitment to HIV prevention and the beginning of efforts to mitigate HIV-related stigma. As a result of our work, both the National House of Traditional Leaders and the National Baptist Church of Southern Africa have officially adopted national HIV capacity-building programs that are being implemented at the national, provincial, and district levels. We contributed to the creation of a Postgraduate Diploma Program in HIV and AIDS Management that has helped public sector and civil society champions to become leaders in the HIV policy process, in South Africa and beyond. We have collaborated with partners from government, civil society, and academic institutions to design a new executive leadership training program to train business leaders to provide leadership in the national response to HIV. Our training has enabled provincial officials to mobilize additional funding for HIV activities. Altogether, our work has improved the environment for HIV in South Africa by bringing key champions into the fight against HIV, by giving PLHIV and their advocates new tools to fight stigma and discrimination, by improving the workplace HIV environment through the development of new guidelines and policies, and by helping to build sustainable training programs that will produce future generations of leaders and advocates.
- HPI has contributed to an enormous improvement in **Vietnam's** HIV policy environment. We provided technical and financial support for the development of key policies and guidelines that strengthened the legal and policy framework for HIV and supported equitable access to high-quality HIV services. As a result, access to ARVs in Vietnam is increasing rapidly: from fewer than 500 people in 2003 to more than 12,000 in 2007. These policies include, the National Guidelines on ARV and OI Treatment, the National Palliative Care Guidelines, the Law on Prevention and Control of HIV/AIDS and its implementation guidelines, and the national methadone treatment guidelines. Together, they outline clear guidelines to protect confidentiality and guarantee the rights of people living with and affected by HIV, and contain strong measures to reduce stigma and discrimination. They also support the implementation of new HIV prevention measures such as medication-assisted therapy. In addition to supporting the development of specific policies and guidelines, HPI has fostered greater civil society involvement in HIV policy dialogue. We helped to form the Vietnam Positive Women's Network and provided technical support to several PLHIV groups, enabling them to mobilize US\$112,800 in additional funding. With HPI's support, the HIV/AIDS Vietnam Action

Group (HAVAG)—the only alliance of local NGOs working on HIV issues—expanded its role in advocacy, began monitoring implementation of the national HIV law, and increased its networking efforts. The government’s unprecedented involvement of civil society groups in the preparation of Vietnam’s third country report on HIV to UNAIDS is evidence of civil society’s growing voice in policy dialogue. HPI’s work has also led to an increase in non-monetary resources for HIV. With our technical and financial support, the Center for Consulting on Law and Policy in Health and HIV/AIDS (CCLPH), the Vietnam Lawyers Association, and several PLHIV groups opened four HIV legal clinics and an HIV legal hotline to help PLHIV become more aware of, and advocate for, their rights under the new HIV law. HPI’s assistance in developing methadone guidelines facilitated the launch a new methadone treatment program, serving 1,500 clients, with plans to scale-up to 30,000 clients by 2010. HPI was also instrumental in the establishment of the National Task Force on HIV Harm Reduction (NAFOR), a permanent multisectoral mechanism whose mandate is to advise on the expansion and coordination of resources and programs to address HIV prevention and treatment gaps. As a result of the activities carried out under both the POLICY Project and Task Order 1 of the Health Policy Initiative, Vietnam’s HIV policy environment is more inclusive and more responsive to stakeholders’ needs.

C. SAR Results (October 1, 2007 to March 31, 2008)

For the period from October 1, 2007 to March 31, 2008, HPI achieved 72 results in 20 country or regional programs; 48 of these results were in the area of HIV/AIDS; 20 pertain to FP/RH, three relate to maternal health, and one relates to malaria.

Table 4. SAR Results by Country, October 1, 2007 to March 31, 2008							
Country	AO	IR1	IR2	IR3	IR4	IR5	Total
Africa							
Botswana				√			1
DR Congo			√				1
Kenya			√√		√		3
Madagascar							
Mali					√		1
Mozambique		√√√			√	√	5
RHAP							
Rwanda						√√	2
Senegal							
South Africa	√	√√√	√√	√	√	√	9
Tanzania		√					1
West Africa Region		√				√	2
Asia and Near East							
China				√√			2
India							
Indonesia							
Jordan					√		1
Mekong Region							
Vietnam	√	√	√	√	√√		6
Yemen						√	1
Europe and Eurasia							
Ukraine (HIV)		√√					2
Latin American and the Caribbean							
LAC Bureau					√		1
Dom. Republic							
Guatemala		√√√	√√√√√√√		√		11
G/CAP		√	√√√	√	√√		7
Jamaica			√	√			2
Haiti							
Mexico	√	√	√√	√			5
Peru		√√√	√	√		√	6
Global (WRA)			√	√√			3
Total Results	3	19	21	11	11	7	72
Total Countries	3	10	10	9	9	6	20

Details pertaining to the above results are presented on the following pages; results are presented by IRs and specific indicators.

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

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

- The failure of **Tanzania's** legal framework to directly address the question of HIV has hindered the national response to HIV. For the past three years, Tanzania has been developing a bill that will set the legal and regulatory framework for addressing HIV issues. In February 2008, Tanzania's Parliament unanimously passed the HIV and AIDS (Prevention and Control) Act of 2007. The bill's objective is to provide for the prevention, care, and control of HIV and to protect the rights and promote the health of PLHIV. It also defines the roles and responsibilities of all sectors in addressing HIV. Between April 2006 and January 2008, HPI trained 132 members of Parliament (MPs) on HIV issues in general and specific issues pertaining to the bill, including testing, counseling, confidentiality, stigma and discrimination, and the rights of PLHIV and orphans. HPI also sponsored dialogue between MPs and informed stakeholders—PLHIV, youth, civil society organizations (CSOs), media, and international organizations. These sessions underscored the urgent need for an AIDS law, provided a platform for MPs to contribute to the bill, and created a favorable environment for its passage. Input from the dialogue was used to amend the bill prior to its passage. Implementation of the HIV and AIDS Act will strengthen the national response to HIV by defining the roles and responsibilities of various sectors.
- In November 2007, the Minister of Health of **Niger** approved the Strategic Plan for the Security of RH Products in Niger: 2007–2010. One key goal of strategic plan is to ensure access to high-quality reproductive healthcare for the poor and other marginalized populations. The plan guarantees the availability of and access to prenatal care, birthing centers, obstetric and neonatal care, postnatal care, contraception, and HIV/AIDS services, including free services for women and children in need. The plan aims to reduce unmet need and contraceptive stockouts by producing annual estimates of unmet need to determine contraceptive needs. As a member of the MOH's technical steering committee to oversee preparation of the strategic plan, HPI provided technical and financial support throughout the process. HPI helped to organize and fund the May 2006 meeting that launched the strategic planning process. The project also assisted the MOH with drafting and finalizing the plan and produced the Situational Analysis on Reproductive Health Contraceptive Security in Niger, which provided vital information for the plan. [WARP]
- Many organizations and government agencies in **South Africa** do not have HIV/AIDS workplace policies. The government's Department of Public Service and Administration (DPSA) was therefore mandated to design and implement these policies within governmental institutes at the national and subnational levels. In September 2007, the Department of Public Safety, Security, and Liaison in Free State adopted an HIV/AIDS workplace policy. The department manages and monitors safety and security in Free State and employs about 109 people. The policy focuses on prevention as well as treatment and support for HIV-positive employees and their families. The policy also calls for having a proper monitoring system and clearly defines the role of the senior management within the department in supporting and allocating resources for implementation. HPI was instrumental in the policy's development; we trained department staff on designing HIV/AIDS workplace policies and assisted with the preparation of an action plan, budget, and monitoring and evaluation plan. As a result, the department's HIV-positive employees will receive adequate HIV/AIDS care and support, and all employees will routinely receive HIV prevention information.
- On October 29, 2007, SINTIQUIGRA—a trade union representing chemical, rubber, paper, and graphics workers in **Mozambique**—approved an HIV/AIDS workplace policy. Many of the affiliated

companies do not have HIV/AIDS policies and/or programs for employees. HPI hosted and facilitated a workshop to help SINTIQUIGRA develop its policy and subsequently supported dialogue on and revision of the policy, ultimately leading to its approval. Trade unions are key stakeholders in the Mozambican scenario for the mitigation of the rights of employees. The policy enables SINTIQUIGRA to join other trade unions in protecting the rights of workers (regarding stigma and discrimination of PLHIV) and in helping to enforce the country's HIV/AIDS legal framework (Law 5/2002). As SINTIQUIGRA covers all of Mozambique's provinces, the policy's impact on the affiliated companies will be enormous.

- In 2005, couples living with HIV in **Mexico's** Chihuahua State were denied the right to marry. On October 27, 2007, as a result of the lobbying by HPI-trained activists, the Chihuahua Civil Code was changed to allow PLHIV to marry. Following HPI's technical assistance and training to members of the Red de Mujeres Mexicanas Positivas Frente a la Vida (Network of Positive Mexican Women Facing Life), the network joined with other organizations and individuals working in Chihuahua to lobby for the change in the civil code. The civil code's prohibition violated the human rights of PLHIV and increased their vulnerability to stigma and discrimination, which can be a deterrent to prevention and care. Reforming the civil code affirmed the right of PLHIV to equal treatment under the law and will enhance their ability to secure equitable access to healthcare services.

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

- Since its establishment in 1999, **Costa Rica's** Integral Council on HIV and AIDS (CONASIDA) has been promoting the development and adoption of a policy to operationalize the 1998 National Act on HIV and AIDS, enabling the government to respond effectively to the epidemic by means of a well-defined strategy and action plan. On December 6, 2007, Costa Rican President Dr. Oscar Arias Sanchez, Minister of Health Maria Luisa Avila, and Minister of Education Victor Orozco Delgado, presented the National Policy on HIV and AIDS. The policy outlines a national strategy and action plan for responding to the epidemic, including norms and regulations, directions for relevant sectors, guidance on HIV-related human rights, and a commitment to allocate funds in the national budget for strategy implementation. Promoting gender equity and reducing stigma and discrimination are two prominent action items in the strategy. HPI supported CONASIDA by identifying the key actors and sectors involved, organizing workshops, reviewing and validating the policy, and hosting other meetings to ensure the government's approval and adoption of the policy. HPI also provided funding to edit and publish the final document. This policy will help the civil society of Costa Rica, government entities, and international organizations to gauge the national response to the epidemic and ensure that appropriate budgetary allocations are made to support its implementation. [G/CAP]
- In 2006, **Ukraine's** ministries of health; education and science; family, youth, and sport; and the State Social Service for Family, Children, and Youth; State Committee for Television and Radio Broadcasting; and State Penal Jurisdiction Department approved the multisectoral policy, Prevention of Mother-to-Child HIV Transmission and Provision of Medico-Social Care to Children with HIV and AIDS, 2006–2008 (Order # 786/796/4074/299/231). The policy mandates free and equitable access to high-quality medical and social support to HIV-positive women to help them prevent the transmission of HIV to their newborns. Subsequently, HPI assisted the MOH with organizing, preparing, and facilitating a Policy Development Group (PDG) to ensure implementation of this order. In 2007, HPI helped the PDG to conduct a legal review on prevention of mother-to-child transmission of HIV (PMTCT) and outline recommendations for improving the policy's implementation. HPI then helped the PDG to facilitate working group meetings with the relevant ministries to develop a joint order incorporating some of the recommendations. On December 26, 2007, the joint order "On the organization of HIV MTCT prevention, ensuring medical care and

social assistance to HIV-positive pregnant women children born to them, as well as children with HIV/AIDS” was approved. The order provides guidance on ensuring the continuum of care for HIV-positive women and their children. It is an important step toward effective implementation of the national PMTCT policy.

1.3 # of instances in which there is concrete evidence of implementation for new or existing national/subnational policies or strategic plans that promote equitable and affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information

- In **Guatemala** the private sector mainly comprises family businesses, with diverse personnel policies. To date, HIV-related issues are rarely mentioned in these policies, even among businesses associated with the newly formed Foundation of Entrepreneurs Committed to HIV and AIDS (FUNDEC-VIH). Cementos Progreso (CEMPRO) is a Guatemalan company with more than 10,000 employees and a founding member of FUNDEC-VIH. On February 15, 2008, CEMPRO began training its employees on HIV prevention and HIV-related stigma and discrimination as part of its new HIV/AIDS workplace policy. CEMPRO’s educational activities will help to reduce stigma and discrimination, as employees will have increased knowledge about the rights of PLHIV and how to recognize and prevent discrimination. CEMPRO’s efforts will also contribute to the prevention of HIV among its employees, as they will learn about HIV transmission routes and prevention methods. HPI trained CEMPRO on the development and implementation of HIV/AIDS workplace policies and provided implementation support.
- Hidroeléctrica de Cahora Bassa (HCB), the largest hydroelectric company in southern Africa, operates in **Mozambique’s** Tete province, where HIV prevalence is 13 percent. Following HPI’s three-day workshop on HIV/AIDS workplace policy development, HCB drafted its policy. While the board has not yet approved it, HCB has already begun to implement it. In January, the management team acquired and began displaying materials related to HIV, including postcards listing employees’ rights under the new policy and summarizing the rights of PLHIV under Law 5/2002, Mozambique’s national HIV/AIDS law. Management also made condoms available to staff, placing them in bathrooms and other areas where employees’ privacy could be guaranteed. Implementation of the new policy will help reduce stigma and discrimination and raise awareness of HIV. In addition, the decision by such a prominent company to adopt and implement a workplace policy will encourage other private companies to do the same.
- In **Vietnam**, injecting drug use is a main route for HIV transmission. The government of Vietnam recently approved the use of methadone substitution therapy as an HIV prevention method among injecting drug users (IDUs). However, almost all doctors in Vietnam are unfamiliar with this therapy. Therefore, policy implementation required clear guidelines for practitioners. In 2006, a technical working group, chaired by the Department of Therapy and the National Institute for Mental Health, was established to draft national methadone treatment guidelines. On December 12, 2007, the guidelines were promulgated by MOH decision #5076/QD-BYT and signed by the Vice Minister of Health. The government also approved a pilot methadone program in six treatment sites in Hai Phong and Ho Chi Minh City, serving 1,500 clients. The first two clinics were opened in April 2008. If successful, the program will be scaled up to serve 30,000 clients by 2010. The new guidelines and the pilot treatment program are critical steps for implementation of the new methadone treatment policy and will lead to reduced HIV transmission among IDUs in Vietnam. HPI provided technical support to establish the working group and prepare the guidelines.
- Trade unions in **Mozambique** play an important role as advocates and defenders of employees’ rights. SINTIQUIGRA is a trade union of paper, rubber, textiles, paint, chemical, and metallurgical companies, which employ large numbers of people. Most of the companies do not have HIV/AIDS

workplace policies or programs, negatively affecting HIV prevention, mitigation, and care efforts. In February 2008, after drafting an HIV/AIDS workplace policy, SINTIQUIGRA staff members launched a nationwide awareness campaign to persuade affiliated companies to develop and implement their own workplace policies. SINTIQUIGRA organized an unveiling ceremony for the new policy. The event was covered extensively by the local media (radio, television, and newspapers); and on February 6, 2008, the Secretary General of SINTIQUIAF, Ms. Jéssica Gune, gave a live interview about the policy on Radio Moçambique. On February 25, SINTIQUIGRA introduced the policy in the country's central region at an event in Beira City. On March 3, 2008, the trade union disseminated the policy in the country's northern region in Nampula City. HPI trained SINTIQUIGRA in HIV/AIDS workplace policy development, helped prepare an action plan and dissemination strategy, and provided funds for staff travel.

- The **South African** National Strategic Plan (NSP) includes a clear framework to guide policy and program development in support of the national response to HIV. One objective of the NSP is to reduce the impact of HIV on individuals, families, and communities by expanding access to appropriate treatment, care, and support. To help achieve this objective, the National Department of Health's (NDOH) Care and Support Unit has prepared support group guidelines to assist PLHIV groups with providing psychosocial support services. Support groups are effective in addressing the issues faced by people affected and infected by HIV; however, setting up and sustaining such groups has been a significant challenge in South Africa. Thus, the guidelines provide minimum standards on the formation and sustainability of support groups. In late 2005, the National Minister of Health approved the guidelines; and in 2006, the NDOH trained 30 people (about 3 per province) on the guidelines and also disseminated them to health facilities nationwide. HPI helped to develop, print, and disseminate the guidelines and to conduct the training. The guidelines are expected to help bridge the gap in support services and enhance the sustainability of support groups, ultimately improving the quality of life of people living with and affected by HIV throughout South Africa.
- On December 29, 2006, the Regional Health Authority of **Peru's** Junin Region approved RD N° 883-2007-DRSJ/OEGDRH, the Regional Multisectoral Plan for the Prevention and Control of Malaria and other Vector-Transmitted Diseases using a Participatory Approach for the Junín Region. Following the approval, health officials and local government authorities executed the plan in the Satipo and Chanchamayo provinces. In addition, the MOH, regional health authorities, and HPI jointly designed and implemented local-level trainings on vector-transmitted diseases. Iniciativa financed one training event, and other cooperation agencies and universities financed the remaining trainings. Regional and local health authorities evaluated implementation of the plan on October 29 and 30, 2007, to identify next steps. HPI provided technical assistance and funding for the workshops focused on development of the regional plan and operational plans and provided in-service training in entomological surveillance and integrated vector control. The adoption and implementation of the regional plan has facilitated stakeholder collaboration and put a health problem often neglected because of its localized nature on the agenda of regional health authorities.

1.4 # of instances in which a government or organization establishes or strengthens a system or mechanism that is responsible for monitoring policy implementation

- In early March, 2008, the Congress in **Guatemala** signed a memorandum of understanding with civil society (NGOs, universities, and others) to form a National Monitoring Board for Reproductive Health in Guatemala. The board will oversee implementation of the following laws and policies: the Social Development Law; the Policy on Social Development and Population; the Law on Universal and Equitable Access to Family Planning; the Law on Combating HIV and AIDS; and all related international agreements. HPI's application of the Policy Implementation Assessment Tool acted as a catalyst, driving the board's creation. In collaboration with in-country partners, HPI pilot tested this

tool for assessing policy implementation on the RH portion of Guatemala's Policy on Social Development and Population. Issues that emerged from the data analysis included a lack of clarity among respondents about leadership and responsibilities for implementation; lack of a cohesive implementation plan; insufficient dissemination and capacity building to support the policy; difficulties in accessing funds for implementation; and institutional and financial barriers to instituting some changes to the RH program as envisioned by the policy. These outcomes, together with follow-up policy dialogue, led the Congress to create an oversight board to monitor the implementation of RH policies. [POP CORE]

- **Guatemala's** National Strategic Plan for the Prevention, Attention, and Control of STIs, HIV, and AIDS (2006–2010) serves as the framework for public and private sector, civil society, and NGO responses to the epidemic. However, little is known about the strategy's impact at the local level because no tools or systems exist to measure and assess achievement. To rectify this, Guatemala promoted multisectoral efforts to establish a formal M&E system. HPI provided technical assistance to the National Alliance of People Living with HIV and AIDS (*Coordinadora Intersectorial de la Lucha Contra el Sida*) and the National Program of HIV and AIDS to draft a national M&E plan. This assistance was provided to (1) gather the actors to prepare the plan, (2) create consensus, (3) establish the technical criteria for monitoring and evaluation within the different sectors, and (4) officially publish the plan. On November 29, 2007, the Minister of Health, Alfredo Privado, and the recently elected Vice-President, Rafael Espada, adopted the Monitoring and Evaluation Plan of the National Response for the Prevention, Attention, and Control of STIs, HIV, and AIDS. The plan will systematize the collection and analysis of information generated by different actors, improving the decisionmaking process and enhancing the government's ability to effectively monitor implementation of the national response. Its adoption demonstrates the MOH's increased capacity to monitor the impact of the National Program of HIV and AIDS. Following adoption of the M&E plan, the MOH convened a two-day meeting to determine how the plan will be implemented.
- **Ukraine's** national response to the HIV epidemic is hindered by the lack of coordinated monitoring and evaluation (M&E) systems at the regional level. Several assessments of the national M&E system (including the oblast level) conducted over the last two years found gaps in the M&E system and recommended that each oblast set up M&E working groups to help address these gaps and strengthen the national- and oblast-level HIV program M&E system. In response, HPI is supporting local governments' efforts to design and implement oblast HIV M&E systems, including the formulation of an oblast M&E plan, capacity building (e.g., training and TA), and policy dialogue. To strengthen the HIV response of Kyiv City, HPI encouraged and supported the Oblast HIV Coordination Council (OHCC) to develop an M&E system. On January 25, 2007, the Kyiv OHCC approved the terms of reference (TOR) and membership list of an M&E working group, which includes seven municipal representatives of governmental and nongovernmental organizations. HPI helped to draft the TOR and provided logistical and technical support to facilitate the group's operations. Formation of the working group in Kyiv is a significant step toward the establishment of a complete M&E system to monitor implementation of the HIV/AIDS program.

1.5 # of instances in which steps are taken to address or remove identified barriers to equitable and affordable FP/RH, MH, or HIV/AIDS services and information

- The Department of Public Service and Administration (DPSA) in **South Africa** is mandated to develop and implement human resource policies within all government departments and to ensure that national policies are enforced. HIV/AIDS policy implementation within the government departments has been a major challenge due to a lack of capacity. Thus, the DPSA was tasked to assist the low-performing provinces—Free State, Northern Cape, and Mpumalanga—with implementing the HIV/AIDS policies. Between January and February 2006, the department first identified the reasons

for this low performance: a lack of management commitment, the need for sustained support for AIDS education and prevention programs, lack of HIV/AIDS policies and programs in some departments, lack of capacity and existing structures to develop and implement HIV/AIDS programs, and discrimination and lack of acceptance of HIV-positive employees. The DPSA subsequently took steps to address the barriers identified. First, it asked HPI to train provincial staff in policy development, which occurred in March 2007 and June 2007. The DPSA subsequently took steps to address the barriers identified. The department asked HPI to train provincial staff in policy development, which occurred in March 2007 and June 2007. In July, the project began providing on-site technical assistance to 15 government departments and 25 managers in the Free State and Northern Cape provinces to develop HIV workplace policies, program plans, and appropriate budgets for their activities, as well as basic M&E plans and tools. HPI's support to the DPSA and provinces resulted in a review of the national HIV/AIDS framework and departmental policies, which will lead to better planned and implemented HIV/AIDS programs in the three provinces.

- **Peru's** indigenous communities maintain traditional RH knowledge and practices. However, healthcare providers often lack an understanding of and respect for these practices, which has limited indigenous women's access to reproductive healthcare. To address this issue, HPI developed a Facilitators' Handbook for Orientation/Counseling and Educational Sessions in Reproductive Health with Cultural Adaptation; and a technical guide for the cultural adaptation of orientation and counseling in reproductive health. The tools aim to build the skills of healthcare workers to provide culturally appropriate RH counseling and education. Using these tools, between June and August 2007, HPI held workshops in six districts to incorporate the intercultural approach into reproductive healthcare and to sensitize healthcare providers on indigenous RH practices. Workshop participants, including district health leaders, signed a commitment to incorporate the intercultural approach in RH orientation/counseling and education sessions—including collaborating with organizations, community leaders, and health promoters to identify indigenous peoples' customs and beliefs regarding reproductive healthcare; carrying out in-service training of healthcare personnel and community leaders on the intercultural approach; furnishing or decorating rooms where FP/RH counseling is given with indigenous motifs; and entering into alliances with community organizations and educational institutions to include men and adolescents in reproductive healthcare. As a follow-up to the workshops, HPI visited all of the health facilities in each district to determine whether they have translated their commitment to action. The information gathered indicates that all the facilities have activities under way or have satisfactorily carried them out. FP/RH services are being tailored to indigenous peoples' needs, which will increase this population's access to services over time.
- The indigenous residents of **Peru's** Junin region are traditionally underserved with health services. In the country as a whole, poor indigenous women living in rural areas are least likely to use modern contraceptive methods. One main barrier to using modern contraceptives identified by poor women in Junin was the lack of information available about the types of contraceptives, how they work, their possible side effects, and how to manage them. Cultural beliefs and practices strongly influence women's perceptions of the effectiveness and side effects of contraceptives, as well as their health seeking behavior and decisionmaking. Healthcare providers working in Junin cited a need for culturally-adapted counseling, oriented toward the region's two main cultural groups—jungle and sierra—to support providers' efforts in the provision of FP/RH information. HPI brought together the MOH's Health Promotion Division, including those involved in JUNTOS, and representatives of the National Health Strategy for Sexual and Reproductive Health (NHSSRH) to discuss the results of focus group discussions with poor women, interviews with healthcare providers, and a local health facility assessment. The purpose of the meeting was to encourage operationalization of the FP/RH educational component of JUNTOS. HPI designed training materials for healthcare providers to implement culturally appropriate FP/RH educational sessions and trained providers in the techniques. As a result, the RH *charlas* (chats) component of the JUNTOS conditional cash transfer program was

operationalized in Junin, removing barriers to access caused by the lack of culturally appropriate information. HPI developed equity indicators to assess the improvements in access to high-quality FP counseling among the poorest women in Junin. A comparison of the baseline (November–December 2006) and endline (August–September 2007) shows that weekly attendance in counseling sessions at the health facilities increased from 568 to 1,000 women. The average number of RH *charlas* organized per month increased from one to three. [POP CORE]

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

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

- In 2005, the **Democratic Republic of Congo (DRC)** began a national OVC situation analysis to support the development of a national OVC plan of action; little progress has been made. Since 2007, HPI has worked with the Ministry of Social Affairs, Humanitarian Action, and Solidarity (MINAS) to facilitate the situation analysis and to build MINAS's leadership capacity. Erick Mpiana was identified as a policy champion at the inception of HPI's work in October 2007. He is the national OVC focal person at MINAS and is also the point person for coordinating HPI's assistance to the ministry. HPI has provided coaching and technical assistance (TA) to Mpiana for the past six months to help raise the public profile of the situation analysis and build support for a national plan of action. As a result, Mpiana has become engaged in public advocacy for the strategic analysis. On March 31, 2008, during a workshop for provincial facilitators, Mpiana was interviewed by the national coverage radio (Radio Okapi). The interview, in which Mpiana stressed the magnitude of the OVC crisis and the need for a strategic, coordinated national response, was posted on the Radio Okapi website and broadcasted on the national radio news. Mpiana had not previously been interviewed or spoken publicly as an advocate for OVC issues, partly because, prior to HPI's work with MINAS, the ministry had no media engagement strategy. Mpiana, with support from a local HPI consultant, identified the need for increased media engagement and made initial overtures to Radio Okapi. Mpiana's interview represents the first public mention of the situation analysis work by a MINAS official at the national level and is likely to trigger increased attention to OVC issues by Radio Okapi.
- A lack of formal regulations to operationalize the **Guatemalan** Family Planning Law is preventing its implementation and the attainment of universal access to FP services. However, neither approval of the FP regulations nor FP/RH issues in general were included in the incoming administration's list of priorities in its 100-day plan. With HPI support, the Guatemalan Association of Female Physicians (AGMM)—in collaboration with the Gynecology and Obstetrics Association (AGOG) and four networks (the Women's Health Federation, the Indigenous Women Network, Youth Advocates, and REMUPAZ)—continue to conduct advocacy activities to promote implementation of the FP Law. On January 9, 2008, they issued a press release demanding its implementation. On January 30, they held a forum at which they presented the MOH with a proposal to incorporate FP/RH issues into the 100-day plan, including approval of the FP regulations. The media published the proposal on January 31, increasing the pressure on the President's office. HPI helped to plan and coordinate advocacy activities; provided information on the status of the FP regulations; and offered technical support on advocacy strategies, media involvement, and follow-up activities. HPI also assisted the organizations with drafting their proposal for the 100-day plan.
- According to an evaluation conducted in 2007, implementation of **El Salvador's** HIV/AIDS Strategic Response Plan remains weak in terms of respect for the rights of PLHIV. On November 19, 2007, El Salvador's Human Rights Attorney, Mr. Oscar Humberto Luna, made a public statement in support of the rights of PLHIV and groups working on HIV issues. Subsequently, Mr. Luna became part of a

national committee responsible for proposing actions to ensure compliance with the rights of PLHIV. He also developed a rights violation claim guide and instruments to register formal claims, which will help the ministry respond to complaints from PLHIV. Mr. Luna's increased engagement on PLHIV rights issues came about as a result of HPI's work. The project oriented Mr. Luna on the issues facing PLHIV, providing him with information about the HIV situation as well as the handling of rights violation claims of PLHIV in El Salvador. HPI also supported Mr. Luna in the development of the guide. Prior to receiving HPI support, Mr. Luna had never addressed issues related to PLHIV rights. His active support for PLHIV rights will help raise public awareness of the issue and improve El Salvador's performance in this critical area. [G/CAP]

- As manager of the government's health, education, and other social funds, the First Lady of **Guatemala**, Mrs. Sandra de Colom, has considerable influence on national health priorities. Recently, as a result of advocacy by HPI's local partners and direct TA, she has stepped up her engagement on FP, MH, and HIV issues. On February 21, 2008, following advocacy by the Women's Health Federation, the First Lady made her first public commitment to reducing maternal mortality and implementing Guatemala's Family Planning Law at a meeting with 16 congresswomen. The federation's advocacy was based on information presented at meetings held by HPI. On March 27, 2008, the First Lady engaged in policy dialogue on HIV at a regional meeting attended by Latin American first ladies. In her presentation, the First Lady used information on Guatemala's HIV response provided by HPI. In addition, after advocacy by the Alliance of People Living with HIV, she intervened to influence the Congress of Guatemala to restore funding to the Marco Antonio Foundation, which provides ARV treatment and hospitalization for 10 percent of Guatemala's PLHIV. The First Lady's promotion of FP, MH, and HIV priorities will bring them to the forefront of the nation's policy agenda, creating opportunities for policy change to support improved FP, MH, and HIV services.
- **Mexico's** HIV epidemic is mainly concentrated among men. As a result, HIV-positive women have traditionally been excluded from policy dialogue, and few prevention and treatment services are available to meet their needs. HPI has been providing financial support and technical assistance to the first network of HIV-positive women in Mexico—Red de Mujeres Mexicanas Positivas Frente a la Vida (Network of Positive Mexican Women Facing Life)—to enhance its ability to advocate for positive women's rights. On November 22, 2007, as a result of intensive lobbying by the network, Mexico's National Commission of Human Rights (CNDH) published "Women, HIV/AIDS, and Human Rights." This is the first time that HIV-positive women in Mexico have successfully shifted the policy dialogue to focus attention on women's issues. 20,000 copies of the document have already been distributed to all of the state AIDS programs, state human rights programs, offices of the National System for Integral Development of the Family, and 400 CSOs. The commission's publication and distribution of this document shows that the network is effectively engaging policymakers to make positive women's issues a central concern in Mexico.
- While the **Guatemalan** Family Planning Act passed 19 months ago, the act's regulations are not yet approved, preventing full implementation of the act. The government itself remains in noncompliance with the act, including the mandate that 15 percent of the alcoholic beverage tax be allocated to RH programs. The MOH does not have a specific mechanism to invest and account for these funds, allowing them to be diverted for other purposes. On December 10, 2007, Rossana Cifuentes of the Women's Network for Building Peace (REMUPAZ), Rebecca Guizar of Instancia Salud Mujeres, and Erick Alvarez of the Guatemalan Association of Obstetrics and Gynecologists held a press conference to publicly denounce the government's noncompliance with the Family Planning Act and to highlight the urgent need to use funds from the alcoholic beverage tax for reproductive healthcare to reduce maternal mortality. HPI provided technical assistance to the advocates and their organizations to analyze the political context, such as the construction of the political map and definition of the main

actions to comply with the act. In addition, HPI supplied updated information on the use of funds from the alcoholic beverage tax and the act's regulations, which was used to prepare the event's press release. The press conference was the culmination of meetings the champions held with congressmen and CSOs to strategically position FP issues in Guatemala's new government. In addition to increasing funds for family planning, formalization of the FP regulations would make the National Commission to Assure Contraceptive Use (CNAA)—responsible for overseeing the availability of contraceptives—official, reducing unmet need for FP services and, in turn, maternal and child mortality.

- In 2007, public discourse in **Guatemala** was dominated by the country's national election campaigns. Most of the political events related to health and reproductive health were held in Guatemala City, while in regions with a higher percentage of indigenous residents, reproductive health was rarely addressed. At the local level, indigenous leaders almost never addressed RH issues. Ana Ventura and Maria Morales, policy champions from the indigenous organization, Majawil Q'ij; and members of the HPI-supported Women's Reproductive Health Network presented a political proposal from the Mayan women to candidates for mayors and congressmen. The proposal demanded solutions for RH problems faced by Mayan women, such as a lack of education and lack of access to culturally appropriate RH information and services. Specifically, the proposal called for the establishment of community-level, indigenous language RH training programs and increased RH services in local health centers. The proposal was accepted and signed by mayoral and congressional candidates in separate public appearances between July and September 2007. The Mayan Women's Political Proposal was the result of several consultations by Majawil Q'ij with Mayan women. During the months prior to its development, HPI trained the Indigenous Women's Reproductive Health Network and these two champions on (1) policy advocacy, (2) analysis of the legal framework for FP/RH, (3) priority interventions in reproductive health (family planning, competent assistance at childbirth), and (4) the situation of indigenous women's reproductive health. HPI provided technical assistance and financial support to the network for the planning, organization, and execution of network activities and policy dialogue. Local candidates' acceptance of the Mayan women's proposal gives indigenous women a base from which to hold policymakers accountable for responding to their need for culturally appropriate RH information and care.
- While **Guatemala's** workforce is the group most affected by the HIV epidemic—with 86 percent of reported cases occurring in people between the ages of 15 and 60—the private sector has had limited involvement in responding to HIV. To date, national and international efforts to address the epidemic have been focused on the public sector and NGOs. Private sector participation is a critical to effectively disseminating information to this working population in favorable conditions, without stigma and discrimination. In a public event on November 30, 2007, Francis Bruderer and Eduardo Coronado, members of the Foundation of Entrepreneurs Committed to HIV and AIDS (FUNDEC-VIH) expressed their commitment to promote prevention efforts and the reduction of stigma and discrimination toward people living with HIV in their workplaces. Mr. Francis Bruderer, Director of Pablo Blanco, S.A. said, "With this alliance, the corporate sector will be proactive against HIV discrimination in workplaces." Mr. Eduardo Coronado, Director of Proyectos y Ventas, S.A. said, "To talk about HIV in workplaces is a matter of corporate social responsibility. It is a strategic investment in growth and long-term results." Both men are well-known businessmen, and their public support for workplace HIV interventions will encourage their peers to follow suit, strengthening the private sector response to HIV. Guatemalan entrepreneurs, international agencies, and public sector and media representatives participated in the event. For the past six months, HPI has provided technical and financial support to help form and coordinate a private sector response to HIV in Guatemala, providing technical assistance to form FUNDEC-VIH, coordinating meetings to inform and show the evolution of the HIV in the workforce, conducting strategic planning and workplan

development with FUNDEC-VIH members, and assisting with the drafting of HIV/AIDS workplace policies.

2.2 # of instances where targeted public and private sector officials, faith-based organizations (FBOs), or community leaders publicly demonstrate new or increased commitment to FP/RH, MH, or HIV/AIDS

- In **Guatemala**, the majority of the population (85%) is Christian, and religious leaders are influential in family, social, and political circles. Despite their influence, churches' participation in the national HIV response has been limited. Recently, HPI helped to foster new commitment to HIV by the Guatemalan Ecumenical Council, an umbrella organization that represents more than 200 Episcopalian and Lutheran churches. After providing the council with information on the HIV situation in Guatemala, HPI discussed how to address the issue with council leadership. As a result, the council drafted a report on the HIV situation in Guatemala and developed a campaign to inform the population about HIV transmission routes and HIV-related stigma and discrimination. The council disseminated the report to churches and carried out educational meetings and discussions with youth. Educational activities included the identification of attitudes and practices that contribute to HIV-related stigma and discrimination. The involvement of churches in the response to HIV will enable a large part of the Guatemalan population to learn about HIV transmission and prevention, as well as how to reduce stigma and discrimination against PLHIV and their families. [G/CAP]
- On November 20, 2007, at a joint National Leadership Breakfast to commemorate World AIDS Day 2007, the Prime Minister of **Jamaica**, the Opposition Representative, and Chairman of the Jamaican Business Council on HIV and AIDS (JaBCHA) signed the HIV/AIDS Leadership Advocacy Commitment for Action in the fight against HIV/AIDS. The document recognizes the threat to Jamaica's social and economic development posed by the epidemic and commits signatories to high-level leadership and advocacy on HIV and to joining a multisectoral partnership. There has never been such a sweeping commitment to combating HIV from Jamaica's Prime Minister. The Prime Minister and his wife were also publicly tested for HIV. The signing and testing constitute a significant new commitment by the Prime Minister. The leadership demonstrated by the Prime Minister and his wife in being publicly tested for HIV, as well as speaking out against HIV and AIDS-related stigma and discrimination, will serve to mitigate the impact of the disease on Jamaican society. HPI assisted the JaBCHA with the design and implementation of the World AIDS Day event, developing materials; collaborating with the JaBCHA Manager, the NAP, and the NAC in setting the agenda; and bringing together partners, including the Primer Minister.
- Many tribes in **Kenya** traditionally deny women's right to inherit land. While the country's formal legal framework contains legal protections for women and orphaned children, it also recognizes the authority of tribal bodies and customs, which are deferred to in cases of property inheritance and land use. As a result, many women and orphans have been denied property rights. The problem of disinheritance has become more severe as a result of the HIV epidemic, which has increased the number of widows and orphans and placed an additional burden of stigma on HIV-positive widows who are often blamed for bringing HIV into the home. The disinheritance of widows and orphans is most prevalent among the Luo tribe in the Nyanza region. In 2004, the POLICY Project launched the Women's Property Ownership and Inheritance Rights (WPOIR) initiative to raise the awareness of local leaders in Luo Nyanza to the plight of disinherited widows and orphans and to build their commitment to addressing the impact of disinheritance in their community. HPI has provided continued support for the initiative, which has focused on the Luo Council of Elders (LCE), a small body of respected elders who traditionally arbitrate disputes, including disagreements over land and inheritance. Prior to the WPOIR initiative, the LCE did not recognize the disenfranchisement of women and OVC as a problem in the Luo community. As a result of WPOIR, the LCE has

demonstrated new commitment to protecting the rights of women and OVC in the Luo community, taking on an active role as arbitrators and advocates for women and OVC and identifying cases for referral to formal legal structures. The elders volunteer their time, providing free services to OVC and women in need of assistance, which has gained them even greater respect in the community. The project has built the LCE's capacity to effectively carry out its new role by providing training on OVC, gender, and inheritance issues; stigma and discrimination; advocacy and policy dialogue; and community mobilization. Through the efforts of the LCE, more than 48 widows have resettled back into their marital homes and family land, and several OVC have been supported to claim their inheritance. The LCE's role in disinheritance issues has been recognized by the local government, which invited the LCE to participate in area advisory councils and local land tribunals.

- During **Guatemala's** 2007 national elections, FP/RH issues were handled with discretion by political leaders who considered them controversial. However, with HPI support, advocates were able to use the election period to intensify political dialogue to ensure the inclusion of FP/RH, MH, and HIV and AIDS topics on the competing parties' agendas. On October 5, 2007, at a meeting with key international agencies—USAID, OPS/OMS, the World Bank, the World Food Program, UNICEF, ONUSIDA, Banco Interamericano de Desarrollo, the Swedish Embassy, World Vision, Plan International, and Save The Children—the technical advisor team of Unidad Nacional de la Esperanza (UNE) presented its party's health plan and offered to continue cooperating with international agencies. The team—including Mario Morán, Israel Lemus, and Catalina Muñiz—committed to (1) increase funding for health; (2) reduce maternal mortality; and (3) improve Guatemalan women's access to FP/RH information and services. This was a significant change from their position during the previous election, when both political parties had avoided any mention of family planning at meetings or in their agenda to avoid losing the support of particular religious groups. HPI provided technical and financial support for two political dialogue meetings between the international agencies and the two parties that won the second national election. This assistance helped to define the objectives and agenda for the meetings, ensure the participation of party representatives, manage event logistics, and form an alliance to present the health plans and priorities of the international cooperation agencies. The plans and explicit statements of support from the two political party representatives to reduce maternal mortality, provide RH services, and increase funds for the health sector will help the Guatemalan population hold leaders accountable for promises made in political campaigns.
- Gender-based violence (GBV) is highly prevalent in **Peru** and recognized by local authorities and leaders. “Healthy Municipalities and Communities” and “Health-Promoting Schools” are strategies implemented at the local level to promote healthy lifestyles. Attention to GBV has been considered a priority in coordinated regional health plans, yet this attention has not always been sustained at the local level. HPI designed training modules on GBV services for distribution to healthcare providers and local technical teams responsible for implementing health promotion strategies. On August 2–3, 2007, the modules were used at a workshop on “Integrated GBV Services” conducted at Aguaytía in the district of Padre Abad for 18 representatives of institutions and members of local technical teams, as well as 21 healthcare providers. Participants identified local stakeholders and developed a multisectoral plan of action for GBV, which included specific commitments by each attendee. The representative of the education sector committed to promoting the issue of GBV and putting it on the agenda of local education authorities. As a result, on September 19, the Local Education Management Unit (UGEL) issued Directive N°016-2007-DREU-UGEL-P.A-DGP, “Regulations for the provision of integrated care for the victims of gender-based violence, and for reproductive health and family planning, with an intercultural approach as part of the strategy of the health and human development promoting schools,” which commits provincial education authorities to reducing GBV, focusing on domestic violence particularly as it affects children and adolescents, and to developing a strategy of using schools to improve the quality of life of schoolchildren. The UGEL directive is a new

commitment by local education authorities and will motivate other local technical team members to comply with their commitments under the multisectoral plan for the reduction of GBV.

- Traditional leaders in **South Africa** are key stakeholders in the country's fight against HIV. Their societal position allows them to command considerable respect from their 16 million constituents. The National House of Traditional Leaders (NHTL) is a statutory institution responsible for overseeing activities of these leaders. It is represented at the provincial level by provincial houses. In July 2007, the NHTL and its National Social Development Forum adopted a program on strengthening the capacity of traditional leaders in responding to the HIV epidemic in their respective communities. HPI provided assistance by training traditional leaders in community mobilization pertaining to HIV. The NHTL arranged six provincial meetings for 44 traditional leaders to discuss, get their support for, and plan the roll-out of their A/B prevention programs in six provinces. In coordination with these leaders—during August and September in the Limpopo, Kwa-Zulu Natal, Eastern Cape, and North West provinces—four training workshops were conducted for 125 traditional leaders. In the past, the roles of traditional leaders were usually limited to resolving community conflicts, presiding over community meetings, and providing leadership to their communities. Their involvement in HIV activities was unheard of. This has changed due primarily to HPI's interventions. Traditional leaders are now initiating and participating in HIV activities in their respective communities. In one month, for example, three traditional leaders reached 576 people with prevention messages. HPI provided technical and financial support to the NHTL and strengthened the institutional capacity of the newly constituted National Social Development Forum of the National House. This forum is responsible for social development and HIV prevention interventions by traditional leaders in their respective constituencies and comprises 12 traditional leaders drawn from six provinces. The National Social Development Forum played a pivotal role in implementing the new program by setting up provincial consultative meetings, coordinating the representation at the various workshops, and designating specific coordinators in each province. As a result of the trainings, traditional leaders are better informed and skilled in designing HIV prevention messages and activities and more committed to participating in HIV prevention efforts.
- Faith-based organizations in **South Africa** are in an excellent position to mobilize communities to address HIV and are frequently among the first to be called on by the community to respond to the basic needs of people infected or affected by HIV. The National Baptist Church of Southern Africa (NBCSA) is one of the most prominent churches in the country, representing 300 churches in seven provinces. However, prior to 2005, the NBCSA did not have an HIV program. Since that time, with support from POLICY/HPI, the church has demonstrated increasing commitment to addressing HIV. In 2005, the church formed an HIV/AIDS Working Group to coordinate its HIV activities, seek funding, and scale up HIV interventions. In 2006, the group was formalized and, in May 2007, convened a strategic planning meeting to strengthen the church's response to HIV. The group designed an HIV/AIDS program, which was adopted by the Church's National Leadership and National Assembly in July 2007. As a result of the new program, several provincial churches formed HIV committees, and, between May and September 2007, 42 local churches conducted HIV awareness-raising events in their respective communities, reaching more than 1,000 people with prevention messages. HPI trained representatives from all the 42 provincial churches and provided technical and financial support to individual churches in implementing their prevention campaigns. HPI also supported the University of Stellenbosch and the NBCSA to conduct a baseline study in one of the districts where the church operates to assess the impact of the church's training program of religious leaders. The NBCSA's new commitment to HIV will serve as a model for other faith-based organizations on how to tackle the HIV epidemic among their constituents.

2.3 # 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

- Guatemala's** national HIV response has focused primarily on NGOs and the public sector, with limited private sector involvement. On November 30, 2007, the Foundation of Entrepreneurs Committed to HIV and AIDS (FUNDEC-VIH), the first private sector network dedicated to addressing HIV in Guatemala, was launched at a public event commemorating World AIDS Day. Founding members of the network include eight major corporations. The network's main objective is to promote workplace policies that ensure adequate access to HIV information and foster work environments free of stigma and discrimination. HPI provided technical and financial assistance to facilitate the network's formation, including coordinating meetings to raise business leaders' awareness of the impact of HIV in the workplace, assisting FUNDEC-VIH members with strategic planning, and training them in the creation of HIV/AIDS workplace policies. Since its founding, the network has developed a workplan and media engagement strategy and has participated in radio and television programs to raise public awareness of the organization. It has also been recognized by the main private sector advocacy group in Guatemala and by VESTEX, a trade association representing 300 manufacturing industries. The establishment of FUNDEC-VIH demonstrates a new willingness by the private sector to address HIV.
- In **Vietnam**, HIV-related illness has become one of the leading causes of death among women, yet women's access to information, support, and services has been limited by gender inequalities, and they have had little involvement in HIV-related policy dialogue. At a four-day workshop in November 2007, HPI trained 30 female PLHIV leaders on networking, policy, and advocacy. Subsequently, the Vietnam Positive Women's Network was formed in February 2008, with 18 organizational and 252 individual members. The newly formed network is the first network of women and girls living with HIV in Vietnam. It was founded to address the lack of support, information, and services available to women living with HIV in Vietnam and to foster women's participation in HIV policy dialogue. With HPI's continuing support, the network will contribute to giving HIV-positive Vietnamese women a unified voice in policy forums and will reach out to HIV-positive women, enhancing their ability to access treatment, care, and support services.
- Until recently, **Guatemala** had no legally recognized network of PLHIV, leaving the country's more than 10,000 PLHIV without a reliable support system or a unified voice with which to effectively carry out advocacy. On February 18, 2008, the Guatemalan National Alliance of Groups Living with HIV or AIDS was officially registered as a network. The network is dedicated to fostering political dialogue and advocating to reduce HIV-related stigma and discrimination and improve the national response to HIV. The group also aims to eliminate stigma and discrimination in family and social environments by implementing educational activities. HPI began supporting the integration of Guatemala's PLHIV groups in 2005 and provided TA to support the network's formation. HPI also trained the network on HIV-related political dialogue and advocacy. Official registration boosts the alliance's potential for growth and sustainability and enhances its capacity to seek technical and financial assistance. Legal recognition of the network will also enable PLHIV in Guatemala to gain recognition as an organized group, facilitating advocacy efforts to support comprehensive care and prevention programs and to eliminate stigma and discrimination. [G/CAP]
- Yemen** has high maternal mortality, with the MOH estimating that eight women die every day during childbirth and 366 women die for every 100,000 live births. The situation is compounded by Yemen's fertility rate, which is one of the highest in the world, with an average of seven children per woman. Increasing the number of champions for family planning and safe motherhood is critical to achieving significant reductions in maternal mortality. These champions have a crucial role to play in policy development and implementation. After a year of work by stakeholders, a national WRA was

officially registered with the Ministry of Social Affairs in October 2007. The alliance currently has 122 voting members and a 21-person executive committee. HPI helped to develop the alliance, including sharing key tools and lessons learned from other alliances and guiding the establishment of efficient and transparent decisionmaking mechanisms. This assistance culminated in a strategic planning meeting with key Yemeni stakeholders, whom the WRA supported to attend the Scaling-Up Best Practices meeting in Bangkok. The process of establishing a national WRA has garnered support through a multisectoral approach. Champions have leveraged commitment from a wide range of government entities, including the Ministry of Education, Ministry of Information, Ministry of Work and Social Affairs, and Ministry of Human Rights. NGO representation ranges from women’s groups to FBOs and professional associations. The alliance will provide a critical mass for policy development, addressing barriers to services and reaching communities with key messages to increase access to and use of skilled birth attendants and family planning [GLOBAL WRA].

- Rampant gender discrimination continues to hinder an effective response to the HIV epidemic in **Mexico**. Despite the increase in the proportion of women who are HIV-positive, women continue to face difficulty in having their HIV-related needs heard and met. To address this issue, HPI strengthened the first network of HIV-positive women in Mexico, Red de Mujeres Mexicanas Positivas Frente a la Vida (Network of Positive Mexican Women Facing Life), which has since demonstrated its growing ability to have an impact on HIV policy and programs. The network successfully lobbied to have Nizza Picasso named as representative to the AIDS 2008 Community Program Committee, a high-ranking decisionmaking body for the Global AIDS Conference on which no HIV-positive Mexican woman has previously served. In addition, the network helped to reform the civil code of Chihuahua State to permit HIV-positive people to marry. The network also successfully lobbied the National Human Rights Commission to focus more attention on positive women’s issues by publishing a report, “Women, HIV/AIDS, and Human Rights.” The network has developed a strategic plan and secured a seat on the national AIDS program governing board, and one network member is serving as the regional representative to the International Community of Women Living with HIV/AIDS (ICW). Network members are now training others to share the empowerment and skills they have gained with women throughout the country. These achievements show that Red de Mujeres, which was legally established as an NGO less than a year ago, has significantly increased its influence thanks to HPI technical assistance and training and the dedication of its members.
- In 2006, the **Kenya** Network of Positive Teachers (KENEPOTE) was formed. Since that time, the project has provided technical and financial support to KENEPOTE in the areas of institutional strengthening, policy development and implementation, stigma and discrimination, and advocacy. KENEPOTE has expanded and strengthened as a result of this support. It has been recognized by the Teachers Service Commission (TSC), the Kenya National Union of Teachers (KNUT), and the World AIDS Campaign (WAC), and others as the lead voice for advocacy on the rights of teachers living with HIV in Kenya. In addition to this increasing recognition, KENEPOTE has grown significantly—expanding its presence in three regions to all regions of the country. The network was invited to participate in the WAC/Kenya, enabling it to lead campaigns to achieve the goal of universal access to HIV prevention, care, and support by 2010. On January 3, 2007, Jemimah Nindo, a top official of KENEPOTE, was appointed as a Senior Administration Officer in charge of advocacy and counseling at the TSC AIDS Control Unit. The appointment of an openly HIV-positive teacher to such an influential position in an environment of high stigma and discrimination is a testament to KENEPOTE’s growing strength and influence.

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

3.1 # 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

- **Yemen’s** MOH estimates that eight women die every day during childbirth. This situation is compounded by Yemen’s fertility rate, which is one of the highest in the world. The National Safe Motherhood Alliance, comprising a wide range of government ministries, NGOs, and professional associations, held an official launching ceremony on March 8, 2008 in conjunction with International Women’s Day. During his speech at the ceremony, the Prime Minister of Yemen, Dr. Ali Mojawar, announced his support for the alliance and committed 2 million Yemeni Rial (approximately US\$10,000) to support alliance activities. HPI staff supported the alliance’s organizational development, shared key tools and lessons learned from other alliances, and helped the alliance establish efficient and transparent decisionmaking mechanisms. In addition, HPI helped to design mobilization strategies and plan the launch event. The commitment of funds from the Prime Minister supports and strengthens the multisectoral approach, encouraging all sectors—government, private, and NGO—to meaningfully engage in formulating policy solutions to improve maternal health in Yemen. [GLOBAL/WRA]
- As part of efforts to mobilize additional support for **WRA** activities from outside donors, WRA Global Secretariat staff worked with national alliances to approach DFID with various funding requests. The Global Secretariat provided TA to the **Zambia** National Alliance for the development of an advocacy action plan focused on key maternal health interventions, including fistula and PMTCT. This action plan was used to develop a concept paper, which was submitted to and accepted by DFID. On January 25, 2008, DFID committed £50,000 (approximately US\$ 97,379) to fund Zambia national alliance activities, including an advocacy campaign, social mobilization, and building national partnerships for MH. DFID also committed £86,200 (approximately US\$167,861) to the Global Secretariat to support the **Malawi** national alliance. The funds will be used for building alliance capacity in strategic planning, advocacy, community mobilization strategies, and alliance building; and for carrying out a multisectoral advocacy campaign to increase resources to support skilled birth attendants. The WRA Global Secretariat’s ability to leverage funds that provide direct support to national alliances and assist in building relationships between national alliances and international donors contribute to the sustainability of the alliances and the WRA network as a whole. [GLOBAL/WRA]
- HPI has been working with the Marang Childcare Network in **Botswana** to improve the quality of OVC policies and care across the country. HPI has been instrumental in strengthening Marang’s organizational abilities, including governance, operations, sustainability, and fundraising. Three recent infusions of resources have boosted Marang’s credibility as a financially responsible organization. In October 2007, with HPI assistance, Marang secured \$35,000 in government funding to conduct training in leadership and governance for member organizations and additional community service providers across the country. In December 2007, the Barclays Bank of Botswana allocated \$1,500 worth of indoor and outdoor preschool equipment for Marang’s “I am Special” child center in the Southeast District. In addition, the European Union gave Marang a grant of \$8,333 in February 2008 to train its members on leadership and governance. The success of Marang’s initial efforts to secure additional resources from the government and the private sector demonstrates recognition of the important leadership Marang is providing in the area of OVC.
- In **Mexico**, HIV-positive women tend to be excluded from HIV-related program planning, and gender inequities contribute to women’s risk of HIV infection. Lack of knowledge about HIV transmission

routes, difficulty accessing high-quality healthcare and education, the inability to negotiate consistent condom use with stable partners, and gender-based violence are only a few of the challenges women face. To combat these challenges, women need to strengthen their advocacy and negotiation skills and social networks. In March 2008, the Ford Foundation committed \$56,000 to the International Community of Women Living with HIV (ICW) for a workshop titled “Empowerment and Networking for Women with HIV.” The grant came about as a result of HPI’s work with ICW to improve women’s financial management and proposal writing skills.

- In 2007, **Vietnam’s** comprehensive HIV/AIDS law and detailed implementation guidelines came into force. The law and its guiding documents provide a clear legal framework for PLHIV rights and responsibilities, as well as a comprehensive care and support system for PLHIV and those affected by HIV. However, while the HIV policy environment in Vietnam is progressing rapidly, misinformation, ignorance, stigma, and discrimination are still pervasive, limiting access to prevention and treatment resources for PLHIV and other vulnerable groups. Between December 2007 and March 2008, with HPI financial and technical support, the Center for Consulting on Law and Policy in Health and HIV/AIDS (CCLPH), the Vietnam Lawyers Association, and several PLHIV groups opened three HIV legal clinics in Hanoi, Quang Ninh, and An Giang. The clinics, staffed by lawyers and PLHIV counselors, provide clients with advice on a wide range of issues, including access to HIV treatment, access to schooling for HIV-affected children, and referrals to HIV services. HPI provided training for clinic staff on the new HIV/AIDS law; the provision of legal advice and assistance; the design of a database to monitor and record client inquiries and cases; and the development of an operational protocol and office systems, including client confidentiality procedures. HPI also drafted a manual on operating policies and procedures, which has been translated into Vietnamese for clinic staff. The clinics are an important new resource for PLHIV, and their services will help PLHIV to become more aware of and advocate for their rights under the new law.
- The Marco Antonio Foundation provides ARV treatment and hospitalization for 10 percent of Guatemala’s PLHIV. In 2007, the Congress of the Republic of **Guatemala** redirected US\$1.3 million that had been awarded to the foundation in previous years to other areas. This cut in funding resulted in a discontinuation of treatment at national hospitals to 1,050 PLHIV due to a lack of personnel, infrastructure, and medications. On February 28, 2008, following advocacy by the Alliance of People Living with HIV, the MOH allocated US\$1.43 million back to the Marco Antonio Foundation, enabling the 1,050 PLHIV to continue receiving ARV therapy and hospital services. HPI helped the alliance raise public awareness of the funding shortfall by assisting with media engagement. The project also provided legal counsel on the presentation of an official complaint to the Human Rights Office regarding the budget cut. [G/CAP]
- The Department of Treasury of **South Africa’s** Free State is one of the leading departments in the implementation of HIV/AIDS workplace programs in the province. However, in the past, the department’s ability to effectively implement these programs has been hindered by its lack of capacity in planning and budgeting. HPI trained the department’s HIV program implementers in program design, implementation, budgeting, and monitoring and evaluation. In a three-day, intensive onsite workshop, HPI assisted the department in drafting a detailed budget for the implementation of HIV workplace activities, which the program implementers then submitted for approval. As a result, on January 31, 2008, the HIV/AIDS Unit of the Department of Treasury received a budget increase of R300,000 (approximately US\$39,000), a 600 percent increase over the previous year’s budget. This infusion of resources will enable the effective implementation of more prevention, treatment, care, and support programs, positively affecting the lives of employees and their families.
- Luzhai county in **China’s** Guangxi Zhuang Autonomous Region is one of USAID’s Minimum Package of Services “hotspot” locations. Luzhai has the second largest total number of HIV cases and

AIDS patients in the region. Staff shortages for HIV prevention and AIDS control have contributed to increasing HIV prevalence rates in the county. Given Luzhai's critical situation, more resources need to be allocated to the health sector for HIV prevention and control. HPI and Family Health International have been implementing the A² Project in both the Yunnan and Guangxi provinces to promote evidence-based decisionmaking through analysis and advocacy. Beginning in March 2007, HPI supported the application of the Goals Model in Luzhai and also provided officials from the county Health Bureau and U.S. Centers for Disease Control (CDC) with advocacy training. With HPI technical assistance, the Luzhai Health Bureau incorporated the model findings in a policy brief, which health authorities used to successfully advocate for increased resources for HIV and AIDS. On December 20, 2007, the government of Luzhai County agreed to increase the number of government-funded HIV prevention and control staff in the county CDC by five persons and to pay for all their salaries; increased the annual amount of HIV/AIDS funding to Luzhai to RMB 200,000 annually; and agreed to pay for the salaries of five medical staff at a county antiretroviral therapy (ART) hospital. This much-needed infusion of resources will help the county improve its response to the epidemic by providing additional prevention, care, and treatment services to its residents and stemming the spread of HIV in this severely affected area.

- In 2007, UNAIDS provided approximately \$1,730 in financial support to enable executive members of the **Jamaica** Business Council on HIV/AIDS (JaBCHA) to attend the initial meeting of the Pan Caribbean Business Coalition on HIV/AIDS (PCBC) and for the JaBCHA Manager to attend the follow-up meeting. The PCBC was formed in October 2006, in Trinidad, based on a memorandum of understating signed between the Caribbean Employers Confederation (CEC) and the Caribbean Association of Industry & Commerce (CAIC). The coalition, which advocates for private sector participation in reducing the prevalence and incidence of HIV in the Caribbean, held its second meeting on June 7, 2007, in Trinidad, with follow-up meetings held October 25–26 in Antigua and Barbuda. The meetings brought together 80 regional and international private sector champions and business coalitions to discuss the challenges and opportunities faced by the region and to accelerate the response to HIV throughout the Caribbean, with particular emphasis on workplace initiatives. HPI's ongoing technical support for JaBCHA helped the council to mobilize funding from UNAIDS.

3.4 # of instances in which mechanisms to increase the equity of resource allocation are identified and adopted

- According to the National Institute of Statistics and Information Technology (INEI), 44.5 percent of **Peru's** population lives below the poverty line. Two pillars of the government's strategy to reduce poverty are the Segura Integral de Salud (SIS), a social insurance program for providing healthcare to poor women and their families; and "Crecer" (grow), a government-run program that aims to reduce chronic child malnutrition. Thanks in large part to HPI's work, both pillars of poverty reduction in Peru now include FP as a priority area. In April 2008, the President issued Supreme Decree 003-2008-SA, whereby poor women receiving healthcare services from Crecer in nine priority health areas, including FP, will now be reimbursed by SIS. Initially, the Crecer program did not include FP in its service package. In March 2007, when the government issued a decree mandating the inclusion of FP counseling in SIS's service package, FP counseling was subsequently included in the Crecer program as well. The April 2008 decree directs SIS to ensure the necessary human and financial resources for implementation of the Crecer strategy. HPI conducted evidence-based advocacy and organized policy dialogue with key stakeholders to bring about the incorporation of FP into SIS. The inclusion of FP as a priority area in both Crecer and SIS ensures the targeting of limited government resources to those who cannot afford to pay for FP counseling and services. This will improve access to high-quality FP services among poor and indigenous women. [POP CORE]

- OVC and IDUs have been among those most-affected by the HIV epidemic in **China** but have not received equitable public funds to address their needs. Lack of funding has limited access to methadone maintenance treatment for IDUs, and OVC have suffered from a lack of resources dedicated to address their needs. On December 20, 2007, the Luzhai county government agreed to provide free methadone maintenance treatment (MMT) to IDUs in the county, allocating RMB 300,000 annually for MMT clinic operations; and decided to establish an HIV/AIDS prevention and control fund for OVC beginning January 2008. Through the A² Project, HPI supported the application of the Goals Model in Luzhai and provided advocacy training to officials from the county Health Bureau and CDC. The Luzhai Health Bureau used a policy brief based on findings from the Goals Model to advocate for an increase in the county government's allocation of resources to the health sector for HIV/AIDS. The new allocations will improve equity in the access to prevention, treatment, and support resources by targeting two of the county's most HIV-affected populations.

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

4.1 # of instances that multisectoral structures that advise on or set FP/RH, MH, or HIV/AIDS policies are established or strengthened

- Home-based care (HBC) can play a vital role in mitigating the impact of the HIV epidemic at the community and family levels and can ease the burden placed on healthcare facilities. In **Mozambique**, HPI has been mobilizing the HIV community to improve standards for HBC. On September 26, 2007, an HBC Task Force—including members of the Mozambican Red Cross (CVM), the National Association of Mozambican Nurses (ANEMO), the Foundation for Community Development (FDC), Gender and Media Southern Africa (GEMSA), the National Network of Organizations of PLHIV (RENSIDA), and Family Health International (FHI)—was established to advocate for HBC in Mozambique. Since its formation, the task force has met regularly, developed and ratified an action plan, and drafted an SOW and submitted it to the participating institutions for approval. The task force will galvanize discussion around HBC and make recommendations for various actors in the area. It will help strengthen the coordination and standardization of HBC practices throughout the country. It will also advocate for an improved policy environment around HBC, supporting the creation and/or revision of policies, strengthening the commitment of key stakeholders, and increasing the visibility of HBC service delivery. HPI facilitated the formation of the task force, provided coordination and logistics support for meetings, and provided TA on advocacy and HBC.
- In **Vietnam**, injecting drug use is still a main route for HIV transmission. The national HIV/AIDS law, enacted in 2007, provides a clear legal framework for implementing a range of comprehensive risk-reduction measures, including methadone substitution therapy. In November 2007, the National Task Force on HIV Harm Reduction (NAFOR) was established as a coordinating body by the Minister of Health and the Vietnam Administration of HIV/AIDS Control (VAAC). NAFOR is a permanent multisectoral mechanism charged with advising on the expansion and coordination of resources and programs to address prevention and treatment gaps through increased service capacity and improvements in services and infrastructure. Programs and services supported by VAAC; the Ministry of Labor, War Invalids, and Social Affairs (MOLISA); and the Ministry of Public Security (MPS) are responsible for implementing NAFOR's recommendations. Membership is open to all interested government, party, multilateral and bilateral, mass, and CSOs; and members of most at-risk populations. HPI was instrumental in establishing the original technical working group, which led to the establishment of NAFOR. HPI was also actively involved in drafting the NAFOR's TOR and workplan.

- The Panama Strategic Multisectoral HIV/AIDS Plan identifies the need for a single, legally recognized national authority that can coordinate the efforts of the different sectors involved in the national HIV response. On January 22, 2008, the President of **Panama**, Mr. Martin Torrijos Espino, created the National HIV Control and Prevention Commission (CONAVIH) via Executive Decree No.7. The creation of the commission followed an advocacy campaign led by the Strategic Alliance for HIV/AIDS Advocacy that demanded implementation of the Multisectoral HIV/AIDS Plan. CONAVIH will promote, support, and coordinate the actions of public agencies, civil society, and the private sector to prevent and control the epidemic and protect the rights of PLHIV. It will be the supreme authority for HIV information and guidance in the country. It includes government entities, civil society representatives, and PLHIV. HPI provided TA to the alliance, which promoted the creation of CONAVIH. The assistance focused on meetings to reach agreements with civil society regarding the election of representatives, proposal development, proposal review, and the building of consensus among different national actors. CONAVIH will enhance the effectiveness of Panama's national response to HIV by fostering a comprehensive approach to HIV prevention, care, and mitigation. [G/CAP]
- On September 20, 2006, the Contraceptive Security Committee in **El Salvador** was legally established through Resolution 2215 of the MOH. Since then, the committee has demonstrated increased strength, meeting regularly with full member participation, developing an operations manual, and successfully lobbying the MOH to approve a strategy on FP commodities. Creating an operations manual was identified as one of the committee's top priorities following its official recognition. The manual enhances the committee's official status, boosting its ability to achieve its objectives. HPI supported the manual's preparation by sharing manuals from CS committees in other countries and by providing a small grant. Concerned about having sufficient and consistent funds to purchase needed contraceptives, the committee also began actively engaging civil society partners and the Minister of Health to create a strategy to ensure funding for FP commodities. With HPI support, the committee held meetings with stakeholders to draft a proposal for an RH law. HPI facilitated a south-to-south exchange between the CS committees of El Salvador and Guatemala, funding a visit to El Salvador by three Guatemalans who were heavily involved in the drafting and passage of the Guatemalan FP law. In addition, through an HPI small grant, the El Salvador CS Committee coordinated two meetings with the NGO network, Alianza por la Salud Sexual y Reproductiva (Alliance for Sexual and Reproductive Health). The CS Committee presented its proposal to the Minister of Health, who approved the strategy to ensure the provision of FP commodities. The committee's actions show that they are assuming leadership in the CS policy process, taking the initiative and engaging in dialogue with civil society and other public sector actors to enhance contraceptive security in El Salvador. [LAC REGIONAL]

4.2 # of in-country structures that provide multisectoral oversight to ensure compliance to policies or norms are established or strengthened

- **Guatemala's** FP/RH legal environment has improved in recent years with the approval of the Social Development Law (SDL), the Population and Social Development Policy (PDSP), the Family Planning Law (FP Law), and the 15 percent tax on alcoholic beverages to finance RH activities. However, health indicators and recent studies reveal a need for stronger mechanisms to evaluate policy implementation. On March 6, 2008, the Guatemalan Congress—with CSOs, professional associations, and universities—established the Reproductive Health Observatory (OSAR). The OSAR is a mechanism to monitor and evaluate the SDL; the PDSP; the FP Law; the 15 percent tax on alcoholic beverages to finance RH activities; and the HIV/AIDS Law. HPI supported the creation of OSAR by (1) identifying gaps in the legal framework and obstacles to accessing FP/RH services, (2) sharing this information with stakeholders, (3) bringing together members of Congress and the groups that now form OSAR and encouraging them to develop a joint supervision and monitoring effort, and

(4) helping to further organize and strengthen the idea of creating OSAR as a mechanism to improve the implementation of FP/RH/MH policies. OSAR will provide decisionmakers with critical information on the current status of policy implementation, which will contribute to improved quality of healthcare services. [FIELD/POP CORE]

- The objectives of **El Salvador's** Strategic HIV/AIDS Plan include increasing respect for human rights and gender equity in the prevention, care, and control of HIV. However, until recently, little has been done to implement this objective. When the rights of PLHIV are violated, they are faced with a slow or inept response by the justice system. On January 18, 2008, as part of its implementation of the National Strategic HIV/AIDS Plan, the El Salvador National AIDS Commission (CONASIDA) created a committee to advise CONASIDA on issues related to PLHIV rights. The committee—including representatives from the Human Rights Office, the MOH, the Ministry of Labor, cooperating agencies, and CSOs—will also propose mechanisms to expedite the response to claims of stigma and discrimination against PLHIV. The committee will also work educate the public on how to obtain prompt responses from the justice system when the rights of PLHIV are violated. HPI helped CONASIDA to form the new committee by providing information on the current complaint process, HIV-related stigma and discrimination issues, and the existing legal and political framework regarding these issues. HPI also became a committee member at CONASIDA's request. [G/CAP]

4.3 # of instances in which a new sector is engaged in the design, implementation, and financing of health programs

- Although the majority of **Jordan's** population is under 24 years of age, youth have rarely participated in policy dialogue and did not play a significant role in the design and implementation of Jordan's first Reproductive Health Action Plan (RHAP I). As RHAP I comes to a close, the need for a second phase of RHAP has arisen. Jordan's Higher Population Council (HPC) and HPI conducted a workshop in May 2007 to draft the framework components and activities for RHAP II. The new RHAP II steering committee, representing major stakeholders and including a selected group of youth, attended the workshop. The youth helped to design RHAP II and will continue to work with the steering committee to finalize, implement, monitor, and evaluate the plan. HPI trained the youth on RH issues and helped facilitate their inclusion in the steering committee. This is the first time that youth have been involved in RH policy planning in Jordan. Engaging youth in the design and implementation of RHAP II is critical to meeting the targets set by Jordan's National Population Strategy.

4.4 # of instances of collaboration or coordination leading to a specific output

- Signatories of the United Nations Declaration of Commitment on HIV/AIDS are expected to compile regular progress reports to monitor their progress in achieving country-specific targets. In **Vietnam**, the government prepared its third country report for October–December 2007. Input was sought from myriad stakeholders, including civil society groups, by applying the National Composite Policy Index (NCPI), a methodology used to evaluate the HIV policy environment. The methodology involved conducting two workshops—in Hanoi and Ho Chi Minh City—with representatives from CBOs and PLHIV groups. A national consensus workshop was held in January 2008 to finalize the index and include it in the third country report. HPI financed, organized, and assisted with all three meetings. At the consultative workshops, more than 116 participants from all over the country discussed achievements made and future challenges related to the HIV policy environment. At the National Consensus Meeting, 73 participants from 55 governmental and international partners—as well as civil society delegates, national, and international NGOs—attended the presentation of the findings. For the first time, civil society representatives and NGOs were given an opportunity to contribute to the

draft report. The final report, released in January 2008, acknowledges for the first time the contributions of civil society and PLHIV in the national response to HIV.

- The modern contraceptive prevalence rate in **Mali** is low, and there is national concern about high maternal and neonatal mortality rates. Despite men’s central role in families’ health decisionmaking, they are rarely included in RH programs. Gender norms often prioritize women’s RH, despite men’s need for information and services related to FP and their own RH. On March 1, 2007, the Reproductive Health Division of the Ministry of Health and HPI organized a multisectoral technical meeting on constructive male engagement (CME) in RH to inform and support the National RH Strategy. A multisectoral group—including executives from the MOH and other ministries, CSOs, and religious leaders—created a 10-member subcommittee to draft a national guide to address CME in RH and agreed to review and validate the guide upon completion. After meeting four times over the course of a year, the subcommittee completed the guide, “Constructive Engagement of Men in Reproductive Health” on January 8, 2008. HPI provided technical and financial assistance to establish the multisectoral committee and draft the guide. By coming together to develop the national CME guide, the multisectoral group has acknowledged the importance of changing gender norms by engaging men in RH programs and has made a firm commitment to implement appropriate strategies in their own programs. With a national guide and multisectoral support, the policy environment in Mali for CME has improved, which will lead to increased efforts to engage men in RH programs. [POP CORE]
- One aim of the HIV and AIDS and STI Strategic Plan for **South Africa**, 2007–2011 is to increase the contributions of the business sector, especially small and medium enterprises, to the fight against HIV. In response to this demand, HPI assisted the National Department of Health (NDOH), the Department of Public Service and Administration (DPSA), the South African Management Development Institute (SAMDI), and some private and public training institutions to design a strategy for training business leaders in providing leadership in the national fight against HIV. This training program will help leaders understand the key components of comprehensive HIV/AIDS workplace programs, manage the creation and implementation of workplace programs, galvanize workers to actively engage with and participate in HIV/AIDS workplace programs, and identify and address potential barriers to implementing a successful program. The collaboration between the aforementioned partners started in February 2007 and resulted in the development of an HIV/AIDS executive leadership training program, including a curriculum in September 2007. HPI assisted the NDOH with coordinating, financing, and designing the curriculum and coordinating the partnership with all relevant stakeholders. The training program will be implemented by several private and public business training institutions, such as the Durban University of Technology, the School of Business Leadership University of South Africa, the Graduate School of Business University of Kwa-Zulu Natal, and the School of Public Health Medunsa Campus. This will strengthen and enhance the visibility of the public-private collaboration in the fight against HIV, thereby ensuring the ability of senior leadership to achieve the targets of the national strategic plan.
- As an election year, 2007 presented a unique opportunity for **Kenyan** CSOs to focus their advocacy efforts on leaders who were likely to form the new government and assume responsibility for implementation of the Kenya National AIDS Strategic Plan, 2005–2010 (KNASP 2005/10). Between March and August 2007, the World AIDS Campaign Support (WACS) Team organized advocacy meetings that brought together CSOs to share strategies to enhance universal access. As a result of the engagement of the United Civil Society Coalition Against AIDS, Tuberculosis (TB), and Malaria (UCCATM), the Kenya Treatment Access Movement (KETAM), the Kenya Network of Positive Teachers (KENEPOTE), and the National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK), the team came up with a joint campaign strategy, titled “The Ballot Box,” to advocate for universal access during the election campaign. The WACS distributed a

campaign poster bearing a message of leadership and accountability widely to the public, which was used by many candidates and media houses to push for increased accountability in the use of HIV/AIDS funds and improvements in leadership of the overall response to HIV. HPI provided technical and financial assistance to its partner PLHIV networks (NEPHAK, KENEPOTE, UCCATM, and KETAM) for advocacy training and participation in WACS team meetings. As a result of the significant role of the WACS team and other key stakeholders, HIV is now a main agenda item in the manifestos of the three key political parties (PANU, ODM, and ODM-Kenya) and will continue to receive recognition under the new government.

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

5.1 # of new tools/methodologies created or adapted and applied in-country to address FP/RH, MH, or HIV/AIDS issues

- Cultural beliefs and practices figure strongly into women’s perceptions of the effectiveness and side effects of contraceptive methods and also in their health-seeking behavior and decisionmaking. Healthcare providers working in the **Peru’s** Junin region cited a need for culturally-adapted counseling materials oriented toward the jungle and sierra ethnic/cultural groups, who have limited literacy, to support providers’ efforts to provide FP/RH information to this population. In April 2008, the “Documento Técnico de Adecuación Cultural de la consejería en SR” (“Technical Guide for Culturally Appropriate Orientation/Counseling in Reproductive Health”) was approved by a Ministerial Resolution. This technical guide aims to increase the cultural competence of healthcare providers in FP/RH counseling and improve access to culturally appropriate FP/RH counseling and information among the poor and indigenous groups. It will be used for FP counseling in government healthcare facilities. The Health Promotion Directorate is also planning to introduce an e-learning module on culturally appropriate counseling. HPI adapted the MOH FP/RH counseling guide to integrate cultural competency oriented toward the sierra and jungle ethnic/cultural groups. HPI also conducted a training-of-trainers to train healthcare personnel—doctors, nurses, midwives—in Junin on the new guide. [POP CORE]
- Implementing HIV/AIDS policies in **South Africa** continues to be a major challenge. The government’s Department of Public Service and Administration (DPSA) is tasked to assist other departments within the government with implementing policies pertaining to HIV and other health concerns. To assist them in this endeavor, HPI prepared a technical assistance guide on HIV/AIDS policy formulation, planning, budgeting, and monitoring and evaluation. The guide was finalized on June 10, 2007, and approved by the DPSA to be incorporated into its reference guide called *Managing HIV and AIDS in the Workplace: A Guide for Government Departments*, which is disseminated to all government departments at both the central and provincial levels. The updated DPSA guide is being finalized and disseminated. Nevertheless, the HPI’s guide has already been used to assist 15 government departments and 25 managers in the Free State and Northern Cape provinces with designing HIV policies. The guide is expected to lead to improved program design and implementation by the government and to ultimately improve the quality of HIV service delivery.

5.2 # 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

- Following the 1994 genocide, FP was a controversial subject in **Rwanda**, and contraceptive prevalence decreased significantly in the late 1990s from 14 to 5 percent. In support of efforts by USAID and the government of Rwanda to reposition family planning, the POLICY Project designed a RAPID application for Rwanda. The RAPID Model demonstrates the benefits of population control in terms of economic growth, strain on the environment, and the cost of health and education. The

RAPID analysis has contributed to a change in political commitment to FP. In 2006 and early 2007, POLICY and then HPI continued to provide support in applying the RAPID Model. In February 2007, the Minister of Health used data from the RAPID analysis in a presentation to the President and members of his Cabinet at the fourth annual Rwanda Government Retreat at Akagera Game Lodge. The presentation sparked presidential-level commitment to FP in Rwanda, which led to the development of a national FP strategy, the inclusion of FP in Rwanda's Vision 2020, and the creation of an FP technical working group. Many people in Rwanda cite the RAPID analysis as a primary driver of the country's change in attitude toward FP.

- In **Niger**, until recently, data on access to and the availability of RH products at health centers nationwide did not exist; and health centers experienced frequent stockouts of RH commodities. As the first step in developing a strategic plan to address contraceptive security, the MOH requested a situational analysis be conducted to provide accurate data and information on Niger's current RH commodity situation. In collaboration with UNFPA and AWARE-RH, HPI provided technical and financial support to the MOH to draft and finalize the Situational Analysis of Contraceptive/RH Security in Niger. HPI provided ongoing assistance to the technical steering committee formed by the MOH to lead the process to secure RH products. The MOH validated the situational analysis during a national workshop in July 2007. The analysis provided data concerning health financing, product availability, unmet needs in FP, accessibility of services, the supply system, stock conditions of RH products at health training courses, and the private sector's role and level of involvement. The Strategic Plan for the Security of RH Products in Niger: 2007–2010, approved in November 2007, was drafted based on the information and data provided in the situational analysis.
- Sentinel surveillance data are key sources of information used by stakeholders in **Mozambique** to define their HIV activities. Due to a change in the management and policies of the MOH, publication of the sentinel surveillance round data was delayed from 2006 to 2007. HPI helped a Multisectoral Technical Group (MTG) to analyze and interpret the sentinel surveillance data and orchestrated planning for the surveillance round, including engaging MTG members to ensure support for the report's preparation and publication. The Minister of Health, Prof. Ivo Garrido, published the data at the 2007 World AIDS Day ceremony, chaired by the President of Mozambique, Mr. Armando Guebuza. At the event, the president and minister gave speeches advocating for behavior change, using slides and information from the MTG report. The publication of updated sentinel surveillance data provides a resource for evidence-based decisionmaking, as well as for continued advocacy and lobbying efforts to improve Mozambique's response to the epidemic.
- One of the poorest countries in the Asia/Near East region, **Yemen** continues to experience rapid population growth (3% per year). Only one government agency—the National Population Council (NPC)—has been focusing on Yemen's population growth and its impacts on development. To highlight these concerns, the NPC organized the Fourth National Population Conference, held December 10–12, 2007, in Sana'a. In preparation for the conference, HPI helped NPC technical staff to finalize the Yemen RAPID Model and Powerpoint presentation. In addition to RAPID, HPI helped NPC staff draft a six-month, post-conference strategy for policy dialogue, focusing on Yemen's population and development challenges and FP/RH program concerns in preparation for the June 2008 mid-term Consultative Group review of the Socio-Economic Development Plan for Poverty Reduction, 2006–2010. Yemen's government officials used data from the RAPID in policy dialogue leading up to the conference, and leaders and participants—including by the Vice President, Deputy Prime Minister, and the Deputy Minister of the Ministry of Planning and International Cooperation (MOPIC)—frequently cited the data during the conference. These leaders praised RAPID for grounding the policy dialogue in data and called for using RAPID to increase advocacy and dialogue at the governorate level. With these three prominent figures leading the conference sessions, a wide and influential audience—including members of the diplomatic corps, representatives of donors and

international organizations, and the heads of NPCs from other predominantly Muslim countries—were engaged in dialogue. [CORE and FIELD]

5.3 # of instances in which in-country counterparts or organizations apply tools or methodologies on their own or conduct training in the use of the tool or methodology

- In March 2008, the **Rwanda** Ministry of Finance and Economic Planning (MINECOFINE) collaborated with UNFPA to prepare a manual titled “Integrating Population Issues in Development Plans and Budgets.” The manual targets district-level planners and budget managers. One of the manual’s modules is designed to teach the RAPID Model and help participants (district budget managers) to use the results of the RAPID analysis to inform the budgeting process. Mr. Francis Bakizi designed the manual. He was previously trained in using RAPID and is now using the manual and the RAPID results with district planners. The incorporation of RAPID analysis in district-level planning processes will strengthen evidence-based RH policymaking at the local level. It will also support HPI’s continued efforts to support the repositioning of FP as a national priority.

III. FP/RH CORE-FUNDED ACTIVITIES

Using core funds, HPI is developing innovative tools and approaches to help the OPRH within the Bureau of Global Health achieve its strategic objective to *Advance and support voluntary FP and RH programs worldwide* and attain the following results:

- Global leadership exercised in FP/RH policy, advocacy, and services;
- Knowledge generated, organized, and disseminated; and
- Support provided to the field to implement effective FP/RH programs.

OPRH's priorities are to support evidence-based advocacy to enhance political will; mobilize resources and build capacity to reposition family planning in Africa; reduce poverty; increase gender equity; and improve equitable access and uptake of healthcare, especially for vulnerable groups such as adolescents, the poor, and HIV-positive women. Furthermore, particular attention is paid to ensuring that a full range of contraceptives are available for all who need and want them as USAID and other donors phase out support for commodities in individual countries. Addressing these priorities is critical to the success of development efforts in general and to the OPRH in particular, as it strives to meet its objectives.

HPI uses a sustainable model that strengthens leadership within the public sector and civil society to advance health policy. The leaders, in turn, use evidence-based advocacy to effectively participate in the policy process and press for more resources. HPI is working with existing partners to reach out to new groups, FBOs, networks, private sector organizations, CAs, and donors to identify and strengthen advocates for change.

HPI uses core funds to undertake and pilot activities necessary for making technical progress in global policy areas. However, because policies are formulated and implemented in countries, field input is needed to develop policy tools and approaches that will address the countries' specific issues. This is a critical step as policy work moves into the implementation phase. Therefore, HPI also uses core funds to test these new approaches in selected countries. This strategy has resulted in numerous project-level results, as well as results that correspond to indicators in the OPRH Operational Plan (OP).

Specific achievements during this period include the following:

- Finalizing and pilot-testing the policy implementation tool to identify barriers to implementation of the Social Development and Population Policy, **Guatemala**
- Introducing e-learning for the application of the Spectrum models, specifically the model for projecting population growth, DemProj (**DR Congo** has agreed to test the model at the Mission and in the schools of demography and public health at the national university)
- Identifying operational barriers in focus areas such as the integration of FP/HIV and community-based distribution (CBD) of injectable contraceptives in **Malawi** or resupplying oral contraceptives in **Tanzania**, and preparing plans aimed at removing the barriers and advancing policy implementation
- Combating GBV experienced by women and youth accessing FP services in **Bolivia**
- Increasing resources by identifying alternative financing mechanisms for FP in **Peru** through conditional cash transfers, and getting FP commodities for poor women included in the social security system
- Improving equitable access to FP/RH, especially for the poor, refugees, and indigenous populations in **Guatemala, Peru, and Sierra Leone**
- Improving access to FP in the private sector in **India** through the development and use of the Family Friendly Workplace tool
- Playing a lead role in USAID interagency working groups (e.g., gender, youth) to advance expertise in relevant fields, share resources, and provide training on key issues

A. Innovative Approaches

Task Order 1 uses a portion of its core funds from FY05/06 to test new and innovative policy approaches for improving access to FP/RH in selected countries. These “innovative approaches” (IAs) help advance technical knowledge and improve understanding on critical policy issues. The tools and approaches that HPI develops are pilot-tested in the field and then applied and scaled up in other settings and countries. HPI has IAs underway in Kenya, Malawi, Peru, Guatemala, Bolivia, Sierra Leone, and Mali. The project has not yet selected a country for IA5, although it will likely be in sub-Saharan Africa. The current status of the eight IAs is described below.

IA1: Eliminating Barriers to the Integration of FP/RH and HIV/AIDS Services in Kenya

Activity Manager: Rachel Sanders

Objective: The goal of this IA is to identify and eliminate operational 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: HPI completed the rapid assessment of barriers to FP/HIV integration and disseminated the results to policymakers and other decisionmakers in September 2007. As a result, the Division of Reproductive Health (DRH) and the National AIDS and STD Control Program (NAS COP) decided to develop a strategy and, ultimately, guidelines for integration. The coordination between both departments has led to (1) the formation of a core group that provides guidance to the integration process and (2) the recruitment of a consultant to help design the strategy.

The existing integration working group has been expanded to include Kibera Community Self Help Programme (KICOSHEP), Women Fighting AIDS in Kenya (WOFAK) as community organizations working with people living with HIV/AIDS, UNICEF, UNFPA, University of Nairobi, Kenya Medical Supplies Agency (KEMSA), Ministry of Health planning and finance departments, WHO, Engender Health, Pathfinder, PATH, Liverpool VCT, Medical Supplies Agency (MEDS), National Coordinating Agency for Population and Development (NCPD), National AIDS Control Council (NACC), Christian Health Association of Kenya (CHAK), Nursing Council, Management Sciences for Health (MSH), Family Health Options Kenya (FHOK), USAID, and Medical training colleges. This forum will help to bring the integration work to scale, institutionalize harmonized planning, and ensure that stockouts and reporting needs will not derail integration.

This activity is expected to end by September 2008. Field support funds will be used to continue activities thereafter. The remaining core funds will be used to document the process, recruit a consultant to write the first draft of the strategy, and to prepare a brief that summarizes the results of the rapid assessment.

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: Bridget McHenry

Objective: The objective of this activity is to increase access to family planning for poor, rural women in eastern, central, and southern Africa by using policy dialogue and advocacy to expand the CBD of injectable contraceptives. HPI has worked closely with stakeholders and partners in Malawi to design a model for CBD of injectable contraceptives that is sustainable; supported by providers, clients, regulators, and funders; and can be scaled up to the national level. Specifically, HPI is also working to change existing policies and advocate for government funding for CBD of injectables.

Summary of Major Activities: In late 2007, HPI conducted qualitative research to assess the current policy environment surrounding the use of paramedical professionals to administer injectable contraceptives.

Key informant interviews and focus groups were conducted at both the national and district levels to

1. Assess current preference for and access to FP methods, including, but not limited to, injectable contraceptives at the community-level;
2. Gather opinions from community members and various cadres of providers about contraceptive provision at the community level;
3. Determine commonly held beliefs and opinions about injectable contraceptives; and
4. Identify acceptable strategies for distributing preferred FP methods in communities.

Simultaneously, ongoing dialogue continued among HPI, USAID/Malawi, and the Reproductive Health Unit (RHU) of the Ministry of Health. Further coordination and collaboration between HPI-TO1 and the TASC3 team at Constella Futures and in Malawi is needed to ensure a clear understanding of the role of the various players and to facilitate coordination and avoid duplicative efforts. The mandate to the TASC3 team, on which Constella Futures is a subcontractor to MSH, is to provide expanded access to health services provided by CBD agents—including injectable contraceptives—whereas, HPI is working with the Mission to begin a collaborative effort to increase access to injectable contraceptives through policy change.

HPI and the Mission supported the RH Director in advocating for an expanded cadre(s) of providers of injectable contraceptives. Evidence and tools, such as an analysis of how increased contraceptive uptake decreases the cost of reaching the Millennium Development Goals (MDGs), were shared by HPI to strengthen this argument.

In early 2008, the RHU received approval from the MOH Senior Management for health surveillance assistants (HSAs) to deliver Depo-Provera (DPMA). In March, the Sexual and Reproductive Health Technical Working Group—a committee of ministry, donor, and NGO representatives convened by the ministry to provide technical support to the RHU—created a task force to develop a tool to be used by HSAs.

HPI will participate in an MOH-led study tour to Madagascar to explore lessons and successes surrounding its development of a policy and implementation guidelines. Subsequently, the project will convene a stakeholders meeting where the MOH and CA representatives will report on the Madagascar tour; and HPI will share findings from research conducted throughout 2007 on the status of CBD of injectable contraceptives in Malawi. Armed with this information, operational guidelines will be drafted and steps to formalize a policy around this initiative will be taken.

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

Activity Manager: Elizabeth Mallas

Objective: The goal of this activity is to improve access to FP/RH services among indigenous populations. HPI has identified barriers to access among indigenous groups and worked 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/RH and maternal health needs of these groups. Activities included (1) information gathering and analysis, (2) dissemination and policy/strategy development, and (3) implementation.

Summary of Major Activities: In November and December 2007, HPI conducted interviews in Guatemala City and Chichicastenango, Quiché, with key stakeholders involved in planning and implementing the barriers study. The study identified six barriers that affect indigenous peoples' access to FP services. Of the six barriers, four relate directly to the provision of services and two relate to the sociocultural context.

The service delivery barriers include (1) negative views of providers toward indigenous women; (2) unsuitable conditions in the places where FP services are provided; (3) limitations on indigenous women because of informational materials and content of messages; and (4) limitations of community staff in their integration in FP services. The sociocultural barriers include concerns within the community regarding the impact of family planning on families and the lives of the women, and limitations that the social and familial environments impose on indigenous women. The interviews identified the results most important to each stakeholder, the challenges they faced, and also the key elements they thought were important for the implementation of a similar study in a different location.

A lessons learned report has been drafted, shared with key stakeholders, and submitted to USAID for comments. A policy brief summarizing the report is currently being written and will be translated into Spanish. It will then be printed in English and Spanish.

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

Activity Manager: Suneeta Sharma

Objective: The goal of the IA in Peru is to improve access to FP services among the poor. 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. IA4 has three major components: advocating for family planning to be included in the health insurance package of services; mobilizing regional resources for information, education, and communication (IEC) campaigns and quality improvement; and strengthening and operationalizing the FP/RH educational component of the JUNTOS conditional cash transfer program for the extremely poor.

Summary of Major Activities: HPI documented the process and lessons learned from implementing this activity. The report describes the systematic process of identifying key barriers to access among the poor; designing country-driven, financially sustainable strategies to address the barriers; developing detailed action plans for strategy implementation; supporting policymakers and implementers at the national, regional, and local levels to implement the strategies; and designing and applying equity-based M&E indicators to assess the effectiveness of strategies in achieving equity outcomes. The report highlights the need for continuous evidence-based advocacy, policy dialogue, and planning to inform the development and implementation of pro-poor strategies.

With additional core funds from FY07, follow-on activities will focus on awareness raising, advocacy, and scale up of IA4 activities in different regions. In Junin, equity-based M&E is ongoing to assess the improvements in access to culturally appropriate counseling. Based on IA4's experience, the USAID-funded Healthy Municipalities strategy included culturally appropriate counseling in four of the 11 districts: (1) San Luis de Shuaro in Chanchamayo, Junin; (2) MR Chazuta in San Martin; (3) MR las Palmas, Aucayacu, Pumahuasi, Supte, and Las Palmas in Huanuco; and (4) MR Neshuya in Ucayali. Use of counseling has increased in these districts, as reported in the pilot sites. The project will train providers on culturally appropriate counseling for these districts to improve the supply-side response.

The HPI team provided technical assistance to help operationalize the FP counseling component of the Integrated Health Insurance (SIS) program, including estimating the benefits and reimbursements for family planning under the SIS.

The team organized meetings with Ministry of Health (MINSA) authorities who have shown interest in replicating the training course on public investment proposal development in other regions in agreement with the universities. However, the MINSA has requested that the modules be updated in accordance with the legal and normative changes that have taken place in the last few months.

HPI will explore the possibility of linking culturally appropriate FP counseling interventions to other development programs such as CRECER. The CRECER program aims to address chronic malnutrition and poverty among children (under 5) and covers 219,000 children in 330 poor districts. The Presidency of the Council of Ministers (PCM)/JUNTOS and MINSA/DIRESA implement the health component of CRECER. JUNTOS and the MINSA are responsible for the promotional education component regarding the prevention of early pregnancy, suitable birth spacing, demonstration sessions, and nutritional counseling for the beneficiary population. The Institute for Human Resources of MINSA has asked HPI to share with selected health professionals its work on reaching the poor with culturally appropriate information and counseling.

The follow-on activity will be completed by September 2008. The local team will work with the national and regional health directors to help mobilize regional funds for FP/RH, develop an e-learning module on culturally appropriate counseling, and conduct equity-based monitoring and evaluation of the FP counseling component of JUNTOS.

IA5: Engaging the Marginalized and Raising Awareness on Family Planning as an Approach to Reduce Poverty

Activity Manager: Imelda Feranil

Objective: Although poverty reduction is increasingly becoming a priority for USAID Missions and governments, donor assessments indicate that civil society involvement in such initiatives, especially by the poor, has been limited. The goal of this activity is to increase the poor's involvement in FP policy processes by creating a practical guide that can help Missions, government officials, and civil society leaders to engage the poor effectively while repositioning family planning as a strategy to address health and poverty issues.

Summary of Major Activities: HPI technical directors have reviewed an initial draft of the guide, titled "Practical Guidelines for Effective Engagement of the Poor: Applications in Family Planning Advocacy and Policy Dialogue." Comments emphasized the need for a clearer, more focused, less technical, and more realistic approach, as well as more country examples of efforts to engage the poor. Preparation of the draft has been hampered by the lack of literature on efforts by high-level officials and decisionmakers to engage the poor in various stages of the policy process and to incorporate their concerns into policy and program development.

To address the above issues, HPI staff prepared an annotated bibliography of relevant materials on poverty, civil society engagement, and participation as an appendix to the guide; and case studies and illustrative boxes within the guide. HPI also initiated discussions with a consultant to review the draft guidelines and package them in a more user-friendly format. HPI managers are currently exploring possible countries in Africa to test the guidelines.

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

Activity Manager: Emily Sonneveldt

Objective: The objective of this activity is to collaborate with an international NGO and local NGO to identify and remove operational barriers to accessing family planning in Sierra Leone—a country with large numbers of refugees and IDPs. This activity complements the global leadership priority (GLP) activity on reproductive health for refugees.

Summary of Major Activities: HPI finalized the report on “Understanding Operational Barriers to Family Planning Services in Conflict-Affected Countries: Experiences from Sierra Leone.” The report presents major findings on the needs of refugees/IDPs; assesses the country’s RH policy environment, and identifies key operational barriers to service provision. It also proposes recommendations to in-country and international stakeholders for improving access to family planning, including taking steps to achieve contraceptive security, reduce the delays in access to family planning and programs for sexual violence survivors, and strengthen human resource capacity to provide services in conflict situations. We hope that this study will highlight the importance of FP/RH policies—and the means to implement them—as essential elements of comprehensive humanitarian relief programs for refugees and IDPs.

IA7: Understanding the Relationship between GBV and the Demand for and Uptake of FP/RH and Related Health Services

Activity Manager: Mary Kincaid

Objective: This two-year activity is designed to formulate an innovative, multi-level model for supporting the implementation of policies and programs to address gender-based violence (GBV) as a barrier to demand and uptake of FP/RH and related health services for women. The activity is being carried out in Bolivia. The project uses Youth GLP funding to integrate attention to youth issues throughout the program. The current core-funded activities will end in June 2008.

Since June 2006, HPI has undertaken a pilot project to support the implementation of policies that prevent and respond to GBV in four municipalities of Bolivia. The project has facilitated the design and implementation of a participatory methodology in communities to identify barriers that prohibit communities and municipal services from preventing and adequately responding to different forms of GBV (e.g., intimate partner violence, sexual harassment and violence, and gender-based political harassment)—which are also seen as barriers to the use of FP/RH and other health services. Through the participatory methodology, the project has engaged diverse actors, including men, women, and youth; and service providers from different sectors (e.g., health, education, police, judiciary, and indigenous and municipal political leadership).

The participatory process, conducted by HPI-trained local facilitators, guided participants through two initial phases (Phase I, May–September 2007, Participatory Diagnosis; Phase II, October 2007–February 2008, Participatory Analysis) to raise awareness through self discovery, diagnose and analyze the root causes, and design activities to address the problems. During Phase III, March–June 2008, Implementation of Priority Activities, participants will advocate for funding of the activities under the municipal budget and implement activities to establish mechanisms for social control and vigilance. Phase IV, June 2008, will focus on systematizing the methodology and related tools and evaluating the process with participant organizations in a workshop setting. To have an impact beyond the four municipalities, the project sought guidance and technical input from a group of experts (Consultative Committee Against Violence or CCCV in Spanish), who met at the beginning of the first two phases to review the methodology prior to its application and to reflect on the results of the preceding phase, respectively. During this reporting period, the CCCV met to review the Phase II tools. A final meeting of the CCCV is planned for July 2008 to assess the results of the evaluation.

Summary of Major Activities: The project launched an intensive series of activities with locally contracted partner organizations. The partner organizations are national NGO providers of FP services in the four project sites. Activities included the following:

1. Design, validation, and production of methodological guides for Phases II and III.
2. Training and application of the methodology by four teams of facilitators (26 total) from CIES Oruro, CIES Camiri (Machareti), APROSAR (Quillacas), and PROCOSI (El Alto). Almost 1,000

people have participated in the process in the four municipalities; 40 percent of the participants are youth.

3. Engagement of service providers and indigenous and municipal authorities in focus group discussions on the topics covered in the longer participatory community process.
4. Bi-monthly field visits to the four sites to monitor and assist the teams with the methodology, and coordination of activities with the local health services and municipal authorities.
5. CCCV meetings with 25–30 participants from Bolivian NGOs, international donors and contractors, and executive and legislative branches of the Bolivian government.
6. Processing of information from the Phase I participatory assessment and Phase II. This was made possible through an agreement with the Catholic University that provided an intern to record and systematize information from the field and training activities.

In March, the project team prepared for the evaluation of IA7 to occur between April and June 2008. The evaluation will assess the extent to which the process has heightened awareness and action to address GBV and had a positive influence on the demand for and/or uptake of FP/RH and related health services.

Initial results from the project team and local partners suggest that the IA7 activity has had far-reaching impact in Bolivia. CIES has adopted the methodology and has plans to apply it throughout the country. APROSAR has decided to apply the methodology throughout the Department of Oruro and has received funding from the Prefecture (Department-level government) to do so. They also intend to apply the methodology in the Department of Beni where they are working under the USAID-funded PROCOSI Community Health Program. In addition, CIES Oruro has also procured financial commitment from the municipal government in the city of Oruro, and CIES Camiri has procured commitment of financial resources from the Municipality of Machareti. APROSAR is reporting similar advances in the municipality of Quillacas. Finally, PROCOSI is negotiating with the municipality of El Alto to obtain funds for scaling up the project in that city, where the youth focus was most intense. While these initial reports do not provide concrete numbers on total resources mobilized, clearly, the impact is substantial as the sites involved are two large cities, a department (equivalent of a state in the U.S.), and many rural municipalities. In addition, the new Vice Minister of Intercultural and Traditional Health has voiced interest in the methodology and is reviewing the IA7 guides. The minister is a member of the CCCV, whose next meeting will be financed by one of our implementing partners, PCI (part of the PROCOSI team).

IA8: Scaling Up Approaches to CME in FP/RH Programs

Activity Manager: Britt Herstad

Objective: Globally, much attention has focused on program initiatives to constructively engage men in reproductive healthcare services and programs; 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 FP/RH programs by facilitating the creation of a strategic process for integrating CME and designing and piloting key innovative approaches/activities for integrating CME in existing USAID programs. The activity includes tailoring national CME guidelines for the Malian context in support of the National Reproductive Health Strategic Plan.

Summary of Major Activities: HPI focused on two key components of the activity: creating and piloting a training curriculum on CME and couple communication and working with the National Advisory Committee to finalize revisions to the national guidelines. In December 2007, the activity team conducted a training-of-trainers (TOT) on CME and couple communication with community peer counselors or *relais*. Through Keneya Ciwara, a local USAID project, the trainees are replicating the training module in their communities to encourage more productive couple communication regarding family planning. In December 2007 and January 2008, trainers implemented the training module with *relais* in two sites,

Wacoro (13 men and 9 women) and Dangassa (5 men and 5 women). During this time, the National Advisory Committee continued to meet and revise the national guidelines for CME. As of March 2008, the Ministry of Health was reviewing the guidelines for approval; once approved, HPI will print and disseminate them. The team is drafting a case study/report on the activity, which should be completed by June 2008. In addition, the team will translate the training module on CME and couple communication and make it available online.

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 contribute substantially to the achievement of the HPI AO. 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 that measure the status of policy implementation and to help ensure that countries have tools available to initiate policy dialogue around critical issues that can be addressed through policy change.

1.1 Policy Implementation Assessment Tool (FY05/06) and Its Validation (FY07)

Activity Manager: Anne Jorgensen

Objective: HPI places increased emphasis on the implementation of policies; thus, the purpose of this activity is to design and pilot test a tool and methodology that will help assess the process of policy implementation. HPI designed a user-friendly approach, which includes an assessment tool comprising two questionnaires—one for policymakers and one for implementers and other stakeholders. The questionnaires delve into seven dimensions of policy implementation: the policy, its formulation and dissemination; the social, political, economic context; leadership; stakeholder involvement; planning and resource mobilization; operations and services; and feedback on progress and results.

HPI and in-country partners pilot tested the methodology in Guatemala, focusing on assessing implementation of the RH portion of the country's 2001 Social Development and Population Policy (SDPP). From November 2006–February 2007, the core team adapted the questionnaires to the local context and the policy, and consultants carried out interviews with 36 policymakers and implementers. The core team and HPI/Washington staff analyzed the results and presented the findings at a multi-stakeholder forum in May 2007. Through the dissemination forum, stakeholders obtained a bird's eye view of how the SDPP is being implemented and learned what issues are of concern to people engaged in or responsible for rolling out the policy. Issues that emerged from the data analysis include lack of clarity among respondents about leadership and responsibilities for implementation; lack of a cohesive implementation plan; insufficient dissemination and capacity building to support the policy; difficulties in accessing funds for implementation; and institutional and financial barriers to instituting some changes to the RH program as envisioned by the policy.

Summary of Major Activities: In collaboration with the core team, HPI staff in Guatemala prepared an advocacy brief summarizing the assessment results to facilitate dialogue and advocacy with NGOs, members of Guatemala's Congress, departmental development councils, the MOH, and SEGEPLAN at the central and decentralized levels. This brief will be particularly useful in discussions with newly appointed government officials following the recent national elections.

In early March, the Congress in Guatemala signed a memorandum of understanding with civil society (NGOs, universities, others) to form a National Monitoring Board for Reproductive Health in Guatemala. It will oversee implementation of the following: the Social Development Law; the SDPP; the Law on Universal and Equitable Access to Family Planning; the Law on Combating HIV and AIDS; and all related international agreements. This action stems in large part from the outcomes of the Policy Implementation Assessment Tool application on the RH portion of the SDPP and the follow-up policy dialogue and discussions.

Note: During this reporting period, using field support funds and the assessment results, HPI/Guatemala began to assist a local committee with developing an M&E plan for the RH portion of the SDPP—one of the key barriers to effective implementation identified by stakeholders.

Based on lessons learned from the Guatemala pilot-test, HPI has revised the questionnaires and drafted a guide for others interested in using the approach to assess policies in other country settings. The guide focuses on how to use the tool and methodology and includes a description of the seven dimensions assessed; a step-by-step guide to the process; the case study of Guatemala's experience in using the tool and lessons learned; updated questionnaires and databases with guidance for data entry; as well as other materials.

With FY07 core funding, HPI will conduct two additional applications to validate the tool and further test the flexibility, adaptability, and on-the-ground costs and needs associated with using the tool. HPI will work with local partners in India to assess the State Health and Family Welfare Policy in the state of Uttarakhand, as well as a District Action Plan to assess implementation at the decentralized level. The team is currently discussing application of the tool in an additional district within the state or in another state. HPI plans to initiate the field work in late May.

As part of the FY07 follow-up activity, HPI has begun drafting supplemental questions on gender, poverty, and equity, as well as questions for clients. This team will meet again the week of April 22, after which time the sample questions will be circulated for review and comment and then provided to the core team in India for consideration.

1.2 FP/RH: Expanding the Use of Spectrum for Policy Analysis and Dialogue through E-learning (FY05/06)

Activity Manager: Sarah Alkenbrack

Objective: The objective of this activity is to produce interactive tutorials that facilitate use of the DemProj Model, thereby supplementing training and technical assistance. The goal is to increase access to DemProj and expand its use. Use of the model increases understanding of the factors affecting changes in population demographics.

Summary of Major Activities: The three modules of the e-learning software are as follows: (1) Introduction to Population Projections and Demographic Concepts; (2) Introduction to DemProj, and (3) Programmatic Applications of DemProj. The curricula include animated PowerPoint presentations, model simulations using Spectrum software, and programmatic applications. The Captivate software records mouse movements on the computer and vocal instructions simultaneously, thereby creating a virtual lecture. John Stover, John Ross, and Karen Foreit—all experienced demographers and/or users of DemProj—are the trainers.

The e-learning modules have been completed and provided to USAID, and HPI's Quality Assurance Team is preparing a flyer to accompany the CD of the modules. The CDs and flyer will be disseminated

to field offices and schools where DemProj has been used and also to other interested users of the curricula (universities, ministries, and other organizations). A school of public health in the Democratic Republic of Congo and an institute for population studies in Ghana will be among the first users of the curricula. Six months after dissemination, HPI will follow-up with all “trainees” to identify how useful the materials have been, how trainees expect to use the models in the future, and whether there is a demand for a subsequent training model focusing on FP projections (FamPlan).

1.3 *Strengthening Policy and Advocacy in Response to the Newly Released WHO Study on the Negative Impacts of Female Genital Cutting (FGC) (FY07)*

Activity Managers: Myra Betron and Margot Fahnestock

Objective: The goal of this activity is to identify and overcome barriers to addressing FGC in Mali. Specific efforts will include building collaboration—among the government, civil society, religious, health, and social sectors—to prevent and respond to FGC; identifying barriers to existing policies and plans to address FGC; and supporting policy and advocacy interventions to overcome those barriers.

Summary of Major Activities: A team is currently conducting research to inform the activity. Team members, as well as an external specialist on FGC, are reviewing literature to draw on other countries’ experiences and successes in implementing existing FGC policies, laws, and interventions. After completing the review (by the end of April), the team will draft a report on the findings. The activity managers will then travel to Mali to conduct local-level consultation and a situational analysis to understand the political and legal contexts, including the status of relevant laws and policies and related advocacy needs.

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

Core activities under IR2 focus on building the capacity of public sector and civil society leaders to effectively influence policymaking and to support the 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 (FY05/06)*

Activity Manager: Danielle Grant

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. The purpose of this activity is to increase support for and implementation of family planning efforts within 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. HPI began this effort by building on POLICY’s previous work with Islamic leaders and has since expanded it to include religious leaders from other denominations (i.e., Protestant, Catholic, indigenous, etc.).

Summary of Major Activities: A regional interfaith workshop to examine approaches for addressing family planning within religious institutions was held in Dar es Salaam, Tanzania, from October 22–24, 2007. Participants (both Islamic and Christian) attended from Ghana, Kenya, Mali, Tanzania, and Uganda. The workshop recapped years of experience and best practices (supported by POLICY and HPI) in working with religious leaders in Ghana, Mali, and Uganda on FP and population issues. Countries shared innovative approaches for addressing family planning within their religious institutions. Mali

presented the video “Repositioning FP in Africa, Religious Leaders Are Committed,” a film produced under POLICY, where Islamic leaders speak out in favor of family planning. Uganda shared its video on early marriage, developed through a small grant under POLICY. Sharing these experiences is expected to solidify gains made in Ghana, Mali, and Uganda and to help Kenya and Tanzania as they begin working on population and FP advocacy with FBOs. Participants prepared action plans to implement with their respective institutions, as well as across countries and faiths, to identify champions, inform communities to promote family planning, integrate FP into HIV, and reduce early marriage.

HPI awarded small grants to selected Islamic leaders/institutions to implement advocacy activities within their institutions and communities. The status of these grants is as follows:

- Small grant activities in Ghana are complete, and reports have been submitted.
- Small grant activities in Mali are complete. A final report is expected in the next reporting period.
- Small grant activities in Uganda are complete, and reports have been submitted.

2.2 Promoting Legislative Reform and Strengthening the Role of Parliamentarians in Repositioning Family Planning (FY05/06)

Activity Manager: Danielle Grant

Objective: Repositioning family planning in Francophone Africa has focused on energizing parliamentarians to enact and implement legislative reforms that will increase access to FP services in the region. Since 1997, POLICY and HPI have supported efforts to establish a strong legal policy framework for FP/RH. This included development of a model RH law (1999), and the development of two resources—a “Guide to Legislative-Regulatory Reform in RH” for assisting parliamentarians in preparing legislative agendas and the “Parliamentarians Manual for Translating RH Laws in Practice.” To date, eight countries (Benin, Burkina Faso, Chad, Guinea, Mali, Niger, Senegal, and Togo) have adopted legal-regulatory reform agendas resulting in the adaptation and adoption of the model RH law in their countries. The purpose of this activity is to move this “law” into “action.” Collaborating with AWARE-RH, HPI will assist parliamentary networks in selected countries by supporting specific in-country actions for ensuring implementation of the model RH law. Additionally, HPI will support south-to-south collaboration by further strengthening the capacity of a cadre of parliamentarians to be effective advocates in FP/RH.

Summary of Major Activities: The small grants awarded to parliamentary networks in Benin, Guinea, and Mali for the drafting and adoption of *textes d’application* for application of the law are complete. During this period, the Mali Parliamentarian Network on Population and Development succeeded in the approval of its *textes d’application*.

To further build the capacity of parliamentarians as effective advocates for FP/RH, HPI, in collaboration with AWARE-RH and the African Arab Forum of Parliamentarians in Population and Development (FAAPPD), held two meetings with parliamentarians from 11 West and Central Africa parliamentary networks for population and development. These meetings, jointly funded with HPI core and West Africa regional funds and held in January 2008 in Burkina Faso, served to (1) build the capacity of a cadre of parliamentarians in advocacy, policy analysis, and dialogue; and (2) assess the implementation of FP/RH legislative agendas, update the legislative agendas, and determine next steps. Participants included several former parliamentarians, who will provide south-to-south technical assistance to countries still undergoing legislative reform.

This activity is now complete. HPI will continue to monitor for any additional results.

2.3 *Addressing Early Marriage in Uganda (FY05/06)*

Activity Manager: Danielle Grant

Objective: This activity intends to raise awareness and mobilize policymakers and communities to reduce the practice of early marriage in two kingdoms of Uganda; Bunyoro and Buganda. This activity is being conducted in three phases: research (both quantitative and qualitative), policy dialogue, and advocacy. Note that the quantitative component of the research is being carried out under activity 5.3. The quantitative and qualitative data findings will be used to inform policy and advocacy planning in the two kingdoms.

Summary of Major Activities: The qualitative analysis, now complete, included a review of the literature and focus group discussions in the two kingdoms. The report summarizing the findings of the qualitative analysis has been drafted. A policy brief including these findings and the results of the quantitative analysis will be completed by July 2008.

The report and policy brief will be used in policy dialogue with decisionmakers and other key stakeholders from each kingdom to identify next steps for addressing early marriage. A comprehensive report summarizing the results for both the quantitative and qualitative analysis will be completed by August 31, 2008.

2.4 *Supporting the Reproductive Health Supplies Coalition (RHSC) in CS Advocacy (FY06/Rapid Response, FY07)*

Activity Manager: Tanvi Pandit-Rajani

Objective: The objective of this activity is to provide technical assistance in CS advocacy to the Resource Mobilization and Awareness Raising (RMA) Working Group of the RHSC. In FY06, HPI drafted an advocacy toolkit that includes a brief advocacy guide, as well as tools, templates, and resource links focused on country-level advocacy for RH supplies.

Summary of Major Activities: Following the FY06 activity, the RHSC Secretariat and the RMA Working Group requested additional HPI technical assistance. The activities include (1) updating and finalizing the advocacy toolkit; (2) providing technical input for the RHSC's strategic plan; (3) participating in and assisting with RHSC's semi-annual meeting; and (4) conducting country-level advocacy training in collaboration with the RMA Working Group.

USAID hosted the semi-annual RHSC meeting in October 2007 in Washington, D.C.; and HPI provided logistical and technical support. HPI also provided additional TA in monitoring and evaluation for the RHSC's strategic plan. By December 2007, activities 1–3 (from above) were completed.

In April 2008, HPI met with Population Action International to follow up on plans for the advocacy training. The RMA Working Group has only just begun to identify and work with groups that could benefit from advocacy training on RH supplies. This situation, combined with leadership transitions within the RMA Working Group, could potentially delay the activity until after the fiscal year. Thus, HPI is exploring the option of conducting the training through its partners in East, Central, and Southern Africa. The CS advocacy training will employ the approaches, tools, and materials from the Advocacy Guide and Toolkit. The lessons and experiences from the advocacy training and toolkit application would then be shared with the RMA Working Group.

2.5 *Leadership Capacity Among Marginalized Groups (FY07)*

Activity Manager: Danielle Grant

Objective: The participation of marginalized groups in FP/RH policymaking processes is essential to ensure equitable access to services. Marginalized populations, especially the poor and women within these populations, are often most affected by policy barriers and ineffective implementation of FP/RH policies and programs; yet, a lack of leadership skills and knowledge hamper the ability of many marginalized groups to coalesce around common concerns and effectively participate in policy dialogue so that it accurately reflects their needs and leads to sustainable practices.

HPI will identify potential leaders among marginalized groups, including women, and build their leadership skills. The project will draw on HPI's experiences in using the guide developed under IA5 to engage the poor and strengthen their understanding of how FP/RH can contribute to the reduction of poverty. HPI will implement a leadership development program to ensure that the potential leaders have the requisite technical skills to participate effectively in dialogue for FP/RH policy formulation, adoption, and implementation. Furthermore, the project will nurture these new leaders to build support within marginalized groups for FP/RH, while at the same time provide opportunities to enable new leaders to link with other stakeholders involved in the policy process to ensure that the needs and concerns of the marginalized are brought to the attention of appropriate policymakers and program managers. The aim is to promote leadership by and for the marginalized groups.

Starting at the national level, we will work with senior CEPDA alumni in selected countries to contact an extended network of alumni working at the subnational and community levels to identify "entry points" into poor and marginalized communities. The alumni, trained facilitators, will carry out focus group discussions using a standardized guide for collecting information about the FP/RH needs among these groups. This information will be used in the leadership development program to inform the drafting of action and advocacy plans and strategies. As a result of capacity building, these new leaders will create "Champions of Change" strategies to ensure that marginalized groups shape policy and implement sustainable programs that include access to FP/RH services.

Summary of Major Activities: HPI is identifying potential countries with an extended network of CEDPA alumni and revising the proposal.

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 of policies, plans, and financing schemes.

3.1 *Ensuring Access to Reproductive Health Services for the Poor in India (FY05/06)*

Activity Manager: Suneeta Sharma

Objective: This activity is intended to improve access to FP/RH services among the poor in India. The IR3 team collaborates 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.

Summary of Major Activities: HPI staff traveled to India in November 2007 to conduct interviews with stakeholders and document the design and implementation of voucher schemes in the selected blocks in

Agra, Uttar Pradesh. The team reviewed (1) published and unpublished literature on approaches to reach the poor—especially through demand-side approaches; (2) statistical studies of demographic and health indicators for Agra, Uttar Pradesh and India; and (3) project documents, meeting notes, service statistics, and other records. The team also gathered primary data through focus groups, home visits, and interviews with stakeholders at the village and block levels; and through interviews and observational tours of facilities at the district, state, and national levels. HPI staff conducted interviews with MOH policymakers, private sector providers, community-based workers, voucher scheme beneficiaries, and other implementing agencies. HPI has presented the preliminary findings to USAID/Delhi. ITAP is reviewing the draft voucher scheme documentation report.

3.2 *Applying the Allocate Model in Decentralized Settings (FY05/06)*

Activity Manager: Margaret Rowan (transitioned to Anita Bhuyan)

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. This activity aims to assist stakeholders in two Ukraine oblasts with using findings from an Allocate application to design local-level RH plans for 2007.

Summary of Major Activities: In July and August 2007, two oblasts used results from the Allocate application to revise their respective RH plans. In October 2007, HPI presented the results of the oblast Allocate Model applications at a national workshop held in cooperation with the USAID-funded projects, Together for Health and Maternal and Infant Health. The workshop focused on technical approaches and financial guidelines for developing oblast-level FP/RH programs in the framework of the State Program, Reproductive Health of the Nation.

Specifically, HPI shared the experiences of two oblasts (Vinnytsia and Poltava) in using the model results to prepare their RH plans, including program activities, indicators, and budgets. The data included in the individual models was also presented and discussed, including the data collected by the WHO Mother-Baby package, which helped to identify operational policy barriers and gaps in service provision (when compared with existing standards) and the misallocation of limited resources. The Allocate Model was shown to be useful in evaluating oblast needs, identifying policy options, and stimulating policy dialogue. A report of the two Allocate applications is available, and HPI is preparing a policy brief to highlight the main findings and benefits of using the model for planning.

3.3 *Ensuring Equitable Financing and Resource Allocation at the Decentralized Level (FY07)*

Activity Manager: Dayl Donaldson

Objective: This activity aims to (1) improve the adequacy of resources allocated for FP/RH programs at national and decentralized levels; (2) improve the equity in resources allocated for FP/RH services across decentralized units; and (3) promote the participation of women in decisionmaking at national and decentralized levels regarding FP/RH resource allocation issues.

Summary of Major Activities: Due to civil conflict, efforts to further define this activity in Kenya were delayed. In March, HPI initiated a review of literature on financing and equity in resource allocation in decentralized settings to determine best practices or key approaches. Meetings with HPI/Kenya staff were held in Washington, D.C., in April. Based on conversations with HPI/Kenya staff, this activity may support initiatives at several governmental levels. At the national level, this activity may support (1) an assessment of the resource “gap” for FP/RH; (2) the determination of the legislative requirements, administrative processes, and politics that influence the allocation of FP/RH resources to sub-programs; and (3) the capacity building of FP/RH policy champions. In one province, the activity may support the

adaptation of public expenditure management tools to improve and “harmonize” the pro-poor allocation of resources from the government, the APHIA II Project, and other donors for FP/RH. The activity may also support an assessment of the degree to which women are represented on provincial and district hospital management boards and promote the participation of women in decisionmaking to keep gender and FP/RH issues on the agenda. At the constituency level, the activity may explore options to link microfinance efforts to improve the incomes of poor women with the CBD of contraceptives.

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 non-health 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 (FY05/06)

Activity Manager: William Winfrey

Objective: The lack of workplace policies that support reproductive health and family-friendly strategies results in many women leaving employment, which has adverse economic consequences for women, families, and businesses. To create workplaces that better respond to women’s and families’ needs, HPI will create a computer-based, quantitative model for communicating to businesses the financial benefits of implementing workplace policies amenable to working mothers.

Summary of Major Activities: In the previous reporting period, HPI completed a pilot-test of the Family Friendly Workplace model with a medium-sized company in India. This effort included the model application, a discussion of policy options, and a presentation to the company’s senior management. The pilot-test demonstrated that the model and approach were useful for initiating workplace policy dialogue. During this reporting period, HPI prepared the following documents:

- A 40-page activity report (A short policy brief will be written for broader dissemination. The full report will be cited in the brief and in a users manual but will not be available for broad dissemination.)
- A users manual (During the preparation process, a few bugs in the model were uncovered. In the next reporting period, programmers will address the bugs, and a novice user will test the users manual before it is finalized.)
- An outline for the policy brief.

All activities will be completed early in the next reporting period.

4.2 Fostering Public-Private Collaboration and Developing Solutions to Ensure Access to Family Planning for the Poor (FY07)

Activity Manager: Margot Fahnstock

Objective: The proposed activity specifically targets the private sector’s role and participation in making contraceptives accessible, available, and affordable. It is known that in many countries, the public sector plays the largest role in the provision of FP products and services. To sustain an FP program’s achievements, it is essential for a country to engage the private sector in ensuring equitable access to family planning for all women and men. For this type of multisectoral collaboration to take place, however, a country must establish a platform to address legal, regulatory, and operational barriers.

Summary of Major Activities: We have not yet selected a country for this activity. We have approached the USAID Mission in Rwanda to determine if it is interested.

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 how to use it to advocate for policy change. HPI will adapt existing tools, models, and methodologies—as well as create new ones—to 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 Contribution of Family Planning to Achieving the MDGs (FY05/06)

Activity Manager: Rachel Sanders

Objective: This activity's objective 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, the activity team 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 (CS) and repositioning family planning to employ messages that emphasize the economic and health benefits of family planning.

Summary of Major Activities: HPI completed analyses for Chad, Guinea, Malawi, Rwanda, Senegal, Tanzania, and Uganda. In several cases, analyses had already been completed for these countries, but new Demographic and Health Survey (DHS) data became available, allowing for a more up-to-date analysis. The project has now completed analyses for 32 countries (16 countries under POLICY and 16 countries under HPI).

HPI is currently

- Identifying one country to implement an advocacy campaign using the presentation and briefs;
- Providing ongoing technical and financial support to a counterpart organization to train its staff and hold advocacy events based on the MDG materials;
- Meeting with decisionmakers in Guatemala and presenting on the MDG analysis; and
- Preparing a summary brief highlighting the use of the MDG analyses in a variety of settings.

5.2 Demonstrate Impact of Family Planning (FY05/06)

Activity Manager: Maria Borda

Objective: This activity will raise the profile of family planning within the overall package of reproductive and child health (RCH) interventions in Uttar Pradesh (UP), India. The analysis links birth spacing, delayed age at marriage, and increased uptake of short-term methods to reduced child and maternal mortality, as well as fertility reduction.

Summary of Major Activities: HPI organized a roundtable meeting in Lucknow, UP, on December 18, 2007. John Stover presented the analysis to 50 participants, including the Principal Secretary for Medical Health and Family Welfare, Ms. Nita Chowdhury; the Secretary for Health and Family Welfare and Director of SIFSA, Mr. Rajeev Kapoor; and the Director of MCH, Dr. Rajendra Kumar. NGO and academia representatives also attended.

HPI organized another roundtable meeting in Delhi on December 20, 2007. Stover presented the analysis at the Ministry of Health and Family Welfare. The Director of the National Rural Health Mission facilitated the roundtable discussion. The high-level policymakers at this meeting made for fruitful discussion on how to improve service delivery in UP. Some of the key areas identified from were

- Design and implement specific communication messages to reach intended target populations in the state;
- Strengthen the postpartum FP program;
- Design and implement programs that provide complete and correct information on traditional methods of family planning;
- Provide more contraceptive choices for men and women; and
- Obtain higher quality data for analysis.

HPI sent letters thanking the attendees and asking for suggestions regarding simple, operational actions to strengthen the FP program. HPI is preparing a repositioning brief on the FP situation in UP and how better service delivery can help the government to improve maternal and child health.

5.3 Data for Advocacy for Delay in Age at Marriage (FY05/06)

Activity Manager: Altrena Mukuria

Objective: This activity is designed to provide evidence-based information on the consequences of early marriage to inform awareness-raising and advocacy activities. The overall goal of this three-phased activity (research, policy dialogue, and advocacy) is to mobilize policymakers and communities to reduce the practice of early marriage. The quantitative component of the analysis primarily focuses on the 2001 and 2006 DHS, examining the relationship between early age at marriage, fertility, and other RH outcomes. A qualitative study of two kingdoms in Uganda (reported under IR2) highlights the key reasons for early marriage in these two communities. The quantitative and qualitative data analyses will inform policy and advocacy planning in Uganda.

Summary of Major Activities: Although HPI had completed preliminary analyses of the 2001 DHS and a literature review of what is known about early marriage, once the Uganda 2006 DHS data became available, the 2001 data analyses had to be rerun to ensure the variables were comparable to 2006. HPI staff involved in both the quantitative and qualitative aspects of this study developed a revised analysis plan. Based on the plan, HPI staff analyzed the data for 2001 and 2006 using STATA. The dependent variable investigated was age at first marriage. Descriptive analyses include demographic characteristics, women's status, fertility, HIV and AIDS knowledge, gender-based violence, and women's health and child health by age at first marriage of ever and currently married women aged 25–49 years. The qualitative and quantitative findings were reviewed and discussed with the committee to determine how they can be summarized in a final policy brief, which will be completed in June 2008 to inform policy and advocacy planning in Uganda.

5.4 Proximate Determinants of Family Planning on Maternal and Neonatal Outcomes (FY07)

Activity Managers: John Stover and John Ross

Objective: The purpose of this activity is to investigate the relationships between use of family planning and maternal and neonatal outcomes. Family planning can affect the number of maternal deaths in two ways: (1) through fewer births, which leads to fewer maternal deaths, if the maternal mortality ratio remains constant; and (2) through reducing the proportion of births that are high risk, which results in reductions in the maternal mortality ratio (MMR). From 1985 to 2005, FP use in the developing world, excluding China, as measured by the contraceptive prevalence rate (CPR), increased from about 43 to 60 percent of married women of reproductive age. This increase in prevalence led to a reduction in the total

fertility rate from about 4.6 in 1985 to 3.2 in 2005. The total number of births during this period was about 2 billion but would have been 2.5 billion if the total fertility rate had remained constant.

Summary of Major Activities: HPI used DHS data from 42 countries with multiple surveys to examine the relationship over time between contraceptive use and the proportion of births that are high risk (those that occur to mothers below age 18 or over age 34, births of order 4 or higher, and births that occur less than 24 months after a previous birth). This analysis indicated that the proportion of births that were high risk drops from 63 percent at a CPR of 43 percent (the average in 1985) to 53 percent when the CPR is 60 percent (the average in 2005).

HPI completed interviews and a literature search for country data on trends in maternal mortality and safe motherhood interventions. We did not find enough information to support a detailed quantitative analysis of the relationship between FP and MMR. We are now calculating the effect of changing birth distributions on MMR using DHS data on birth distributions and Bangladesh data on MMR by type of birth.

5.5 Investment Needed to Increase Family Planning Use by 1 Percent (FY07)

Activity Manager: John Stover

Objective: This activity supports USAID Mission planning to meet the goal of increasing modern contraceptive prevalence by providing information on the cost of achieving the goal. The growth of FP use has stagnated in many countries. Policymakers have been debating what it will take and how much it will cost to increase FP use globally by 1 percent. As countries have different levels of contraceptive use and require different kinds of inputs to achieve the increase, the answer to the question will depend on the local context. HPI examines this question in a quantitative and qualitative manner using sophisticated modeling techniques.

Summary of Major Activities: HPI conducted a review of literature on the costs of FP programs. The findings showed about 70 different sources that provided, in total, 555 data points describing the cost of delivering family planning by method, service delivery mode, and year. The draft report of the findings, “Costs of Family Planning Literature Review,” was completed in December 2007. While we found a large number of cost studies, the literature review also revealed that almost all of them were done prior to the mid-1990s. Furthermore, the available data are clustered in certain countries, notably Bangladesh, Colombia, Honduras, Kenya, and Thailand. Kenya is the only one of the current USAID priority countries with much information.

HPI organized a meeting with division chiefs at USAID/Washington to share the purpose and methodology of this activity. HPI is considering four countries—Kenya, Ethiopia, Guatemala, and Mali—for conducting a detailed cost analysis. HPI will analyze available data and conduct discussions with USAID Mission personnel and partners to identify the key barriers to more rapid expansion of FP use. HPI will then estimate the costs of programs designed to remove or reduce those barriers. After completing the costing activity and the barriers analysis, we will have available information on both the overall costs of delivering the needed services and the specific costs of addressing the key barriers to greater expansion.

5.6 Spectrum Maintenance and Updates (FY07)

Activity Manager: John Stover

Objective: This activity will enhance Spectrum to better support current and planned HPI activities, including adding poverty and equity to Spectrum models, repositioning FP efforts, and also analyzing the relationship between family planning and maternal mortality to help inform efforts to mobilize support

and resources for family planning and maternal health. One of the strongest arguments for family planning is its potential contribution to reducing poverty and inequality.

Summary of Major Activities: A new approach to making FP calculations has been developed in Excel, using birth intentions and pregnancy outcomes from DHS data. This will allow better visualization of the impacts of fertility intentions, method use or non-use, abortion, and emergency contraception on birth outcomes. This new approach will inform the upgrade of the FamPlan Model and the incorporation of poverty and equity components into Spectrum.

C. Working Groups

Gender Working Group, FP/RH

Activity Manager: Mary Kincaid

Objective: The HPI Gender Working Group's (GWG) mandate is to assist with the integration of gender into HPI activities. The GWG facilitates technical leadership and the integration of gender through field and core-funded activities and a combination of workshops and follow-on TA for technical staff, which includes the creation and dissemination of key gender resources.

Summary of Major Activities: In 2006, USAID and HPI released *Addressing Gender-based Violence Through USAID's Health Programs: A Guide for Health Sector Program Officers*. HPI is translating the guide into Spanish and French and will reprint it in English (see GLP Gender section for further details). The guide explores reasons why these programs should address GBV and how to support GBV initiatives based on known promising approaches from literature reviews. In November 2007, HPI distributed a web-based survey on the impact of the guide to staff at USAID Missions. HPI is currently assessing the responses and will contact selected respondents for follow-up in June and July. The project will then prepare, by July 2008, short case studies for a brief report on guide's impact.

In the winter of 2007–2008, the GWG began the application of the Gender Integration (GI) Index in HPI country offices that have more than five staff members. The GI Index was developed to measure the project's efforts to integrate gender into its activities, priorities, internal policies, and results reporting. Six country offices have completed the GI Index; and six other offices, including HPI/Washington, are in the end stages of implementation. Of the offices that completed the index, three (China, Mexico, and Tanzania) scored below 50 percent and three (Guatemala, Mozambique, and South Africa) scored between 60–69 percent. The scores are primarily self-reported and reflect variations in how strictly country teams evaluated themselves. The point of the exercise is for country teams to identify their weaknesses (e.g., reporting gender-related results or ensuring a gender-sensitive workplace) and to make changes during the year so Round 2 scores in 2008/2009 will increase for each individual country. Country teams reported that applying the index and holding consensus meetings were wonderful ways to reflect on how they are addressing gender in their work and to identify how they can do a better job. As a next step, HPI will revise the index based on the pilot experience before implementing it again next year. A summary of the index results was presented at a session on gender at HPI's Technical Development Week in April 2008, followed by a discussion of the index. Several field offices have taken steps to reconsider issues addressed in the index. In Mexico, the Country Director has re-evaluated salaries in light of a discussion on gender inequities in pay. South Africa and Mozambique both established gender working groups within their offices to focus on gender issues. Vietnam's Country Director expressed his renewed commitment to “do a better job” integrating gender in the country program and is working with his local team and the GWG to identify ways to do so.

In responding to USAID’s request for guidance on building 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.” This PowerPoint presentation is designed to be used by HPI staff 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. HPI is revising the presentation based on USAID’s comments. The presentation should be completed by June 2008 and distributed to HPI field offices.

Poverty and Equity Working Group (PEWG)

a) *Improving Access to Family Planning Among the Poor in Kenya (FY05/06)*

Activity Manager: Suneeta Sharma

Objective: This work is jointly funded under IR3 and the Poverty and Equity Working Group. HPI will enhance the development and implementation of strategies for improving access to FP/RH services among the poor by collaboratively identifying and addressing barriers to FP access, reviewing and revising existing policies/strategies, as well as creating new and appropriate indicators to monitor the impact of these interventions. HPI will work closely with the Health Financing Task Force and Division of Reproductive Health in the MOH. HPI will build on the existing approaches and mechanisms being implemented in Kenya.

HPI proposes the following activities to develop a strategic response for reaching the poor:

- Conduct a desk review and secondary data analysis—supplemented with limited data collection through focus groups—to understand the policy, operational, and financial issues affecting access to FP/RH services among the poor.
- Work with local partners to convene meetings and disseminate information related to pro-poor policies and engage the poor in policy dialogue and advocacy.
- Under the leadership of country programs, work with local partners to mobilize resources and create appropriate strategies to improve access among the poor.

Summary of Major Activities: The team developed a detailed timeline for the activity. We are currently developing scopes of work for consultants to conduct market segmentation analysis using the Kenya Integrated Household Budget Survey data and literature review on pro-poor strategies to enhance access to family planning. Our local team is holding consultations with new government officials. During April and May, we will form a working group on poverty and RH under the leadership of Division of Reproductive Health (DRH). Also during May, the team will initiate the data collection and analysis process.

b) *Poverty & Equity Training (FY07)*

Activity Manager: Suneeta Sharma

Objective: Poverty has become either explicitly or implicitly a crosscutting issue in most USAID-funded RH and population projects. However, many personnel working on these projects—as well as at USAID—are not aware of tools for addressing health and population in the context of poverty. Existing training courses tend to be relatively long and expensive and do not focus on FP/RH. To address this gap, HPI will design a short training course that will introduce staff and USAID to topics important to addressing RH in the context of poverty.

Summary of Major Activities: The HPI team designed and delivered a half-day session on poverty and equity during staff training following TD Week. The training focused on conducting quintiles analysis, sharing policy approaches to understand and address poverty and equity issues, and helping HPI staff incorporate poverty and equity approaches in their workplans. The team designed quizzes, role plays, presentations, and exercises to illustrate the main points.

HPI is now designing a training module that can be tailored to the audience and adjusted according to the availability of time. The training focuses on how USAID Missions can promote and provide support in identifying and removing barriers to access among the poor, developing pro-poor policies, designing and implementing pro-poor financing mechanisms and strategies, fostering equitable allocation of resources, involving the poor as leaders in the policy process and advocacy, and creating and using equity-based M&E indicators. Selected session materials will be used in the LAC regional poverty and equity meeting in El Salvador in August.

Stigma and Discrimination Working Group

Addressing Stigma and Discrimination in Meeting FP/RH Needs of HIV+ Women (FY07)

Activity Manager: Britt Herstad

Objective: Because women are a growing proportion of adults living with HIV, and HIV-positive women often face heightened levels of stigma and discrimination that restrict their access to information and health services, HPI has developed a pilot intervention specifically targeted to reducing S&D in the context of FP/RH service provision for positive women. The intervention will train key partner organizations on reducing S&D in the provision of FP/RH services for women and develop action plans for use by communities and service providers to address S&D.

Summary of Major Activities: The activity began in February 2008 with the selection of Kenya as the implementation country. Initiation of the activity has been delayed by Kenya's political situation, but the activity team has held discussions on revising and finalizing the workplan, which includes the following key activities:

- Assess existing resources related to S&D and HIV-positive women's needs for FP/RH, including current FP provider guidelines, training curricula, and Kenya-specific research.
- Conduct interviews with FP providers and focus groups with HIV-positive community members to discuss S&D experiences in the context of accessing FP services.
- Establish an advisory group of FP providers and PLHIV.
- Pilot a training module adapted or developed for a training-of-trainers of FP providers.
- Conduct policy dialogue with the advisory group and Ministry of Health to include the training module on S&D and FP in national in-service training for FP providers (if deemed a priority by advisory group).

Rapid Response (FY07)

Activity Manager: Carol Shepherd (transitioning to Suneeta Sharma)

Objective: It is important to ensure that policy-focused activities meet the OPRH needs. In addition, unexpected opportunities arise that have the potential for significant impact if acted upon immediately. The rapid response mechanism enables HPI to respond to both ad hoc requests and time-constrained opportunities from USAID and its partners, which provides an effective and transparent system for the provision of high-quality, responsive, and fast-track policy-related assistance.

Summary of Major Activities: Rapid Response funds were used to cover several activities over the last six months:

- *Strategic planning.* HPI has made considerable headway in designing new tools and approaches in support of its broadened mandate and is making efforts to pilot test them in OPRH’s priority countries. However, given that the project is at the halfway mark, project management thought it would be useful to have a discussion on the overall directions for its work; gaps that should be considered and possibly addressed; and any other areas that might be useful and relevant to the work of the HPI team. Project management contracted Margaret Neuse to review HPI documents and facilitate this discussion. Discussions centered on the need to clearly articulate how the pieces of the project fit together to form a whole. Related to this was the need to document the value-added of policy work and how we “do” this work.
- *Project mapping.* HPI created a dataset of all field and core-funded activities. This dataset provides information on technical approaches, tools, countries, regions, and health focus by activity. HPI mapped the activities to understand the current situation in relation to project goals, technical leadership goals, and the effectiveness of policy processes and approaches. The mapping demonstrated the linkages and interdependence of each step in the process of translating policy into action.
- *Yemen RAPID development.* A RAPID Model was developed in Yemen using a combination of funding from UNFPA, Rapid Response, and a Yemen MAARD. The MAARD has not yet been received so Rapid Response funds were used to forward fund the work. These charges will be re-journaled once the MAARD becomes available. See the Yemen country report for details of the activity.
- *IA4 follow-on activities in Peru.* HPI allocated Rapid Response funds to cover IA4 Peru follow-on activities. These activities focus on awareness raising, advocacy, and scale-up of IA4 activities in different regions. The local team will work with the national and regional health directors to facilitate the mobilization of regional funds for FP/RH, develop an e-learning module on culturally appropriate counseling, and conduct equity-based M&E of the FP counseling component of JUNTOS. (For details, see the IA4 activity description.)
- *Postabortion Care (PAC) meeting.* On March 18–19, 2008, USAID, FRONTIERS, and the ACQUIRE Project co-sponsored a meeting to disseminate the findings of work done under the USAID PAC Strategy for 2003–2008. Lori Bollinger participated in the meeting and presented on the paper, “The Value of a Second Visit for Postabortion Care,” prepared under HPI, and on the Allocate Model as part of the mini-university portion of the meeting.

Technical Development Week (FY07)

Activity Managers: Nancy McGirr

Objective: Technical Development (TD) Week serves as a valuable forum for building skills and sharing technical knowledge, approaches, and lessons learned across countries and regions. The overall objectives of TD Week are to (1) foster an improved understanding of HPI’s mandate, systems, tools, activities, staff, and results; (2) enhance understanding of current and emerging issues and innovative responses; and (3) create a heightened sense of common purpose and future direction for the project.

Summary of Major Activities: HPI convened its first TD Week from March 31–April 4, 2008, in Washington, D.C. The week’s theme—Unlocking the Power of Policy—echoes HPI’s mandate to use policy formulation and implementation to foster an enabling environment for health and emphasizes the role of policies in helping programs to achieve their goals. The five-day program was organized by different subthemes that represent steps toward unlocking the power of policy—(1) introduction to the policy environment, (2) policy dialogue and formulation, (3) policy implementation, (4) mobilizing resources to support implementation, and (5) sustainability.

Technical topics focused on the greater involvement of PLHIV, repositioning family planning and contraceptive security, multisectoral approaches, pro-poor policies, costing and economic modeling, and financing schemes. HPI staff presented work on newer “hot” topics of increasing importance such as orphans and vulnerable children, male circumcision, injecting drug use, long-term contraceptive methods, and FP/HIV integration. Speakers highlighted innovative approaches for putting policies into practice, mobilizing religious leaders, establishing contraceptive security committees, promoting HIV policy in the workplace, and enhancing resource allocation and strategic planning at all levels.

TD Week 2008 required a huge amount of planning and collaboration among staff. The daily themes were laid out by the TD Week team of technical staff, beginning in January. There was a daily chair, daily organizer, operations support person, and rapporteur assigned for each day. Overall, participants rated the value of TD Week highly with a score of 4.4 out of 5. They also felt that TD Week provided a good understanding of where HPI is going and what we are trying to achieve. The operations team coordinated the venue logistics and participants’ travel arrangements and worked with the Quality Assurance Team to produce a welcome packet. Participants gave high marks to the quality of the logistics and administrative assistance provided.

TD Week was followed by a one-week training at the Constella Futures office, attended by many of the country staff. This week enabled more in-depth follow-up of project technical and administrative issues. Overall, participants rated the week as highly valuable for their work. The participants were thankful for the self-directed topic choice, the interactive and hands-on nature of most of the training sessions, as well as the continued opportunity to interact with their colleagues from other countries. Participants noted that the sessions on critical topics such as monitoring and evaluation, results reporting, and project communications were most helpful for future project work.

Quality Assurance, Monitoring and Evaluation, and Communications Support

Activity Manager: Nancy McGirr

Objective: The Quality Assurance (QA), Monitoring and Evaluation (M&E), and Communications Team helps ensure the overall quality of project outputs, monitors performance, and communicates the results of project’s efforts. Our M&E support is intended to design and implement effective performance monitoring procedures; strengthen the capacity of staff in M&E; and keep abreast of ever-changing U.S. Government (USG) reporting requirements and ensure their proper implementation in both core and field programs. The objectives of our QA and communications support are to ensure the accuracy and excellence of project deliverables; report on progress toward goals and facilitate internal project communications and knowledge sharing; promote the identification, presentation, and sharing of best practices, lessons learned, and project achievements to external audiences; and ensure adherence to USAID guidelines for branding and quality standards.

Summary of Major Activities:

Quality assurance. The team provides editing and publication support for project documents and facilitates the technical review process. In addition to the vast array of technical documents produced as part of the project’s core and field activities, we also compiled and produced the project’s quarterly reports, the semi-annual report, country and project workplans, and other project materials. This support includes working with graphic designers, translators, and print vendors. We continue to hold monthly brown-bag lunches to familiarize staff with the Intranet, presentation skills, editorial and production processes, branding and technical review, and basic writing skills—with the aim of improving the quality of our written products. We also actively participate in the HIPNET meetings, a working group of communications officers from CAs working on USAID-funded projects in the FP/RH domain.

M&E. The monitoring of POP core-funded activities was strengthened by developing a standardized form to track OPs indicators, refining the results database to incorporate OPs indicators, and training staff on reporting requirements. In addition, we prepared inputs for OPs reporting and USAID/PRH portfolio reviews. HPI's M&E staff also participate in the CA M&E Working Group. For the April 16 meeting, Sonja Schmidt prepared a presentation on the relationship between our country-level and project-level reporting systems and processes.

Several country teams also received in-country technical assistance and training to strengthening their M&E capacity. Using core and field-support funds, we supported Jordan's Higher Population Council (HPC), the country's coordinating mechanism for implementing the national FP/RH program, in establishing a framework for monitoring and evaluating the Reproductive Health Action Plan II (2008–2012). This involved developing a conceptual model, identifying performance indicators, and designing data collection and reporting procedures. The M&E plan for RHAP II, which will be finalized in June 2008, is an important milestone for HPC, which had limited capacity and resources to monitor and evaluate the earlier action plan, RHAP I (2004–2008).

Monitoring and evaluation and results reporting were featured prominently in Technical Development Week and the subsequent training week. In preparation for the meeting, we prepared country-specific reports for each country to showcase the results achieved to date. Current achievements were presented and discussed at the conference. Two training sessions were held in the second week that strengthened participants' capacity to identify and report results, link the HPI results framework to PEFPAR, and design M&E plans for their annual workplans. These workshops received high marks from participants for their usefulness and relevance.

Communications and website support. The communications team continued to provide assistance in finding ways to improve knowledge sharing with key external audiences and among staff.

New materials. We posted feature articles on the external website highlighting HPI's activities related to World AIDS Day (December 2007) and International Women's Day (March 2008). Two HPI profiles, on Dorothy Owino of Kenya and Dr. Nafsiah Mboi of Indonesia, are included in USAID's online tribute to "Women Making a Difference in Global Health." In addition, we added new topics to the "Approaches That Work" series, including health equity, HIV workplace initiatives, and HIV economic analysis. We also prepared and disseminated two editions of the internal staff newsletter, as well as a survey to collect input on improving the newsletter.

Communications training. During the training week following TD Week, the communications team, with support from CEDPA's communications director, conducted training on "Communicating Effectively About Who We Are and What We Do," which was attended by about 35 field- and U.S.-based staff. The training helped foster a shared understanding of the project's goals and how policy work contributes to effective programs. It also provided tips on how to communicate about the project's achievements and impact, verbally and in writing (e.g., through success stories). The team also organized a brown bag lunch during the training week on using HPI's Intranet resources. Based on feedback from TD Week, the team assigned communications backstops for each region to help promote communication across the project and to gather ideas for sharing success stories and lessons learned.

Website/database support. We began work on updating the external website to accept content from the new task orders. We drafted detailed guidance for the new task order holders on how they can access and add content to the website. We are now designing the online content management systems that will enable other task orders to add content. Additionally, we have designed a more user-friendly look and structure for the external website, which will be implemented as part of the rollout to accept content from other task orders.

We also implemented changes to our Intranet and databases that will improve functionality for our users. Recent additions include updated consultants' pages to better identify skill sets; reorganization of country pages to make finding information easier; an enhanced travel/out-of-the-office section to make it easier to contact people out of the office; creation of a central data repository to support work for PL 109-95; and creation of a database on SharePoint that maps all HPI activities that will be used to support strategic planning. Behind the scenes, the recently upgraded server software (ColdFusion 8) and additional memory will allow HPI to deliver more content to more users with fewer delays, as well as enhance content management activities. We also created content management features and support for new multimedia activities, including a tool that will enable us to assess users' Intranet display settings and determine the best formats for multimedia and graphical presentations.

Virtual Training

Activity Manager: Nancy McGirr

Objective: The goal of the multimedia project is to create informational videos and e-learning mechanisms to keep HPI staff and others apprised of new methodologies and tools as a means of providing "remote" technical assistance.

Summary of Major Activities: In January, we hired a multimedia associate to launch these activities. Using existing equipment and software, we have been able to complete a number of products that were in the pipeline and initiate several new activities to continue to move ahead. We added four videos to the Intranet. Three videos are based on the "Approaches That Work" series, including videos on the business council approach, policy approaches for addressing gender-based violence, and contraceptive security. These videos introduce staff to innovative approaches and show how these activities have been successful. We also completed a video from a brown bag lunch, "Bi-National Responses: A Model for Cross-Border Multisectoral Groups." Moreover, we continue to develop a pilot e-learning tool on using DemProj.

Currently, several larger multimedia projects are in the post-production process, including seven presentations from the poverty and equity event held at the National Press Club in November 2007. In addition, TD Week and training week in late March/early April 2008 provided more than 20 hours of presentations on technical approaches. We plan to edit these and share them with our overseas staff.

HPI is always looking for creative ways to put new technologies to use. For example, in addition to posting videos on the intranet, we are implementing a "video share" system, which uses CD-ROMs to package the instructional videos along with related documents and PowerPoint presentations. We are planning new e-learning opportunities and will begin compiling technical content for these in the next reporting period.

E. Global Leadership Priorities (GLP) and Special Initiatives

HPI has FY05/06 and 07 core funds for special initiatives that further OPRH's Global Leadership Priorities (GLPs) such as contraceptive security, gender, youth, FP/RH integration, repositioning family planning, refugees/IDPs, and poverty and equity. GLP funds have enabled HPI to advance the state of the art on issues of global importance.

Gender GLP: Gender GLP/USAID Interagency Gender Working Group

Activity Manager: Mary Kincaid

Objective: HPI serves as a vehicle for helping the Interagency Gender Working Group (IGWG) implement its gender training component. The IGWG supports USAID efforts to integrate gender across the portfolio of the OPRH and Missions. In its role managing the IGWG training component, the HPI gender team develops and pilots training curricula; coordinates and facilitates field and U.S. training workshops, serving as the core training team for workshops; coordinates with gender trainers from USAID and other CAs to leverage the capacity of the expanded team of trainers in the USAID CA community; and provides targeted TA on gender integration and related topics, such as gender-based violence and gender analysis and integration.

Summary of Major Activities:

Workshops. In December 2007, Mary Kincaid of Constella Futures, Debbie Caro of Cultural Practice, and Diana Prieto of USAID facilitated an on-site training at JHPIEGO for the IGWG. An estimated 18 staff members from the Maternal and Child Health, HIV/AIDS, and Family Planning and Reproductive Health divisions of JHPIEGO attended the one-day session, which covered Gender 101 and gender integration methods.

At the end of January 2008, the IGWG training team teamed up with Measure Evaluation to conduct a one-day pilot of the new training module on GBV monitoring and evaluation recently completed by Measure Evaluation, with TA from HPI gender trainers. Stacy Gage from Measure Evaluation/Tulane University facilitated the session at the Constella Futures office in Washington, D.C., with 20 participants from USAID, UNIFEM, Population Council, HPI, and JHPIEGO. Following revisions, the module will be available on the IGWG website (www.igwg.org) and the Measure Evaluation website.

The USAID gender advisors are working with several Missions to negotiate overseas gender training workshops and will advise the training team of training needs as they are confirmed. Additionally, the training team is working with USAID to identify dates for (1) a series of gender training workshops for USAID/W staff and (2) a pilot of the safe motherhood training module.

Module development. Between October 2007 and February 2008, HPI gender trainers reviewed all existing IGWG training modules; identified areas in need of update and/or refinement; and checked for consistency of language, definitions, and usage. Frances Houck, a gender consultant, completed updates and revisions to the Gender 101 module and the GBV module. Both modules were sent to USAID for review and approval prior to posting on the IGWG website. Houck initiated work on the safe motherhood, gender integration, and the HIV modules—all of which will be completed and sent to USAID in the next reporting period. The HIV module, which was developed several years ago by Constella Futures for the IGWG, will be vetted with OGAC's Gender Technical Working Group to identify possible uses within the broader U.S. government community. Additionally, the gender team drafted an outline of the Gender

101 e-learning course and hired a consultant, Elizabeth Doggett, to lead the development of the course during summer 2008.

Training evaluation and documentation. HPI prepared a write-up of the impact of the Peru IGWG training workshops, documenting the actions taken by the MOH and others following the GBV training and technical assistance provided by the IGWG in February 2006. The write-up was translated into English and edited and will be posted to the IGWG website in the next reporting period.

Reprint of USAID GBV Guide. In fall 2007, the GWG translated *Addressing Gender-based Violence Through USAID's Health Programs: A Guide for Health Sector Program Officers* into French and Spanish to meet demand from USAID Missions in French- and Spanish-speaking countries. USAID and HPI released the guide in English in September 2006 and will reprint it in English in Spring/Summer 2008. The guide explores reasons why USAID health sector programs should address gender-based violence and how to support GBV initiatives based on known promising approaches from literature reviews. In addition, HPI has made revisions to the guide based on USAID's review, which will be reflected when the guide is reprinted in English and released in Spanish and French.

FP/HIV Integration GLP

Activity Manager: Carol Shepherd

HPI is responsible for the coordination of USAID's FP/HIV Integration Working Group, which includes designing and managing its meetings and activities for 2006–2008. Working group activities are intended to advance global FP/HIV integration efforts and support the conducting and dissemination of research for integration initiatives. HPI chairs the working group. Plans are underway for a two-day meeting in summer 2008. The integration GLP also contributes funds to IA1 in Kenya (see the IA1 write-up).

Youth GLP: *Youth-Policy.com website*

Activity Manager: Shetal Datta

Objective: The purpose of this activity is to create and maintain an updated and more interactive version of the existing youth-policy.com website, a highly successful tool that is used to promote and disseminate information about positive youth reproductive health outcomes.

Summary of Major Activities: After several collaborative meetings with the site's technical staff and new web programmer, HPI has laid out a clear path for the site. HPI is currently updating the 2006–2007 version of the Youth-Policy.com workplan, and work is scheduled to begin immediately. HPI has selected 65–70 policies to code by topic area and technical content to upload on the website. In addition, HPI has posted 20 notes and has created, reviewed, and uploaded three interviews with technical experts. HPI staff analyzed web usage data for the website, which shows that from February 2007–January 2008, the website had 51,667 visitors with an average of 4,306 visitors per month. This represented a 48 percent increase over the previous year.

Refugee GLP

Activity Manager: Teresa Shaver

HPI will participate in and provide technical support to the USAID's Refugee Working Group. HPI's abstract on "Assessing Operational Barriers to Family Planning Services for Refugees and IDPs" was selected for a panel presentation at the Reproductive Health in Emergencies Conference in July 2008 in

Uganda. The conference is organized by the Reproductive Health Access, Information, and Services in Emergencies Initiative, in collaboration with Reproductive Health Response in Conflict Consortium.

Poverty and Equity GLP

- a) ***Poverty & Equity Training***
Activity Manager: Suneeta Sharma

These funds will be used to support the development of the training curriculum on the linkages among FP/RH, population growth, and poverty proposed under the Poverty and Equity Working Group (PEWG). This activity is a part of the poverty and equity training listed under the PEWG.

- b) ***Incorporating Poverty into RHSC Work***
Activity Manager: Tanvi Pandit-Rajani

Many women and men who are poor or living in remote areas typically have less access to high-quality contraceptives and other reproductive healthcare products and services compared to their wealthier or urban counterparts. Because the poor face multiple access barriers (financial, cultural, and geographic) in accessing reproductive healthcare services/products, they are also highly vulnerable to policy changes and stockouts. The RHSC and its partners can strategically integrate pro-poor interventions into their overall approach to mobilize resources for RH supplies.

The proposed activity will

- Incorporate poverty and equity approaches in the RHSC advocacy toolkit, including successful examples on mobilizing resources to improve access to RH services/products among the poor; and
- Incorporate poverty and equity issues into the country-context matrices that have been developed as part of the RHSC advocacy toolkit.

The RMA Working Group accepted the proposal and is looking forward to learning more about HPI's experience and lessons learned in the area of poverty-focused programming. Suneeta Sharma will make a presentation on incorporating poverty and equity into the RHSC advocacy toolkit at the RMA Working Group meeting on May 21 and attend the RHSC secretariat meeting on May 22–23 in Brussels, Belgium. The presentation will focus on the equitable allocation of resources and how to build leadership and engage the poor in the policy process. The presentation can be tailored for the three working groups of the RHSC on systems strengthening, market development, and resource mobilization. For example the presentation could address the following:

- Where the supply chains end, how will the Systems Strengthening Working Group address the “last mile” so that the poor, hard-to-reach populations have access to essential RH supplies?
- As the Market Development Working Group focuses on total market approaches, how will it help ensure that national governments target subsidies to those individuals who cannot afford to pay for services and supplies?
- And finally, once we have the evidence in hand, how can the RMA Working Group help raise awareness and mobilize resources for the poor?

Repositioning Family Planning GLP

a) *Repositioning Family Planning in Tanzania: Dissemination and Advocacy*

Activity Manager: Brenda Rakama

Objective: HPI's work on repositioning family planning under this GLP is focused in Tanzania. Tanzania remains a country with high fertility and a high population growth rate. Modern contraceptive prevalence has increased over the past decade from approximately 13 percent of married women of reproductive age to 20 percent; however, unmet need remains high and access to contraceptives is problematic. The GLP is supporting further dissemination of the RAPID results and engagement of various stakeholders at national, regional, and district levels to increase awareness on the relationship between population growth and socioeconomic development; leverage funding, especially at the district level; and providing a new dimension to development programs to ensure population and RH issues are addressed appropriately.

Summary of Major Activities: This activity has been fully integrated into the field support activities. The national strategy for the dissemination of the RAPID Model is pending approval by the Ministry of Planning and Economic Empowerment. HPI has embarked on aggressive repositioning activities via the following:

- Distribution of RAPID booklets to members of Parliament via parliamentary committees such as TAPAC and the Tanzania Population Association on Population Development.
- Orientation of 22 journalists affiliated with the Association of Journalists Against AIDS in Tanzania on population issues.
- Repackaging of RAPID for the orientation and training of directors and senior policy officers in the government of Tanzania.
- Consultations with the Ministry of Education on the integration of population activities into the school curriculum.
- Formation of an advocacy technical working group that is beginning to work on the population agenda in Tanzania, more specifically the development of a strategic framework for FP in the country.
- Sponsorship for four FBO leaders to the repositioning family planning regional meeting using HPI core funds; as a result, direct linkages have been established with the Muslim leaders in West Africa who have extensive experience in FP work.

b) *Repositioning Family Planning in Democratic Republic of Congo (DRC)*

Activity Manager: Charles Pill

Objective: HPI's work on repositioning family planning in the DRC is focused on improving the implementation of FP/RH policies and guidelines as well as the analysis of the MDGs. Envisioned outputs include an inventory of existing policies, laws, and operational guidance; selected issue(s) for in-depth interviews about development, dissemination, and implementation practices; provider interviews; and the identification of key issues for policy and regulatory reforms, policy dialogue, and communication and advocacy strategies; and a brief showing the role of FP in achieving the MDGs.

Summary of Major Activities: HPI has held meetings with the National Reproductive Health Program (PNSR) and the USAID/DRC RH advisor to discuss the draft concept. A workplan has been developed and vetted with USAID staff in Washington and Kinshasa and is now being translated into French for use in discussions with the PNSR leadership and other Kinshasa-based stakeholders. This activity will adapt the HPI Policy Implementation Assessment Tool. A local consultant is being recruited to carry out the initial policy inventory and adaptation of the interview tool. An initial draft of the MDG brief for DR Congo was prepared and discussed with the PNSR and will be completed in the next period.

Contraceptive Security GLP

Activity Manager: Margot Fahnestock

Several activities fall under the Contraceptive Security GLP, including the assessment of operational barriers and M&E support for the Virtual Leadership Development Program (VLDP). The activities make use of tools and assessments to facilitate implementation of contraceptive security strategies and increase commitment for contraceptive security at the country level.

a) GLP Contraceptive Security Operational Policy Barriers Analysis

Objective: HPI is collaborating with the DELIVER Project to compile a toolkit that will assist governments with assessing potential operational policy barriers to contraceptive security. The toolkit will include an overall background document with featured case studies, a sample output of the analysis, a sample scope of work for a policy audit, and a guide for conducting the actual analysis through stakeholder interviews. The purpose of the guide is to provide governments, donors, and other relevant stakeholders with a framework for assessing the operational policy environment related to the financing and procurement of contraceptives—with the ultimate objective of improving contraceptive security.

The two projects have already piloted the toolkit in Malawi and have plans to pilot the approach in another country.

Summary of Major Activities: In the summer of 2007, HPI and DELIVER selected Malawi as the first country in which to pilot the toolkit and analytic approach. The team engaged a local consultant in Malawi to perform the initial audit of key policies pertaining to the procurement and financing of contraceptives in Malawi including the National Drug Policy, National Procurement Policy, and Essential Drug List, among several others. The project team used the results of the policy audit to identify key stakeholders for interviews in country and to start to understand the procurement and financing process for contraceptives from the national to the district level.

In November 2007, two HPI staff and two DELIVER staff traveled to Lilongwe, Malawi, to conduct stakeholder interviews. The objectives of the stakeholder interviews were to

- Clarify the existence of and identify barriers/gaps in relevant policies and procedures related to the procurement and finance of contraceptives; and
- Compare policies as designed and intended to be implemented against policies in practice and perception.

The study was timely and yielded interesting findings. In particular, the study team found that before decentralization, the government of Malawi purchased contraceptives through central medical stores and distributed them nationally to the 27 districts. 2007–2008 is the first fiscal year that districts will need to purchase injectable contraceptives directly from the central medical stores. The primary concern this study raises is that faced with stockouts of other essential drugs and commodities, district health officers might decide not to purchase injectable contraceptives in favor of other necessary drugs. A draft report is complete and being reviewed by the USAID CTOs in Washington.

b) GLP Contraceptive Security Operational Policy Barriers Analysis – Follow-On

Objective: HPI will continue to collaborate with DELIVER to develop and finalize a toolkit that would assist governments in assessing potential operational policy barriers to contraceptive security.

Summary of Major Activities: The team is revising the analysis guide based on the Malawi experience and selecting second and third countries in which to pilot the toolkit and approach. The team would like to identify countries that do not have a SWAp or other basket-funding mechanism in order to compare the results of the analysis with those from Malawi.

c) GLP Contraceptive Security VLDP– M&E Support

Objective: USAID funded a Virtual Leadership Development Program (VLDP) for contraceptive security for approximately 12 teams from francophone countries, including Mali, Senegal, Madagascar, and Rwanda—with support from the Leadership, Management, and Sustainability (LMS) Project in collaboration with HPI and DELIVER. HPI will collaborate with DELIVER to provide M&E support to the country teams participating in the VLDP on contraceptive security.

Summary of Major Activities: HPI is supporting two staff members to provide M&E assistance to the 12 country teams during the third module of the VLDP. Management Sciences for Health conducted a kick-off meeting for the M&E specialists at DELIVER’s office on April 16, 2008. The third module will commence the first week of July and will require assistance from July to mid-September. Teams participating in the VLDP will develop a list of challenges that relate to the implementation of their country’s CS strategy and then draft action plans to attain the measurable results the team has identified. HPI and DELIVER will consult with country teams on the specificity and attainability of their proposed results and provide technical assistance to teams on their corresponding action plans.

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

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

- Staff development and technical training continue to be a high priority. We need to build on the momentum achieved during TD Week, help country teams gear up for the next round of workplan development, and better integrate core approaches as appropriate into the new workplans. We also need to provide staff with sufficient opportunities to develop into technical leaders in their chosen areas of interest and to have mechanisms that will allow them to share their expertise with relevant staff in D.C. and the field.
- We are making changes in our technical and operational management structure to compensate for the departure of several key senior staff and to take the opportunity to better address findings and recommendations from HPI’s management review. At the same time, we have several new staff who have recently joined the project or who will be starting early in the next reporting period. We need to make sure everyone gets up to speed quickly and give them the needed time and attention to enable them to be successful.
- Core pipelines are being closely monitored to ensure the timely completion of activities from the FY05/06 funding cycles, including full documentation and technical review of all expected deliverables. We have several new activity managers who are being trained and are taking up the management of technical activities and picking up the pace of implementation of several core activities.
- With an emphasis on pilot-testing core-funded tools and approaches in country programs, HPI is dependent on the interest and willingness of USAID country offices to host such activities. Even

when agreement is reached, other events may conspire to delay implementation. This past period, we experienced some significant delays for several core activities given the post-election violence in Kenya. The situation has largely returned to normal and the activities are now getting back on track.

IV. MH CORE-FUNDED ACTIVITIES

A. Maternal Health Activities

SO2 funds from the Office of Health, Infectious Diseases, and Nutrition (HIDN) are used to provide leadership for policy analysis on the causes and consequences of maternal and neonatal mortality in developing countries and for the creation of resource allocation tools to demonstrate the benefits of investing in safe motherhood interventions. SO2 funds also enable HPI to support and assist individuals, organizations, and communities that are working to increase public awareness about safe motherhood and to develop strategies to increase access to maternal and newborn health services. The project coordinates with public and private sector entities, representatives from community-based organizations, and others involved in FP/RH programs, while paying particular attention to addressing the human resource crisis within the healthcare delivery system. Currently, MH core funds primarily support activities of the White Ribbon Alliance for Safe Motherhood (WRA).

White Ribbon Alliance

Activity Manager: Theresa Shaver

Objective: WRA supports national alliances by building their capacity to promote and strengthen the HIDN pathways that contribute to reducing maternal and newborn mortality and morbidity. WRA provides ongoing support to existing alliances and initiatives, new and emerging alliances, and the broader membership in 91 countries.

Summary of Major Activities: In support of the HIDN pathways, WRA provided technical assistance to raise awareness, promote country specific action around the HIDN pathways, and improve monitoring and evaluation by its members. WRA continued to work with the national alliances to contribute to the global monitoring tool, which was developed to assist the members and coordinators of WRA national alliances tracking and reporting the activities and results. This tool is used to track both policy outcomes and WRA-related and general maternal health-related activities.

The WRA Global Secretariat (WRA/GS) continues to provide targeted TA to the national alliances in Malawi, South Africa, Tanzania, and Zambia in support of the HIDN pathways. The national alliances—of Malawi and Zambia were able to leverage funding from DFID in support of their action plans. WRA also provided technical assistance to its existing and emerging national alliances in strategic planning, resource mobilization, advocacy and community mobilization, safe motherhood/newborn health, and alliance building. WRA helped several national alliances to draft funding proposals and leverage contributions by members to support key activities.

WRA maintains an active website and has produced two quarterly newsletters, engaged members through various listservs, and produced and disseminated safe motherhood materials. Resources on key maternal newborn and health interventions (specifically skilled attendance at birth; newborn care; focused antenatal care; and prevention of postpartum hemorrhage and malaria in pregnancy) were disseminated to WRA's 11 national alliances and members. WRA also participated in relevant working groups and meetings, including the Partnership for Maternal, Newborn, and Child Health; POPPHI working group; and the CORE group.

In December 2007, WRA held elections for the Board of Directors. The global membership of the WRA participated in the open election process, identifying five safe motherhood champions to be member of the board.

Beginning in February 2008, the WRA began a global strategic planning process to prepare its five-year plan (2009–2013), including for the Global Secretariat and the national alliances. Global membership participated electronically in an analysis of WRA strengths, weaknesses, opportunities, and threats, which will inform the five-year goals and strategies.

B. Problems, Issues, and Constraints (MH)

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

- **Lack of core funds to support technical leadership activities in MH**
 The SO2 core funds allotted to the WRA have decreased steadily each year, while the WRA’s role as a global technical leader in MH continues to grow. Furthermore, the decrease in SO2 core funds has resulted in the WRA activities being the only MH core-funded activities under HPI. While the WRA continues to use the MH core funds it receives to provide technical support to the WRA national alliances as much as possible, the elimination of funding for non-WRA activities has prevented HPI from building the evidence base for the benefits of investment in MH, in particular for economically and socially marginalized women and families.
- **Finding cost-effective mechanisms to support country-level TA and sustainability of WRAs**
 The increasing number of WRA national alliances and the expansion of membership both at the national and global levels has increased the need for support to these and the exiting WRA national alliances by the Global Secretariat. This need is documented both in the report of the 2007 independent evaluation commissioned by USAID and in the alliances’ persistent requests for supporting organizational development and funding sustainability, building advocacy capacity, and providing technical guidance around MH issues and key intervention areas. Although the WRA takes advantage of global events—such as the Women Deliver conference in October 2007—to convene national alliance representatives and global members and to provide TA and support, the cost to bring together members and Global Secretariat staff is still high.
- **Identifying and establishing consensus around indicators for social mobilization**
 Results tracking and reporting continue to be a challenge for the WRA on a global level. Although the Global Secretariat works with the WRA national alliances in collecting data on their and members’ activities and outcomes, there is no global consensus on how to effectively measure social mobilization and gauge success. The strategic planning process currently in progress will seek to identify indicators; however, how useful these indicators will be in truly understanding the inputs and outcomes to successful social mobilization will be difficult to effectively demonstrate.

V. HIV/AIDS CORE-FUNDED ACTIVITIES

A. IR Activities

HPI's primary objective in the area of HIV is to help ensure the sustainability of PEPFAR programs. To this end, Task Order 1 supports PEPFAR objectives and activities by providing tools, training, and technical assistance to build national-level capacity to sustain effective responses to HIV. In the past six months, HPI concentrated its efforts in four key areas: policy implementation; HIV-related stigma and discrimination and gender; civil society mobilization and capacity strengthening; and improved data for decisionmaking.

HPI's work on *policy implementation* has addressed a breadth of issues but has maintained a focus on analyzing barriers, overcoming obstacles, and monitoring and evaluating the effects of policy implementation. One core activity focuses on improving policy implementation by identifying and overcoming policy implementation barriers. It is moving from Phase 1 in Asia to Phase 2 in Africa. During Phase 1, we examined specific HIV-related policies in each country, and in Phase 2, we will explore policy issues from a broader perspective, paying particular attention to stigma and discrimination and the entire legal and regulatory environment. Gender and stigma have been key cross-cutting elements of this work. Male circumcision activities in the policy implementation area primarily focus on costing for policy decisionmaking and guidelines for policy development and implementation. OVC activities focus on producing country and indicator profiles to assist with policy implementation. Related to task shifting, HPI has begun to develop key partnerships to help elaborate specific policy issues and think about policy implementation. Another focus is examining economic and other barriers to accessing ARV treatment.

HPI's work on *HIV-related stigma and discrimination and gender* is a key underpinning of effective and sustainable programming. Efforts have broadened to focus on issues related to violence, especially gender-based violence, and on how livelihood interventions might affect health outcomes for young women.

In the area of *civil society mobilization and capacity strengthening*, the project has worked to improve the capacity of PLHIV, especially in the Middle East and North African (MENA) region where isolation has been a problem. The core activities have also strengthened the capacity of FBOs to address HIV and issues such as gender-based violence. One corollary effect of several core activities has been improved civil society and public health service collaboration.

HPI continues its long history of improving the *use of data for decisionmaking*. In the past six months, the project has closely examined DHS data to rethink policies and programming related to HIV prevention among discordant couples. HPI is working with partners to improve many existing tools for planning and monitoring implementation and is designing new tools for costing key prevention interventions in the PEPFAR plans.

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

1.1 Improving PEPFAR Effectiveness: Improving Policy Implementation (FY05/06/07) Activity Manager: Imelda Z. Feranil

Objective: This multi-year activity aims to identify policy barriers that affect the achievement of PEPFAR targets. The FY05 component focused on specific HIV policies in China, Indonesia, and Vietnam, using the contextual interaction theory (CIT) as the framework for assessing stakeholders' motivation,

communication, and power as central factors for influencing policy implementation. The FY05 activity was designed to test whether the CIT constructs are relevant in low-resource settings.

The FY06 activity includes building on the test findings in the three Asian countries and adapting existing tools—particularly the AIDS Program Effort Index, operational barriers analysis, and stigma and discrimination measures—to identify barriers to a specific program issue, and in turn, facilitate efforts by local counterparts to address the barriers. Subsequently, HPI will use FY07 funds to train and assist project counterparts and other organizations with identifying and addressing barriers to the implementation of various PEPFAR programs, as requested by USG teams.

Summary of Major Activities: (FY05 Funds): HPI completed data collection and analysis and a draft report for three country studies. In Indonesia, the study examined the 100% condom use program in brothel areas in Surabaya. Findings showed little stakeholder motivation to support the condom use program because it conflicts with a policy against brothels and prostitution and because there is strong stigma and discrimination against prostitutes. In China, the study examined access to ART among IDUs in Kunming, considering the national “Four Free, One Care” policy that endorses ART for those who need it. This policy, however, conflicted with other Chinese policies. Injecting drug use is a criminal act; the state Bureau of Security implements a zero-tolerance policy. Government reimbursement policies also act as disincentives to local hospitals to treat PLHIV. Moreover, internal stigma among IDUs limits access. After piloting the survey tool in China and Indonesia, the activity team revised and piloted the tool in Vietnam. The Vietnam study focused on a policy to reintegrate orphans from institutions, including those affected by HIV, into communities. In January 2008, HPI presented key barriers— particularly lack of coordination among departments and community resistance to reintegration because of stigma and discrimination against orphans affected by HIV—during a multisectoral stakeholder meeting, where stakeholders cited the study findings as valuable input for the National Plan of Action for Children being developed.

The overall report—including the methodology framework and the Indonesia, China, and Vietnam country reports—is being edited. This completes all activities under FY05 funding.

FY06 Funds: In light of the lessons learned during the three country studies, the tool used to identify barriers to policy implementation is being reviewed. This effort includes considering how conflicting policies within the broader legal and regulatory environment as well as stigma and discrimination affect policy and program development and implementation. The tool will be adapted to the African context, as the FY06 activity will focus on Africa. In early 2008, HPI staff began to identify potential programs encountering barriers to achieving PEPFAR targets in Botswana and Ethiopia. A member of the activity team traveled to Botswana, where key stakeholders identified barriers to targeting OVC. HPI has also negotiated with the Mission in Ethiopia to identify key barriers to an HIV/AIDS issue; preliminary discussions have focused on pediatric ART.

FY07 Funds: This activity involves assisting various countries with using the tool to identify and address barriers to the implementation of PEPFAR programs, as requested by USG. Initial activities have focused the dissemination of results from using the tool.

1.2 Addressing Operational Barriers to Improve PEPFAR Programs (gender component) (FY05) Activity Manager: Britt Herstad

Objective: This gender activity is part of the larger activity on *Addressing Operational Barriers to Improve PEPFAR Programs*. While gender is often recognized as a cross-cutting issue, without a specific gender mandate, it is often neglected. For this reason, the activity included a specific gender component to ensure that gender analysis is integrated into the activity’s methodology and analysis for each country.

Summary of Major Activities: Consultant Deborah Rubin and HPI staff member, Britt Herstad, drafted the final report on integrating gender into the operational barriers analysis activity, which has been submitted for internal review. The report includes the original methodology for the activity; modifications made to the methodology to reflect gender concerns; and materials used, such as a training module and background documents. This report will guide others on how to include gender into their methodology for an operational barriers analysis. Findings from this effort are included in the larger activity report on addressing operational barriers to improve PEPFAR programs. Once the gender methodology report is finalized, this activity will be complete.

1.3 Support for U.S. Public Law 109-95 (FY05)

Activity Managers: Charles Pill and Jennifer Chapman

Objective: HPI's support for the implementation of U.S. Public Law (PL) 109-95, "Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005," includes two key activities: (1) developing country profiles to identify and foster increased awareness among USG in-country staff and implementing partners of USG agency activities for highly vulnerable children (HVC), and (2) identifying and assessing M&E indicators (and practices) of USG agencies with programs that support highly vulnerable children outside the United States. PL 109-95 was enacted in recognition of the immense need and growing number of OVC globally.

Summary of Major Activities: HPI's team is developing a series of prototype country profiles that identify all USG programs focused on children in a selected set of countries (Cambodia, Ethiopia, and Uganda). During this period, the activity team designed a prototype data collection tool and applied it in Uganda. The team is currently summarizing the data, which they will disseminate to USAID/Uganda and OHA (and the acting special advisor for PL 109-95) to increase their awareness of the full range of USG-supported work on highly vulnerable children in Uganda. The team is also preparing additional profiles for Cambodia and Ethiopia and will vet them with the guidance of the HVC/OVC focal persons based in the USAID Missions and revise them accordingly.

HPI also interviewed staff of key USG agencies that have global programs for highly vulnerable children to collect and assess their M&E indicators related to the programs. The assessment will provide background material for the development of the next PL 109-95 report to Congress and is helping to determine how organizations involved in implementing PL 109-95 activities will provide quantitative data across all USG agencies in future results reporting to Congress.

1.4 Informing Policy and Program Decisions for Male Circumcision (MC) Implementation and Scale-up (FY07)

Activity Manager: Tanvi Pandit-Rajani

Objective: The project aims to assist countries with policy and program planning related to male circumcision by using a methodology to create MC policy guidelines and cost related programs. In FY06, through RHAP field support, HPI conducted a multi-country study to determine the cost and impact of male circumcision in Lesotho, Swaziland, and Zambia. UNAIDS and the USG requested that HPI package the approach and methodology used in these countries into a user-friendly tool. Hence, in FY07, HPI received funding to collaborate with UNAIDS and WHO to scale up MC policy and program development efforts.

Summary of Major Activities: This activity has three main components:

- Develop a simplified MC decisionmakers' tool (projection model + costing tool) that can be used as to estimate the human and financial resource requirements and the associated impacts on the HIV epidemic.
- Pilot and implement the decisionmakers' tool in 2–3 countries in Southern/East Africa.
- Draft a framework and guidelines for MC policy planning and implementation by assessing the policy environment for MC scale-up. Ideally, this activity will be conducted simultaneously with the costing/modeling activity.

The activity team completed the decisionmakers' tool in November 2007 and shared it at an MC stakeholder forum in December 2007. Based on feedback provided during the forum, the tool was updated and is now being piloted in Namibia. The team also conducted a literature review on MC policy and planning, and the draft report on the findings will be used to inform the framework and guidelines for male circumcision at the global and country levels.

1.5 GBV, HIV, and Post-Exposure Prophylaxis (PEP) Policy Review and Implementation (FY07) Activity Manager: Hannah Fortune-Greeley

Objective: Post-exposure prophylaxis (PEP) has been recommended to prevent HIV transmission following sexual exposure, but policies to implement this recommendation are limited. HPI will review current policies and the degree to which they are implemented and conduct pilot activities in Mexico to identify the operational barriers to full implementation of PEP policies. Expected barriers include gender norms and prejudices that affect access to PEP services. We will pilot an assessment methodology and corrective intervention to address operational barriers to PEP policies, particularly barriers related to gender.

Summary of Major Activities: HPI has identified and begun to review PEP policies in PEPFAR countries. The activity's fieldwork began in February 2008, with USAID/Mexico granting permission to implement the activity in the country. Shortly thereafter, HPI staff met with key team members in HPI's Mexico office to design a plan for activity implementation. HPI also met with potential partners who will participate in interviews and focus group discussions to identify barriers to implementing PEP policies. The team drafted an activity timeline and is moving forward with the activity.

1.6 Citizen Monitoring for Stigma and Discrimination Reduction to Foster Policy Implementation (FY07) Activity Manager: Nadia Carvalho

Objective: This activity builds on the POLICY Project and HPI's experience (and that of other organizations) with participatory monitoring mechanisms to improve policy implementation by actively engaging key stakeholders (especially most affected communities) in monitoring the quality of services and care and reducing barriers. Stigma and discrimination remain key barriers to effective implementation of HIV programs, particularly as they relate to access to prevention, treatment, and care and support services. HPI will pilot a participatory monitoring model in Ethiopia (Mission approval pending) and Vietnam (Mission approved), which will monitor stigma and discrimination related to access and quality of HIV-related care and services. The model will serve as a tool for key stakeholders (including most affected communities) to engage in policy dialogue and advocacy to reduce stigma and discrimination barriers that impede HIV service delivery. The activity will also build local capacity to conduct participatory monitoring to identify, prioritize, and overcome stigma and discrimination barriers so as to increase access to HIV services and to monitor progress on achieving national strategic objectives.

Summary of Major Activities: The activity team synthesized information about the key elements of existing monitoring models, the levels and sites of monitoring, and the key stakeholders to involve and their roles and responsibilities. The review includes indicators and existing global and regional processes for monitoring related to stigma and discrimination and quality of care. This review, in conjunction with the assessment processes in country, forms the basis for the assessment tool the team will prepare.

In March 2008, an HPI consultant worked with HPI staff in Hanoi, Vietnam, to consult with key stakeholders and potential partners to introduce the activity concept and fine-tune it for Vietnam. Stakeholders felt that the timing of this activity was right, as a national PLHIV network will be established this year, civil society engagement in the HIV epidemic is also expanding, and Vietnam just developed an action plan for M&E in support of its National Strategic Plan for HIV/AIDS Prevention and Vision Towards 2010 (2004–2010). Strengthening civil society involvement in monitoring was seen as a key, timely initiative for improving the implementation of legal and policy frameworks. The team decided that the project in Vietnam should focus on “people’s monitoring,” especially at the local level. Monitoring will focus on assessing implementation of Vietnam’s Law on HIV/AIDS Prevention and Control, the Vietnam Program of Action, as well as the upcoming revision of the Drug Control Law.

The activity team identified four key partners to form a core steering committee in partnership with HPI: (1) the national PLHIV network (through Bright Futures Network) to lead, implement, and sustain the monitoring process; and to build the organizational capacity of the network to understand implementation of the HIV/AIDS Law as well as promote GIPA; (2) the Vietnam Lawyer’s Association to monitor implementation of the law; (3) the Institute for Social Development Studies to develop the indicators; and (4) Vietnam’s Women’s Union as part of GIPA promotion efforts. The partnership will conduct the pilot in Hanoi, monitoring access to treatment (including access by MARPs), stigma and discrimination (including violations of the law), and GIPA. Next period, the committee will finalize its terms of reference and structure, identify indicators, and determine the specific data collection and capacity-building systems and materials needed to implement the people’s monitoring process at the local level.

1.7 Task Shifting: Addressing Selected Policy Implementation Opportunities and Challenges in the Eastern, Southern, and Central Africa Region (FY07)

Activity Manager: Altrena Mukuria

Objective: The activity is designed to provide policy implementation support related to task shifting for countries of Eastern, Southern, and Central Africa (ESCA). This support will respond to countries’ needs to retain and support existing health workers and expand counseling, care, and support to PLHIV by using community health workers and PLHIV. By working with the ECSA health community, HPI plans to

- Engage senior-level nursing officials, nursing networks, and/or nurses associations in policy dialogue to review the status and impact of ongoing formal and informal task-shifting policies on nursing staff in the region;
- Identify countries in the ECSA region that are interested in or have begun task shifting as part of their HIV/AIDS program (using the Capacity Module for estimating staffing requirements and adapting other HPI policy analysis tools, we will make an in-depth analysis of policy implementation opportunities and challenges related to a selected task(s) and staff category); and
- Using the findings of the Capacity Module application in one or more countries, we will advocate for policies that provide psychosocial support of existing health staff and to expand the scope of community health workers and PLHIV to provide pre- and post-test counseling, adherence counseling, and home-based care or self-care, as appropriate.

Summary of Major Activities: The activity team reviewed relevant literature, focusing on WHO’s work and recommendations from recent international meetings on task shifting, and then presented the findings during HPI’s Technical Development Week. In addition, the activity team met with potential partners—

such as the Capacity Project and the Nurses Association of Botswana—regarding a recent meeting held in Uganda on task shifting and the nurses’ responses to the issues revised at the meeting. Finally, HPI held discussions with the ESCA Human Resources and Development Officer to determine how best to collaborate on this activity. The team agreed that HPI would draft a concept paper for the ESCA health community and others to review. Once finalized, the activity team will begin implementing the activity in June 2008.

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

2.1 Investing in PLHIV Leadership in the Middle East and North Africa (MENA) Region (FY07)

Activity Manager: Shetal Datta

Objective: The purpose of this activity is to create a cadre of PLHIV leaders at the country and regional levels in MENA by (1) building the capacity and skills of PLHIV to foster national and regional support networks; (2) increasing the number of people in the region who have accurate and culturally appropriate HIV-related information; (3) strengthening and fostering participants’ ability to address challenges within their countries; and (4) developing training curricula that specifically address the knowledge and leadership capacity needs of PLHIV. This activity builds on the PLHIV leadership activities initiated with ANE Bureau funding in the past two years.

Summary of Major Activities: In February 2008, two PLHIV leaders from Egypt and Lebanon attended the North African launch of the Collaborative Fund for HIV Treatment Preparedness hosted by the International Treatment Preparedness Coalition (ITPC) in Morocco. HPI staff and the PLHIV leaders are incorporating the information obtained into the new version of a training-of-trainers (TOT) curriculum to augment specific modules related to treatment education and information.

The original plan was to hold the TOT workshop in early December in Cairo, Egypt, with a subsequent subregional workshop in another country in the region. Due to circumstances beyond HPI’s control, the venue for the TOT was first changed to Yemen and then to Jordan due to the travel ban in Yemen; the resulting cost increase requires that HPI and the newly trained trainers conduct the subregional workshop directly thereafter at the same venue. The two workshops are scheduled for early June 2008.

Currently, the HPI team is creating criteria to award small grants to three or more NGOs that represent PLHIV from each country to assist participants with taking on leadership/organizer roles in their respective countries to implement action plans that they will create during the subregional trainings. Information and outcomes of the TOT, subregional workshop, and small grants will inform the activity’s final report, provisionally titled “On the Path to PLHIV Leadership in the MENA Region.”

2.2 The Role of Religious Communities in Ending Gender-based Violence (FY06)

Activity Manager: Britt Herstad

Objective: HPI is partnering with Religions for Peace to strengthen the capacity of African religious communities and networks to respond to HIV-related gender-based violence; enhance faith-based advocacy pertaining to GBV; and equip religious communities with tools to deepen awareness and understanding of how to present GBV issues.

Summary of Major Activities: From November 2007 to March 2008, participants of an earlier GBV and HIV workshop in Nairobi implemented their action plans, which were supported through the HPI small grants process. As the activity’s first component, the Nairobi workshop raised the awareness of religious

leaders of the links between GBV and HIV and resulted in action planning in their respective countries. Participants came from eight African countries and were all members of Religions for Peace's religious leader networks. In addition to implementing action plans, three of the eight country teams implemented activities supported by other funds. In Liberia, religious leaders held a workshop on female genital cutting and its links to HIV, along with another workshop on GBV and HIV. In the DRC, participants held their own workshop on GBV and HIV with religious leaders, FBOs, and NGOs. Kenyan participants used UNIFEM funding to implement a workshop for religious leaders on GBV and HIV. South African participants also held workshops on GBV and HIV in August 2007 and January 2008.

On November 28–29, 2007, HPI sponsored a regional leadership forum on GBV and HIV with senior religious leaders and some participants from the Nairobi workshop in Dar es Salaam, Tanzania. Twenty-one women and seven men attended from more than 11 countries and represented Religions for Peace's Women of Faith Network and the African Council of Religious Leaders (ACRL). During this forum, participants learned about GBV and its links to HIV, and four participants from the Nairobi workshop presented on their countries' related activities. The forum concluded with the ACRL drafting and signing a statement, which was read to the press, solidifying their commitment to addressing the issues and calling on other religious leaders to address GBV and HIV in their communities. As follow-up to the training and leadership forum, the activity team is drafting a multi-faith toolkit that will provide a rationale for religious leaders to address GBV and HIV and also sample activities to do so.

Throughout the activity, Religions for Peace has been successful at leveraging funds from other donors to support its implementation. The organization used existing Ford Foundation funding and new funding from UNIFEM and the Norwegian Ministry of Foreign Affairs to support the Kenyan participants' national-level activity and also the Religions for Peace regional women's coordinating committee meetings in Peru (for Latin American and Caribbean region) and Kenya (Africa)—where women were asked to review and provide input for the activity's final toolkit to ensure its usefulness for religious leaders and communities of faith. The timing of deliverables is largely influenced by the donor funding, as another region (LAC) is thus involved in the toolkit development process.

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

3.1 *Microfinance and Other Livelihood Strategies to Reduce Adolescent Vulnerability to HIV Transmission: Programming Instrument (FY06)*

Activity Manager: Brenda Rakama

Objective: This activity aims to reinforce the capacity of HIV program managers to design interventions that reduce adolescents' vulnerability to HIV by offering viable and effective livelihood options to supplant high-risk behavior motivated by economic insecurity. HPI will design a programming tool to serve as a guide for PEPFAR teams. The tool will encourage and assist with the development of tailored interventions that combine economic empowerment components with other activities to prevent HIV transmission among the target population.

Summary of Major Activities: From October 2007 to March 2008, HPI conducted a preliminary literature review for PEPFAR program managers to help determine the applicability of microfinance in contributing to the prevention of HIV infection among 10–19 year olds. The review found little evidence that microfinance activities have led to improved lives for adolescents, let alone a reduction of their vulnerability to HIV. Based on the findings, the scope of work has been expanded to include other

livelihood strategies that might affect the lives of adolescents. HPI will design a three-part programming instrument that will include a

- Situational Analysis and Vulnerability Assessment kit, which will guide the user through a series of questions to learn about the participant population and the current socioeconomic situation;
- Program Elements Selection Matrix to help program managers link appropriate livelihood program elements to the vulnerability and socioeconomic characteristics of the participant population; and
- Monitoring and Evaluation section to offer illustrative indicators for monitoring progress and evaluating the impact of different program elements on reducing risk of HIV transmission for adolescents.

3.2 *Equity of Access to ART (FY07)*

Activity Manager: Nalinee Sangrujee

Objective: The goals of this activity in Ethiopia are to identify the primary barriers to accessing ART, including field research; quantify the out-of-pocket costs that patients incur to receive these services; and provide recommendations for increasing access to ART.

Summary of Major Activities: To prepare for implementation, HPI explored the AIDS Relief database; drafted a preliminary concept paper for the activity, which will be sent to the Mission; and began a literature review on the Ethiopia ART delivery system.

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 (FY05)*

Activity Manager: Shetal Datta

Objective: This activity supports the development of leaders from the Islamic community to act as champions in creating supportive environments for PLHIV. This activity brought together 80 Islamic leaders from various countries and sectors (i.e., medical professionals, NGO leaders, PLHIV, women, and Islamic religious leaders) to increase their technical knowledge and support the development of action plans for a unified Islamic faith-based response to HIV prevention and education at the mosque and community levels.

Summary of Major Activities: Following the 3rd International Muslim Leaders Consultation on HIV/AIDS hosted by the Islamic Medical Association of Uganda (IMAU) and the Ethiopian Islamic Affairs Supreme Council in July 2007 in Addis Ababa, the IMAU finalized a meeting report that described the proceedings and outcomes from the conference, along with a booklet that further explains how these participants plan to implement the Islamic approach to HIV at the mosque and community levels. The report, titled “Technical Report on the 3rd International Muslim Leaders Consultation on HIV/AIDS,” was distributed to all participants after the workshop. This activity is now complete.

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

5.1 Tools for HIV Planning and Analysis (FY06/07)

Activity Manager: John Stover

Objective: This activity aims to support global efforts to provide accurate and up-to-date information for policymaking, planning, and resource mobilization by maintaining and updating the key modeling and analytic tools used by HPI in its country and regional programs. These state-of-the-art tools help national planners and international organizations to analyze available data on the status of the epidemic; assess the future implications of current trends; set prevention, treatment, and support targets; and track progress.

Summary of Major Activities: The HPI team added new tools to Spectrum to assist UNAIDS, the Global Fund, and the U.S. Census Bureau with calculating the number of lives saved by ART. In addition, the HPI team analyzed the differences between Spectrum and DHS/Multiple Indicator Cluster Survey estimates of the number of orphans; helped UNAIDS to prepare global and regional estimates of key HIV indicators—including the number of HIV-positive people, new infections, and AIDS deaths and orphans and the need for ART; and updated the manuals for the AIDS Impact Model (AIM) and DemProj.

5.2 Costs of Key PEPFAR Interventions (FY06)

Activity Manager: John Stover

Objective: This activity aims to provide OHA and OGAC with an analysis to support the planning for PEPFAR Phase II by modeling various levels of funding for prevention, treatment, and impact mitigation and the anticipated effects in terms of the number of infections averted, number of people on ART, number of OVC receiving assistance, and prevention interventions related to risk behavior affecting HIV transmission.

Summary of Major Activities: HPI, OGAC, and USAID agreed to focus on three topics: (1) the cost of abstinence promotion programs; (2) the cost of community mobilization programs; and (3) cost savings from ART due to a reduced need to treat opportunistic infections. HPI managers prepared a tentative list of African countries in which to implement the costing activities and are approaching Missions to determine interest and select three countries.

5.3 Developing an Assessment (Screening) Tool for Manifestations of Stigma and Discrimination, Including Gender-Based Violence, in Most-at-Risk-Populations (MARPs) (FY06)

Activity Managers: Myra Betron

Objective: Through pilot activities in Mexico and Thailand, this activity will increase collaboration among principal actors—especially community organizations and health service providers—in providing services to respond to GBV and other issues of stigma and discrimination that affect HIV risk and overall health. The activity will also increase the understanding of how GBV and other manifestations of S&D influence self-perception, risk perception, and access to health services for MARPs. The effort will primarily focus on the integration of screening for GBV and other forms of S&D among MARPs in the HIV healthcare setting.

Summary of Major Activities: In both Thailand and Mexico, HPI conducted qualitative assessments to determine the types and extent of GBV experienced by MARPs, as well as existing norms, attitudes, and access to services for MARPs. The project team held key informant interviews with health providers to identify existing policies or programs that address GBV and/or HIV for MARPs, as well as recommendations regarding screening and the response to GBV among MARPs in the healthcare setting.

In addition, the team facilitated focus group discussions and other participatory research methods with MARPs to identify their specialized needs related to GBV, HIV, and voluntary counseling and testing.

Based on findings from the literature review and assessments, HPI designed a screening tool for GBV among MARPs for use in the HIV healthcare setting. The project team also prepared a training module to sensitize providers on stigma and discrimination against MARPs, gender, and GBV; and to orient providers on using the screening tool and responding to GBV in the healthcare setting. Both the screening tool and training modules are being piloted. HPI has trained health providers in Mexico (40 women and 15 men) on the screening tool and is now conducting the same training in Thailand.

Over the next three months, the activity team will apply the screening tool in pilot sites in HIV healthcare settings in Mexico and Thailand. Project teams in each country will then collect data on the screening process and interview service providers involved in supporting the screening and follow-up response for GBV patients. Subsequently, HPI will write a final evaluation report, including recommendations for sustaining, replicating, or scaling up GBV screening in HIV healthcare settings.

5.4 Analysis of DHS Data to Inform Scale-Up of Prevention Programs for Sero-discordant Couples (FY07)

Activity Manager: Bob Porter

Objective: This activity is designed to develop socio-demographic profiles of PLHIV based on re-analyzing HIV prevalence data from general population surveys in sub-Saharan Africa, primarily the DHS+ and AIDS Indicator Survey. HPI will use the findings to make epidemiologically-based recommendations for updating definitions of high-risk sex and to explore implications for HIV prevention, with special attention to married or cohabiting couples.

Summary of Major Activities: The activity team identified African countries where HIV prevalence data from general population surveys are available and obtained the data files. The team then prepared a plan to identify key socio-demographic and behavioral variables and has begun data processing and analysis for nine African countries.

5.5 Goals/TB Model (FY07)

Activity Manager: Philippa Lawson

Objective: This activity focuses on developing and applying a model at the country level to show the impact of various types of TB control activities on TB incidence and HIV.

Summary of Major Activities: The activity team identified Ukraine as the country in which to apply to the model—due to strong interest from partners, the need for improvements in the TB control program, and the availability of in-country staff with experience in TB control. The activity team contacted the WHO numerous times about collaborating on the development of this model. While the WHO is interested, it wants to discuss the scope of collaboration. HPI staff will meet with the WHO while in Geneva in early June.

5.6 Reprogrammed OVC Activities (FY07)

Activity Manager: Amy Kay

Objective: HPI's OVC work is designed to improve the policy environment so that OVC services supported by PEPFAR programs—as well as those of key partners and allies including the Department of Defense and the Global Fund—can be enhanced.

Summary of Major Activities: The HPI OVC portfolio has undergone some major revisions over the past six months HPI developed a participatory model for planning and social mobilization (U-shaped approach) and will adapt and pilot it with field support in the near future. The team has drafted scopes of work for three new areas: (1) developing country program and activity profiles for the Department of Defense OVC activities supported by OGAC/PEPFAR; (2) designing approaches to reduce implementation barriers to child-related protection/vulnerability mitigation policies; and (3) reviewing and analyzing OVC work supported by the Global Fund: activities, budgets, and target groups.

B. Cross-cutting Activities

Gender: Integrating Gender into USAID-funded HIV Programs (FY06)

Activity Manager: Mary Kincaid

Objective: USAID has endorsed integrating a gender perspective into all its programs. OGAC recognizes gender as one of its major priorities in addressing the HIV pandemic. In addition, HPI has a mandate to address gender, along with stigma and discrimination and the poor, in all its activities. The challenge for staff is *how* best to do so. Training is required to build the capacity of USG staff, partners, and local implementers. HPI staff have in-depth experience in gender based on their work with USAID and others in the IGWG and have created and conducted gender integration training for staff worldwide.

Summary of Major Activities: On January 15, 2008, HPI staff in Washington, D.C., participated in a newly revamped gender training. A total of 22 staff were trained (18 women and 4 men). HPI consultant Anne Eckman and HPI staff, Mary Kincaid and Ken Morrison, facilitated the training, which aimed to improve staff skills to identify and respond to issues related to gender and HIV, and male norms in particular, in HPI country programs and core activities. The objectives were to

- Improve knowledge and familiarity with the five key PEPFAR legislative areas related to gender and the issues they encompass;
- Increase understanding about how male norms and constructs of masculinity in different country settings can affect the spread of the HIV epidemic and the outcome of HIV interventions;
- Discuss specific gendered interventions for programmatic areas related to HIV; and
- Practice applying gender-related PEPFAR guidance to HPI country programs and core-funded activities.

OGAC-funded Activity: PEPFAR Initiative on Gender-Based Violence: Strengthening Services for Victims of Sexual Assault (FY07)

Activity Manager: Myra Betron

Objective: The activity aims to assist the PEPFAR GBV Initiative with defining a package of comprehensive services, including post-exposure prophylaxis (PEP), for sexual assault victims in Rwanda and Uganda by

- Building capacity of local community organizations to conduct participatory forums to gather community input for the design of services and to identify barriers to those services from the community perspective;
- Bringing together representatives from GBV-related service sectors and community representatives to collectively design a comprehensive service delivery model; and
- Assessing the achievements, challenges, and lessons learned for future scale-up of services for sexual assault victims.

*Note that this is a multi-partner initiative that is coordinated by the PEPFAR Gender Technical Working Group. At the country level, PEPFAR country teams and their local partner organizations will lead and implement the initiative. HPI will support the initiative as described above but is depending on PEPFAR in-country implementing partners for realization.

Summary of Major Activities: HPI worked with the PEPFAR Gender Technical Working Group and the PEPFAR GBV Initiative implementing partners in Rwanda and Uganda to define the technical assistance needs. HPI prepared a workplan with the Population Council, also working on the initiative, and vetted HPI's portion of the workplan with PEPFAR in-country partners. Based on specific needs identified by the PEPFAR partners, HPI is designing a training on participatory methodologies to facilitate community input into the design of sexual violence services to be implemented by partners.

HPI has also worked with Population Council to design an evaluation plan for the initiative, which will be used to prepare a complete evaluation protocol.

Rapid Response (FY06/07)

Activity Manager: Ken Morrison

Objective: It is important to ensure that policy-focused activities meet the needs of both USAID and OGAC. In addition, unexpected opportunities arise that have the potential for significant impact if acted on immediately. The rapid response mechanism enables HPI to respond to both ad hoc requests and time-constrained opportunities from USAID and its partners, which provides an effective and transparent system for the provision of high-quality, responsive, and fast-track policy-related assistance.

Summary of Major Activities: Rapid Response funds were used to respond to specific requests from USAID and country partners; as well as to enable HPI staff and partners to keep abreast of ongoing discussions and emerging issues by attending presentations, workshops, and meetings with local partners. Over the past six months, HIV Rapid Response funds were used to expand activities in several areas of its ongoing projects, including to identify lessons learned related to policy implementation barriers in the ASEAN region as well as to expand endeavors with Muslim FBO leaders. More recently, Rapid Response funds were used to do some policy work regarding positive prevention and enhancing the evaluation and longer-term outcomes of previous and present HPI projects.

Quality Assurance, Monitoring and Evaluation, and Communications Support (FY07)

Activity Manager: Nancy McGirr

Objective: The Quality Assurance (QA), Monitoring and Evaluation (M&E), and Communications Team helps ensure the overall quality of project outputs, monitors performance, and communicates the results of project's efforts. Our M&E support is intended to design and implement effective performance monitoring procedures; strengthen the capacity of staff in M&E; and keep abreast of ever-changing USG reporting requirements and ensure their proper implementation in both core and field programs. Support for QA and communications ensures the accuracy and excellence of project deliverables; promotes the identification, presentation, and sharing of best practices, lessons learned, and project achievements to external audiences; and ensures adherence to USAID guidelines for branding and quality standards. This activity is co-funded with POP and HIV core funds. See Section III for more information.

Summary of Major Activities: To strengthen monitoring of HIV core-funded activities, we improved our training materials on PEPFAR reporting and trained more staff on reporting requirements and procedures. We also provided inputs for the OHA portfolio review and Headquarters Operational Plans reporting, especially in the area of strategic information. We participated in open meetings for the development of new PEPFAR indicators.

Several country teams received in-country technical assistance and training to strengthen their M&E capacity. In Botswana, we conducted a three-day workshop (using field-support funds) for three local partners: the Marang OVC network, the Student Association on HIV/AIDS, and the Nurses Association of Botswana. A total of 24 individuals were trained on monitoring and evaluating health programs.

M&E and results reporting featured prominently in HPI's Technical Development Week and the subsequent training week. In preparation for the meeting, we prepared country-specific reports to showcase the results achieved to date. Current achievements were presented and discussed at the conference. Two training sessions were held in the second week, which strengthened participants' capacity to identify and report results, link the HPI results framework to PEPFAR, and design M&E plans as part of the annual workplans. These workshops received high marks from participants for their usefulness and relevance.

We continue to identify ways to improve knowledge sharing with key external audiences and among staff. We posted feature articles on the external website, highlighting HPI's activities related to World AIDS Day (December 2007). Two HPI profiles, on Dorothy Owino of Kenya and Dr. Nafsiah Mboi of Indonesia, are included in USAID's online tribute to "Women Making a Difference in Global Health." In addition, we added new topics to the "Approaches That Work" series, including briefs on HIV workplace initiatives and HIV economic analysis.

Technical Development Week (FY07)

Activity Manager: Nancy McGirr

This activity was co-funded with POP and HIV core funds. See Section III for a full description.

C. Problems, Issues, and Constraints (HIV)

Many improvements can be noted over the past six months in the HIV portfolio. Some key issues and constraints that challenge policy-related endeavors in the field of HIV include (1) the confusion of many partners about how policy implementation intersects with service delivery; (2) collaboration and communication with key partners; (3) monitoring core pipelines; and (4) staff development.

- **Confusion about policy implementation and service delivery**

In the past, the POLICY Project sometimes experienced confusion about its role and the role of policy in general; now some confusion exists about HPI's role under PEPFAR. Two key issues foster the confusion: (1) PEPFAR's primary focus on service delivery indicators and (2) the movement from policy development to policy implementation. There is a need to clarify with USG personnel and key partners the role and purpose of HPI and, at the same time, to bolster the understanding of policy as a key underpinning and support for the sustainability of service delivery.

- **Collaboration and communication with key partners**

Partly as a result of the confusion about policy implementation and service delivery and partly because of an environment of competition for contracts, the communication and level of collaboration among key partners is a challenge. HPI needs to work closely with service-delivery CAs to understand the policy-level obstacles for service delivery and to help them develop strategies for overcoming them. Linked to improved collaboration is active dissemination and communication about HPI tools, techniques, improvements in long-distance learning, and e-communication.

- **Monitoring core pipelines**

While HPI has made substantial progress in implementing several HIV core activities, large pipelines remain for a few activities, in part because of the delays in gaining approvals from OGAC and PEPFAR working groups to carry out the work. The project has implemented regular monitoring of core-funded work to ensure timely submission of deliverables and completion of all work.

- **Staff development**

HPI's Technical Development Week in April 2008 was a great success, disseminating knowledge and best practices among project staff. However, HPI has a number of new technical staff taking on the management of HIV activities. Core and field-support funds to provide technical and managerial support from headquarters are highly constrained. An ongoing challenge is how to provide staff with sufficient opportunities to develop into technical leaders in their chosen areas of interest and to have mechanisms that will enable them to share their expertise with relevant staff in D.C. and the field.

VI. COUNTRY ACTIVITIES

A. Overview

As of the end of March 2008, Task Order 1 had received field support from 32 countries and regional programs. In the past six months, work got underway in Democratic Republic of Congo and Dominican Republic. We also initiated work in India and Madagascar, using field support funds from previous fiscal years. We still await final approval for the Eastern Europe and Central Asia (EECA) regional workplan prior to beginning activities in the region. Finally, we are getting preliminary indications of field support for FY08, and we expect to be working in some new countries in the coming year.

In the period from October 1, 2007 to March 31, 2008, HPI closed out country programs under Task Order 1 in China, Haiti, South Africa, and Ukraine. Our work under Task Order 1 in Peru is ended, but the office will close out and complete final administrative operations over the next several months. We are also initiating final closeout for the Mekong Regional Program, which is ending as of April 30. Next period will bring closeouts for the West Africa Regional Program and G/CAP. Other country or regional programs may follow suit, depending on the schedule of new task orders issued under the IQC.

B. Problems, Issues, and Constraints for Country and Regional Programs

Field programs are largely on track and are achieving numerous results. The main problems and issues facing management of country programs involve new processes, uncertainty about funding levels, and delays on the ground due to shifting Mission priorities or external events.

- TD Week provided an ideal opportunity to learn more about corporate procedures and to gain a better understanding of impending changes. We continue to update existing operational and administrative policies and procedures and bring them into alignment with SRA as needed. Regional Managers and Operations Managers and their associated teams are doing a great job in helping to resolve questions that arise from field staff.
- There are uncertainties around future field support allocations that affect program planning at the country level. As several countries gear up for the new funding cycle, there is uncertainty as to whether they will receive new work under Task Order 1, need to initiate closeout activities, or gear up to compete for a new task order or other contract mechanism. Country programs are poised to respond to the FY08 Field Support Action Process and we are beginning to think about how we can benefit from the lessons learned last year.
- We've experienced a few delays in some field programs as a result of changing mission priorities as well as external events, such as the post-election violence in Kenya. As another example, the ANE Bureau-funded regional TOT workshops for PLHIV leadership in the MENA region were delayed by several months due the mission's change in direction in the country originally planned, and then further delayed due to security problems in the country that was found as an alternate. The workshops are now on track for mid-June in Jordan.

AFRICA



Africa Bureau

Activity Manager: Carol Shepherd (transitioning to Elizabeth McDavid)

Program Overview: Through Task Order 1, the USAID | Health Policy Initiative (HPI) provides support to the Africa Bureau to advocate for increased funding and more effective resource allocation for FP/RH. HPI also assists the Bureau's Health Office with examining the relationships among poverty, development, and health. Specifically, the effort focuses on the link between improved health and economic development.

Summary of Major FP/RH Activities:

In February 2008, HPI attended the 46th Annual Eastern Central and Southern Africa (ECSA) Health Ministers Meeting in the Seychelles. HPI distributed CDs containing PowerPoint presentations and country briefs from the series "Achieving the MDGs: The Contribution of Family Planning" for the following countries: Kenya, Lesotho, Madagascar, Malawi, Swaziland, Tanzania, Uganda, and Zambia. HPI presented the CDs, hard copies of the briefs, and a short explanation of the contents to each Minister of Health and members of his/her country delegations. USAID REDSO staff attending the meeting also received copies of the CD. The MDG materials were also included on a separate CD of the proceedings that was sent out to all registered participants.

Botswana

Country Manager: Altrena Mukuria

Program Overview: Under Task Order 1, the goal of the Health Policy Initiative (HPI) in Botswana is to strengthen the response to the HIV epidemic by creating an enabling policy environment to support the U.S. Ambassadors' HIV/AIDS Initiative. HPI supports PEPFAR through activities in the Prevention, OVC Support, and Other/Policy Analysis and Systems Strengthening program areas. Specifically, HPI provides technical assistance to a national NGO, the Marang Childcare Network (hereafter, Marang), to build capacity to deliver high-quality services to OVC, with a special focus on both organizational and technical program development. HPI activities also support the Botswana National Strategic Framework for HIV/AIDS 2003–2009. Finally, HPI works with university students to strengthen their capacity to raise HIV awareness and deliver prevention messages to students and the larger community.

Summary of Major HIV Activities:

HIV Prevention

Society of Students against HIV/AIDS (SAHA). SAHA is among the lead campus organizations that spearheads HIV prevention programs at the University of Botswana. With HPI support, SAHA continues to expand its efforts in strategic planning and program leadership. In October and November, SAHA members held a series of planning meetings to review their program interim action plan and, in particular, to explore the possibility of

- Establishing an advocacy plan to increase access to voluntary counseling provided by students on campus;
- Drafting a resource mobilization strategy to diversify SAHA's base funding source; and
- Setting up mechanisms to strengthen the coordination and monitoring of SAHA HIV prevention activities.

Between January and March, HPI assisted SAHA members to undertake advocacy and mobilization activities with the launch of the Month of Youth in March. On a smaller scale, SAHA engaged the public to mobilize funds for its activities, raising \$416. SAHA members facilitated two events: one on campus and another at the national level to address issues of HIV prevention among youth. SAHA organized a panel discussion, and the students participated in two mass media programs on radio and television. Ninety students attended the panel discussion, while the media coverage targeted youth across the nation. The main objective of these activities was to increase awareness among youth on a "zero-HIV transmission" lifestyle and to explore issues that prevent behavior change. The message focused on increasing access to voluntary counseling and testing (VCT) and disseminating strategies for abstinence and other innovative peer education approaches. The discussions generated feedback that has implications for HIV youth policy; HPI will support SAHA to engage in policy dialogue and advocacy to address the cited gaps:

- Unregulated access to alcohol and drugs on campus
- Limited access to VCT on campus
- Ineffective approaches for preventing youth pregnancy and widespread unprotected sex

Botswana's National Strategic Framework for HIV/AIDS emphasizes a strategic management approach to HIV/AIDS program implementation as important in effectively addressing behavior change, stigma, and HIV infection among youth. The development of program implementation and management tools will strengthen SAHA's capacity to be accountable and respond effectively. As a policy-related activity, HPI assistance is needed to prepare and implement an advocacy plan, resource mobilization strategy, and

M&E plan. This support is designed to align with SAHA's strategic plan, which is currently being prepared.

Support for OVC

The Marang Childcare Network (expansion of governance training). The government recognizes that good governance of community-based organization (CBO) initiatives is essential for the proper care and protection of OVC. The number of community-based child care providers is increasing but efforts to strengthen their capacity to implement high-quality OVC programs are limited. With HPI support, the government is monitoring adherence to child care policies, as well as the increase in the number of properly registered and licensed CBOs that work with OVC. To this end, the government allocated \$35,000 (through the Ministry of Local Government), along with an additional \$8,333 from the European Union fund (through the Ministry of Finance), to Marang for training on OVC program leadership and governance. HPI assisted Marang with three training workshops for 44 organizations, including 125 board members, program managers, and volunteers. The participating organizations were not only Marang affiliates. The specific training objectives were to

- Equip board members with skills and knowledge to govern and manage children's centers working in the area of HIV/AIDS;
- Provide board members with knowledge in financial management and reporting; and
- Establish CBO/NGO/FBO best practices for governing child programs as well as identify successes, challenges, and management responses.

Marang also received \$1,500 from Barclays Bank of Botswana for children's play equipment.

Support for Health Workers

Health workers are on the frontline of providing services and care for prevention and treatment of HIV/AIDS. This work is demanding physically, emotionally, and psychologically. Health workers are not only providing care and support to increasing numbers of clients but are also affected by HIV/AIDS directly or indirectly by being infected and/or caring for family members who are infected or affected. The Nurses Association of Botswana (NAB) has prepared guidelines for caring for caregivers and with the Ministry of Health has also developed guidance for the formation of support groups for health workers. HPI is working with NAB to facilitate the establishment of support groups throughout the country and to engage health workers in policy dialogue regarding workplace safety and wellness in an era of HIV. HPI has had meetings with NAB to finalize a workplan, scope of work, and contract to train 90 health workers in psychosocial support for palliative care and the formation and facilitation of 45 health worker support groups that will serve 450 health workers.

Monitoring and Evaluation

M&E capacity building. Although monitoring and evaluation (M&E) is a critical function, the current M&E programs of Marang, SAHA, and NAB are generally inadequate. HPI helped to conduct a three-day M&E workshop for 34 service providers from Marang member organizations, SAHA, and NAB. The activity was designed to increase participants' understanding of M&E issues related to HIV/AIDS programs, including the proper reporting and strategic use of M&E information. Participants learned about the following:

- The key characteristics of sound indicators;
- Quantitative and qualitative methods and tools;
- Special issues pertaining to program evaluation;
- The evaluation of OVC programs;

- The development of an M&E plan; and
- PEPFAR and HPI reporting requirements.

Following the M&E workshop, HPI, in consultation with program managers, consolidated an M&E strategy to guide the implementation of FY07 activities. The strategy is designed to help each partner to

- Develop and implement an M&E plan;
- Establish M&E systems for the proper tracking of program activities; and
- Understand and comply with PEPFAR and HPI reporting requirements.

Democratic Republic of Congo (DRC)

Country Manager: Charles Pill

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) in the DRC is supporting a national OVC assessment and preparation of a national action plan. HPI is also working with the Ministry of Social Affairs and Humanitarian Action and Solidarity (MINAS) to enhance the ministry's response to the needs of OVC at the national and local levels through capacity building in policymaking, strategic information, advocacy, and civil society engagement. In addition, with core HPI funding, the project is initiating policy analysis and advocacy support activities with the National Reproductive Health Program (PNSR). The goal is to achieve an enabling policy environment by repositioning FP efforts to reduce unmet need and increasing resources and support for national FP/RH programs.

Summary of Major Activities:

HIV

OVC assessment and National Plan of Action. Through December 2007, UNICEF funded the initial activities in preparation for the national OVC assessment (RAAAP—Rapid Assessment, Analysis, and Action Planning). HPI is now funding activities that focus on developing the national situation analysis and elaborating specific activities and schedules. UNICEF will fund a series of 11 provincial workshops that will be carried out in collaboration with MINAS, the National OVC Task Force, and USAID (scheduled for April and May). These workshops will result in draft provincial situation profiles that will be finalized during the three planned zonal workshops for 3–4 of the 11 provinces. Information already collected at the national level and from the provincial workshops will feed into the zonal workshops planned for May/June. HPI is supporting the technical work (workshop materials development and data collection) with the local consultants, who are also carrying out the situation analysis phase of the national OVC action planning process.

Capacity building of MINAS. HPI is assisting the MINAS Division of Studies and Planning (DEP) with its OVC-related policy and operational activities at the national, regional, and local levels. In preparation for an organizational assessment, the project worked with MINAS/DEP to design an approach, using semi-structured questions, and to plan for up to three provincial visits to carry out the assessment. In January, HPI and MINAS/DEP made two initial visits to the Katanga and Orientale provinces to assess how the MINAS' provincial divisions (DIVAS) are currently coordinating and delivering services for OVC.

In February, HPI's local consultant and MINAS/DEP staff carried out the assessment in Kasi Orientale Province. As a result of the assessment findings, the DEP director sent several official memos to the MINAS leadership (the MINAS Secretary General and the Minister's Cabinet Director). The request to the Secretary General asked for access to the last two annual reports for DIVAS, so that the DEP could systematically review the contents and distribute the reports to other national-level MINAS divisions in order to provide better support to the DIVAS. To improve the available information on OVC programming, the DEP will recommend changes to the outlines/guidance provided to the DIVAS for their annual reporting.

In the official memo to the Cabinet Director, the DEP made recommendations for clarifying and standardizing information to be collected on the provincial-level providers of social services, so that the information can be more easily assessed to identify which partners are working with specific target groups.

FP/RH

Repositioning family planning (core funds). HPI, USAID/Washington, and USAID/DRC met to discuss ideas and approaches for strengthening the policy environment in relation to family planning in October and November 2008. Initial ideas included working with the PNSR and local consultants to carry out a rapid policy assessment and to prepare a draft MDG assessment based on the preliminary DHS findings and a comparison of investment in FP/RH and other sectors. HPI has completed the MDG analysis (using Spectrum) and prepared an advocacy presentation based on the results. The project gave the draft presentation and introduced several Spectrum policy models (Demproj, RAPID, and FamPlan) to the PNSR in January. HPI also discussed with USAID/DRC and the PNSR the concept paper for the policy assessment work. The final activity workplan is being vetted with USAID/Washington, USAID/DRC, and the PNSR. In the meantime, HPI is identifying local consultant candidates to implement the activity.

Kenya

Country Director: Dan Wendo

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) 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 PEPFAR that, in Kenya, aims to treat 250,000 HIV-positive people with ARVs, avert 1 million infections, and care for 1.25 million HIV-positive people, including OVC. HPI contributes to the palliative care, OVC, and policy analysis and systems strengthening program areas under PEPFAR. HPI/Kenya seeks to strengthen the capacity of government ministries, NGOs, and PLHIV networks 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) capacity building 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; (5) strategic planning, costing, and the generation and analysis of data for evidence-based decisionmaking; and (6) the mitigation of gender-based violence.

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 MOH'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:

The Kenya program was adversely affected by the post-election violence during January and February 2008. Because of the political uncertainty, it was impossible to conduct any stakeholder meetings outside of Nairobi, as travel was greatly hampered.

FP/RH

Finalization of the National RH Policy. The Minister of Health approved and endorsed the policy in October 2007. HPI printed 20,000 copies of the policy for its launch, which has been delayed from its original date in January because of the post-election conflict.

Review and revision of the National RH Strategic Plan (1997–2010). HPI will assist with the review of the current RH strategy to align it with the National RH Policy. The Department of Reproductive Health/MOH has approved the scope of work for the strategy's revision, and HPI has identified two consultants to lead the review and revision processes. The work is scheduled to start in the third quarter.

Drafting of a monitoring tool for the Adolescent RH and Development (ARH&D) Policy. HPI co-led the launch of the multisectoral ARH&D Technical Working Group (TWG) on September 19, 2007. HPI has since shared a draft monitoring tool with the group to consider for use in monitoring implementation of the ARH&D policy; the initial response was positive. Plans for further discussions and adaptation of the tool were put on hold due to post-election violence. Activities are expected to pick up after March 2008, as the political scene calms down.

Networking for advocacy and repositioning reproductive health. HPI provided financial and technical support to train 23 members from four FP/RH networks on advocacy. The project also helped two potential small grants recipients (Coalition of Mismanagement of Mothers and Women Challenged to Challenge) to finalize their small grants requests, which have been submitted to HPI/Washington for consideration. At the national level, given the signing of the political peace deal, HPI and the National Coordinating Agency for Population and Development (NCAPD) have held strategy meetings on the re-activation of the Parliamentary Network on Population and Development to start work on advocacy for repositioning reproductive health and in particular family planning. A formal re-activation and recruitment meeting for parliamentarians is scheduled for next quarter.

Core funds—elimination of operational barriers to the integration of RH and HIV services in Kenya. HPI undertook a rapid assessment of the policy and operational barriers to FP/RH/HIV integration (April and June 2007), finalized the draft report in July, and shared the findings with key national and regional stakeholders on September 27, 2007. A steering committee (with membership drawn from the RH/HIV Integration TWG) was formed to spearhead the preparation of an integration policy/strategic framework. In February and March 2008, the committee held three meetings to discuss and agree on the committee's terms of reference; the scope of work for drafting a National RH/HIV Integration Strategy; and the consultant to lead the development of the strategy. HPI is preparing the consultant's contract in preparation for the work to begin in the next quarter.

HIV

OVC

Finalization of the OVC Policy and legislative agenda, in collaboration with UNICEF and Ministry of Home Affairs (MOHA) children's department. HPI helped to write the resource mobilization and M&E sections and to finalize the National Plan of Action. HPI will assist with printing and disseminating the plan.

HPI/Kenya assisted and supported the validation of responses from OVC program implementers on the "OVC Policy and Planning Effort Index,"¹ collated by Children's Department of the MOHA. The validation meeting was held on March 12, and the document is to be submitted to the UNICEF East and Southern Africa Regional Office.

Quality assurance training for OVC care and support. With the MOHA, HPI drafted the Quality Assurance and Improvement concept paper and designed a five-day training program to strengthen the skills of MOHA staff in policy advocacy for OVC care and support. The first training planned for January 2008 was postponed due to post-election conflict and has been rescheduled for April 20–25.

¹ The OVC Policy and Planning Index for orphans and vulnerable children was developed to measure the responses by countries in sub-Saharan Africa to the crisis facing OVC. It is one of the core indicators recommended to countries by UNAIDS to monitor the implementation of national response to OVC.

Strengthening of local capacity for promotion of OVC access to essential services and property ownership. HPI completed the draft PLHIV training curriculum by incorporating comments from partner PLHIV networks based on a pre-test. The QA Team in HPI/Washington will review, edit, and finalize the curriculum.

Scaling up of Women Property Ownership and Inheritance Rights (WPOIR). In October, HPI convened and facilitated a two-day consultation with the Luo Council of Elders (LCE) and selected CBOs and NGOs/FBOs in Luo Nyanza on scaling up the WPOIR program; and documented success stories in OVC care and support.

In March, HPI convened and facilitated a one-day planning meeting with the Meru Njuri-Njeke Elders and the Steering Committee to plan for the rollout of lessons learned from the complementary WPOIR initiative in Nyanza. The process will start in April/May 2008 in Meru South, with the support of the Njuri-Njeke Council of Elders and the Kenya National Human Rights Commission.

Other/policy analysis and systems strengthening

Review of the Home-Based Care (HBC) Policy Guidelines. HPI supported the review of the guidelines by the NASCOP HBC Taskforce and identified a consultant to edit and finalize the document. HPI also assisted NASCOP during the HBC Taskforce meetings to review the implementation of the HBC Policy and guidelines and to design a new Home- and Community-Based Care (HCBC) Implementation Framework.

National GIPA Guidelines and mainstreaming of GIPA into the HIV response. In November, HPI assisted the National AIDS Control Council (NACC) with reviewing the GIPA Guidelines. Since February, NACC has been disseminating the draft guidelines at the regional and district stakeholders' consultation forums. HPI plans to incorporate the stakeholders' comments and share the subsequent draft with the partner PLHIV networks and their support groups at the community level. The guidelines will then be finalized, printed, and disseminated for application.

Development of a Code of Conduct to enhance NACC/CSO collaboration in the national response to HIV and to strengthen NACC/CSO collaboration in implementing the National AIDS Strategic Plan 2005/6–2009/10. In March, HPI assisted the NACC/CSO Taskforce with drafting the terms of reference for developing the "Code of Conduct," which will guide the collaboration between NACC and CSOs at all levels with regard to the national HIV response in Kenya.

Support for the National HIV/AIDS M&E Framework. HPI helped the NACC to develop a concept for the review and rollout of a community-based information gathering tool (COBPAN) for use by CSOs to improve reporting. The project will next support the printing of COBPAN forms and the finalization of the council's third and fourth 2007 quarterly reports.

United National General Assembly (UNGASS) 2008, Planning Meeting Report. Upon the request of the NACC/CSO Taskforce and approval of USAID/Kenya, HPI assisted the council with mobilizing and facilitating the development of the UNGASS 2008 CSO position report to be presented by CSOs at the UNGASS meeting in New York in June 2008.

Strengthening of networks' capacity for policy advocacy and program implementation. HPI continues to strengthen the institutional capacity of networks for policy engagement:

- **Kenya Network of Positive Teachers (KENEPOTE):** A consultant has been engaged to draft the network's constitution and support its registration as a national NGO.

- **National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK):** HPI continues to support NEPHAK in institutional review and capacity strengthening so it can expand its scope of work. In March, HPI co-led the process of short listing and interviewing the National Coordinator/Chief Executive Officer for NEPHAK.
- **National Positive Health Workers Network:** The project is supporting the creation of a national network of positive health workers by assisting with the network’s planning meetings held in Nairobi, Thika, and Machakos.
- In February, HPI provided TA for and supported/facilitated a two-day capacity strengthening workshop for six partner networks (KETAM, KENEPOTE, NEPHAK, KENERELA, UDPK, ASSALAM Muslim Women’s Network) in advocacy and in subcontracting, resource mobilization, financial management, and subcontract implementation.

Support for the Kenya Treatment Access Movement (KETAM). HPI provided the following support to KETAM:

- Financial and technical support to host the African Regional CSO Treatment Access meeting in Nairobi (December 10–11). The meeting addressed the impact of PEPFAR activities in the region and provided recommendations for its scale-up and sustainability in the next phase. Recommendations and resolutions from the meeting were shared during the PEPFAR partners meeting for the quarter.
- Financial sponsorship for the KETAM coordinator’s participation at the Third Africa Sexual and Reproductive Health/HIV/AIDS Integration Workshop in Addis Ababa (February 26–29). KETAM presented a paper, *Advocacy for Bridging Policy Gaps in Integrating SRH and HIV*, which is part of a technical working paper on SRH/HIV integration in Africa.
- Dissemination of the study findings on the *Stigma and Discrimination Measurement Index* to 60 healthcare workers in a one-day meeting in Nairobi on March 19.
- Carrying out of a rapid assessment, with the United Coalition of Civil Society Against AIDS, TB, and Malaria (UCCATM), of the effects of the December 2007 post-election violence—focusing on issues of policy, coordination and access to treatment by PLHIV, and planning the UCCATM emergency response.

HPI provided further assistance in facilitating a press conference and drafting a media statement on the impact of post-election violence on PLHIV (aired by the Kenya Television Network on January 29). The project also provided financial and technical assistance to KETAM and UCCATM, which, in turn, assisted the NACC Taskforce with its post-election violence and emergency response.

Conducting of consultative discussions on initiating gender-based violence activities. The project co-hosted a meeting on November 13 for the Parliamentarians on Women’s Health to address gender-based violence and stigma and discrimination issues and the implementation of the HIV/AIDS Prevention and Control Act 2006.

Support for the NACC Gender Mainstreaming Technical Committee/Working Group. In November, HPI supported a meeting on resource mobilization for gender-based violence activities under the NACC. The project also provided assistance during the NACC working group’s three meetings in February and March. The meetings focused on drafting an implementation plan to roll out trainings on gender mainstreaming, using the “HIV/AIDS and Gender Training: A Toolkit for Policy and Senior-Level Decisionmakers.” The council has asked HPI to assist with developing the National Gender Mainstreaming Guidelines during a retreat to be held later in the year. HPI was formally nominated as the co-chair of the Gender Mainstreaming Technical Committee.

Support for the Joint AIDS Program Review (JAPR). In December, HPI supported NACC by reviewing a technical report on strengthening monitoring and coordination for M&E committees. In March, HPI, with the U.S. Centers for Disease Control and UNAIDS, assisted the Monitoring and Coordination Group of the JAPR on Prevention with developing a strategy for rolling out positive prevention strategies for community-based organizations using CDC tools/guidelines. HPI will assist with rolling out the tools to networks of PLHIV in the country through the NEPHAK's structures.

Enhancing of civil society participation in the Medium-Term Expenditure Framework (MTEF) planning and budgeting process. The MTEF process provides a key entry point in mainstreaming HIV issues in public sector programs and activities. It provides a way for the public, through CSOs, to deliberate on and negotiate the distribution of public resources. Even then, the CSOs in Kenya generally lack the adequate capacity and vital information required for effective participation in the MTEF process. HPI staff participated at the CSOs MTEF Workshop Planning meeting (March 3) at the NACC to review and adopt the "Concept Note on the CSOs Participation in MTEF." A follow-up meeting was facilitated to discuss HPI's potential support of the process.

Finance and Systems

Updating of the Financial Information System (FIS). HPI continued to provide financial support to the MOH for maintaining the Division of Health Care Financing (DHCF)-FIS computers and machines and updating the database on cost sharing. Plans are underway to train hospital staff on FIS maintenance and updates, including back-up support.

Printing of guidelines for the Amenity Wards. HPI is printing 20,000 copies of the *Guidelines for the Establishment and Operation of the Amenity Wards*.

Drafting of a Health Sector Financing (HCF) Strategy. The second round of discussions on poverty and health planned for January was rescheduled to the next quarter due to the post-election crisis.

Madagascar

Country Manager: Danielle Grant

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Madagascar aims to enhance the enabling policy environment by providing policymakers and program managers with data to plan, produce, and implement advocacy messages related to family planning and reproductive health.

Summary of Major FP/RH Activities:

HPI revised the draft PowerPoint presentation titled “Family Planning and the National Vision in Madagascar,” which summarizes the FP-related achievements over the last five years; highlights issues related to demand, financing, fulfilling unmet need, and the policy environment; and addresses future challenges. The Ministry of Health and Family Planning, SanteNet, and USAID will use the presentation to orient policymakers on family planning concepts.

Santé Net and USAID have reviewed and approved the draft, and after their comments are incorporated, the presentation will be translated into French.

Mali

Country Director: Modibo Maiga

Program Objectives: Through Task Order 1, the Health Policy Initiative (HPI) 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

Strengthening religious leaders in repositioning family planning. Despite the efforts of champion religious leaders to promote family planning from the point of view of Islam, resistance to family planning still exists. For example, some women religious leaders informed their constituents that modern FP methods are dangerous to their health. To address this issue and better prepare the new office of the Muslim Women National Association to support birth spacing, HPI conducted a session on the importance of family planning from the perspective of Islam for the association on November 15 at the Elders’ House. Fifty Muslim women leaders were introduced to the Islamic advocacy tool related to birth spacing, given information on modern FP methods, and shown the advocacy film titled “Repositioning Family Planning in Africa: Religious Leaders Are Committed.”

To further strengthen religious leaders’ efforts to reposition family planning, HPI completed the booklet titled “Islam and Population” in French and Arabic. It will reinforce the information provided in the Islamic PowerPoint presentation on family planning and assist religious leaders with their advocacy efforts to support family planning in the context of Islam.

Through a core-funded small grant, RIPOD conducted the baseline study of 180 religious leaders in Kayes, Koulikoro, and Segou (for Muslim leaders) and in the district of Bamako and the town of Kati (for Christian leaders) to measure increased commitment to family planning. HPI presented the findings to the National Bureau of RIPOD on November 5 and showed that despite not being exposed to FP messages, the leaders interviewed had favorable attitudes toward family planning. The leaders recommended that FP-related themes be taught in Koranic schools and parishes. The survey results indicated that Muslim and Christian leaders are not opposed to birth spacing provided that the strategies used respect religious values. The survey results will provide guidance to better target interventions in repositioning family planning. Christian religious leaders, similar to their Muslim counterparts, will draft an advocacy tool, based on principles in the Bible, for advocating on FP/RH.

Religious leaders can have a substantial impact in repositioning family planning at the district and community levels. Responding to this need, the RIPOD network expanded into several districts of Koulikoro, Kayes, Segou, and Sikasso—setting up a RIPOD local committee in each district, with 11 members each.

Supporting national efforts to reposition family planning. As in previous years, HPI/Mali assisted the Reproductive Health Division of the Ministry of Health in planning the annual National Campaign for Family Planning. At the opening ceremony, the HPI/Mali Country Director, gave a presentation on leadership for repositioning family planning.

Scaling up approaches to constructive men's engagement in FP/RH programs. Although men are the primary decisionmakers in Malian families, they have not been involved in FP programs. This HPI core-funded activity supports USAID's efforts to integrate gender into FP/RH programs. HPI assisted with the drafting of the guidelines on constructive men's engagement in reproductive health, which were validated by a multisectoral group on January 8. The guide is now with the Reproductive Health Division for adoption by the Ministry of Health. In November, in collaboration with the USAID Keneya Ciwara Project, HPI/Washington facilitated a training-of-trainers for Keneya Ciwara community branches in Fana; the draft guidelines were used to develop the training curriculum. To form a cadre of male champions involved in the promotion of FP/RH, HPI trained 15 participants, who will, in turn, train other communities' branches.

HIV

Strengthening the national response to HIV. HPI continued to strengthen the capacity of the National High Council for the Fight Against AIDS (HCNLS) to implement the national AIDS program. The Executive Secretary of the HCNLS requested HPI technical support in developing an operational plan for the National Strategic Framework (NSF) on AIDS Control 2006–2010. The Executive Secretary approved and adopted the National Operational Plan on November 14.

In preparation for World AIDS Day, HPI trained the new regional executive secretaries of the HCNLS to use the AIDS Impact Model (AIM). As a result, the secretaries presented the results from AIM on World AIDS Day to decisionmakers and other key stakeholders.

A situation analysis on men who have sex with men, conducted by the Population Council and financed by Bristol Mayer Squibb, showed the importance of including MSM in the country's AIDS program activities. As a result, the Sector Cell of the MOH requested HPI support in designing a tool to advocate for the greater involvement of MSM in the response to HIV. The stakeholders working for HIV control validated the tool in November.

Strengthening the private sector to response to HIV. BRAMALI, a soft drink company that attended HPI's HIV sensitization workshops in July 2007, planned an advocacy day on VCT. Held on October 25, the event was chaired by the Minister of Economy, Industry, and Commerce; and included members of the coalition from the private sector, mayors of the neighboring communes of the BRAMALI industrial unit, village chiefs and advisors, and executives of BRAMALI. The facilitator, a BRAMALI employee, was trained by HPI. Aside from promoting VCT, the event helped to further strengthen the support of key decisionmakers in the response to HIV. As a result of this advocacy initiative, an HIV testing unit was installed at the factory and more than 50 volunteers immediately requested VCT.

World AIDS Day ceremony. The primary World AIDS Day event included health professionals, representatives from the private and public sectors and NGOs, PLHIV, journalists, and so forth. Most, if not all, ministers and ambassadors also attended, along with the President of Mali. The event included musical and theatrical interludes and a sketch on VCT. HPI's Country Director presented an overview of the current and projected HIV situation in Mali and called for leadership at all levels of society. HPI and Population Services International received Golden Ribbon Awards for their HIV-related work, and HPI received additional awards for its work with religious leaders and private sector companies. HPI and, in particular, the Country Director, were recognized in the President of Mali's speech about leadership. At

one point the President said, “as my cousin Modibo reminded us”—which is a term of endearment as well as respect. The president closed the event by launching the HCNLS website on HIV.

Strengthening the coordination of youth associations’ response to HIV. A recent study carried out by the socio-sanitary services in Fana showed a strong prevalence of HIV in the area. At the request of the coordinator of the local youth associations, HPI conducted two orientation sessions on HIV and STIs.

Strengthening the mayors’ response to HIV. Mayors can play a major role in increasing funding for HIV/AIDS. In Fana, in collaboration with the Malian Mayors Association (AMM), HPI conducted a series of advocacy events, including the presentation of AIM results to elected officials of Fana. As a result, the mayor of Fana promised to make a provision of 475,000 FCA (about US\$1,000) in the next budget session for HIV/AIDS.

Strengthening religions leaders’ response to HIV. With technical support from HPI, the Alliance of Muslim and Christian Religious Leaders drafted a policy on HIV/AIDS, which was validated at the International Conference Center of Bamako on March 4. The policy document includes a preface by the Ministry of Territorial Administration and Local Collectivities, His Excellency Kafougouna Koné.

Mozambique

Country Director: Francisco Zita

Program Overview: The goal of Task Order 1 of the Health Policy Initiative (HPI) in Mozambique is to participate in and contribute to an improved enabling environment for HIV. In this context, HPI is promoting multisectoral engagement in the national response in three broad areas: (1) improving the production, interpretation, and use of strategic information for evidence-based decisionmaking; (2) increasing private sector commitment to HIV prevention and care through workplace initiatives; and (3) strengthening the capacity of HIV champions to advocate for and train others to design and implement critical interventions such as home-based care and workplace policies.

Summary of Major HIV Activities:

Strategic Information

Support for the national Multisectoral Technical Group's (MTG). The MTG completed the analysis and publication of data from the 2007 sentinel surveillance round. The report was released on December 1 by President Armando Guebuza, and the Minister of Health, Prof. Ivo Garrido, publicly announced the document during a World AIDS Day event. HPI helped to produce the document and a related presentation made at the event. Dissemination of the report continued through December with a number of media events.

The MTG also distributed the information to governors, provincial directors of health, and provincial coordinators of the National AIDS Council in Mozambique's 11 provinces. The dissemination of this data is intended to help leaders advocate for behavior change, engage them in combating HIV, and promote condom use for the prevention of HIV. HIV prevalence in Mozambique is high: 21, 18, and 9 percent in the south, center, and north—making the overall country rate 16 percent.

From March 3–5, 10 MTG members received training on the Epidemic Projection Package (EPP) and Spectrum/AIDS Impact Model (AIM) and have since applied their skills in preparing the draft Population Impact Projection Study of HIV/AIDS. The document will be finalized in May. Also in March, with HPI and the MTG's support and using the 2007 surveillance data, the MISAU submitted the updated HIV/AIDS impact projection data to UNAIDS.

With support from HPI, the MTG also participated in the southern regional meeting, where government officials, local governments, and civil society and other societal stakeholders designed an emergency plan for the prevention and mitigation of HIV.

From March 11–14, HPI and MTG members participated in a workshop on HIV/AIDS triangulation and modes of transmission, which was organized by the National AIDS Council (CNCS), UNAIDS, the CDC, and the University of California.

Support for provincial MTG activities. From October 25–26, HPI staff and 33 representatives of the Niassa, Manica, and Zambézia MTGs attended the EPP and Spectrum/AIM course facilitated by HPI's senior technical advisor, Karen Foreit. The course was repeated from October 30–31 for Ministry of Health (MISAU) staff affiliated with the National Directorate of Medical Assistance.

HIV/AIDS workplace policies. On October 16, 30 participants attended a workshop to elaborate on the workplace policy of SINTIQUIGRA—a trade union representing chemical, rubber, paper, and graphics workers. With HPI's policy-building support, the union approved its policy on October 29 and launched it

on February 7 to promote awareness and advocate for workplace policies. The local radio station, newspapers, and television news broadcasts covered the event. The policy was then disseminated regionally in a series of 3-day events.

HPI also assisted with policy development during three workshops for (1) the Confederation of Free and Independent Unions (CONSILMO), (2) the Foundation of Community Development, and (3) the National Institute for Navigation. A total of 72 participants attended.

With key company staff, HPI is following up on the workplace policy approval process for Dunavant, Hidroeléctrica de Cahora Bassa, EcoSIDA, KEMPE, RONIL, PROTAL, Fábrica de Confissões SABRINA, ECL Serviços Lda, FIPAG, ARA-Centro, Batalhão Independente de Infancia de Pemba, ARA-Centro, Ronil-Auto, and Agrifocus.

Condoms and Other Prevention Activities

Training and support for Dunavant. From November 5–8, HPI and Population Services International trained 30 peasants from the Dunavant catchment area to mobilize communities on condoms and other methods of prevention. In addition, the two partners prepared a training syllabus using ActionAid’s stepping stone methodology and helped to design tools for monitoring and evaluating planned outreach activities. Per government legislation, Dunavant exclusively produces cotton in Morrumbala District and thus has significant influence among its 30,000 inhabitants. As a follow-up, HPI and PSI met with the 30 trained peasants (March 27–28) to monitor implementation of their activities.

Palliative Care: Basic Healthcare and Support

Support for Home-Based Care (HBC) Task Force activities. As a follow-up to meetings on HIV and home-based care issues, HPI assisted with forming a task force to advocate for home-based and palliative care. The HBC Task Force includes the Mozambican Red Cross, National Association of Mozambican Nurses, Foundation for Community Development, Gender and Media Southern Africa, National Network of Associations of People Living with HIV/AIDS, and FHI.

From November 20–22, HPI and the task force conducted a workshop for 38 organizations, including seven from the provinces of Niassa, Manica, Zambézia, and Manica. Participants, mostly PLHIV, focused on identifying priorities for HBC-related advocacy. It was recommended that the HBC Task Force engage stakeholders to formulate a national HBC policy, as well as provide provincial- and district-level organizations with HBC guidelines and the means for sustaining activities. The Mozambican official TV station covered the workshop. Similar workshops occurred in the northern region in Zambezia Province (January 21–23) for 32 participants; and for the center region (January 28–30) for 38 participants. The task force met four times over the past three months to deliberate on home-based care issues, culminating in an action plan to be shared with the Minister of Health.

Finally, in February in Namibia, as a member of the HBC Task Force, Gilda Gondola, HPI’s Advocacy Coordinator for Home-Based and Palliative Care, participated in a regional meeting for Southern Africa on home-based care

Collaboration with Other Stakeholders and Counterparts

HPI’s collaboration activities included the following:

- On November 1, Karen Foreit presented HPI/Mozambique’s activities under the strategic information program area to USAID and U.S. Embassy personnel affiliated with the health and HIV/AIDS portfolio.

- On December 11 and March 6, HPI met with Ty Flewelling, Medical Attaché in the U.S. Embassy. The embassy asked HPI to help draft an HIV/AIDS policy and program for the USG program (U.S. Embassy, USAID, CDC, Defense Department, and Peace Corps). A workshop to draft the policy and design the program has been scheduled for May 2008.
- Following various meetings with Maurício Cysne, the UNAIDS representative in Mozambique, a memorandum of understanding was signed for HPI to (1) assist with drafting a national strategy for the public sector on HIV/AIDS in the workplace and an HIV testing policy for MISAU and (2) facilitate the formation of a task force of government ministries to combat HIV. HPI has helped UNAIDS recruit two consultants to provide assistance.
- The project met with Forte Saúde, an organization receiving PEPFAR funding, to discuss the possibility of creating an M&E working group to support MISAU in the areas of reproductive and maternity health.
- In March, HPI participated in several meetings with the
 - Institute of National Statistics (INE) President, Dr. João Loureiro, to brief him on the Population Impact Projection Study being prepared by the MTG with HPI support;
 - National Director of Medical Assistance at MISAU to brief him on the update of the report on impact projection to be submitted to UNAIDS based on 2007 HIV/AIDS surveillance data;
 - Deputy Director of CNCS to brief him on the preparation of the impact project study on HIV/AIDS facilitated by INE; and
 - Program Officer for HIV/AIDS at the Defense Department of the U.S. Embassy in Mozambique, António Langa, to discuss the condom and prevention activities that HPI was asked to carry out with the military.
- The project staff met with FHI representatives to discuss collaboration on HBC activities. HPI prepared a Manual of Basic Concepts and Terminology Concerning the Situation of HIV/AIDS in Mozambique, and FHI published it in the country's four main languages.

Technical or Management Assistance:

- From October 22–November 6 and February 26–March 11, Karen Foreit assisted with the M&E of HPI's Mozambican program, as well as the EPP and data analysis of the 2007 sentinel surveillance round and demographic impact projections of HIV/AIDS.
- From November 4–11, Brenda Rakama, Regional Manager, helped to prepare the HPI/Mozambique workplan strategy and the HBC portfolio.
- In December, Ricardo Xavier participated in the annual conference of the private sector, where, during a panel organized by EcoSIDA, he spoke about HPI's portfolio on HIV/AIDS workplace policies and programs.
- In March, HPI presented to the Ministry of Women and Social Welfare the EPP and Spectrum/AIM, which could be used to forecast the required support for OVC, particularly those who are HIV positive.

Rwanda

Country Manager: Margot Fahnestock

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Rwanda works to enhance the enabling policy environment by strengthening the national response to HIV/AIDS and repositioning family planning higher on the nation's policy agenda. HPI is assisting the *Comité National de Lutte Contre le SIDA* (CNLS) with strengthening the national M&E plan and building its capacity, through a Goals Model application, to use strategic information. In FP/RH, HPI will further develop and disseminate results of the RAPID application and provide policy support in implementing Rwanda's national FP/RH strategy. The project will also collaborate with the Ministry of Health to identify models for and barriers to CBD of injectable contraceptives.

Summary of Major Activities:

FP/RH

Repositioning family planning. USAID/Rwanda approved the project's revised scope of work. HPI will focus its efforts on two activities: (1) dissemination of the results from the RAPID modeling exercise at both the national and district levels and (2) policy development for a CBD of injectable contraceptives program.

HPI staff, Margot Fahnestock, traveled to Rwanda to collaborate with the Ministry of Health and USAID Mission to finalize details for the FP/RH activities, discuss the status of the FP program in the country, and identify opportunities.

There is strong political support in Rwanda for family planning at the central level, with FP indicators included in performance-based contracts between the 30 District Mayors and the President. Advocacy is still needed at the district level (decentralized). HPI will focus its efforts on dissemination of the RAPID results in a decentralized setting by modifying the RAPID presentation for district- and possibly community-level dissemination, where district governments and local leaders can benefit from advocacy describing the economic and demographic benefits of family planning.

For CBD of injectable contraceptives, HPI will work with the Ministry of Health in developing national, central-level policy language to be included in draft health standards, norms, and protocols.

HIV

Strengthening the national response to HIV. To strengthen the capacity of the CNLS, HPI assisted the committee in the areas of monitoring and evaluation and strategic information. The project helped the CNLS to further develop its National Monitoring and Evaluation Plan in support of the National Multisectoral Strategic Plan for HIV and AIDS Control, 2005–2009. This work included (a) reviewing government documents to identify baseline data and the status of all national-level indicators at the end of 2006; (b) identifying annual targets for the national strategic plan; and (c) preparing reference sheets for all indicators listed in the M&E plan, drawing on agency definitions of these indicators.

HPI also conducted a Goals modeling exercise with key stakeholders and produced the *HIV/AIDS in Rwanda: 2008 Epidemic Update*, with assistance from USAID, the World Health Organization, the United Nations Joint Program on HIV/AIDS, CNLS, and the TRAC program.

Tanzania

Country Director: Halima Shariff

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) 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. Under PEPFAR, HPI contributes to implementation of the *Other/Policy Analysis and Systems Strengthening* program area (policy development; institutional capacity building; stigma and discrimination reduction; and community mobilization for HIV prevention, care, and treatment). Finally, HPI, using core funds, assists with the application of the RAPID Model to strengthen support for contraceptive security and promote the expansion of FP services.

Summary of Major Activities:

FP/RH

Government. HPI, in collaboration with the Ministry of Planning, Economy, and Empowerment (MPEE), designed a RAPID Model training package for government planners. Six technical officers from the MPEE, MOHSW, University of Dar es Salaam, and Tanzania Gender Networking Program prepared the package, which was later used to train 24 senior policy and planning officers from 15 ministries.

Religious leaders. To gain support and help raise the profile of FP issues, HPI and BAKWATA organized an advocacy workshop for 20 top Muslim senior clerics on the linkages between family planning and population growth.

Media. Ten journalists were oriented on the RAPID Model to enable them to make presentations in their respective media houses. The goal is to increase the media's understanding of population issues as well as promote the repositioning of family planning.

HIV

AIDS Bill. HPI collaborated with the Ministry of Justice and Constitutional Affairs (MOJCA) and Tanzania Commission for AIDS (TACAIDS) to obtain stakeholders' input prior to the passage of the AIDS Bill. The comments of 80 representatives of NGOs, CSOs, and government institutions were later submitted to the Permanent Parliamentary Committee on Social Welfare at a meeting attended by 24 members of Parliament. The AIDS Bill was passed unanimously in February and is awaiting presidential endorsement.

With HPI support, the Legal and Human Rights Centre (LHRC) engaged 26 stakeholders (NGOs, professional associations, lawyers, PLHIV) in identifying areas of the Bill that require corresponding regulations to facilitate implementation. This activity is part of overall assistance to the Ministry of Health and Social Welfare (MOHSW) to gather input for the formulation of AIDS law regulations.

Religious leaders and teachers. HPI oriented 163 Madrassa and Sunday school teachers in the Morogoro and Dodoma regions on S&D, using messages packaged in *qaswidas* and poems compiled with the project's support. Previously, HPI had trained trainers from the two groups, who later developed the materials for teachers.

HPI, in collaboration with the Tanzania Network of Religious Leaders living with or personally affected by HIV and AIDS (TANERELA), organized a one-day interfaith symposium on S&D to sensitize 25 religious leaders to be in the forefront in promoting testing and positive living. Following recommendations identified during previous HPI-supported interfaith activities, TANERELA also spearheaded the training of 40 bishops and reverends from the Pentecostal Council of Tanzania (PCT) on the facts about HIV/AIDS. The PCT has formed a Steering Committee that is engaged in establishing an independent department on HIV/AIDS programs within the council.

HPI also organized S&D trainings for 18 bishops and 17 Muslim senior clerics from Christian Council of Tanzania (CCT) and the Muslim Council of Tanzania (BAKWATA), respectively. The trainings—focusing on HIV/AIDS and combating fear, denial, and S&D—used holy books/teachings to mobilize congregants to fight against S&D. Religious leaders committed to formulating workplace policies in their institutions; promoting access and adherence to ARV; and participating in community mobilization to support the national campaign on VCT as well as advocate strongly against S&D.

NGOs. HPI provided technical assistance to Red Cross Kongwa, a local NGO in Dodoma Region, to train 23 community leaders to reach out with S&D messages. This ongoing effort, covering 14 out of 69 villages to date, has led to the formation of community groups to help cater to the needs of orphans, widows, and PLHIV. The NGO's awareness raising has resulted in some families reuniting with HIV-positive members previously abandoned.

In addition, the Women and Legal Aid Centre (WLAC), an HPI partner, conducted a workshop for 30 stakeholders to identify barriers to addressing GBV in the country. WLAC also held a GBV coalition meeting of 18 organizations to plan for capacity building and advocacy campaigns targeting policymakers and women leaders.

Youth. HPI supported seven HPI youth coalition policy champions, including two PLHIV, to participate in national World AIDS Day celebrations held in Tabora Region. The champions, in collaboration with Family Health International and T-Marc, organized HIV/AIDS awareness sessions for young people. The youth advocated for improved youth access to HIV/AIDS information and services during rallies and exhibitions at the celebrations. HPI also supported 10 youth champions to participate in dialogue on the AIDS Bill.

Media. In collaboration with the Media Owners Association of Tanzania (MOAT), AIDS Business Coalition of Tanzania (ABCT), and the Association of Journalists against AIDS in Tanzania (AJAAT), HPI trained 44 coordinators and human resource personnel from 16 media houses in planning, coordinating, and implementing HIV/AIDS workplace programs. HPI also trained 42 peer educators from the media houses on HIV/AIDS and facilitation skills to educate others and champion for HIV/AIDS information and services. These capacity-building activities are part of HPI's effort to enhance the formulation of HIV/AIDS workplace policies by media houses. To date, 15 media houses have drafted policies that are expected to be finalized and launched in the next quarter.

With HPI's technical assistance, AJAAT also formed a working group to prepare an S&D glossary of terminology that media houses and journalists should use in covering HIV/AIDS issues and events. This effort will help to reduce language that perpetuates S&D.

West Africa Region

Country Director: Modibo Maiga

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) for the West Africa Region focuses on expanding the capacity of parliamentarians to undertake legislative-regulatory reform in reproductive health; supporting the repositioning family planning efforts of USAID’s Action for West Africa Region-Reproductive Health Project (AWARE-RH); and in collaboration with AWARE-RH, supporting 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:

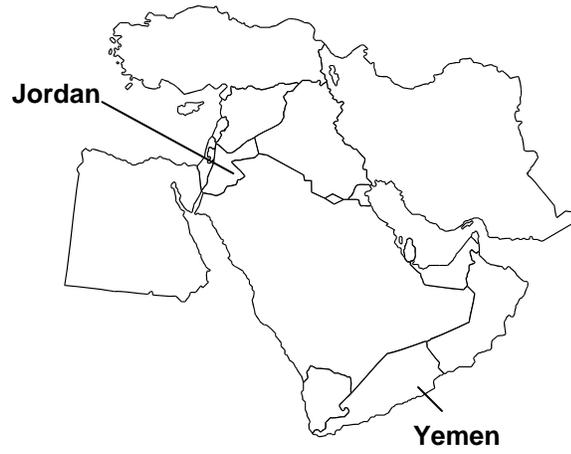
Legislative and regulatory reform. In collaboration with AWARE-RH, HPI is strengthening the role of parliamentarians in undertaking legal reform to improve access to and the quality of FP/RH services. This reform includes the adaptation and adoption of the model RH law and the development and approval of *textes d’application* (directives for implementation of the RH law provisions). In Niger, the Population and Development Parliamentarians Network continued to advocate to the MOH for the adoption of the *textes d’application*, which will likely be approved in the next reporting period.

In January, HPI, in collaboration with AWARE-RH and FAAPPD, conducted two workshops in Burkina Faso for members of 11 parliamentary networks for population and development, representing Benin, Burkina Faso, Chad, Democratic Republic of Congo, Guinea, Guinea Bissau, Mali, Mauritania, Niger, Senegal, and Togo. The workshops aimed to (1) build the capacity of a cadre of parliamentarians skilled in advocacy, policy analysis, and dialogue for ensuring implementation of the RH law in the region and (2) assess the countries’ implementation of FP/RH legislative agendas, update the agendas, and determine next steps. Participants included several former parliamentarians, who will provide south-to-south technical assistance to countries still undergoing legislative reform.

To date, Benin, Burkina Faso, Chad, Guinea, Mali, Niger, Senegal, and Togo have an approved RH law and are in various stages of approving and applying their *textes d’application*. Others, such as Cameroon, Guinea Bissau, and Mauritania remain in the first stage—adaptation and adoption of the RH law.

Contraceptive security. In Niger, following HPI’s situational analysis on RH contraceptive security, the project provided technical and financial assistance to develop the Contraceptive Security Strategic Plan. HPI is a member of the Contraceptive Security Technical Steering Committee, which reviewed the final plan to ensure that comments from the validation workshop were incorporated. At the MOH Secretary General’s request, the steering committee also ensured that all the plan’s activities were included in the National Health Development Plan (the document comprising all health interventions). The MOH has approved and signed the plan.

ASIA AND THE NEAR EAST



ANE Bureau

Regional Manager: Anne Jorgensen
Activity Manager (FP/MCH): Betsy McCallon

Program Overview: This program aims to promote the scale-up of best practices in family planning and maternal and newborn health through multisectoral collaboration in the ANE region.

Summary of Major Activities:

Following the September 2007 Scaling Up Best Practices technical meeting in Bangkok, HPI attended several meetings with key partners to coordinate follow-up and possible technical assistance to country teams in the ANE region. HPI also coordinated teleconferences with several of the country teams.

Guidelines for small grants. The project prepared application guidelines for small grants for White Ribbon Alliance (WRA) national alliances in the ANE region. The small grants will serve to initiate broader stakeholder buy-in to action plans and to leverage additional funding. Grantees can use the funds to support civil society engagement in policy development and implementation processes, advocacy campaigns, media sensitization, community mobilization, and dissemination and promotion of best practices. WRA national alliances can use the funds to initiate cascade meetings and workshops to increase the diffusion of knowledge throughout their memberships.

Small grant awards. In February, HPI awarded five small grants of \$10,000 to White Ribbon Alliance (WRA) national alliances in the ANE region (Bangladesh, India State Alliance in Orissa, Indonesia, Pakistan, and Yemen). In all cases, the alliances have leveraged additional funds or arranged for cost sharing to strengthen their action plans.

Technical assistance for national WRAs. In February, HPI provided in-person technical assistance to the ANE country team and the White Ribbon Alliance in Indonesia. The ANE country team convened a meeting with the Ministry of Health to follow up on progress made on the scaling-up best practices plan created during the Bangkok meeting. HPI staff provided assistance to country team members in strengthening elements of the plan that have made limited progress to date.

From March 3–5, the national WRA conducted a three-day meeting in Indonesia. HPI staff led sessions on strategic planning and the development of action plans, as well as monitoring and evaluation. The ANE country team led sessions on select best practices, including Kangaroo Mother Care; prevention of post-partum hemorrhage; and contraceptive technologies. The best practices sessions were attended by 60 members from 22 provinces. Each province prepared a draft action plan, including their role in scaling up best practices with a particular emphasis on the community “alert villages” for birth preparedness and complication readiness. The national WRA is formulating its national strategic plan; this plan will incorporate the provincial plans.

Also in March, in collaboration with the Technical Advisor for Scaling Up Best Practices from the Extending Service Delivery Project, HPI provided in-person technical assistance to the ANE country team and the WRA in Yemen. HPI staff requested a donors meeting, convened at the Ministry of Health, to discuss various roles in the support of scaling up best practices.

Support for National Safe Motherhood Alliance in Yemen. On March 8, International Women’s Day, the National Safe Motherhood Alliance in Yemen was formally launched. More than 400 people attended the event, including Members of Parliament, the Minister of Social Affairs, the Minister of Education, and

the Prime Minister. A press conference immediately followed the launch; seven Yemeni newspapers covered the event. HPI staff spoke at the launch and the press conference.

On March 11, HPI staff facilitated a one-day advocacy workshop in Yemen for members of the National Safe Motherhood Alliance Executive Committee and key partners (25 participants). The participants included religious leaders, healthcare providers, government representatives, NGO leaders, and media representatives. The country team drafted an advocacy action plan. One immediate focus is for Parliament to pass the national safe motherhood policy, which includes the provision of free services for facility-based deliveries.

From March 16–17, the Basic Health Services Project (BHS/USAID) convened a meeting with members of the ANE country team and National Safe Motherhood Alliance at the Higher Council on Mothers and Childhood to follow up on progress made on the scaling-up best practices plan developed in Bangkok. The group developed recommendations for the MOH to remove policy barriers hindering the scale up of selected best practices, such as the automatic discharge of women two hours after delivery, significantly reducing the opportunity to counsel on postpartum family planning. Country team members also suggested ways the MOH could further support the promotion of other best practices, such as ensuring the availability of Vitamin A at all healthcare facilities. Team members prepared a detailed action plan, including training, for the roll-out of five selected best practices at Al Sabeen Hospital, the specialist MCH hospital in Sana'a.

India

Program Coordinator: Himani Sethi
Country Manager: Suneeta Sharma

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) in India began its HIV field support activities in January 2008. The program provides technical assistance to build knowledge and evidence through research and analysis in support of the development of high-quality interventions for HIV prevention and care. Activities are planned for the state of Uttar Pradesh (UP), which currently has a low prevalence rate but high vulnerability for HIV. Three research and analysis activities are planned through March 2009, including the mapping of MARPs in 25 selected districts of UP; secondary analyses of the third round of the National Family Health Survey; and special studies to fill knowledge gaps and improve the response to the emerging epidemic in UP. The activities are expected to result in evidence-based planning that will complement the National AIDS Control Program and help the Uttar Pradesh State AIDS Control Society (UPSACS) plan its interventions.

Summary of Major HIV Activities:

Workplan development. HPI/India finalized its workplan in consultation with the USAID Mission and the UPSACS. The process included a review of the UPSACS Program Implementation Plan (PIP) to identify priority areas and discussions with the society to determine activities. HPI also facilitated a meeting on February 14 in Lucknow (state capital), during which the Project Director of UPSACS, along with his team and the Mission, brainstormed on and short-listed focus areas for special studies.

District mapping of MARPs. HPI is preparing for its first workplan activity, the mapping of MARPs in UP. The mapping will include sex workers, men who have sex with men, injecting drug users, and migrant workers in 25 selected districts. The information gathered will be critical in identifying locations or hot spots for UPSACS to implement its forthcoming targeted interventions. HPI posted an Expression of Interest to identify agencies interested in undertaking the mapping, sent Request for Proposals to the interested agencies, reviewed the proposals and short-listed the agencies, held discussions and heard presentations from the agencies, and selected the agency for the subcontract. HPI is processing the subcontract. Because Family Health International will facilitate the mapping in an additional 35 districts, it participated in some of the above activities.

National mapping. The project has also participated in planning meetings and orientations for the national mapping exercise, which will be conducted by the National AIDS Control Organization.

Indonesia

Country Director: Claudia Surjadjaja

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) began working in Indonesia in May 2006. HPI activities support the achievement of goals within the President’s Emergency Plan for AIDS Relief (PEPFAR). HPI works in close collaboration with Family Health International’s “Aksi Stop AIDS” (FHI/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 addresses key policy areas relevant to the success and expansion of the program. HPI also contributes indirectly to meeting PEPFAR prevention coverage targets by analyzing the barriers impeding the implementation and performance of the 100% Condom Use Program (CUP) in East Java. HPI works closely with the National AIDS Commission (NAC) at the central and provincial levels to build capacity for strategic planning for evidence-based decisionmaking and resource allocation. Using the Goals Model, HPI is building the NAC’s capacity to help provinces prepare costed HIV action plans to ensure that the targets are realistic.

Summary of Major HIV Activities:

Other/Policy Analysis and Systems Strengthening

Operational barrier analysis. In 2007, HPI began exploring why the 100% CUP—endorsed in the National HIV/AIDS Strategic Plans (2003–2007 and 2007–2010)—has not been implemented in East Java despite high HIV prevalence among sex workers and IDUs in the province. Several provinces and districts, such as West Jakarta, have enacted regulations in support of such a policy.

To learn from strategies used by policymakers and program implementers to garner support for the endorsement of a regulation (an *SK*) supporting 100% CUP, HPI conducted a case study in two districts in the City of Jakarta: East Jakarta, where there is no such regulation, and West Jakarta, where a regulation was endorsed in 2005. HPI conducted 11 key informant interviews in April 2007 (five in West Jakarta and six in East Jakarta). Findings revealed that advocacy efforts of a few credible actors within the government sector, working in close collaboration with NGOs, led to the enactment of the SK in West Jakarta. In East Jakarta, no advocates have emerged from within the government. Little investment has been made in developing a long-term advocacy strategy on behalf of the CUP, and any gains made by the few advocates that did emerge were lost when staff members transferred to different departments. Advocates must be developed at all levels of government and within civil society, NGOs, and affected communities, so that the activities that support the program do not collapse. With a common language that enables government, religious, and NGO activities to frame 100% CUP in mutually acceptable terms, implementation strategies can then focus on securing the compliance of the network of actors whose resources are vital to the 100% CUP’s success. The report was finalized in February 2008 and shared with USAID/Indonesia, FHI, and the NAC.

Operational barriers analysis to CUP implementation in Surabaya. The data collected from interviews and focus-group discussions on the operational barriers to implementation of the 100% CUP were analyzed using a qualitative software package called Atlas Ti. The findings have been consolidated into a draft report that was shared with USAID/Indonesia and will be finalized once the Malang and Bangyuwangi data have been analyzed. Preliminary findings indicate the need for motivation, information and power, and specifically the development of a mayoral decree (*perda*) so that guidelines and procedures to implement the 100% CUP are established. The data also indicated the need to develop

advocates in support of HIV prevention efforts (including the 100% CUP) at all levels of government and within civil society, NGOs, and affected communities; as well as to find incentives that will increase the motivation of government departments and sex industry stakeholders to work together to reach an agreement on the limited number of means to implement the program so that government departments with a direct role in implementation can monitor the effort.

On November 5, HPI helped key stakeholders in Surabaya to hold a consultative meeting with the Vice Mayor of Surabaya City. The purpose was to present the findings of the analysis and discuss recommendations. Participants included a key religious leader, a local parliament member, the head of the health department, representatives from social services and STD centers, a legal advisor, and FHI and HPI staff and consultants. The Vice Mayor agreed to support the legal drafting of a city *perda* on HIV prevention, including specific references to the 100% CUP as one element of prevention. With FY08 funds, HPI will work with FHI to support the next steps of drafting and circulating the *perda* for review.

From November 2–9, 2007, HPI facilitated an HIV advocacy training workshop in Tretes for 25 participants representing NGOs, health workers, groups at risk for HIV, *puskesmas* staff, PLHIV, religious leaders, and FHI staff from Surabaya, Banyuwangi, and Malang. The training included an orientation to advocacy, an examination of the policymaking process from both governmental and religious perspectives, an overview of the use of data in HIV advocacy, and practice with key steps in planning and conducting advocacy activities—from selecting the issue, goal, and objectives to developing messages and devising an action plan. The training was well received as a skills-building opportunity. It also served as an appropriate forum to share the results of the OBA with a range of stakeholders in the province and to begin to identify possible champions and opportunities for increasing attention to prevention issues in East Java.

On March 13, HPI facilitated a brainstorming meeting to discuss elements of various available *perdas* and local regulations (samples ranged from provincial *perdas* to local commitments). An ad hoc working group was pulled together to create a guide or framework for developing effective regulations. The group includes representatives of FHI, the Ministry of Health, the NAC, Indonesia's HIV/AIDS Prevention and Care Project (IHPCP) funded by AusAID, lawyers, and women's groups. HPI is compiling local regulations related to HIV prevention in East Java and the lawmaking process. The guidance from the ad hoc working group and the compilation of regulations and the policymaking process will be used in June 2008 (tentative date) to build the capacity of policy champions and stakeholders to draft the *perda* for Surabaya.

To address one of the barriers identified during the analysis—in collaboration with two prominent Islamic organizations, Nahdlatul Ulama and Muhammadiyah—HPI is planning a regional workshop for Islamic leaders in East Java (tentative July 27–30, 2008) in Surabaya. The workshop will inform religious leaders about existing HIV policies at the local level, including the compilation of *fatwa* (religious guidance) on HIV prevention, so that these leaders can translate the policies into a more accurate plan of action to get HIV prevention messages to their followers.

Resource allocation modeling for the National Action Plan for HIV/AIDS 2007–2010 and strategic planning. Given the complexity of the HIV epidemic in Indonesia (the epidemic in Papua is generalized, which is different from the concentrated epidemic in the rest of Indonesia), HPI developed two versions of the Resource Needs Model (RNM) to take into account the different structure of HIV/AIDS programs in the provinces. One version was set up for the two provinces in Papua and focuses on interventions aimed at the general public. The other version was set up for 19 high-priority provinces and focuses mainly on interventions targeted at the most-at-risk populations. The two models enabled a more accurate cost estimation of the National HIV/AIDS Action Plan (2007–2010).

HPI has been building the NAC's capacity to standardize the planning process and resource allocation modeling at the provincial level. Earlier in 2007, HPI conducted training-of-trainers (TOTs) with the NAC costing team, who will train local AIDS commission teams at the provincial and district levels (using standardized guidelines and training methods). HPI also worked closely with research staff from the University of Indonesia and the NAC costing team to prepare guidelines and a training module for evidence-based planning and resource allocation for HIV/AIDS programs. The guidelines are based on the September TOT workshop with the NAC costing team and are available in Bahasa Indonesia.

In October and November 2007, HPI began to pilot the Goals Model application in three provinces near Jakarta. The NAC core costing team, trained earlier in 2007 by HPI, held stakeholder meetings and initial data collection meetings. In November, HPI held an RNM training in the three provinces. At the workshop, HPI presented the newly adapted subnational version of the RNM. Intense discussion surrounded the application of RNM and Goals Model at the provincial level and the need to have follow-up advocacy training to fully support successful policy change in the provinces. At the end of the training, the provinces had entered the initial data, identified data gaps, and outlined a timeframe for next steps. NAC officials attended the training and closely observed the success of the RNM application. In the fall of 2007, DKI Jakarta province provided its own funds to employ HPI trained consultants to apply the linked Goals-AEM model for the province. This experience will also inform the development of the full Goals Model for the subnational level. On March 12, the NAC supported a national meeting to present the results of the linked national Goals-AEM model and the DKI Jakarta model and to promote the use of the approach as the national methodology for costing and planning for HIV/AIDS programs in Indonesia.

During this time, HPI also talked with the NAC about how the RNM rollout at the provincial level could be used to support the National AIDS Spending Assessment (NASA) to be conducted by UNAIDS. All the parties recognized the synergies and that the work KPA and NAC are doing at the provincial level can support routine data collection of the NASA. The commission also expressed interest in expanding the RNM training to the rest of the KPA team, including the monitoring and evaluation team.

Building capacity among women PLHIV and MARPs. In December 2007, HPI supported a two-day workshop for the network of women PLHIV in Indonesia. The workshop built the skills and knowledge of participants on gender and reproductive health issues pertinent for women PLHIV and on advocating for their rights and greater roles in the community.

From February 18–22, HPI facilitated a training workshop for 15 members of Indonesia's national MSM network. The workshop provided participants with an opportunity to learn about the HIV epidemic in Indonesia as it affects MSM and transgender people; develop, share, and consolidate their knowledge and skills in HIV advocacy for MSM and transgender people; and develop an advocacy action plan for the national MSM network to guide their advocacy work in the coming two years. The workshop also gave participants the opportunity to use their skills in a "real life" advocacy activity when they presented the goals, objectives, and resource needs identified for the national MSM network to a panel of stakeholders (including UNAIDS, NAC, and HPI). The NAC committed to incorporating the issues identified during the workshop into its workplan.

Jordan

Country Director: Basma Ishaqat

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 (HPI) assists 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) Stage II (2008–2012) in support of the National Population Strategy. HPI also works with the National AIDS Program (NAP) to create an enabling policy environment in support of Jordan’s HIV/AIDS Strategic Plan and strengthens local capacity by helping the National Institute of Training to broaden skills in policy analysis, development, and reform. Finally, HPI collaborates with Jordan’s Higher Youth Council (HYC) and the HPC to strengthen the role of youth in the 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. HPI and the HPC have been leading a multisectoral consensus-building process to devise the overall framework and key activities, timeframe, and responsibilities for the RHAP II proposed activities. During an intensive three-day workshop—held December 8–10 and attended by the Minister of Health, RHAP II steering committee, USAID CAs, and other principal stakeholders—HPI and the HPC helped to further develop the action plan. Although HPI provided valuable technical assistance, the council demonstrated increased leadership and ownership by contacting major stakeholders to ensure their participation in the process, helping with the logistics arrangements of the workshop, and organizing and facilitating follow-up meetings. During a second intensive three-day workshop from January 25–27, HPI focused on costing the priority activities of the first 18 months of RHAP II to assist the HPC with allocating the funds required to implement the initial phase. HPI is preparing costing spreadsheets for all RHAP activities for the council’s future use.

HPI has also started the process of designing an M&E framework for RHAP activities as well as revisiting RHAP II draft indicators to be consistent with the stated goal and objectives. To gather insight and input into the plan, HPI interviewed staff at the HPC and the Women and Child’s Health Department (WCHD). The project will help the HPC to establish an M&E unit to monitor RHAP II performance and assess its effectiveness. Discussions revealed that major challenges for the RHAP II M&E system will include collecting process and output data from implementing partners and obtaining outcome information in a timely manner (e.g., the DHS is the main instrument used for measuring contraceptive use, yet the next DHS will be conducted after RHAP II has been completed). The WCHD will collect a considerable proportion of the M&E data needed to monitor and evaluate RHAP II; therefore, it is vital that its M&E system is institutionalized and efficient. A rapid assessment of its management information system highlighted several weaknesses, including the absence of an M&E plan and insufficient monitoring of key outputs and outcome indicators. Strengthening the capacity of the HPC and WCHD will therefore be one of HPI’s priority objectives.

The project has also started drafting the narrative to accompany RHAP II so that the council can submit the plan to the Board by May 2008 to ensure GOJ budget allocations.

Scaling up best practices. Following the meeting titled “Scaling up High-Impact FP/MNCH Best Practices: Achieving Millennium Development Goals in Asia and the Near East,” held in Bangkok September 3–8, 2007, the Jordanian delegation of 17 representatives from the MOH and USAID CAs met

on October 4. The delegation agreed to scale up the introduction of MgSO₄ to MOH hospitals. The delegation met again on December 26 and March 12 to select additional best practices for scale-up and agree on next steps. The Country Director seized the opportunity and shared with the delegation a draft brief and PowerPoint (prepared using HPI core funds) on the role of family planning in achieving the MDGs in Jordan. The team agreed on the need to update the MDG brief using the new 2007 DHS results. HPI, the HPC, and key stakeholders will review, update, and use these advocacy tools to increase support for RHAP II and the FP program.

HIV

Strengthening the policy component of Jordan's National HIV/AIDS Strategy. On December 26, HPI's Country Director met with Dr. Bassam Al-Hijawi, Director of Disease Control Directorate and newly assigned Director of the NAP. HPI drafted a brief report on its HIV-related activities, results achieved, and the forthcoming workplan activities. Both parties agreed on the need to complete the remaining HPI workplan activities per the proposed timeline. From January 21–22, HPI helped the NAP to conduct a workshop for the HIV/AIDS task force and other major stakeholders, finalize the work on the three HIV/AIDS priority issues, define costing factors, and estimate the resources required to implement proposed policy solutions for eliminating implementation barriers. During this workshop, HPI introduced the RNM as a tool to estimate the resources required to implement the National HIV Strategy. The MOH decided to adopt the RNM and formed a small multisectoral technical team to start collecting the required data to apply the model. The technical team's first meeting was on March 18, where HPI presented the list of data needed and established a basis for initiating the work on RNM.

Other

Encouraging Jordan's youth to participate in the parliamentary elections. The Higher Youth Council (HYC) asked HPI to facilitate a series of workshops designed to encourage Jordan's youth participation in the parliamentary elections. HPI prepared and delivered a presentation on "Advocacy and the Role of Youth" at two workshops (October 26 and November 9) attended by 50 youth from different governorates. HPI also worked on developing the FP/RH material used by the youth policy champions at HYC-organized youth events. During January and February, HPI continued working with the champions to craft more dynamic material (e.g., interactive sessions and games) to engage a higher number of youth on FP/RH issues, including how the small family size concept affects their lives. HPI conducted practice sessions with the champions to ensure their readiness to present the new material to their peers. The youth presented the revised materials at an HYC capacity-building event in Ajloun on March 22.

In response to recently released preliminary DHS 2007 results, HPI reviewed multiple reports to create a list of barriers to increasing contraceptive prevalence rates (CPRs) and presented the list at a CAs meeting on February 20. The participants reviewed the barriers and identified the priorities and possible responses based on the urgency, feasibility (political, technical, financial, and sociocultural), impact/importance (achieving the goal), and timeframe (short, medium, or long term). HPI also prepared a brief presentation on the current CPR, discontinuation rate, and traditional method use; identified barriers to increased use of modern methods; and added/removed other important barriers in collaboration with the CAs attending the meeting. HPI will conduct further analysis to identify additional barriers and work with the Mission and other CAs and stakeholders to identify possible courses of action.

Mekong Region

Manager: Nadia Carvalho

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) in the Mekong Region is designed to build and strengthen the linkage between regional and national HIV responses. It falls under the umbrella of USAID’s interim Mekong Regional HIV/AIDS Strategy. HPI works 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). Activities include (1) increasing access to affordable antiretroviral drugs and test reagents; (2) scaling up prevention, care, and treatment for injecting drug users; (3) analyzing the cost of buprenorphine and methadone procurement; (4) building capacity for HIV treatment, care, and support; and addressing treatment-related stigma and discrimination; (5) identifying sustainable health financing options for HIV; and (6) building the ASEAN Secretariat’s capacity for management and monitoring. Also in the Mekong Region, HPI is building regional capacity for evidence-based advocacy and analysis under the Analysis and Advocacy (A²) Project and building the advocacy capacity of MSM NGOs and PLHIV networks, including the newly established network of HIV-positive women in the Asia-Pacific region. HPI’s program in the Mekong Region ends as of April 30, 2008.

Summary of Major HIV Activities:

Other/Policy Analysis and Systems Strengthening

ASEAN-USAID Collaboration. HPI works closely with the ASEAN Secretariat on activities under USAID’s collaboration with ASEAN under the ASEAN Work Program on HIV and AIDS (AWP III):

Increasing access to affordable drugs and diagnostic reagents. An ASEAN Regional Consultative Meeting on Fast Track Registration on ARVs and Diagnostic Reagents was held November 21–23 in Penang, Malaysia, for 25 delegates from Brunei (not USG funded), Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Singapore (not USG funded), Thailand, and Vietnam. The meeting served to (1) promote the implementation of Priority Approval systems for medicines in the ASEAN region; (2) share experiences, lessons learned, and best practices on existing Fast Track Registration/Priority Approval systems in the region; and (3) build the capacity of drug regulatory authorities and relevant bodies to develop and implement Priority Approval systems.

From January 23–25, the ASEAN “Regional Training on Price Negotiation for Collective Procurement of ARVs and Diagnostic Reagents” was held in Bangkok for 30 representatives from ASEAN Member States and other representatives from international and national organizations. The training objectives were to (1) share information and the successful experiences of selected ASEAN Member States, global organizations, and pharmaceutical industries in negotiating drug prices; (2) build capacity among participants for price negotiation; and (3) provide a forum for discussion among participants and resource persons for successful drug price negotiation.

From March 17–19, HPI supported a joint workshop between two ASEAN activities: the “Regional Training on Forecasting and Logistic Management of ARV Drugs and Diagnostic Reagents and Sharing of Best Practices in the Provision of Non-Stigmatizing HIV and AIDS Care” in Phnom Penh, Cambodia. Member States had expressed the need to accurately forecast the ARV needs and demands in their respective countries. The workshop was an opportunity to (1) share information, experiences, and best practices among ASEAN Member States, as well as learn from Cambodia and the Clinton Foundation’s forecasting model; (2) expose participants to issues specific to planning the procurement and distribution of ARVs; and (3) build the capacity of Member States to provide sustainable and efficient supply chain

management of high-quality ARVs and diagnostic reagents. Participants also shared work to date in building the capacity for HIV treatment, care, and support; and addressing treatment-related stigma and discrimination. As part of this activity, HPI worked with consultants to conduct a qualitative review and documentation of best practices in PLHIV-preferred clinics in Cambodia, Thailand, and Vietnam. The findings were shared at the March workshop, including for their use in the design of a multimedia tool aimed at reducing stigma and discrimination (to be finalized in mid-May) and in the promotion of best practices of care among clinic staff.

Scaling up prevention, care, and treatment for IDUs. As part of this activity, HPI conducted (1) an analysis of the policy environment, public health policies, and law enforcement issues in Indonesia, Malaysia, and Vietnam—pertaining to prevention, treatment, and care for HIV-positive IDUs; (2) a survey of physicians trained (Phase I) on treatment and care for HIV-positive IDUs to ascertain policy and program issues related to implementing the practices in-country; and (3) a compilation of best practices of treatment and care for HIV-positive IDUs in Indonesia, Malaysia, and Vietnam. The ASEAN “Regional Meeting on Policy and Program Implications and Resource Needs of Scaling up Prevention, Treatment, and Care of IDUs” was convened from January 27–29 in Kuala Lumpur, Malaysia, for 24 participants, to (1) disseminate findings of the respective country assessments on policy, program, and costing issues related to scaling up prevention, care, and treatment for IDUs; (2) learn about Malaysia’s programs for prevention, treatment, and care of IDUs; and (3) provide an opportunity to consider lessons learned to inform future steps toward improving the policy environment for scaling up access to treatment and care for HIV-positive IDUs.

Exploring the role of health insurance mechanisms in ASEAN: sustainable health financing options for HIV and AIDS. HPI supported a two-day study tour, followed by a one-day meeting in Thailand. The tour highlighted the history of Thailand’s HIV financing program, its current financial and administrative structure, as well as the current care and treatment provided by Thailand. During the one-day meeting, participants learned about a conceptual framework for financing, discussed current financing for care and treatment, learned about tools and concepts to help address their challenges, and participated in group exercises to identify the specific challenges or gaps in their countries and identify action steps to move toward sustainable financing for HIV and AIDS care and treatment.

Building capacity for management and monitoring. This activity supports the ASEAN Secretariat to implement, monitor, and evaluate the AWP III. HPI has seconded Claudia Surjadjaja and Syara Destari to the ASEAN Secretariat, where they assist with workplan activities as Program Coordinator and Operations Assistant, respectively.

Most-at-risk Groups

Building the capacity of MSM groups. HPI issued small grants to local groups to coordinate in-country advocacy training and/or conduct small advocacy-related activities. With HPI technical and financial support, the MSM groups adapted HPI’s MSM advocacy training materials to their respective local situations in preparation for training in early 2008. The Rainbow Sky Association of Thailand (an MSM NGO), with funding from HPI through a small grant, organized two workshops: (1) in mid December 2007 to review the National AIDS Plan (2007–2011) and determine advocacy activities for MSM groups in the country; and (2) from January 20–24, 2008, with 20 participants to strengthen the advocacy capacity of MSM organizations.

From March 17–21, HPI collaborated with the Lao PDR Center for HIV/AIDS and STI (CHAS) and Burnet to convene a 5-day advocacy training workshop for 16 participants, including members of the CHAS’ Thematic Working Group on HIV/AIDS and MSM and representatives of NGOs working on HIV and MSM projects. Participants worked on two national advocacy action plans using agreed priority

advocacy objectives: (1) Ministry of Health increases resources for the production of IEC materials on MSM and HIV prevention within two years; and (2) Ministry of Information and Culture adopts a regulation on free advertising in mass media of IEC materials on HIV/AIDS and MSM within one year. These advocacy action plans will be presented to the Thematic Working Group for consideration and to identify next steps for implementation. A small grant to the MSM NGO Khana allowed them to organize advocacy training in collaboration with the National AIDS Authority (NAA) from February 4–8 for representatives of MSM NGOs and of the NAA’s National MSM Technical Working Group. Participants learned to develop advocacy action plans and monitoring and evaluating activities. They next organized an advocacy planning workshop in Phnom Penh from February 11–12, 2008, for 20 participants of the advocacy training, to enable the organization’s decisionmakers and program managers to prepare detailed advocacy action plans and coordinate the drafting of organizational and sectoral action plans for MSM HIV advocacy.

From February 18–22, 2008, in collaboration with Burnet Indonesia and Indonesia’s National MSM Network, HPI supported an HIV advocacy workshop for 15 members of the network in Jakarta. On the final day, participants used their skills in a “real life” advocacy activity when they presented the goals, objectives, and resource needs identified for the network to a panel of stakeholders including UNAIDS and the Deputy Director for Programming at the National AIDS Commission (NAC). The presentation was well received. The NAC expressed verbal commitment to move forward the formal establishment of the National MSM and Transgender Working Group, with the full involvement of the NAC, Ministry of Health, and other key government departments included in the network. The NAC also verbally committed to including the identified goals and objectives in their workplan (i.e., advocating for the inclusion of MSM and transgender people in the national HIV surveillance system; and the development of an MSM and transgender national strategy and action plan).

Building the capacity of HIV-positive women leaders. As a follow-up to the Asia-Pacific Network of Women Living with HIV (WAPN+) workshop in Bangkok from March 26–29, 2007, HPI supported advocacy activities of the WAPN+ and women’s groups in Papua New Guinea (PNG), Indonesia, and Vietnam. In Vietnam, HPI supported an advocacy capacity-building and networking workshop for 29 HIV-positive women from 24 self-help groups of 14 cities and provinces in Vietnam. Participants gained an understanding about key advocacy concepts, improved their presentation skills, improved their understanding about HIV, and were able to network with other women. As a result of this support, the Vietnam Positive Women’s Network was officially inaugurated with 18 groups and 252 members. In December 2007, HPI supported a two-day workshop for the network of women PLHIV in Indonesia. The workshop built the skills and knowledge of participants on gender and reproductive health issues pertinent for women PLHIV and on advocating for their rights and greater roles in the community.

Building the capacity of HIV-positive groups in the Mekong Region. HPI worked closely with APN+ to support PLHIV organizational capacity activities for its member organizations. In October 2007, HPI conducted a basic training on M&E for APN+ and select members of its advisory board, which represent its member organizations in the region. From October 2007 to February 2008, HPI provided financial support for APN+ to build the organizational capacity of the Lao Network of PLHIV’s (LNP+) Steering Committee (SC). APN+ organized numerous training workshops to build SC staff skills on self-organizing, setting up objectives and identifying activities for the organization, coordinating with PLHIV from different provinces, networking with local- and provincial-level PLHIV groups, and problem solving. APN+ also worked with LNP+ and SC staff to develop their respective terms of references and job descriptions as a step to strengthen the organizational structure of LNP+.

To increase the knowledge of treatment literacy and advocacy for treatment among PLHIV in PNG, HPI supported APN+ to conduct training-of-trainers workshops with core members of IGAT Hope to build their understanding of ART, enhance their knowledge about treatment literacy, and provide them with an opportunity to gain practical skills and tools for initiating community-based treatment literacy training

and related activities in PNG. In January 2008, APN+ convened three workshops on the importance of monitoring, preventing, and treating opportunistic infections (OIs); the basic principles of ART; and basic training skills. Participants learned how to design workshop training agendas, facilitate and train participants, handle group dynamics, and design treatment education materials and toolkits.

HPI and APN+ have drafted a gender integration manual to go with the APN+ Organizational Development Manual for PLHIV groups. The manual will be finalized in April.

Assessing the A² Project²

From November 5–16, HPI supported evidence-based advocacy training in Hanoi and Ho Chi Minh City for partners and key stakeholders involved in the A² Project in Vietnam. Participants learned how to use data to identify HIV advocacy issues; use tools to identify gaps, determine the current and future scope of the epidemic, create scenarios to assess the efficacy of alternative responses, and develop advocacy action plans to guide HIV advocacy activities with their respective organizations and in support of policy issues identified as part of the A² findings in the country. To evaluate and document accomplishments of the A² Project, HPI conducted key informant interviews with stakeholders and partners in Bangladesh, China, Thailand, and Vietnam. The report will be finalized in April.

² This activity is jointly supported by field support funds in China and Vietnam and by regional funds for technical assistance.

Vietnam

Country Director: Tran Tien Duc

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) 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 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:

Palliative Care: Basic Healthcare and Support

Supporting the legal clinics and legal hotline. Legal aid for PLHIV and their families is an important social component of palliative care in conjunction with other care and support. From October 2007 through early March 2008, in collaboration with the Vietnam Lawyers Association (VLA) and its provincial chapters in Hanoi, Quang Ninh, and An Giang, HPI opened three new legal clinics. The legal clinics in Hanoi and Quang Ninh, along with the HCMC legal clinic, provided 230 consultations to clients (71 women) on a range of issues including access to HIV treatment, access to school for children affected by HIV, access to inheritance and legal rights for women PLHIV, and referrals to HIV services. The majority of clients received services through the HCMC clinic, as the three new clinics were opened between late December 2007 and late February 2008. PLHIV self-support groups in all provinces also played a significant role in referring clients to the legal clinics and even accompanied clients to the clinic if follow-up assistance was needed. Clinic staff conducted legal outreach activities for public and private organizations and local community members in six districts of HCMC and one district in Quang Ninh Province, attracting a total of 2,065 participants (936 women). The outreach activities involved communicating HIV prevention messages through drama and songs, giving lectures on HIV-related issues, and providing information on Vietnam's Law on HIV/AIDS Prevention and Control, as well as the rights of PLHIV. Each legal clinic employs PLHIV (3 in Hanoi and 4 in HCMC, Quang Ninh, and An Giang).

HPI continues to support the legal hotline in Hanoi. From October 2007 to February 2008, the hotline received 1,205 calls (294 from women) from 33 of Vietnam's 64 provinces. The main requests focused on basic information about HIV, voluntary counseling and testing, and HIV care and treatment (including ARV treatment). The hotline office also provided face-to-face counseling to 28 clients.

During this reporting period, HPI conducted training courses for 222 PLHIV and lawyers (94 women) in Can Tho, An Giang, Hai Phong, and Quang Ninh provinces on Vietnam's Law on HIV/AIDS Prevention Control and related legal documents. The training also focused on the rights and responsibilities of PLHIV; experiences in the provision of legal support for PLHIV; basic knowledge of HIV/AIDS, real experiences of HIV prevention, control, treatment, care, and support programs for PLHIV in the provinces; and insight into gender and other social issues. From December 2007 through February 2008,

HPI also trained staff at the legal clinics in Hanoi, Quang Ninh, An Giang and the Hanoi Legal Hotline on the “Procedures and Practice Manual.” The training introduced the manual and various legal documents related to the HIV/AIDS law; provided background information on HIV/AIDS; explained the nature and epidemiology of HIV in Vietnam; provided information about HIV treatment, care, and support services available to PLHIV; and taught basic counseling skills to legal clinic staff. A total of 40 people (13 lawyers and 27 PLHIV) were trained (27 women).

Networking with other organizations in capacity building and advocacy. HPI provided technical and financial support for the following activities:

- From November 26–28, HPI trained 44 monks, nuns, and volunteers from four pagodas (Dieu Giac, Ky Quang II, Vinh Nghiem, and Linh Son) in HCMC on HIV prevention, care, and treatment and on Vietnam’s Law on HIV/AIDS Prevention and Control. The participants also learned how to reduce and deal with stigma and discrimination, as well as how to better assist PLHIV.
- The HIV/AIDS Vietnam Action Group (HAVAG) and Vietnamese Community Mobilization Center for HIV/AIDS Control (VICOMC) conducted several activities to support GIPA in Vietnam. These activities included training on communication skills; increasing knowledge on HIV/AIDS and the HIV/AIDS law; and providing home-based care training for 200 PLHIV and social workers. Such activities reached 15 women’s clubs and about 2,000 women and community members, as well as 400 pupils from Dong Anh Secondary School. Awareness about the HAVAG was raised at an exhibition organized by the Vietnam Administration of AIDS Control (VAAC), where more than 300 leaflets and 100 booklets on the HIV/AIDS law were distributed, as well as 500 manuals on home-based care for PLHIV. VICOMC and HAVAG also organized training on treatment literacy and adherence for 300 PLHIV and 60 staff from local NGO members of the action group.

Analyzing operational barriers related to OVC (core funded). In December, HPI completed the second draft summary report on the operational barriers analysis (OBA). The project disseminated the findings to partners at a stakeholders meeting on January 21. Representatives of the Vietnamese government, UN agencies, and international NGOs attended the meeting, and the OBA findings will be used to inform the development of the National Plan of Action on OVC.

Building capacity for PLHIV groups. HPI provided technical and financial support for the following capacity-building activities with PLHIV self-support groups in Vietnam:

- From December 9–10, a pilot training course was held using the newly created “Prevention with Positives” training module, with 30 trainees from Bright Futures Network and various self-help groups. Since then, the module has been revised based on comments from the pilot course and has been translated into English to obtain comments from international experts. Following this pilot, two trainings-of-trainers workshops were organized: one for 30 master trainers for the Southern PLHIV groups (January 12–14) in HCMC and another for 31 master trainers for the Northern PLHIV groups (March 20–22) in Hanoi.
- The Tinh Bien Group in Hai Phong used HPI’s treatment literacy material to organize a two-day training course (October 19–20) on treatment adherence for PLHIV. With technical support from HPI and financial support from the Hanoi International Women’s Club, the group also assisted 70 children infected or affected by HIV to gain access to nutrition and medical checkups and organized an income-generation workshop for 30 female PLHIV from Hai Phong (November 21–23). Following this workshop, the Hanoi International Women’s Club supported three income-generation initiatives for the women. With HPI technical support, the Tinh Bien Group also provided training on stigma and discrimination reduction for 300 students and teachers of the Vinh Bao District in Hai Phong City.

- From September–November 2007, the Bright Futures Thai Nguyen Group used the treatment literacy material to organize three workshops on treatment and care for 60 members of PLHIV self-support groups in Phu Binh District, Dai Tu District, and Thai Nguyen City.
- 15 PLHIV clubs, including 270 PLHIV and 170 family members, were established in An Giang Province.
- With support from HPI in November 2007, 30 female PLHIV leaders received a four-day training on networking, and as a result, on February 2008, the Vietnam Positive Women Network was officially inaugurated with 18 groups and 252 members. The interim executive board was established with six members. The network is now developing its strategic plan for 2008.

Collaborating with the media and other partners. To celebrate World AIDS Day, HPI collaborated with the Voice of Vietnam and Vietnam Television to produce a radio and television show to highlight the positive experiences of a person who has been living with HIV for more than 20 years. The show highlighted the role of PLHIV in fighting the HIV epidemic and the need of involving PLHIV as equal partners. HPI also trained 50 prosecutors from the People’s Supreme Procuracy and Provincial Procuracy in the Quang Ninh Province on the Law on HIV/AIDS Prevention and Control, as well as human rights issues related to HIV and to PLHIV.

Other/Policy Analysis and Systems Strengthening

Disseminating Vietnam’s Law on HIV/AIDS Prevention and Control. From October–November 2007, HPI continued to disseminate and raise awareness about Vietnam’s Law on HIV/AIDS Prevention and Control. In partnership with the Center for Consulting on Law, Policy, Health, and HIV/AIDS (CCLPHH), HPI organized four two-day workshops for lawyers and PLHIV in Can Tho, An Giang, Quang Ninh, and Hai Phong. On December 13, with financial support from PEPFAR/CDC, HPI trained 30 doctors and nurses on PMTCT programs in HCMC. Also, HPI trained 100 teachers and leaders of the Department of Education and Training from 24 districts in HCMC on the HIV/AIDS law. Following the training, the teachers expressed a greater understanding of their roles in reducing stigma and discrimination toward those infected and affected by HIV and fostering greater understanding among school-age children.

Training under the Analysis & Advocacy (A²) Project. From November 5–9, in the Northern provinces, HPI conducted an HIV advocacy workshop for 20 participants from local organizations, PLHIV self-support groups, and government entities (Provincial AIDS Committee, Department of Social Evils Prevention, and Lawyers Association). A similar workshop was held in HCMC from November 12–16, with 24 participants from various organizations (Provincial AIDS Committee, Lawyers Association, Department of Social Evil Prevention, FBOs, and PLHIV self-support groups in HCMC and the An Giang and Can Tho provinces). In addition, using HPI-developed training modules, the VICOMC and HAVAG sponsored a three-day advocacy workshop for its members. As a result, HAVAG actively participated in civil society consultations to provide inputs and comments to the draft of the Vietnam National UNGASS report, sponsored by UNAIDS. This is the first time that Vietnamese authorities invited CSOs to be involved in formal consultations on the report.

Yemen

Country Manager: Imelda Z. Feranil

Program Overview: In November 2007, through the Health Policy Initiative, Task Order 1, USAID/W, the Mission, and UNFPA/Yemen agreed to jointly assist Republic of Yemen (ROY) government officials with advancing policy debate about the country's population development challenges. HPI was asked to assist high-level officials of the Ministry of Planning and International Cooperation (MOPIC) and the National Population Council (NPC) with making a RAPID presentation the centrepiece of the Fourth National Population Conference from December 10–12, 2007.

Summary of Major FP/RH Activities:

Working with staff from MOPIC and the NPC, HPI finalized the Yemen RAPID Model that includes high and low fertility assumptions and incorporates the United Nations moderate scenario. The accompanying PowerPoint presentation and speaker notes highlight the sectoral development impacts of rapid population growth and the urgency of acting immediately to reduce high fertility. HPI gave two presentations: an abbreviated one for the Fourth National Population Conference opening (originally developed for a Cabinet presentation) and the full RAPID presentation for the plenary session to set the tone for the working group sessions. During the closing of the conference, the Vice President of Yemen used RAPID data in his speech to urge everyone to transform mere statements into action to reduce rapid population growth and avert a national catastrophe. RAPID results were also included in print media articles.

HPI also contributed to defining a six-month work program that will feed into the June 2008 mid-term Consultative Group (CG) review of the Socio-Economic Development Plan for Poverty Reduction, 2006–2010 (Yemen 2006) and thus set the stage for intensified donor support. The work program includes an intensive review of effective FP/RH centers; a review of the effectiveness and deficiencies of public social spending as it affects population growth; and policy dialogue in two to three districts using RAPID.

Finally, HPI trained 23 senior and junior staff members from the Ministry of Agriculture, Ministry of Public Health and Population, the National Population Council, and selected universities on how to develop a RAPID application for Yemen. The four-day training covered the DemProj and RAPID models and further examined the impacts of rapid population growth on other development variables (agriculture, water, and health) that are not readily available from the RAPID Model. The latter involved the use of Excel spreadsheets and PowerPoint to depict results through graphics.

LATIN AMERICA AND THE CARIBBEAN



LAC Bureau (Regional CS)

Regional Coordinator: Veronica Siman de Betancourt (through April 30, 2008)

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) supports the efforts of USAID's LAC Bureau to help countries achieve contraceptive security. HPI is documenting the region's CS-related experiences and conducting innovative work to expand procurement options. Within this context, HPI helps to consolidate and ensure the sustainability of the CS regional initiative.

Summary of Major FP/RH Activities:

Documenting and disseminating experiences and lessons learned in contraceptive security in the LAC region. Following several rapid country assessments and interviews with key informants and stakeholders, HPI drafted four case studies on (1) Peru's success in diversifying its procurement options and mechanisms to obtain the best combination of contraceptive prices, (2) Guatemala and Paraguay's success in mobilizing government resources and including family planning in the social security package of services, (3) the role of CS committees in Latin America and the Caribbean, and (4) using data and information to advance contraceptive security in Latin America and the Caribbean. The latter two studies are available in English on the project website; the Spanish versions are almost complete.

In addition, based on two of the case studies, the project prepared summary briefs titled "How Data and Information Contribute to Contraceptive Security" and "The Challenge of Family Planning Supplies in Latin America: How Contraceptive Security Committees Are Making a Difference" for distribution at the Reproductive Health Supplies Coalition (RHSC) Eighth Semi-Annual Membership Meeting in October 2007. The briefs are available in Spanish and English.

Building/strengthening policy champions for contraceptive security at the national and local levels. Through a small grant, the NGO, ADS-Profamilia, prepared and obtained the approval of regulations for the El Salvador CS Committee and the National Women's and Child Health Surveillance Commission. The regulations provide specific guidance for managing the two committees. HPI supported a policy dialogue with the MOH to discuss and obtain ministry approval of the diagnostic document for the reproductive health law (Ley de Salud Sexual y Reproductiva or SSR). HPI also held several meetings with representatives from civil society to share progress on the SSR law and discuss joint CS-related work. In addition, HPI held meetings with the national medical sector (specifically, the Salvadorian Association of Gynecology, the Ministry of Health, and the Social Security Institute) on the importance of family planning and contraceptive security. Many participants had not heard about the CS concept, became concerned about contraceptive security during the meeting, and expressed interest in contributing to CS-related work.

Ensuring ongoing international support for contraceptive security. HPI helped to plan and implement the RHSC semi-annual membership meeting in October. The project organized and led the session titled "Responding to Donor Phaseout of Contraceptive Commodities: Mobilizing and Leveraging Resources for Family Planning." In addition, HPI worked with LAC guest speakers to review and practice their presentations and translate the presentations into English. When one guest speaker was unable to travel due to a last-minute emergency, an HPI staff member made the presentation on his behalf.

Conducting a virtual forum on the LAC procurement options paper. HPI collaborated with the Leadership, Management, and Sustainability (LMS) Project and the USAID | DELIVER Project in conducting a virtual forum on the LAC procurement options paper prepared by HPI and DELIVER in 2006. This was a week-long forum from December 10–14. A total of 133 stakeholders from 89 different organizations in 23 countries (12 of them in LAC) participated.

Identifying and assessing the feasibility of innovative and efficient procurement mechanisms for RH commodities. HPI drafted a report based on interviews in El Salvador, Guatemala, and Honduras to explore innovative and more efficient procurement mechanisms for RH supplies. The document is undergoing an internal review.

Developing a practical guide for ensuring contraceptive security in decentralized and other settings. HPI completed a guide titled “Family Planning and Decentralization in Latin America: Policy Issues and Guidelines,” which reviews experiences in the LAC region, particularly in Bolivia and Mexico, and provides some guidelines for strengthening the policy environment for family planning in Latin American countries in the process of decentralization. The guide is undergoing an internal review and will be pilot-tested in Peru.

Engaging community-based organizations, indigenous populations, and civil society in advocacy planning and implementation for CS through a study tour to Peru. HPI identified coordinators in Bolivia and Guatemala to work with the Peru coordinator to plan the study tour. Twelve people from Bolivia and Guatemala are expected to participate. HPI has drafted an agenda and made arrangements with MOH officials to learn of their experiences in RH, which are related to logistics, culturally adapted birth programs, maternal perinatal health programs, working with women and leaders on access to FP services, adolescent programs, and the role of municipal governments in surveillance of FP services. Tour locations will include Lima, Cusco, Belepampa, Huancarani, and Quiquijana.

Building technical capacity in planning and finance of the CS committee in Guatemala. HPI has identified approximately 30 members and stakeholders of the acting CS committee in Guatemala who will participate in the strategic planning training scheduled for April 22–24, 2008, in Antigua. The Strategic Planning for Reproductive Health and Population Sector training module, which will be used as a reference, has already been translated into Spanish.

Training on policy approaches to improve access to FP products and services among the poor. As part of the LAC CS Initiative, HPI is organizing a regional training focused on improving equity in the context of achieving contraceptive security. The project has drafted an agenda and reserved the venue in San Salvador for August 26–28. Participants will include government officials (mostly from the MOH), as well as representatives from cooperating agencies in eight countries: Bolivia, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru. The training objectives are to provide participants with technical tools to address equity issues; share regional and global experiences on overcoming obstacles to implementing equity initiatives; and identify and include activities to address equity issues in CS committee workplans.

Dominican Republic

Country Manager: Mary Kincaid

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in the Dominican Republic supports FP, RH, and HIV/AIDS or related health advocacy activities and strengthens local capacity to carry out this advocacy work. HPI is assisting local partners *prior* to the electoral campaign process by building their in-country capacity to conduct advocacy; *during* the electoral campaign process by helping them to create a space for policy dialogue and advocacy with political candidates and to publicize political parties' positions on health issues to the general public; and *after* the new government is sworn in by supporting them as they advocate for the inclusion of health issues on the new government's agenda (following up on campaign promises and pre-election advocacy activities).

Summary of Major FP/RH Activities:

Project planning and situation assessment. From October 2007–January 2008, HPI focused on project planning and preparation, including conducting a situation assessment. In November, HPI staff members, Mary Kincaid and Hannah Fortune-Greeley, traveled to Santo Domingo to identify local counterpart organizations, coalitions, and networks; assess similar work attempted, accomplished, and/or ongoing; develop a project chronogram and workplan; and identify a possible consultant to collaborate with on activities.

Building on LAC Bureau-funded work to support contraceptive security efforts in the DR, HPI met with the Contraceptive Security Committee (DAIA, in Spanish), which agreed to serve as a primary partner and the anchor for an alliance that will include other organizations and carry out the pre- and post-electoral activities. The DAIA includes approximately 25 government and NGO representatives and offers substantial technical experience and leadership in the FP/RH fields. DAIA members suggested using the advocacy theme “*Salud integral de la mujer*” (“Comprehensive women’s health”), as it is a term that encompasses FP/RH, violence against women, gender, as well as other issues of interest to the stakeholders interviewed by HPI.

In mid-January, HPI staff member, Hannah Fortune-Greeley, traveled to Santo Domingo to provide long-term support of the rollout of project activities. She received office space from USAID-sponsored Project Conecta, as a cost share between the two projects. In addition, HPI hired a consultant, Ramon Tejada Holguín to assist with defining project strategies as well as making links to the political parties and other important stakeholders. HPI attended the national contraceptive security meeting at the end of January, was presented formally to the group by USAID, and solicited group members’ input on the project. Fortune-Greeley also met with Anabella Sanchez from JSI to share information on the respective projects and determine how DELIVER and HPI could assist each other in different areas. Project preparations also included a formal presentation of the project to the Sub-Secretary of General Health, Dr. Nelson Rodríguez, who gave feedback confirming other key informants’ opinions that using a more general umbrella term of women’s health would be the best way to sell the project to politicians and other stakeholders.

Advocacy training workshop and design of advocacy strategy. On February 15–16, INSALUD, the local NGO, hosted a two-day workshop in Juan Dolio. More than 40 representatives of 30 NGOs, CBOs, government health departments, and international partners attended. Local experts (Drs. Pedro Luis Castellanos, Hector Eusebio, and Giselle Scanlon) discussed the context of Dominican healthcare reform and women’s health to set the scene for the advocacy work and level the playing field among the actors present. An electoral strategy expert, HPI/Peru staff member, Manuel Vargas, facilitated an advocacy training process and shared his experiences with health-related electoral strategies in other countries in the

region. Ramon Tejada Holguín facilitated a session on stakeholder analysis and participatory political mapping. The workshop concluded with a group session to design an advocacy plan of action, which included establishing a listserv for the organizations involved, developing an informative document for advocacy work, working with the media, working with the political parties, hosting regional forums, and holding a national forum as the culminating event of the pre-electoral phase of the project.

Regional forums. During the last week of March, regional forums on women's health were held in La Romana and Santiago. Similar in style to a town hall meeting, the events included presentations on women's health topics and opportunities for community members to make comments or ask questions. The DAIA committee covered the forum costs through its small grant awarded by HPI. The events enabled local CBOs, NGOs, and/or women to emphasize their visions and priorities for women's health and to demonstrate why it should be a priority topic for politicians. Representatives from the regional forums will share the results with politicians at the national forum.

Development of advocacy material. HPI, in collaboration with the National Network for Promotion and Defense of Women's Comprehensive Health, designed an advocacy tool for working with political parties and the media. It serves as a reference sheet on each subtheme in women's health. Chosen at the workshop, these themes include maternal mortality, family planning, gender-based violence, and quality of care, among others. This tool will also serve as a reference sheet for the national forum.

Guatemala

Country Director: Lucía Merino

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Guatemala focuses its efforts on two main components: (1) indigenous leadership, policy dialogue, and advocacy for FP/RH and MCH; and (2) business sector involvement in the HIV national response. To ensure an enabling environment for the implementation of adequately financed, effective, sustainable, and culturally appropriate FP/RH and MCH programs, HPI strengthens CSOs, NGOs, indigenous leaders, community-based organizations, and professional associations to advocate for public policy changes at the national and operational levels and participate actively in policymaking and implementation. In addition, HPI helps these groups to create opportunities to influence changes regarding social norms affecting access to FP/RH and MCH services. The project also strengthens the institutional response for policy changes by providing technical assistance and training to and through the government's formal structures for better planning and auditing practices.

Finally, HPI facilitates a coordinated business response to HIV by helping companies to adopt policies and prevention strategies and eradicate HIV-related stigma and discrimination in the workplace. In addition, the project supports businesses in developing a common vision and voice regarding HIV issues and policies, as well as encourages them to join other public, private, and international organizations already involved in combating HIV.

Summary of Major Activities:

FP/RH

Advocacy and support for the implementation of policies and laws. In October, via a small grant executed by the Guatemalan Association for Female Physicians (AGMM), HPI helped to host a workshop for the Interagency Contraceptive Security Working Group (ICSWG) to develop a strategic plan, including its mission, values, and strategies of action. HPI also continued to assist the ICSWG with obtaining an approval of the norm to implement the Family Planning Law Decree 87-2005 (FP Law). The Executive Secretary of the Presidency made comments on the first draft and is currently reviewing the updated FP Law for final approval. The AGMM and HPI provided counseling to the working group during the approval process and associated meetings.

HPI prepared a report that summarizes the findings of a study on reducing barriers to access to FP services by indigenous peoples in the Health Area of Quiché. The report includes information based on several visits to the Health Districts in Quiché.

In November, HPI hosted a meeting with USAID health partners to discuss the priorities of the new government and the challenges facing USAID during the government's first year in office. HPI will continue to support these meetings throughout 2008.

HPI coordinated and hosted a meeting with SEGEPLAN, the MOH, and AGMM to prepare a policy document, "Achievements and Challenges on the Implementation of the Social Development and Population Policy." The report will be published in May 2008.

In January, the AGMM, under the small grant from HPI, organized five workshops with CSOs, the MOH, and the ICSWG. The following were disseminated during the workshops: the FP Law; the proposed FP regulations; and the ICSWG's strategic plan, which was finalized in March. Also distributed was a user-friendly, simplified document—"Ley Planificación Familiar, un derecho humano: Exijamos que se

cumpla” (“The Universal and Equitable Access to Family Planning Services Law and its Integration in the Reproductive Health Program”)—which the MOH and several partners prepared (with HPI technical support) to explain the FP Law.

In addition, HPI provided technical assistance for the development of the strategic plan to ensure the availability of contraceptive supplies, funded through an HPI mini-grant that will be used to focus the work of the ICSWG.

HPI provided technical assistance to NGOs to help them advocate on issues related to the FP Law. The AGMM, the Gynecology and Obstetrics Association, the Women’s Health Federation, the Indigenous Women’s Network, and other organizations participated in a forum where the Ministry of Health presented a proposal to incorporate FP/RH priorities into the new administration’s 100-day Plan. In addition, HPI assisted the Women’s Health Federation with advocating for the inclusion of the FP Law in the new administration’s political agenda. This network developed a strategic alliance with legislators who provided them with information regarding the law’s status and how to ensure that the issue is included in the list of priorities of the Social Cohesion Council. The council is a new entity created by the current administration in charge of making decisions regarding health, education, and social investment.

The Network of Women for Peace (REMUPAZ), an HPI partner organization, asked the President of the Supreme Constitutional Court to resolve issues regarding the constitutionality of the FP Law. This was done within the framework of the letter of understanding and technical collaboration between REMUPAZ and HPI, whose goal is to remove any unconstitutional language from the FP Law. To date, the Constitutional Court has rejected four of the eight appeals made claiming unconstitutional language.

HPI began coordinating with the new authorities from SEGEPLAN and the Ministry of Health to follow-up on activities related to monitoring implementation of the population and social development policy.

In addition, HPI continued to hold meetings with the Ministry of Health, the Guatemalan Social Security Institute (IGSS), and the Guatemalan Family Planning Association (APROFAM) to coordinate the publication and presentation of the results from the study on cultural barriers among indigenous populations to the provision of family planning services.

Strengthening of the capacity of civil society networks and indigenous leaders/organizations. HPI supported meetings of the Network for the Reproductive Health of Indigenous People, as follow-up to the activities it conducted during the presidential electoral campaign—during which time the network established priorities for action, including the goal of increasing the number of its member organizations. The network’s activities in 2007 successfully positioned reproductive health on the political agenda of groups working on the integral development of indigenous populations. The agenda-setting work is spearheaded by more than 20 indigenous organizations that work for the rights of the Mayan population in Guatemala.

In March 2008, the Indigenous Women’s Reproductive Health Network participated in an institutional strengthening workshop organized and run by HPI to plan FP/RH advocacy strategies. After the workshop, participating organizations presented HPI with proposals requesting small grant support.

Strategic planning and policy development. HPI—with the IGSS, APROFAM, USAID, and UNFPA—helped the NRHP to prepare a proposal for the National Strategy of Family Planning. The MOH has reviewed the proposal, and HPI and the NRHP are currently revising it based on the ministry’s comments.

FP/RH and MCH advocacy during the presidential electoral campaign. In October, HPI helped the NGO Instancia Salud-Mujeres (Instancia) with strategic planning for meetings to be held with leaders of

political parties and congresswomen regarding a policy dialogue program with new government authorities. The focus would be on evidence-based health interventions for reducing maternal mortality and making FP/RH services accessible. On November 10, Instancia held a press conference to demand compliance with the FP Law. Television and newspaper reporters attended.

On October 24 and 25, HPI supported and funded two forums with the two political parties contending in the second and final round of the electoral campaign. The objective was to highlight the commitment the two parties had previously made to child and maternal health. HPI helped to define the objectives and agenda and assisted the two political parties with preparing their presentations, which included information on the (1) reduction of maternal mortality, (2) provision of RH services, and (3) increase in funds to the health sector. This information will help international cooperation agencies—many of which attended the forums—to plan future policy dialogue activities, create joint priority agendas, and review international cooperation programs.

Use of data and models for decisionmaking. On October 15, as a result of the memorandum of understanding between HPI and the IGSS, HPI hosted a workshop for the institute’s directors on advocacy strategies for FP/RH/MH and HIV/AIDS.

HPI presented the results of the study on the barriers to access to family planning among indigenous populations during Reproductive Health Scientific Day, coordinated by the NRHP.

HPI, with the Ministry of Health, IGSS, and APROFAM, also began developing a national family planning proposal, which takes into account the findings from the study regarding cultural barriers to family planning services among indigenous populations.

In addition, HPI analyzed existing national and international legislation related to maternal health, with the goal of identifying gaps in the legal framework that prevent the state from being obligated to ensure that competent providers offer such services to Guatemalan women through an appropriate and culturally-relevant infrastructure. The project summarized the findings in a report titled “*Elementos para el análisis legal de la protección a la maternidad en Guatemala*” (Analysis of Existing National and International Legislation Related to Maternal Health).

Finally, the project met with the director and professors of the Master in Public Health program of the San Carlos University to present information on the project’s Spectrum and Safe Motherhood models. This was the first meeting to discuss including the models in the university’s 2009 masters program.

Technical and financial assistance for policy monitoring and evaluation. HPI provided support to CSOs, universities, professional associations, and the Guatemalan Congress for the creation of the Reproductive Health Observatory (OSAR). The observatory was created to monitor and evaluate the Social Development Law; the Population and Social Development Policy (PDSP), the Family Planning Law, the 15 percent tax on alcoholic beverages to finance RH activities; and the HIV/AIDS Law. OSAR was inaugurated in the congressional palace in March, with speeches made by the President of Congress, the Mission Director and directors of organizations that constitute OSAR. HPI developed a strategic alliance with the Pan American Health Organization to provide joint support for the observatory and other CSOs—such as REMUPAZ and the Indigenous Women’s Reproductive Health Network—that will subsequently become OSAR members. In addition, the project helped to prepare a fact sheet titled “*Observatorio en Salud Reproductiva: de la formulación a la implementación de políticas*” (Reproductive Health Observatory: Policy Development and Implementation) which provides basic information about REMUPAZ.

HIV

Other/Policy Analysis and Systems Strengthening

HPI provided technical and financial assistance to the newly formed Foundation of Businesses Committed to HIV (FUNDEC-VIH). The group includes seven private sector businesses and/or associations. The goal of the foundation and HPI's assistance is to foster the creation and implementation of working tools to prevent and reduce HIV-related stigma and discrimination in the workplace. During this reporting period, HPI facilitated meetings with FUNDEC-VIH members to define the foundation's mission, objectives, and year-one workplan (2008 FUNDEC-VIH Operational Plan).

In addition to regularly scheduled meetings, with HPI support, the FUNDEC-VIH hosted its first public event on November 30 to commemorate World AIDS Day and announce its formation. More than 75 people attended, including representatives from private sector companies, the media, international organizations, the government, and NGOs. During the event, HPI disseminated a brochure on FUNDEC-VIH, titled "*Empresarios Guatemaltecos con Espiritu de Responsabilidad Social*" (Guatemalan Businesses with a Socially Responsible Attitude); and a compact disc, titled "*El sector privado asume el liderazgo en VIH*" (The Private Sector Takes the Leadership in HIV).

The mission of FUNDEC-VIH, including its objectives and strategies, was introduced to the Committee of Agricultural, Commercial, Industrial, and Financial Associations (CACIF), the main private sector advocacy group in Guatemala; as well as to VESTEX, a trade association representing 300 manufacturing industries.

Finally, with HPI assistance, Cementos Progreso, which has more than 10,000 employees, held a training workshop for 15 people to raise their awareness about HIV. These employees will help promote implementation of the company's new HIV/AIDS workplace policy.

G/CAP (Regional HIV)

Country Director: Lucía Merino

Program Overview: Through Task Order 1, the objective of the Health Policy Initiative (HPI) is to support the Central American HIV/AIDS Program in strengthening the response to HIV in the region. HPI contributes to an enabling policy environment for HIV by providing technical assistance and training under three priority components: strategic planning; monitoring and evaluation; and assistance to Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) country and regional projects. Specifically, HPI supports the implementation of HIV national strategic plans, the development and implementation of Global Fund projects (a key component of implementing strategic plans); and the creation of information and coordination systems to prepare and implement monitoring and evaluation plans. In addition, according to the country situation and opportunities, HPI provides technical assistance for policy development, advocacy, strategic information dissemination, and donor coordination. HPI works at the country level in Belize, Costa Rica, El Salvador, Guatemala, and Panama; as well as at the regional level, involving to some extent Nicaragua and Honduras.

Summary of Major HIV Activities:

Other/Policy Analysis and Systems Strengthening

HPI's efforts focused on providing technical assistance and training to the Central American countries in three areas: the implementation of national strategic plans (NSPs), the preparation and implementation of Global Fund projects in support of the NSPs, and the design and coordination of information systems by means of the national M&E plans of the NSPs.

Strategic Planning for Policy Implementation

Guatemala. HPI assisted the National AIDS Program (NAP) with (1) developing a 2008–2009 operational plan based on the NSP; (2) preparing an NSP funding report, in coordination with other cooperation agencies; and (3) analyzing the feasibility of creating a national HIV/AIDS agency. In February, HPI also helped the National Alliance of People Living with HIV/AIDS obtain legal status. In addition, the project assisted two civil society networks with drafting their operational plans.

Panama. HPI assisted the NAP with developing its National Operational Plan 2008 based on the NSP. The project also helped the Legal Assistance Network for HIV and Positive Living Network to prepare their plans for NSP implementation. In January, following an advocacy campaign led by CSOs and supported by HPI, the Panamanian President, Martin Torrijos, issued an executive decree that created CONAVIH, the National Commission on HIV.

Costa Rica. In December, the Legislative Assembly approved the HIV and AIDS National Policy developed by the Technical Secretariat of the HIV and AIDS National Commission (CONASIDA). The commission prepared, reviewed, and validated the policy proposal; and President Oscar Arias and the ministries of health and education presented the policy at a public event. During the process, HPI supported the Integral Council for HIV and AIDS by identifying the key actors and sectors involved, organizing workshops, reviewing and validating the policy, and hosting other meetings to ensure the government's approval and adoption of the policy. HPI also provided funds to edit and publish the policy.

In addition, in coordination with UNAIDS and the World Bank, HPI prepared a timeline for the drafting of an NSP funding report (to begin in June). HPI also supported the MOH to revise the timeline and

priorities of NSP implementation in 2008—as the ministry was not eligible to apply for Round 8 of the Global Fund.

El Salvador. HPI continued to assist the Legislation Alliance with a plan to lobby legislators for their approval of reforms to the National HIV/AIDS Law, such as the inclusion of civil society in the National Commission on HIV and AIDS (CONASIDA). HPI also supported the NAP to draft its 2008 Annual Operational Plan (AOP), based on the NSP. In addition, the project helped the Human Rights Network and PREVENSIDA Network to prepare their 2008 AOPs, which will include defined prevention activities related to NSP implementation. CONASIDA created a commission charged with proposing legal mechanisms to receive and follow up on formal complaints of the violation of rights of PLHIV. The HPI country representative was named a member of this commission, which will ultimately help to achieve the strategic plan objectives related to the rights of PLHIV.

Belize. In coordination with UNAIDS and the World Bank, HPI prepared a timeline for the drafting of a report on funding for the NSP (to begin in June).

Monitoring and Evaluation (M&E)

Guatemala. The Guatemalan Ministry of Health approved and formalized the National M&E Plan that will track implementation of the NSP. HPI provided strategic information and helped conduct meetings to obtain consensus on technical criteria for the plan. In October, with HPI technical assistance, the ministry held a two-day meeting with members of the two large NGO networks, *Asociación Coordinadora de Sectores de la Lucha contra el sida* and the *Alianza nacional de personas viviendo con VIH*, to begin dissemination of the national M&E plan. Also during this period, USAID and HPI met with the Vice Minister of Health and her technical advisor to reach final consensus on technical criteria for the M&E plan.

In addition, HPI assisted the NAP's new M&E coordinator with defining key actions for the establishment of a technical M&E committee. HPI also supported the preparation of the 2007 UNGASS country report (published by UNAIDS) and promoted the integration of the report into national plans and proposals. In addition, HPI continued to help draft the 2006 National AIDS Spending Assessment (MEGAS in Spanish) report. The project and NAP have begun to evaluate the implementation of a National Policy for HIV/AIDS.

Panama. HPI continued to help draft the National M&E Plan by recommending priority indicators and determining information flows. The NAP disseminated the 2007 UNGASS country report, which, with HPI support, was developed and promoted with civil society. In February, the project also coordinated with UNAIDS and other agencies to secure funding for the preparation of the 2007 MEGAS report.

Costa Rica. The MOH and CONASIDA's M&E Committee, with HPI technical assistance, set priorities and a timeline for the implementation of the M&E Plan.

El Salvador. HPI assisted the NAP with preparing regulations to implement the National M&E Plan, which was approved by the Directorate of Regulations of the MOH. HPI also supported meetings to review the MEGAS 2006 final report.

In February, HPI helped organize a three-day workshop to strengthen the national HIV/AIDS M&E system. The goal was to ensure that the indicators for the National M&E Plan and Global Fund projects are aligned; 36 representatives from government and cooperation agencies and civil society participated. In addition, HPI helped the National M&E Commission review and modify the tools used to collect information.

Belize. HPI continued to help develop the National M&E Plan by providing information on M&E methods, tools, and models. Meetings were also held to draft the plan.

Development and Implementation of the Global Fund Project

Guatemala. The Country Coordinating Mechanism (CCM) has begun to draft a proposal for Round 8 of the Global Fund. In response to a request by the Principal Recipient, HPI served as a member of and provided technical assistance to (1) the Technical Review Commission to select the consultant that will develop the mid-term project evaluation; and (2) the Prevention Commission to select new implementing organizations.

Panama. HPI promoted, with other CAs and the NAP, the re-activation of the CCM in order to apply for Round 8 Global Fund projects. Two meetings were held in March to form the technical committee that will draft the proposal. During the meetings, HPI provided guidance on the proposal requirements and timeline.

El Salvador. HPI helped to prepare the phase III proposal to the Global Fund. Assistance included the provision of information to defend the proposal and participation in technical analysis meetings to build consensus for the proposal.

In March, HPI planned and coordinated a meeting for the CCM and NGOs implementing the Global Fund project. The goals were to provide feedback on the project and to coordinate activities. HPI also supported the NGOs in discussing and reaching agreement on budgetary allotments by the Global Fund project. In addition, HPI provided information on monitoring and evaluation, including models, to facilitate the preparation of the CCM M&E plan.

Belize. HPI assisted the CCM to begin drafting a proposal for Round 8 Global Fund projects. The project also provided support to ensure that the indicators of the current Global Fund project and the proposed National M&E Plan are aligned.

Regional Activities

HPI's role at the regional level is crucial for the coordination of information sharing on key issues. The focus of regional activities will be to bring together national expertise to discuss regional perspectives through the Central American Congress on HIV (CONCASIDA), foster web-based exchanges, and disseminate strategic information.

2007 CONCASIDA Regional Conference. The Fifth Central American Meeting on STI, HIV, and AIDS and the Fifth Meeting of People Living with HIV was held November 4–9, 2007, in Nicaragua. HPI supported the CONCASIDA national committee to (1) ensure the high quality of the scientific program for the meetings, (2) assist with the logistical preparations, and (3) provide financing to key participants of the region. During the congress, HPI held a meeting with the regional technical group on M&E and presented tools to strengthen M&E practices.

2009 Regional CONCASIDA Conference. HPI organized a meeting with the national CONCASIDA committees from Guatemala, El Salvador, and Panama to evaluate the 2007 conference and make recommendations for the 2009 conference.

Strategic information systems and products. HPI held two virtual meetings with the HIV and AIDS national program directors of Belize, Costa Rica, Guatemala, Honduras, Nicaragua, and Panama to present the progress of the regional report on the Declaration of San Salvador and review the logistics for

CONCASIDA. The first meeting was held in October with the regional M&E technical group to evaluate the progress of the UNGASS reports and the technical support needs. The second meeting was held during CONCASIDA in November to promote the dissemination of strategic plans, laws, and regulations from the region. The information was distributed via a CD-ROM that included the aforementioned plans, laws, and regulations; updated statistics for the region; the status of the national HIV and AIDS plans for M&E; and reports on the UNGASS agreements. HPI also provided funding for the CONCASIDA Internet website, which included information for more than 3,000 users in the region.

In February, HPI redesigned and published the www.pasca.org website, which contains information on Central American events, the epidemiological situation, public policies, and updated HIV/AIDS studies. In addition, HPI supported the preparation of 20 abstracts for the next World HIV/AIDS Congress in Mexico City.

Declaration of San Salvador. In November, during CONCASIDA, Dr. Guillermo Galvan, a consultant sponsored by various agencies, formally presented the regional report on the Declaration of San Salvador. The presentation included the ministers of health; vice-ministers; heads of the STI, HIV, and AIDS national programs; and international organizations. This report contains the follow-up methodology for monitoring implementation of the 11 commitments signed by the Central American presidents in 2005. The report is an important baseline for measuring the progress of the region in terms of universal access to HIV and AIDS information and services. HPI, with UNAIDS and the World Bank project, provided the funds to prepare the report, which will be published and disseminated by many organizations in the first half of 2008.

Monitoring and evaluation regional working groups. In January, HPI and UNAIDS organized a regional virtual meeting for those who implement national M&E plans. Participants discussed the 2007 UNGASS report and the region's primary challenges.

Mesoamerican projects on mobile populations. HPI assisted the Regional Coordinating Mechanism (RCM) with the development and review of its operational regulations. The regulations will ensure that the RCM fulfills its role as technical HIV/AIDS advisor to the Central American Health Minister's Commission. The RCM approved the new regulations in February.

Jamaica

Country Director: Kathy McClure

Program Overview: Under Task Order 1, the Health Policy Initiative (HPI) in Jamaica focuses on supporting the Jamaica Business Council on HIV/AIDS (JaBCHA). The purpose of the council is to “...facilitate a structured Jamaican business response to mitigating the impact of HIV/AIDS, eradicating HIV/AIDS-related stigma and discrimination at the workplace, and contributing to the eradication of HIV/AIDS in Jamaica.”

The council’s mandate is to coordinate the response of the private sector, acting as a clearinghouse of information in mitigating the impact of HIV/AIDS on business, while facilitating the adoption of policies and prevention and treatment strategies aimed at eradicating HIV-related stigma and discrimination in the workplace. With USAID funding and seed funding from the Merck Foundation, HPI worked with local partners in the private and public sectors to establish the business council in 2006, recruit members, and set up sustainable systems. During 2007, HPI support focused on strengthening systems, providing training and technical assistance on workplace policies, and helping the council become financially sustainable. All HPI/Jamaica activities are scheduled to end by March 31, 2008.

Summary of Major HIV Activities:

Other/Policy Analysis and Systems Strengthening

HPI provided technical assistance in the design of the JaBCHA and its launch in September 2006. To date, the council has 21 corporate members. With HPI technical assistance, the council has developed a mission statement, constitution, membership form, document of frequently asked questions, activity workplan, roles and responsibilities matrix, and financing strategy. In October 2007, the JaBCHA hosted a luncheon for the U.S. Chiefs of Mission in the Caribbean to present information on creating and launching a successful business response to HIV/AIDS in Jamaica. Also in October, the JaBCHA Council Manager attended a steering committee meeting of the Pan Caribbean Business Coalition (PCBC) on HIV/AIDS and the seventh annual general meeting of the Pan Caribbean Partnership against HIV and AIDS (PANCAP). JaBCHA is now the first national business council to serve on the PCBC steering committee.

To commemorate World AIDS Day, JaBCHA hosted an event on November 30, 2007, that included the signing of a Memorandum of Understanding between the JaBCHA and the Jamaica Employers’ Federation (JEF) and the signing of an HIV/AIDS Leadership Advocacy Commitment by the Prime Minister of Jamaica the Opposition, the Chairman of JaBCHA, the President of the Jamaica Employers’ Federation, as well as other industry leaders in Jamaica.

In February 2008, HPI staff member, Elizabeth Mallas, facilitated a workshop at the National Commerce Bank (NCB) Staff Training Center in Jamaica for members of the trade and labor unions, Global Fund workplace program officers, NGO representatives, Ministry of Health representatives, and the JaBCHA Council Manager. The workshop included training on the Workplace Policy Builder software and working with and in the private sector on HIV/AIDS issues. Participants practiced using the software at individual computers in the computer laboratory. The NCB donated the use of the facility to the project. Action steps for each participant were identified, which could produce several HPI results in the future.

Also in February, Kevin Ivers of the AIDS Responsibility Project facilitated a strategic planning retreat of the JaBCHA Executive Committee in Kingston. Participants identified the way forward for the business council over the next five years (2008–2012)—by the end of which the council will be fully absorbed

within the JEF, with a clear mandate to focus on HIV/AIDS within Jamaica's private sector. The specific objectives are to (1) create a process of engagement for private sector companies; (2) increase the JaBCHA membership to 200 over the next two years; and (3) achieve sustainability of the council's mandate to address HIV-related stigma and discrimination at the workplace, while streamlining it as an occupational health and employee productivity issue within the JEF's mandate and enhancing JaBCHA's offering as value-added to JEF's broader membership base. Ivers helped the council to draft a strategic plan and an associated PowerPoint presentation.

Mexico

Country Manager: Mirka Negroni

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) 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 PLHIV, the business community, and FBOs. HPI focuses primarily on policy analysis and systems strengthening in support of national HIV/AIDS 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. In addition, HPI provides strategic information to support the National HIV/AIDS 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/AIDS treatment/ARV services by training healthcare providers and creating training materials and modules—particularly on the reduction of HIV-related stigma and discrimination—for use with providers, program managers, and policymakers.

Summary of Major HIV Activities:

Other/Policy Analysis and Systems Strengthening

HIV workplace policies. On October 15 and 16, in Tijuana, Mexico, HPI trained nine members (6 women and 3 men) of the San Diego-Tijuana Binational HIV Committee on the Workplace Policy Builder. HPI's Elizabeth Mallas and a consultant, Juan Carlos Rodriguez, facilitated the training. CAPASITS, the local specialized STI and HIV treatment clinic, participated in the training, as it is working closely with various export-processing zone companies. On March 24 and 25, Mallas and Rodriguez returned to Tijuana to meet with the Binational HIV Committee to provide technical assistance in costing the committee's services to companies and to develop a strategic plan to guide the committee's work with the private sector.

On October 26, Colgate Palmolive launched its HIV Regional Policy at an event hosted by the company. Participants included its CEO, union leaders, representatives of the Mexican National AIDS Business Council (CONAES), and CENSIDA; as well as HPI, which provides ongoing support for the company's policy development efforts.

In November, Mirka Negroni, Country Manager for Health Policy Initiative Mexico, attended the Central American Regional HIV Conference (CONCASIDA) in Nicaragua. Negroni participated in a roundtable discussion on HIV testing and presented information on best practices for HIV testing in the workplace. She also attended a breakfast briefing on HIV business councils and their impact in the workplace and community, sponsored by Constella Futures and HPI/Guatemala. At the breakfast, Negroni presented information on social responsibility and the business council model experiences in Guatemala, Jamaica, and Mexico.

Cross-border initiatives. In October, Mirka Negroni attended the Seventh Bi-National Policy Forum on Migration and Health in Los Angeles. Key stakeholders and policymakers convened to discuss immigrants' health challenges and to explore collaborative strategies to enhance the health and conditions of this population. Negroni attended an HIV policy roundtable and a policy recommendations workshop hosted by the California HIV/AIDS Research Program and Gilead.

In February, Negroni participated in a one-day webcast training in Tampico, Tamaulipas, at the Autonomous University of Tamaulipas. Held at the request of members of the Cross-border HIV/AIDS

Multisectoral Policy Group (CHAMP), the event commemorated the one-year anniversary of the Tampico CAPASITS by training medical personnel from all five of the CAPASITS in the state, using the university webcast system. A total of 172 people heard presentations on a range of topics from perinatal transmission to Hepatitis B co-infections, ocular complications, and working with civil society. Ms. Negroni presented on HPI activities and the upcoming International AIDS Conference (IAC) and was asked to officially close the event.

Innovative approaches to stigma and discrimination. In October, HPI consultant, Anuar Luna, participated in a two-day meeting of PLHIV in Bajío, Mexico. Luna conducted workshops on HIV prevention, stigma and discrimination, stigma reduction in healthcare settings, and the history of the movement of PLHIV in Mexico. Forty participants (25 men and 15 women) from the four states in the Bajío Region attended.

In February, Luna assisted the Ford Foundation-funded Mesoamerican Human Rights Project with incorporating stigma and discrimination into its Citizen Human Rights Monitoring and Surveillance Workshop. In addition, in March, HPI/Mexico provided financial support to seven participants from Mexico (3 women and 4 men) to attend the workshop, which included participants from Central America and other Mexican participants financed by the Ford Foundation. The Citizens Human Rights Monitoring and Surveillance Model developed during the workshop will be piloted in Morelos, Oaxaca, and Yucatan.

Public-private partnerships. On November 15, CONAES held its annual meeting and elected a new board of directors. Bristol Myers Squibb hosted the event, which began with a presentation on the Inclusive Company Program (Programa de Empresas Incluyentes) from Ms. Alma Clarisa Rico, representing the Ministry of Labor. CONAES was invited to help advocate with the Ministry of Finance to ensure tax breaks and incentives related to preference in bidding for government contracts for *Empresas Incluyentes* who hire HIV-positive individuals, as they currently do for *Empresas Incluyentes* that hire senior citizens and differently abled employees.

In the fall of 2007, UNAIDS approached CONAES and Impulso—the network of NGOs that provides technical assistance to council members—to help implement HIV programs in the hotel industry in Mexico. In coordinating the initiative, Mirka Negroni provided UNAIDS with detailed information about the council and helped CONAES and Impulso draft the scope of work for the initiative. On February 28, the HIV AWARE HOTEL INITIATIVE was presented at a General Meeting of the Mexico City Hotel Association with Regina Castillo, UNAIDS/Geneva; representatives from IMPULSO and CONAES; Thomas Wissing from ILO/Mexico; and four representatives from the Ministry of Health.

In the new bill to reform the composition of the CONASIDA, the governing body for the National AIDS program CENSIDA, CONAES has been asked to name a member to represent the interests of the private sector in the CONASIDA. The member would rotate on a yearly basis. If the bill is approved as proposed (the closing date for comments was March 28, 2008), this would be first time the private sector is formally represented in this important decisionmaking body.

Technical assistance. From October to late December, Anuar Luna assisted representatives of the International Community of Women Living with HIV (ICW) in Mexico with a training-of-trainers to be co-hosted in January for positive women leaders on stigma and discrimination, gender, and human rights violations and documentation. Luna also assisted Population Services International with designing prevention strategies for MSM. In November, he traveled to Tampico, Tamaulipas State, to provide intensive technical assistance and training in strategic planning and advocacy for the Alianza Tamaulipeca Contra el SIDA.

As part of its ongoing support of HIV-positive women as policy champions, HPI supported the training-of-trainers, “Empowerment and Networking for Women with HIV,” in Mexico City from January 9–13. This workshop is the first in a series. Eleven women from nine states in Mexico were trained as facilitators in the following topics: gender, facilitation, stigma and discrimination, community mobilization, communication, and abstract development. ICW, the Ford Foundation, Colectivo Sol, and IAS provided additional support for the event. The women are now hosting regional workshops to replicate what they have learned.

Dionicio Ibarra and Nizza Picasso, HPI local consultants, provide ongoing assistance with the replication of the “Empowerment and Networking for Women with HIV” workshops throughout Mexico. They supported the first and second regional training of positive women, “Mujeres de Barro.” The first regional three-day training (February 7–10) was held in Monterrey for 10 women from Tamaulipas, Nuevo Leon, and Veracruz. The second regional three-day training was held February 29–March 3 for 20 women from Aguascalientes, Hidalgo, Queretaro, Zacatecas, and Guanajuato. The topics included community mobilization, stigma and discrimination, self-esteem, and action plan development. In addition, Mirka Negroni and Nizza Picasso helped these women to prepare a proposal to the Ford Foundation to fund additional trainings in the series; it was accepted.

Dionicio Ibarra also continues to provide logistical support to various colleagues and HPI partner organizations working on HIV-related activities. During 2008, Ibarra, at the request of Nancy Alvey, Health Team Leader for USAID/Mexico, will work closely with Amaranta Regalado and other members of Colectivo Binni Lannu to organize an Indigenous Peoples Satellite Meeting prior to the IAC. Specifically, he will support national efforts to establish an agenda for indigenous people and HIV in areas related to prevention, treatment, and care. In preparation for this event, from February 13–14, HPI/Mexico hosted a two-day meeting of the local planning committee for the satellite. Committee members—including 11 participants (6 men, 2 transgender women, and 3 women) from the states of Yucatan, Tabasco, Oaxaca and Veracruz—planned the agenda, developed a budget for the satellite, and defined operating guidelines for the management of resources.

Finally, during February, Anuar Luna, Mirka Negroni, and Nizza Picasso assisted various local Mexican organizations and activists with drafting and translating abstracts for consideration at the AIDS 2008 conference. They also helped to prepare various proposals to the Global Village, Youth, and Cultural programs.

Strategic Information

Operations research. HPI received final approval from Washington to pilot a core-funded assessment to address operational barriers to post-exposure prophylaxis policies, particularly barriers related to gender. In October, Guillermo Egremy, an HPI consultant, conducted a needs assessment on improving access to health services by transgender individuals in Puerto Vallarta and Mexico City. The assessment included in-depth interviews with both HIV-positive transgender individuals and healthcare providers at the local CAPASITS to collect information on gender-based violence. The needs assessment has been used to design a screening tool for use by health service providers to determine whether violence has occurred and, if so, how to refer those individuals to other services, as appropriate.

Sharing best practices. In October, Nizarindandi Picasso, Office Manager for HPI/Mexico and Gender Specialist, participated in ICW Latina strategic planning meetings in Nicaragua. She also presented at CONCASIDA on HIV-positive women and sexual and reproductive rights from a community perspective. In addition, she gave a presentation titled “An Energetic Response to the AIDS Epidemic with a Focus on Gender” for a satellite meeting for women leaders sponsored by ICW Latina. During the National HIV Congress in Mexico, she provided technical assistance for the satellite meeting of

Mexicanas Positivas Frente a La Vida—the only legally constituted national organization of HIV-positive women in Mexico. Furthermore, she negotiated with the United Nations Development Fund for Women (UNIFEM) and ICW to host a training on advocacy and leadership for positive women in Latin America. HPI will support the participation of Mexican women, UNIFEM will cover the costs for other country participants, and ICW will provide additional technical assistance. Picasso also assisted the NGO SIPAM with elaborating a workplan and agenda for a meeting with the Mexico City assembly commissions on December 5 on gender equity, human rights, health, education, and the budget.

HPI had a strong presence at the HIV Community Forum (November 25–27) and the Tenth Annual National HIV/AIDS Congress in Leon (November 28–December 1). Representatives working in NGOs throughout all 32 states in Mexico attended the forum. Anuar Luna and Dionicio Ibarra facilitated the program for the forum and organized logistics for a meeting that included 207 PLHIV. During the Congress, HPI facilitated various workshops and presentations; and on November 29, HPI hosted a dinner to present POLICY Project and HPI materials on HIV and human rights, HIV in the workplace, manuals for working with healthcare workers on stigma and discrimination, and working with internal stigma with HIV-positive individuals. More than 260 people attended and an estimated 500 CDs of materials were distributed.

HIV/AIDS Treatment/ARV Services

Training of healthcare personnel. During October and November, Anuar Luna concluded negotiations with the State of Mexico CAPASITS and Puerto Vallarta CAPASITS to conduct gender-based violence workshops informed by evidence gathered during a core-funded research activity. The research informed the design of a curriculum and screening tool to assist healthcare personnel in referring transgender people who have experienced violence to appropriate healthcare providers. HPI finalized the training manual in January 2008 and in March 2008, designed the *Herramienta de Tamizaje para Identificar la Violencia Basada en Genero* (Screening Tool for Identifying Gender Based Violence). The two CAPASITS are now developing referral directories so that when violence is identified using the screening tool, the providers have a list of services to choose from.

The State of Mexico workshop was conducted from January 14–17 in Ixtapan de la Sal for 42 medical personnel working in HIV service delivery (30 women and 12 men), including doctors, dentists, psychologists, social workers, and nurses from CAPASITS and other specialized health services units throughout the state. These service providers will test and use the tool for the next several months and will participate in a monitoring and evaluation exercise in three months to determine the feasibility of applying this tool nationally. In Puerto Vallarta, 18 people (4 men, 13 women, and one transgender woman) were trained from CAPASITS, an NGO Vallarta Enfrenta el SIDA, the COMUSIDA/Vallarta Comité Municipal de SIDA the COESIDA Consejo Estatal de SIDA de Jalisco, Instituto de Seguridad Social para Trabajadores del Estado, and Salud Mental y Prevención de la Secretaría de Salud. Anuar Luna and Guillermo Egremy designed and conducted the workshop.

Peru

Country Director: Patricia Mostajo

Program Overview: Task Order 1 (TO1) of the USAID | Health Policy Initiative (HPI) in Peru contributes to the government's health portfolio by strengthening MOH norms; supporting the organization and regulation of regional health systems in the context of decentralization; encouraging the use of data for policy analysis at the subnational level; and strengthening and consolidating regional civil society coalitions to support and oversee the implementation of policy changes at the decentralized level. HPI provides TA to the MOH to implement gender-based violence (GBV) norms and protocols at the regional level; monitor adherence to FP norms in health facilities; and monitor the reduction of HIV-related stigma and discrimination in health facilities providing ART. Additionally, HPI supports the implementation of the national drug policy and the formulation of a multisectoral strategy to address HIV.

Activities in Peru under TO1 ended as of March 31, 2008. HPI's work in Peru is continuing under TO3.

Summary of Major Activities:

FP/RH

Supporting regulatory functions of the MOH. As part of its ongoing support to strengthen the MOH's capacity to perform key policy functions in a decentralized context, HPI continued to assist the MOH with evaluating its policy monitoring role. In October, HPI supported a workshop with MOH internal and external actors to (1) identify strengths and weaknesses in the implementation of activities under each dimension of the policy monitoring function (regulatory function) and (2) propose specific actions to strengthen the effectiveness of these functions.

Supporting the MOH to implement the National Strategy for Reproductive Health. HPI helped the MOH Division of Reproductive Health, the implementing body for the National Strategy for Reproductive Health, to develop and validate the technical norm for the provision of maternal health services. The norm has been submitted to the Minister of Health for approval.³ HPI also assisted with implementing the technical norm for the Cultural Approach of Birth Delivery by creating a training module for health providers. The MOH will certify the module in regional settings where local women favor the traditional, vertical birthing position (delivering from a squatting/standing position). Training for health providers in traditional birthing practices will occur under HPI's TO3 in Peru.

As a result of HPI's efforts in raising awareness of and conducting training for gender and cultural issues, the MOH's Office of Quality of Care has added a training session on gender sensitivity and cultural competency to its dissemination activities for the Technical Norms for Accreditation. The MOH has also included gender and cultural issues in the training program for health graduates (physicians, nurses, and professional midwives).

Facilitating the transfer of health functions from the central to regional level. HPI assisted the MOH's Decentralization Office with three main tasks: (1) identification of the functions being transferred from the national level (12 MOH offices) to the regional level; (2) design of a baseline data set and situation assessment to track the implementation of decentralization in two regions (Huanuco and Ayacucho); and (3) analysis and evaluation of the MOH's policy monitoring function within the decentralization process.

³ The minister approved the norm on April 27.

Monitoring compliance with the Tiahrt Amendment. HPI concluded its support to regional universities to elaborate on the analysis and reports of Tiahrt monitoring. Regional university teams presented their core results to regional health directorate (DIRESA) staff in Cusco, Huanuco, and Pasco.

Strengthening CSOs to monitor health policy implementation. HPI assisted health surveillance committees at the provincial level in both Junin and Ayacucho with analyzing the decentralization process, policies related to disabilities, and the implementation of national health insurance. HPI assisted the CSOs with preparing a report on the analysis in each region and presenting and discussing the reports with the DIRESA authorities in October.

Strengthening the capacity of stakeholders to analyze and use data effectively. HPI helped to form two public health policy monitoring teams for the universities that will monitor and evaluate citizen surveillance of public policy management at regional levels. HPI then assisted the two teams and regional health councils of Ayacucho and Junin with designing a system to monitor the implementation of nutrition and maternal health policies. The University of Ayacucho has approved the Public Health Policy Monitoring proposal, which was introduced during the Second Forum on Health Policies from December 18–19, 2007. Information on the monitoring team (“Observatorio”) is located at www.unsch.edu.pe/ogpps/. HPI, under TO3, will maintain and monitor the website, www.uncp.edu.pe.

The University of Junin has implemented its new Diploma in Policy Management course. HPI had supported the design of the curriculum and the coordination across key stakeholders in the decisionmaking process at the university. The diploma included 30 regional professionals who participated in six training modules. In Ayacucho, the diploma is still being conducted; and, to date, 50 professionals have attended six training modules. The diploma course will conclude in June 2008.

Implementing a national TB policy. An HPI consultant completed a situation analysis of drug-resistant tuberculosis in Peru. The project presented the results to the MOH to help define a strategy to address the spread of this disease. The strategy will encompass the HIV and TB general programs and include the participation of both the private sector and civil society.

HIV

Other/Policy Analysis and Systems Strengthening

Developing multisectoral regional strategic plans. In Loreto, with HPI support, the regional government, regional CCM for the Global Fund, and PLHIV network drafted and discussed the Regional Strategic Multisectoral Plan for the prevention and control of HIV/AIDS. The plan was discussed in a regional forum and is pending the regional government’s approval and budget allocation.

Reducing stigma and discrimination. To promote the reduction of HIV-related stigma and discrimination in health facilities, HPI helped the MOH’s National Strategy on HIV/AIDS to prepare four sets of guidelines for healthcare professionals who provide general services in health facilities/clinics, surgical services, obstetric care, and STI services.

APPENDIX

Table A1. HPI Project Management

HPI PROJECT MANAGEMENT (AS OF 5/15/08)	
<i>Project Leadership</i>	
TOI Director	Sarah Clark
Senior Deputy Director	Nancy McGirr
Deputy Director – FP/RH	Suneeta Sharma
Deputy Director – HIV	Ken Morrison
Deputy Director – Other Health	TBD
<i>Regional Management</i>	
Africa	Elizabeth McDavid
Francophone Manager	Danielle Grant
ANE	Anne Jorgensen
Eastern Europe and Central Asia (EECA)	Philippa Lawson
LAC	Mary Kincaid
<i>Operations Management</i>	
Program Finance Manager	Jay Mathias
Program Operations Manager	Rick Gobantes (AFR)
Program Operations Manager	Karen Lee (LAC)
Program Operations Manager	Tim Kaendera (ANE and E&E)

Table A2. HPI Core-funded Activity Management

HPI CORE-FUNDED ACTIVITY MANAGERS (5/15/08)		
	Activity Manager	Deputy Director
SO1 (POP) Core Funds		Suneeta Sharma
IAs		
1. FP/HIV Integration (Kenya)	Rachel Sanders	FY05/06
2. Expand Availability of Contraceptives through CBDs (Malawi)	Bridget McHenry	FY05/06
3. Access for Indigenous Populations (Guatemala)	Liz Mallas	FY05/06
4. Pro-Poor Strategy to Finance Contraceptives (Peru)	Suneeta Sharma	FY05/06/07
5. Raising Awareness of FP as an Approach to Reduce Poverty	Inday Feranil	FY05/06
6. FP Access for Refugees and IDPs (Sierra Leone)	Emily Sonneveldt	FY05/06
7. GBV and Uptake of RH (Bolivia)	Mary Kincaid	FY05/06/07
8. Constructive Male Involvement (Mali)	Britt Herstad	FY05/06
IR1		
1.1 Policy Implementation Assessment Tool and Validation	Anne Jorgensen	FY05/06/07
1.2 SPECTRUM E-learning	Sarah Alkenbrack	FY05/06
1.3 Policy Aspects of Eliminating FGC	Myra Betron	FY07
IR2		
2.1 Repositioning Family Planning with Religious Institutions	Danielle Grant	FY05/06
2.2 Legislative Reform with Parliamentarians	Danielle Grant	FY05/06
2.3 Early Marriage	Danielle Grant	FY05/06
2.4 Advocacy Capacity for Resource Mobilization (RHSC)	Tanvi Pandit-Rajani	FY06/07
2.5 Leadership Capacity among Marginalized Groups	Danielle Grant	FY07
IR3		
3.1 Access to RH Care for the Poor in India	Suneeta Sharma	FY05/06
3.2 Allocate Model in Decentralized Settings	Anita Bhuyan	FY05/06
3.3 Finance and Equity at Decentralized Level	Dayl Donaldson	FY07
IR4		
4.1 Family Friendly Workplace Tool	Bill Winfrey	FY05/06
4.2 Foster Private Sector Approaches to Ensure FP Access to the Poor	Margot Fahnestock	FY07
IR5		
5.1 Contribution of FP to Meeting the MDGs	Rachel Sanders	FY05/06
5.2 Demonstrate the Impact of FP (India)	Maria Borda	FY05/06
5.3 Data for Advocacy for Delay in Age at Marriage	Altrena Mukuria	FY05/06
5.4 Proximate Determinants of FP on MNH Outcomes	John Stover, John Ross	FY07
5.5 Investment Needed to Increase CPR 1%	John Stover	FY07
5.6 SPECTRUM Updates and Adding Poverty	John Stover	FY05/06/07
Working Groups		
Gender Working Group	Mary Kincaid	FY07
Poverty and Equity Working Group: Pro-poor Financing in Kenya and P&E Training	Suneeta Sharma	FY05/06/07
Addressing S&D in Meeting FP/RH Needs of HIV+ Women	Britt Herstad	FY07

Other		
Rapid Response	Carol Shepherd	FY07
QA, M&E, and Communications	Nancy McGirr	FY07
Virtual Training	Nancy McGirr	FY07
TD Week	Nancy McGirr	FY07
GLPs		
Gender	Mary Kincaid	FY05/06/07
FP/HIV	Carol Shepherd	FY05/06/07
Youth	Shetal Datta	FY05/06/07
Refugees	Theresa Shaver	FY07
Poverty and Equity	Suneeta Sharma	FY07
Repositioning FP, Tanzania	Brenda Rakama	FY07
Repositioning FP, DRC	Chuck Pill	FY07
Contraceptive Security	Margot Fahnestock	FY07
SO2 Core Funds		TBD
WRA	Theresa Shaver	FY07
SO4 (HIV) Core Funds		Ken Morrison
IR1		
1.1 Improving Emergency Plan Effectiveness: Operational Barriers to Implementation	Inday Feranil	FY05/06/07
1.2 Integrating Gender when Addressing Operational Barriers	Britt Herstad	FY05
1.3 Support for U.S. Public Law 109-95	Chuck Pill	FY05
1.4 Implementing MC Programs in Southern Africa	Tanvi Pandit Rajani	FY07
1.5 GBV, HIV, and PEP Policy Review and Implementation	Hannah Fortune-Greely	FY07
1.6 Citizen Monitoring Groups for S&D Reduction	Nadia Carvalho	FY07
1.7 Task Shifting: Policy Implementation Opportunities and Challenges	Altrena Mukuria	FY07
IR2		
2.1 PLHIV in MENA Region	Shetal Datta	FY06
2.2 Religious Communities and GBV	Britt Herstad	FY06
IR3		
3.1 Sustainable Investments: Microfinance	Brenda Rakama	FY06
3.2 How Equitable Is ART?	Nalinee Sangrujee	FY07
IR4		
4.1 TA to Muslim Leaders	Shetal Datta	FY05
IR5		
5.1 Tools for HIV Planning and Analysis and Model Maintenance	John Stover	FY06/07
5.2 Costs of Key PEPFAR Interventions	John Stover	FY06
5.3 GBV Screening Tool for MARPs	Myra Betron	FY06
5.4 Analysis of DHS to inform Scale-up of Prevention Program for Sero-Discordant Couples	Bob Porter	FY07
5.5 GOALS/TB Model	Philippa Lawson	FY07
5.6 Reprogrammed OVC Activities	Amy Kay	FY05/06/07
Other		
Integrating Gender	Mary Kincaid	FY06

OGAC: PEPFAR Initiative on GBV—Strengthening Services for Victims of Sexual Assault	Myra Betron	FY07
Rapid Response	Nancy McGirr	FY07
QA, M&E, Communications	Nancy McGirr	FY07
TD Week	Nancy McGirr	FY07

Table A3. HPI Regional and Country Management

MANAGERS FOR REGIONAL AND COUNTRY PROGRAMS (5/15/08)		
Region/Country	Country Manager/Director	Regional Manager or Coordinator
Africa		
AFR Bureau	Elizabeth McDavid	Elizabeth McDavid
Botswana	Altrena Mukuria	Elizabeth McDavid
Dem. Rep. of Congo	Chuck Pill	Danielle Grant
Kenya	Dan Wendo	Brenda Rakama
Madagascar	Margot Fahnestock	Danielle Grant
Mali	Modibo Maiga	Danielle Grant
Mozambique	Francisco Zita	Elizabeth McDavid
RHAP	Tanvi Pandit-Rajani	Elizabeth McDavid
Senegal	Danielle Grant	Danielle Grant
Tanzania	Halima Shariff	Elizabeth McDavid
Rwanda	Margot Fahnestock	Danielle Grant
West Africa Region	Modibo Maiga	Danielle Grant
ANE		
ANE Bureau	Anne Jorgenson	Anne Jorgenson
India	Suneeta Sharma/Himani Sethi	Anne Jorgensen
Indonesia	Claudia Surjadjaja	Anne Jorgensen
Jordan	Basma Ishaqat	Anne Jorgensen
Mekong (HIV)	Nadia Carvalho	Anne Jorgensen
Vietnam	Tran Tien Duc	Nadia Carvalho
Europe and Eurasia		
EECA	Philippa Lawson	Philippa Lawson
LAC		
LAC Bureau/CS	Maria Rosa Garate	Mary Kincaid
Dominican Republic	Mary Kincaid	Mary Kincaid
Guatemala	Lucia Merino	Mary Kincaid
G/CAP	Lucia Merino	Mary Kincaid
Jamaica	Kathy McClure	Mary Kincaid
Mexico	Mirka Negroni	Mary Kincaid
Peru	Patricia Mostajo	Mary Kincaid

Table A4. List of Completed Products

POP Core-funded Products

- Analysis of the Operational Policy Barriers to Financing and Procuring Contraceptives in Malawi (Draft January 2007)
- Leading Voices in Securing Health Supplies: An Advocacy Guide and Toolkit (Draft October 2007)
- Indice d'intégration du genre (Gender Integration Index) (December 2007)
- Cost of Family Planning Literature Review (December 2007)
- Advocacy Skills and Issue Identification: Report of a Workshop Oct. 11–12, 2007, Nairobi, Kenya (February 2008)
- Adecuación Cultural de la Orientación y Consejería en Salud Sexual y Reproductiva (Culturally Appropriate Counseling in Sexual and Reproductive Health) (April 2008)
- Brief—Achieving the Millenium Development Goals: Uganda
- Brief—Achieving the Millenium Development Goals: Tanzania
- Brief—Achieving the Millenium Development Goals: Malawi
- Brief—Achieving the Millenium Development Goals: Chad
- Brief—Achieving the Millenium Development Goals: Rwanda
- Brief—Achieving the Millenium Development Goals: Senegal
- Brief—Achieving the Millenium Development Goals: Guinea

MH Core-funded Products

- Newsletter—WRA Members Matter (Volume 4, Issue 4, December 2007)

HIV Core-funded Products

- The Islamic Approach to HIV/AIDS: Enhancing the Community Response: What Imams and Mosque Communities Can Do (October 2007)

QA, M&E, Communications Support

- Brief—Approaches that Work: Contraceptive Security (October 2007) Available in English and Spanish
- Brief—Approaches that Work: HIV Economic Analysis (November 2007)
- Brief—Approaches that Work: Workplace HIV Initiatives (December 2007) Available in English and Spanish
- Brief—Approaches that Work: Health Equity (December 2007) Available in English and Spanish
- Success Story—New Networks Bring Hope to PLHIV (China) (December 2007)
- Success Story—PLHIV Break the Silence in Yunnan (China) (December 2007)
- Success Story—New Voices For Change in Tanzania (January 2008)
- Success Story—Vietnam Puts HIV Law into Practice (January 2008)
- Success Story—Bringing Hope From Bitterness (Kenya) (March 2008)
- Success Story—Dr. Nafsiah Mboi Combats Gender Inequity and HIV in Indonesia (March 2008)
- Newsletter—Health Policy Post (Number 3, November 2007)

- Newsletter—Health Policy Post (Number 4, March 2008)
- Flyer—Making Projections for a Better Future (March 2008)

Country Reports

China

- The Health Policy Initiative in China: End-of-Project Report (2006–2007) (January 2008)

Ghana

- The Health Policy Initiative in Ghana: End-Of-Project Report (2006–2007) (November 2007)

Guatemala

- Document—Ley Planificación Familiar, un derecho humano: Exijamos que se cumpla (The Universal and Equitable Access to Family Planning Services Law and its Integration in the Reproductive Health Program)
- Fact sheet—Observatorio en Salud Reproductiva: de la formulación a la implementación de políticas (Reproductive Health Observatory: Policy Development and Implementation)
- Document—Elementos para el análisis legal de la protección a la maternidad en Guatemala (Analysis of Existing National and International Legislation Related to Maternal Health)
- Compact Disc—El sector privado asume el liderazgo en VIH (The Private Sector Takes the Leadership in HIV)
- Brochure—Empresarios Guatemaltecos con Espíritu de Responsabilidad Social (Guatemalan Businesses with a Socially Responsible Attitude)
- Plan operativo del FUNDEC-VIH 2008 (2008 FUNDEC-VIH Operational Plan)

G/CAP (Regional HIV)

- Compact Disc—CONCASIDA 2007: Compact Disc for dissemination of information (strategic plans, laws, and regulations in the regional countries; local M&E plans; updated statistics of the HIV and AIDS epidemic; and MEGAS reports) (November 2007)
- Report—Monitoring and Evaluation Plan of the National Response for the Prevention, Treatment and Control of STI, HIV, and AIDS in Guatemala. MOH, HPI, UNAIDS, UNFPA. Guatemala, November 2007
- Report—Phase III Proposal of the HIV and AIDS Project for El Salvador presented to the Global Fund. Coordinator Country Commission led by the MOH. El Salvador (December 2007)
- Report—Costa Rica: HIV and AIDS National Policy. MOH, HIV, and AIDS National Council, HPI, UNAIDS. Costa Rica (November 2007)
- Document—Internal Regulations of the Regional Coordinating Mechanism. HPI and RCM (February 2008)

Haiti

- Report—Estimation de la seroprevalence du VIH en Haiti en 2007 selon le milieu de residence urbain et rural pour chacun des 10 departements (Estimation of the HIV Seroprevalence in Haiti in 2007 Amongst the Urban and Rural Populations for each of the 10 Departments) (October 2007)

Indonesia

- Report—Implementing 100% Condom Use Policies in Indonesia: A Case Study of Two Districts in Jakarta (October 2007)
- Training Guidelines of Strategic Planning and Resource Allocation (Bahasa Indonesia)

LAC Bureau/CS

- Brief—How Data and Information Contribute to Contraceptive Security (October 2007) Available in English and Spanish
- Brief—The Challenge of Family Planning Supplies in Latin America: How Contraceptive Security Committees Are Making a Difference (October 2007) Available in English and Spanish
- Report—Contraceptive Security Committees: Their Role in Latin America and the Caribbean (September 2007) Available in English and Spanish
- Report—Using Data and Information to Advance Contraceptive Security in Latin America and the Caribbean (September 2007) Available in English and Spanish

Mekong Region

- A-Squared Advocacy Training Manual (November 2007)
- Flyer—Promoting Evidence-Based Responses to HIV in the Asia Region (February 2008)
- Brief—The Value of Investing in MSM Programs in the Asia-Pacific Region: Policy Brief (February 2008)

Mexico

- Herramienta de Tamizaje para Identificar la Violencia Basada en Genero (Screening Tool to Identify Gender-Based Violence)
- Manual de Capacitacion del Taller sobre la Herramienta para Identificar Violencia Basada en Genero en Poblaciones en Mayor Riesgo (Training Manual for Workshop on Screening Tool to Identify Gender-Based Violence among Most-at-Risk Populations)

RHAP

- Report—Costing Male Circumcision in Lesotho, Swaziland, and Zambia: Implications for the Cost-Effectiveness of Circumcision as an HIV Intervention (September 2007)
- Report—Revised Costing of Namibia's Third HIV/AIDS Medium Term Plan (MTP III) (October 2007)

Rwanda

- HIV/AIDS in Rwanda: 2008 Epidemic Update (January 2008)

South Africa

- Manual—Developing an HIV and AIDS Policy: Content, Process, Challenges and Implementation (Postgraduate Diploma in HIV/AIDS Management, Modules 12, 13, 14)

West Africa Region

- Plan National Stratégique pour la Sécurisation des Produits de Santé de la Reproduction du Niger: 2007–2010

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