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**HEALTH POLICY
INITIATIVE**

Semi-Annual Report, Task Order I

**October 1, 2008–March 31, 2009
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 Futures Group International, 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 foster an enabling environment for health, especially in the areas of family planning and reproductive health, maternal health, and HIV/AIDS.
Achievements	Task Order 1 implements a comprehensive and challenging set of core activities with funding from the Office of Population and Reproductive Health; Office of HIV/AIDS; and the Office of Health, Infectious Diseases, and Nutrition. In addition, the project has received field support funds from 36 country or regional programs. The bureaus for Africa, Asia and the Near East, Europe and Eurasia, 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, 2008 to March 31, 2009, we report 37 results in 14 country and regional programs.
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Date of Award	September 30, 2005
Projected End Date of Activity	September 29, 2010
Ceiling Price	\$100 million

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ABBREVIATIONS

AFR	Africa (region)
AIDS	acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANE	Asia/Near East (region)
AO	activity objective
ART	antiretroviral therapy
ARV	antiretroviral
CA	cooperating agency
CBD	community-based distribution
CBO	community-based organization
CCM	Country Coordinating Mechanism (of GFATM)
CEDPA	Centre for Development and Population Activities
CONAES	National AIDS Business Council
CPR	contraceptive prevalence rate
CS	contraceptive security
CSAA	Contraception Supply Availability Assurance (Technical Group)
CSO	civil society organization
DFID	Department for International Development
DHS	Demographic and Health Survey
ECSA	Eastern, Central, and Southern Africa
E&E	Europe and Eurasia
FBO	faith-based organization
FGC	female genital cutting
FHI	Family Health International
FP	family planning
FP/RH	family planning/reproductive health
FY	fiscal year
GAFTM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GBV	gender-based violence
GHC	Global Health Council
GIPA	greater involvement of people living with HIV
GTWG	Gender Technical Working Group
HBC	home-based care
HIV	human immunodeficiency virus
HPC	Higher Population Council
HPI	USAID Health Policy Initiative
HVC	highly vulnerable children
IA	innovative approach
IAS	International AIDS Society
IEC	information, education, and communication
IGWG	Interagency Gender Working Group
IQC	indefinite quantity contract (USAID)
IR	intermediate result
LAC	Latin America and the Caribbean (region)
LAPM	long-acting and permanent methods
LGBTTTI	lesbian, gay, bisexual, transgender, transvestite, transsexual, and intersexual
MARP	most-at-risk population
MAT	medication-assisted therapy

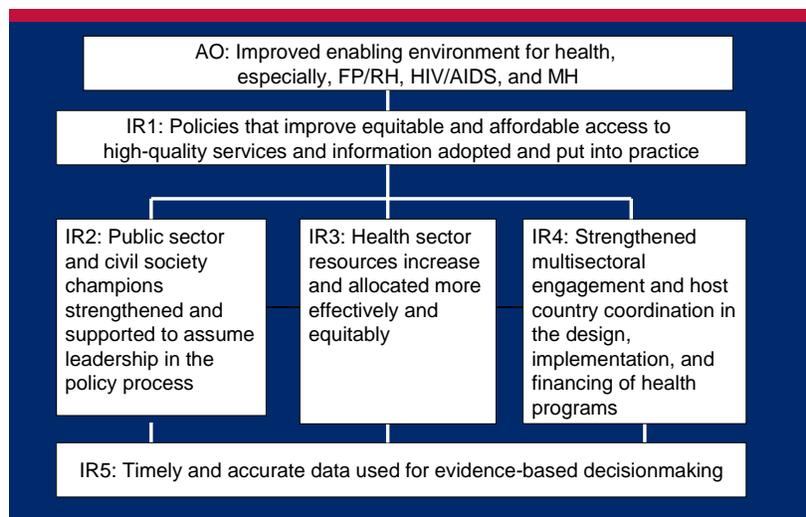
MC	male circumcision
MCH	maternal and child health
MDGs	Millennium Development Goals
M&E	monitoring and evaluation
MENA	Middle East and North Africa
MH	maternal health
MOH	Ministry of Health
MSM	men who have sex with men
NCSC	National Contraceptive Security Commission
NGO	nongovernmental organization
OGAC	Office of Global AIDS Coordinator
OPRH	Office of Population and Reproductive Health
OSAR	Reproductive Health Observatory
OVC	orphans and vulnerable children
P-ART	pediatric antiretroviral therapy
PEP	post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PEWG	Poverty and Equity Working Group
PIAT	Policy Implementation Assessment Tool
PIBA	Policy Implementation Barriers Analysis
PLHIV	people living with HIV
PMP	Performance Monitoring Plan
PRSP	poverty reduction strategy paper
PSI	Population Services International
QA	quality assurance
RCH	reproductive and child health
RFP	repositioning family planning
RH	reproductive health
RHAP	Regional HIV/AIDS Program (Southern Africa)
RHSC	Reproductive Health Supplies Coalition
S&D	stigma and discrimination
SGBV	sexual and gender-based violence
STI	sexually transmitted infection
SV	sexual violence
TA	technical assistance
TB	tuberculosis
TO	task order
TOT	training-of-trainers
TWG	technical working group
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
USAID	U.S. Agency for International Development
USG	U.S. government
VCT	voluntary counseling and testing
VLDP	Virtual Leadership Development Program
WG	working group
WRA	White Ribbon Alliance

I. Project Description: Health Policy Initiative

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 Futures Group International that includes the Centre for Population and Development Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and Futures Institute. Cultural Practices and Religions for Peace have also been active subcontractors on TO1. Task Order 1 has now completed 3.5 years of 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 can 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, 2008, to March 31, 2009. 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 descriptions 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. Achievements and Results

A. Overview of Project Achievements

HPI Task Order 1 continues to make great strides toward achieving its aim of “improving the enabling environment for health, especially FP/RH, maternal health, and HIV/AIDS.” Our progress will be showcased throughout this semi-annual report.

For achievements during this reporting period, we present 37 results from a combination of field activities and the application of technical tools and approaches created with core funds. To date, HPI has received field support funds from 35 countries or regional programs. We continue to work in 25 country or regional programs.

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. Country leaders have been especially interested in using RAPID to explore the implications of rapid population growth. HPI continues to address the project’s cross-cutting issues of gender; poverty and equity; and human rights, stigma, and discrimination in core and field activities. These activities cover a wide range of issues, including gender-based violence (GBV), female genital cutting (FGC), and provision of FP/RH care to HIV-positive women.

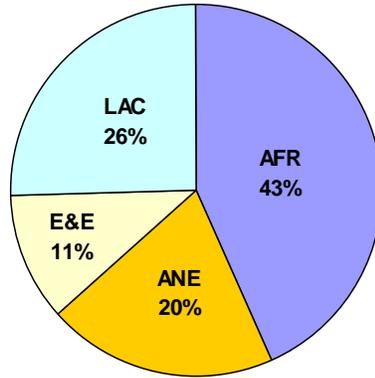
Maternal health (SO2) core funds are being used to help countries increase access to high-quality, affordable, and comprehensive maternal health services for all women. WRA assists its country alliances by providing technical information and technical assistance (TA) and holding regional training courses. 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.

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), data-based decisionmaking and models, and male circumcision. Male circumcision work focuses on two key areas: costing for policy decisionmaking and guidelines for policy development and implementation. Another focus is examining economic and other barriers for accessing antiretroviral (ARV) treatment. We continue to develop and apply new 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.

HPI continues to disseminate a large volume of information about its work and accomplishments through various media, including website postings, briefs, technical reports, videos, group presentations, in-country workshops and policy dialogue, and listservs. During this reporting period, downloads from our website quadrupled, compared with the previous six months. HPI staff are working on e-learning courses on poverty and equity and on stigma and discrimination. We are also sharing information and approaches with the broader IQC and cooperating agency (CA) community through our technical website and dissemination of key technical documents.

The majority of HPI programming is implemented through field programs (field-support and core funding amounts to 58.2% and 41.8%, respectively). Figure 1 below shows the distribution of funding by field programs to date.

Figure 1. Distribution of Funding by Field Programs to Date (as of 3/31/09)



B. Cumulative Project Results (as of March 31, 2009)

Since the project's inception, HPI has achieved 342 results across its Activity Objective (AO) and five Intermediate Results (IRs) in the 35 countries and regional programs in which it has worked (see Table 1). Global results are those supported with core funds and that occurred in a country that has not provided field support to Task Order 1.

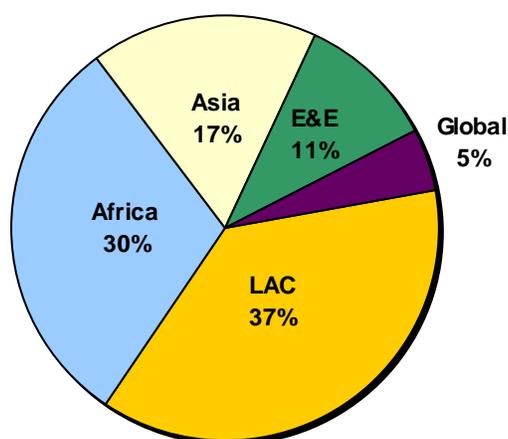
Table 1. Cumulative Results by Country, October 2005 through March 31, 2009

Country	AO	IR1	IR2	IR3	IR4	IR5	Total
Africa							
Africa Bureau							
Botswana		1	2	2	1	1	7
DR Congo			1	1	1		3
Ghana						1	1
Kenya	2	4	7	6	3	2	24
Madagascar							
Mali	1	5	5	1	2	2	16
Mozambique		13	1		2	1	17
Namibia							
RHAP						1	1
Rwanda						2	2
Senegal							
South Africa	1	3	3	2	1	3	13
Tanzania		3	11	2			16
West Africa Region		4				1	5
Asia and the Near East							
ANE Bureau			1			2	3
China	1	1	3	4		2	11
Egypt							
India						1	1
Indonesia			2		1	1	4
Jordan	1	2	1	4	3	2	13
Mekong Region			1	1		3	5
Nepal			1				1
Vietnam	3	5	5	4	2	1	20
Yemen						1	1

Europe and Eurasia							
EECA Bureau							
Ukraine	1	19	5	1	6	5	37
Latin America and the Caribbean							
Dominican Rep.			2				2
G/CAP		6	3	1	4		14
Guatemala	1	13	18	1	2	3	38
Haiti							
Jamaica			4	3			7
LAC Bureau			1	3	2		6
Mexico	2	10	17	6	2		37
Peru	1	9	3	4	3	4	24
Global			9	6		1	16
Total Results	14	98	106	52	35	40	342
Total Countries	10	15	24	18	15	21	30

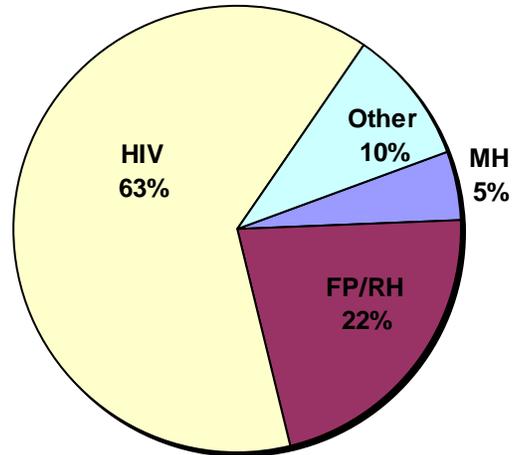
Regionally, Latin America and the Caribbean (LAC) and Africa each contributed roughly one-third of the results, with 37 percent and 30 percent, respectively. Asia and the Near East contributed 17 percent of the results, 11 percent were from Europe and Eurasia (Ukraine only), and 5 percent were from global activities (see Figure 2).

Figure 2. Distribution of Results by Region, October 2005–March 2009



HIV/AIDS activities have accounted for 63 percent of Task Order 1 results, FP/RH for 22 percent, maternal health for 5 percent, and other health intervention areas account for 10 percent (see Figure 3).

Figure 3. Distribution of Results by Topic Area, October 2005–March 2009



Since HPI's inception, 69 policies have been adopted: 41 in Africa, 21 in LAC, 5 in Eastern Europe (Ukraine), and 2 in Asia and the Near East. More than half of these policies (39) were workplace policies and agreements developed by the private sector, nongovernmental organizations (NGOs), and some governmental bodies. Governments also developed laws (16), strategic plans or guidelines (13), and decrees (1). More than three-fourths (81%) of these policies, strategic plans, or guidelines focused on HIV prevention and control; 12 percent pertained to FP/RH, and the remaining 7 percent addressed other health programs, such as MH, tuberculosis (TB), and general health.

In support of health policy-related work, HPI and/or its local partners have leveraged more than US\$125 million from local and international development partners, including national governments, private foundations, the World Bank, and communities. Of the funds leveraged, 61 percent were for HIV/AIDS programs, 29 percent were for TB programs, about 5 percent for FP/RH and maternal health programs combined, and about 5 percent for programs in other health-related areas, such as gender-based violence.

Table 2 shows HPI's progress toward achieving contractual targets for results. Of the 13 targets, 11 have already been met or surpassed. Targets for our overall AOs, as well as for IR1, IR2, IR4, and IR5 have been exceeded. Of the five results levels (IR1-5), IR3 remains the most challenging. While the project has achieved more IR3 results than it has achieved IR4 or IR5 results, nearly all of the IR3 results have been 3.1 results (instances in which new and/or increased resources are committed or allocated). Other types of IR3 results, which involve mechanisms to increase the effectiveness and equity of resource allocation, have proved much more difficult to achieve. One explanation for this is that HPI's efforts in this area focus on strengthening the country's capacity in advocacy, policy formulation, and use of data for evidence-based decisionmaking. These efforts take time and do not immediately culminate in increased or re-allocated resources.

Table 2. Progress toward Contract Targets for Results (as of March 31, 2009)

Level	# of Indicators Required	Target	Achieved	Target Met/Exceeded
AO3	4 of 5 IRs	8 countries	10 countries	√
IR1	At least 1	12 countries	15 countries	√
	At least 2	10 countries	12 countries	√
	At least 3	5 countries	8 countries	√
IR2	At least 1	12 countries	24 countries	√
	At least 2	10 countries	14 countries	√
	At least 3	5 countries	8 countries	√
IR3	At least 1	12 countries	18 countries	√
	At least 2	10 countries	6 countries	
	At least 3	5 countries	0 countries	
IR4	At least 1	12 countries	15 countries	√
IR5	Data used (5.2)	12 countries	15 countries	√
	Tool applied (5.1 or 5.3)	5 countries	12 countries	√

HPI has three indicators for its overall Activity Objective, improved enabling environment for health, especially FP/RH, HIV/AIDS, and maternal health. The three indicators are:

- AO1. Number of countries that show an improvement in the policy environment using a documented instrument
- AO2. Number of instances of policies implemented, resources allocated, *and* evidence of resources used in relation to the same policy
- AO3. Number of countries where results are achieved in at least 4 of the 5 IRs in the same substantive area.

Ten countries—China, Guatemala, Kenya, Jordan, Mali, Mexico, Peru, South Africa, Ukraine, and Vietnam—have improved the enabling environment for health, mainly by fulfilling the indicator for AO3, achieving results in four of the five IRs in the same substantive area (see Table 3). Three countries—Kenya, Mexico, and Vietnam—have achieved the indicator for AO1, showing contributions to an improved enabling environment through use of a documented instrument. Vietnam is the only country that has thus far met the requirement for AO2—instances of policies implemented, resources allocated, and evidence of resources used in relation to the same policy.

During this reporting period, three countries—Guatemala, Kenya, and Mali—made contributions to an improved enabling environment (AO). The following section highlights their results.

Three additional countries—Botswana (HIV), Mali (HIV), and Mozambique (HIV)—have met the target of achieving results in at least four of the five IRs in the same substantive area. However, we are waiting for additional results that make a stronger case for an improved policy environment. We could also use the AO3 indicator for the G/CAP program, but it would be difficult to make a case for a strengthened regional policy environment with so few results across five countries.

Table 3. Countries Achieving AO Results

Country	AO1	AO2	AO3	Total
China: HIV			1	1
Guatemala: FP/RH			1	1
Kenya: HIV	1		1	2
Jordan: FP/RH			1	1
Mali: FP/RH			1	1
Mexico: HIV	1		1	2
Peru: FP/RH			1	1
South Africa: HIV			1	1
Ukraine: HIV			1	1
Vietnam: HIV	1	1	1	3
Total	3	1	10	14

ACTIVITY OBJECTIVE: Improved enabling environment for health, particularly FP/RH, HIV/AIDS, and maternal health

AO3: # of countries where results are achieved in at least 4 of the 5 IRs in the same substantive area

- In **Guatemala**, HPI has helped to strengthen the FP/RH policy environment by supporting the passage and implementation of key FP legislation and by building the capacity of individuals and organizations to champion FP issues and mobilize resources. HPI's support was instrumental in securing publication of the country's FP law in 2006. HPI also helped establish a multisectoral national Reproductive Health Observatory (OSAR), an oversight group that has been a powerful champion for FP issues, including implementation of the new FP law. Recently, three regions established their own OSARs, which will help improve implementation of the country's FP/RH legal framework at the regional and local levels. HPI also supported formation of a multisectoral Contraceptive Supply Availability Assurance Technical Group (CSAA) to support contraceptive security until a national commission is created. In addition to OSAR, HPI has helped to recruit and train several powerful champions for FP issues, including the First Lady and Congresswoman Zury Rios-Mont de Weller. After HPI-trained policy champions advocated on behalf of FP/RH services, the Ministry of Public Health allocated US\$1,266,284 in additional funding for the National RH Program. The FP/RH champions also convinced one of the country's main political parties to include FP/RH priorities in its health plan for the first time. Finally, HPI has helped address barriers to accessing FP/RH services faced by indigenous populations. One of its greatest accomplishments in this area was bringing together three of Guatemala's largest FP service providers to create a national strategy for reducing these barriers. The Ministry of Public Health subsequently used HPI's conceptual framework and methodology for another study on barriers to accessing FP services; the second study was on barriers to access for non-indigenous populations. The project also helped to form and strengthen networks of indigenous women, who have become vocal advocates for their FP/RH needs.
- HPI has contributed to strengthening the HIV policy environment in **Kenya**, by virtue of achieving results in four of the five IRs. HPI assisted the National AIDS Control Council (NACC) to

decentralize its structures and improve its leadership and coordination capacity to help it cope with the rapidly expanding number of stakeholders. Restructuring the NACC enhanced the participation of stakeholders at all levels. Advocacy efforts by HPI-trained policy champions contributed to the announcement (after a nearly three-year delay) of a commencement date for the National HIV and AIDS Prevention and Control Act. Project champions also helped to prevent the passage of amendments to the Industrial Property Act and successfully advocated for changes to the Anti-Counterfeit Bill, both of which threatened to restrict access to generic medicines, including ARVs. The project also provided financial and technical support to civil society organizations (CSOs) and networks of people living with HIV (PLHIV), which have been expanded and strengthened. Project support enabled the creation of new networks, including the Kenya AIDS Network for Post Primary Institutions and the National HIV/AIDS Health Workers Network. With HPI's support, these networks have fostered increased involvement of PLHIV in the country's HIV response up to the highest levels and have fought to reduce stigma and discrimination. HPI developed national GIPA (Greater Involvement of People Living with HIV) guidelines to support PLHIV engagement and strengthened the capacity of CSOs to engage in central policymaking bodies and processes such as the Joint AIDS Program Review and the Inter-Agency Coordination Committee of the NACC. The project's strengthening of PLHIV networks and CSOs has increased their visibility and enhanced recognition of the rights of PLHIV and other vulnerable populations.

- In **Mali**, HPI has achieved its overall activity objective of fostering an improved enabling environment for FP/RH. Mali suffers from high maternal and neonatal mortality rates and a low contraceptive prevalence rate. HPI's support led to the passage and implementation of important RH legislation, as well as the engagement of two key stakeholder groups—religious leaders and parliamentarians. HPI partnered with parliamentarians to secure passage of key administrative regulations (textes d'application) without which the country's RH law, passed in 2002, could not be implemented. HPI helped the Parliamentarian Network on Population and Development (REMAPOD) launch an initiative to identify barriers to implementation of the RH law by visiting rural health centers. As a result, one of the poorest communities in Mali will have a chief medical officer who can provide FP services. HPI's efforts to engage religious leaders in Mali were also highly successful. Following project training, imams began speaking out in support of FP in their mosques for the first time and recruiting their fellow imams to do the same. The project also helped the Islamic Network for Population Development (RIPOD) to expand into six new districts, enabling it to reach more religious leaders and strengthening its nationwide advocacy efforts. The project's ability to secure the support of Islamic religious leaders for family planning is a substantial accomplishment, and one that improves the country's prospects for increasing access to and use of FP in the long term. The project also helped write guidelines on constructive male engagement in RH programs, which were adopted by the government and will be used nationwide. This is an important step forward in a country where men have rarely been included in RH programs, despite their central role in health decisionmaking. The project helped design advocacy tools that can be used to oppose female genital cutting—a widespread practice in Mali, which negatively affects the reproductive health of women and girls. Finally, the project helped to incorporate FP/RH and MH issues into Mali's Poverty Reduction Strategy Paper (PRSP), which, if approved, will govern the government's allocation of funds designed to alleviate poverty and help meet the needs of the poorest groups.

C. SAR Results (October 1, 2008 to March 31, 2009)

For the period from October 1, 2008 to March 31, 2009, HPI achieved 37 results in 14 country or regional programs; 19 of these results were in the area of HIV/AIDS, 13 pertain to FP/RH, and three relate to maternal health. The remaining two results relate to FP/RH/HIV integration.

Table 4. SAR Results by Country, October 1, 2008 to March 31, 2009

Country	AO	IR1	IR2	IR3	IR4	IR5	Total
Africa							
Botswana		√			√		2
DR Congo				√			1
Kenya	√	√√		√	√		5
Madagascar							
Mali	√		√		√		3
Mozambique		√					1
RHAP							
Rwanda							
Senegal							
Tanzania							
Asia and the Near East							
ANE Regional						√√	2
India						√	1
Indonesia			√				1
Jordan		√					1
Mekong Region							
Vietnam							
Yemen							
Latin America and the Caribbean							
LAC Bureau				√			1
Dom. Republic			√				1
Guatemala	√	√√	√√√√		√	√	9
G/CAP							
Jamaica							
Mexico		√√√√√	√√				7
Global			√	√			2
Total Results	3	12	10	4	4	4	37
Total Countries	3	6	6	4	4	3	14

The following pages present the results for October 1, 2008–March 31, 2009 in more detail. Results are presented according to the HPI results framework and accompanying indicators. The results reflect significant achievements toward improving the policy environment for FP/RH, MH, HIV, and other health programs and services.

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

- In a federation like **Mexico** it is important that individual states have laws that outline the state's responsibilities in protecting its citizens' rights against violations. On February 12, 2008, the state of Tamaulipas approved a law to prevent and eradicate discrimination against people who are HIV positive, including discrimination in the healthcare system, education system, and workplace. The law further stipulates that testing of individuals without consent and denying them information on treatment is prohibited. The law was passed as a result of advocacy efforts by a group of policy champions who had been trained by HPI. This group formulated the law, based on a similar one at the federal level, and lobbied policymakers to endorse it. Thanks to their efforts and HPI's support, people living with HIV in Tamaulipas and other marginalized groups are now assured a legal basis for demanding equal and fair treatment for healthcare and other services.
- On October 30, 2008, Moçambique Celular (MCel), **Mozambique's** largest mobile operator and the country's third largest company, adopted an HIV workplace policy after receiving technical assistance from HPI. MCel employs more than 550 people, most of whom are young and just out of school. The company's presence extends throughout the country. While it has been engaged in activities to promote culture, science, and education, up to now MCel has conducted only isolated HIV-related activities. Before October, the company had no policy to protect employees' rights under Law 5/2002, Mozambique's HIV law. In May 2008, 16 representatives from MCel attended a workshop on workplace HIV policy design hosted by HPI. Attendees represented all departments of MCel, including the human resources department. HPI trained participants in the design of appropriate HIV workplace policies using HPI's Workplace Policy Builder software. After the workshop, HPI continued to provide input and guidance that helped MCel reach internal consensus and secure approval of the policy. The policy will galvanize reduction of stigma and discrimination within MCel, as well as prevention and mitigation activities. In addition to the direct benefit to MCel employees and their families, the policy will motivate MCel customers and other telecommunications companies to follow its example and take a more active role in addressing HIV in the workplace.
- Post-exposure prophylaxis (PEP) is recommended to prevent transmission of HIV following sexual exposure, but few policies to implement this recommendation have been adopted. **Mexico** is no exception, and sorely needs more clearly defined policies and operations for the application of PEP, particularly in cases of sexual exposure. On December 1, 2008, the Mexico City HIV program announced the implementation of a PEP program that will work closely with emergency personnel, will give information on medication and treatment to people who have been sexually exposed to HIV, and will channel exposed individuals to the Clinic Condesa, Mexico City's main HIV clinic, for treatment. The definition of sexual exposure used by the new program includes, but is not limited to, sexual violence. Program guidelines prohibit discrimination based on individuals' sexual preferences and gender. HPI staff has supported efforts to expand the PEP program to include transgenders, who are often discriminated against because they do not conform to traditional gender stereotypes. The project provided technical support to the Mexico City HIV program to draft the guidelines. If the policy is implemented as planned, it could reduce the risk of HIV infection for victims of sexual

violence by ensuring that they receive properly administered PEP. Prior to this announcement, there were few, if any, operational policies for PEP for sexual violence victims in Mexico. [CORE AND FIELD]

- The **Mexican** Army has its own system of laws and courts, which has made advocating for HIV-related policy changes within the military extremely difficult, despite the existence of many human rights issues. Military personnel who test positive for HIV have traditionally been dismissed from military service, resulting in the loss of both employment and healthcare for the person in question. On February 27, 2007, the Mexican Supreme Court determined that it is unconstitutional for the military to summarily dismiss personnel found to be HIV positive. However, the decision required each wrongfully dismissed soldier to file a civil suit to retain his or her job. Therefore, it was clear that a legislative change was still needed. On November 20, 2008, the national legislature approved the new Social Security Institute for the Mexican Armed Forces (ISSFAM—Instituto de Seguridad Social para las Fuerzas Armadas Mexicanas) law. The law prohibits dismissal of soldiers found to be HIV positive and requires that HIV-positive soldiers be reassigned to duties where they can continue treatment. HPI consultants reviewed drafts of the legislation and were litigants in the original lawsuit. Regardless of internal military policies, the military will be subject to the new law, and HIV-positive soldiers will be able to maintain their livelihoods and retain access to the healthcare services they so urgently need.
- While **Botswana** has proactively sought to enhance the level and quality of support provided to the country's more than 95,000 OVC, the government's efforts have been hindered by lack of policy frameworks on which to base a coordinated national OVC response. Because of the number of children orphaned or vulnerable, this constituted a national challenge requiring urgent attention. In June 2008, the government of Botswana formally adopted the National Guidelines on OVC and in November, the government adopted a national OVC policy. The guidelines aim to assist organizations and various stakeholders in developing and implementing effective and sustainable program responses to address the needs and rights of OVC by setting standards for organizations that provide OVC care and support services. The policy calls for the implementation of comprehensive interventions to prevent child abuse and establishes procedures for fostering, adoption, and family support of OVC. HPI participated in the technical committee responsible for drafting both the policy and the guidelines. Prior to the adoption of the new regulations, OVC programs were guided by the Short-term Plan of Care for Orphans and Vulnerable Children, which resulted in insufficient coordination and funding of OVC interventions. Together, the OVC guidelines and OVC policy will enhance the quality of program design and service delivery for children affected by HIV and AIDS and increase support for OVC caregivers.

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

- The main goal of **Jordan's** National Population Strategy for 2002–2020 (NPS) is to reduce the country's total fertility rate. Achieving this goal requires the general population and policymakers to understand the consequences of rapid population growth and support the small family norm. On November 18, 2008, the government of Jordan publicly launched the country's second Reproductive Health Action Plan (RHAP II) at a meeting attended by ministers, parliamentarians, high-level public service officials, USAID, and other stakeholders. Designed to support implementation of the NPS, RHAP II aims to strengthen the FP/RH policy environment, increase the use of FP/RH services, and improve the quality and availability of FP/RH information. The plan will be implemented by various government bodies, including the Ministry of Health's (MOH's) Women and Child Health Division; as well as local NGOs and USG-funded projects. Implementation and monitoring of the plan will be undertaken by the Higher Population Council (HPC), a government body that reports to the Ministry

of Planning. HPI provided considerable technical and financial support to HPC in designing RHAP II, including helping to create the monitoring and evaluation (M&E) plan and the first year's budget. HPI also provided logistical support to HPC in launching the plan and preparing relevant information materials for dissemination at the official launch. RHAP II will enable Jordan to establish and sustain a favorable environment for FP/RH and to ultimately slow its population growth.

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

- The HIV and AIDS Control Act was designed by the government of **Kenya** in 2006 to prevent, manage, and control HIV in the country. The Act ensures that people who are HIV positive are protected from human rights abuses and prohibits compulsory testing and discrimination against persons with or suspected of having HIV and AIDS. Unfortunately, the legislation failed to be implemented because the government did not publicly announce the Act's commencement. As a result, the judiciary system in Kenya was left without a legal frame of reference when dealing with human rights violations of PLHIV. After repeated advocacy activities conducted by HPI and its partners, which include several community-based organizations and PLHIV networks, the Minister for Special Programmes announced on March 6, 2009 that the HIV and AIDS Act passed in 2006 will officially come into effect on March 30, 2009. This public announcement contained in the Kenya Gazette (March 6, 2009) as Legal Notice No. 34 provides the Act with the legal framework needed for its implementation. HPI provided technical and financial assistance to the CSOs, the NACC, and other stakeholders in advocating for the implementation of the Act and supported numerous consultations with Parliamentarians and other relevant government representatives. As a result of their efforts, the act has now been publically announced and can be implemented accordingly.
- The government of **Guatemala's** Family Planning Law calls for the creation of the NCSC. Until recently, this commission had not yet been officially convened because no associated regulations were passed. To address this gap, several organizations formed a group to carry out the functions of the NCSS and subsequently asked the Ministry of Health to endorse the establishment of a technical group in compliance with the Family Planning Law. On January 9, 2009, a CSAA Technical Group (CSAA Group) was accordingly established, composed of the members of the initial technical group and assuming the functions of the NCSC. The aim of the group is to mobilize resources for contraceptive supplies, develop mechanisms to obtain better prices in the international market for the bulk purchase of contraception supplies, and ensure that the institutions that constitute the CSAA Group define and share contraceptive logistics policies and strategies. The Vice-Minister of Public Health sent an official notice to all the organizations that, by law, should form part of the NCSC, thereby giving the group its necessary legitimacy. HPI helped to establish the relationships among the organizations that make up the CSAA Group, and advocated to senior government officials about the importance of establishing the group. The formation of the CSAA Group permits organizations to organize, prepare for, and carry out the functions of the NCSC and thereby to improve and advance the implementation of the original law, as well as to keep the issue of contraceptive security on the national political agenda.
- The government of **Guatemala** passed several policies, including the Social Development Policy, the Social Development Law, and the Family Planning Law, which confirm that people have the right to FP/RH services and information. The First Lady's Social Works Office (SOSEP), a governmental body that implements development programs in rural and marginalized areas of the country, did not initiate FP/RH programs, despite the existence of a national legal framework that guarantees access to such programs. On March 2, 2009, the agency trained 18 departmental coordinators on the implementation and monitoring of FP/RH activities. This training is evidence that the existing legal

and political framework is being implemented. HPI trained SOSEP officials on benefits of family planning and the country's legal framework. SOSEP subsequently formed an FP/RH program for its target population. This will lead to more Guatemalan women, especially those who live in rural and marginal areas covered by SOSEP, having greater access to FP/RH services and information.

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

- **Kenya** is working to integrate FP and HIV services by making FP services available in HIV clinics and testing sites, and by making HIV prevention, care, and treatment services available in FP clinics. To date, integration efforts have been project-based, with little being done to address barriers to sustainable FP/HIV integration within government systems. HPI used core funds to conduct a barriers analysis to identify and rank operational policy barriers to integration of FP and HIV services. Through interviews with policymakers, program managers, and service providers, the assessment identified numerous barriers, including the lack of service protocols and operational policy guidelines to support integration, inadequate governmental funding for FP/HIV integration, limited staffing levels in public health facilities, and the existence of parallel HIV and FP/RH supervision and logistics systems. HPI presented the study findings at a two-day workshop where key stakeholders categorized the barriers into eight issue areas. Participants subsequently decided to create a subcommittee to work on an integration strategy and guidelines to address the barriers. The group also agreed to expand the Integration Working Group, which was established in 2002, to support a pilot study for integrating FP and voluntary counseling and testing (VCT) services. [CORE AND FIELD]
- The low quality of sex education, and the educational sector's lack of commitment to changing this, both have acted as barriers to an effective national HIV response in **Mexico**. The Ministry of Education has been a particularly difficult player to bring into the national dialogue and planning process on HIV, despite the importance of youth prevention efforts in the context of Mexico's concentrated HIV epidemic. With HPI's support, several steps have recently been taken to address this barrier. On August 1, 2008, Mexico hosted the first meeting of Ministers of Education and Health to stop HIV in Latin America and the Caribbean. Seventeen Ministers of Health, 12 Ministers of Education, and Vice Ministers from 33 countries attended the meeting. The meeting's final declaration, which was signed by Mexico's Ministers of Health and Education, contained specific educational goals for 2010–2015 in terms of teacher training and youth access to sex education. On October 29, 2008, HPI trained professors at teacher training centers in Veracruz and Mexico City to ensure that they are able to implement the new requirements for science-based sex education in the classroom. HPI has also been working closely with activists engaged in advocating for systematic inclusion of the Ministry of Education within the National AIDS Governing Board. HPI consultants and staff worked closely with the agreement's authors and will help activists track its implementation, as well as providing technical assistance to the Ministry of Education as needed. While there is still much to be done, the meeting declaration and the launch of teacher training represent important steps in beginning to address the barriers to Mexico's HIV response posed by inadequate sex education and a lack of engagement by the Ministry of Education.
- Homophobia is common in **Mexico**. With the country's HIV epidemic highly concentrated among the population of men who have sex with men (MSM), homophobia and the resulting discrimination can therefore act as potent barriers to HIV health services for MSM and other most at-risk populations (MARPs). A 2005 national survey in Mexico showed that 50 percent of those surveyed think it is acceptable to discriminate against non-heterosexuals. On October 23, 2008, the Mexico City Ministry of Social Development's Department of Equality and Social Diversity released the Sexual Diversity Decalogue, a document that outlines the rights of the lesbian, gay, bisexual, transgender, transvestite,

transsexual, and intersexual (LGBTTTI) population and states that all public servants must honor these rights when providing services to those communities. The Decalogue was developed to encourage nondiscrimination in Mexico City government activities and make services for the LGBTTTI population more accessible. It is heavily focused on health, as well as on MARPs. The Decalogue outlines anti-homophobia and anti-discrimination strategies for the government. These strategies include sensitivity training, respect for human rights, permanent actions geared toward preventing and eliminating discrimination, measures to foster a climate in which people will come forward to lodge complaints in case of discrimination, implementation of public policies and programs geared toward the LGBTTTI population, transparent accounting of program spending, development of educational materials regarding a life free from discrimination, and facilitating the political participation of LGBTTTI people. When the Decalogue was unveiled, the President of the Mexico City Human Rights Commission, Emilio Alvarez Icaza, called it a triumph of the LGBTTTI community. HPI offered technical assistance and training to the Department of Equality and Social Diversity, which in turn assisted 15 other government agencies and offices. The original HPI training included 34 people and extended over several weeks between July and early November 2008. HPI's role helped to enrich the quality of the Decalogue. The Decalogue will contribute to improved quality of healthcare, particularly for MARPs in Mexico City, by reducing discrimination and promoting inclusive services. It will also generate new outlets for seeking justice and accountability in case of rights violations or discrimination.

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 assisted by the project are actively engaged in policy dialogue, planning, and/or advocacy

- During donor phaseout for family planning, there is particular concern that marginalized populations in the **Dominican Republic** may be at risk for decreased access to FP. To ensure that these populations are represented in advocacy efforts, HPI is concentrating on building the capacity of smaller CSOs to advocate for women's health issues—especially those that represent marginalized populations and/or have strong community-based and grassroots components. To create a space at the table for these organizations, HPI is building their capacity to function together as a network and effectively present their arguments for policy change. In February 2009, HPI trained 20 community-based organizations (CBOs) in network formation and advocacy during a four-day workshop in Santo Domingo. As a result, the participants formed a network called “National Network for Advocacy in Family Planning and Sexual and Reproductive Health” with the mission to “promote public policies that guarantee the existence and execution of high quality programs in family planning and sexual and reproductive health.” Since then, the network has engaged in policy dialogue with several members of the national House of Representatives, urging them to support constitutional reform that could affect women's health and reproductive rights if passed as written. Various representatives came to meet with the network, heard a variety of arguments, and received information from the network about the proposed constitutional reform and its potential effects on women's health. This was an important step for the advocacy network to develop a dialogue with these leaders on the topic, and it helped strengthen their own messages and confidence in their abilities to seek out future policy dialogue on the topic.
- In **Guatemala**, indigenous women are three times more likely to die during pregnancy, delivery, and post-delivery than non-indigenous women. This problem is rarely discussed in public, in particular from the perspective of indigenous women themselves. Furthermore, the healthcare services provided by the MOH are not oriented to the needs of indigenous women. On March 19, 2009, the Pop Jay Mayan Women's Organization, a CBO based in Chimaltenango that provides social development

services to indigenous women, used the press to champion the issue of culturally sensitive FP/RH services for indigenous women. The organization highlighted the maternal mortality situation among indigenous women and called for services that respect the cultures of the local indigenous populations. It demanded that midwives be regarded as valued healthcare providers, that their ancestral beliefs on vertical child delivery be respected, and that at least one healthcare provider attending a Mayan woman speak the local language. HPI trained the Pop Jay organization in March 2008 on how to advocate its concerns to health authorities and political leaders. The project also provided the organization with a small grant for organizing community mobilization workshops and meetings. The active and public engagement of Pop Jay was an unusual occurrence in a country where discrimination toward indigenous populations is widespread. This organization's example will motivate other groups to demand compliance with their rights to maternal and reproductive health.

- The Governor of Alta Verapaz (a department in **Guatemala**) is the highest political authority in the department. Until now, she had never discussed the fact that maternal mortality in this region is the highest in the country. This situation changed during the official launch of the department's reproductive health observatory, a watchdog mechanism for monitoring the implementation of reproductive health policies in the department. At the launch, the governor proclaimed that "there is no reason for women to be dying...we want women to participate in development and without maternal health we can't talk about development." The governor's public announcement reflects her new and active engagement in advocating for reproductive health programs. HPI identified the governor as a critical advocate for RH issues. She agreed to serve as an honorary member of the Alta Verapaz Reproductive Health Observatory and attended several trainings on maternal mortality organized by HPI. She took on the active role of policy champion when she led her department's development council in responding to the MOH's decision to reduce the government's funding for reproductive health programs. Under her leadership, the council submitted a resolution to the president of the country, explaining the negative impact that the MOH's decision will have on women's health and urging him to reconsider the MOH's decision.
- With assistance from HPI, **Guatemala's** OSAR has actively monitored compliance with RH policies since its creation in 2008 and has championed women's reproductive health. In February 2009, Guatemalan President Alvaro Colom reported a significant reduction of the country's maternal mortality during his administration. OSAR reviewed the administration's methodology and publicly questioned the veracity of the President's claim. The government subsequently defended its assertion by arguing that the data on maternal mortality—which were collected by the previous administration—were unreliable but that reductions in maternal deaths were likely. In response, OSAR organized a public forum with members of Congress and civil society to discuss "information flows in the measurement of maternal mortality." OSAR also organized a meeting with the MOH, which subsequently agreed to take action to improve the maternal mortality registry and reporting system. OSAR also disseminated information on methodologies to construct the maternal mortality ratio. Several members of Congress used this information to demand that the MOH use standardized scientific methods to conduct the measurement. OSAR's arguments were widely covered by the press. HPI assisted OSAR in its policy dialogue by developing informational materials on maternal mortality and how it is measured. The project also developed the agendas for the public forum, mobilized the press, and provided logistical support for the event. OSAR's public challenge and engagement with policymakers on accurate monitoring of maternal mortality influenced government decisionmaking and prompted a change in Guatemala's maternal mortality information flow and monitoring system.
- In **Mexico**, the Mexican Institute of Social Security (IMSS) is the nation's largest healthcare provider, and also the healthcare provider most frequently cited as an offending organization in HIV-related human rights violation claims presented to the National Human Rights Commission. Two HPI

champions, CONAES (the National AIDS Business Council) and Salud y Justicia (a civil society organization), urged IMSS to support the reduction of HIV-related stigma and discrimination in the workplace. As a result of their endeavors, IMSS signed an agreement with the two organizations on November 24, 2008 to (1) carry out and support HIV prevention programs in the workplace; (2) develop educational materials about HIV transmission and stigma and discrimination in the workplace; (3) carry out education campaigns about HIV and behavior change and design courses, talks, and workshops to build employees capacity in HIV education and reduce workplace stigma and discrimination; (4) distribute HIV prevention products and strategies; and (5) create mechanisms to monitor the implementation of workplace HIV policies. IMSS also committed to making the agreement and its objectives known in local working bodies of the IMSS, promoting local adaptation of workplace policies to meet local needs, and helping CONAES and Salud build closer relationships with IMSS member companies. As the nation's largest provider of healthcare services, IMSS's commitment to combat stigma and discrimination will result in better services to those insured under its program. IMSS also has the power to change practices in workplaces to which it delivers services. Therefore, the new agreement will ensure that those companies also commit to reducing HIV-related stigma and discrimination. HPI staff worked closely with CONAES to draft the agreement and helped Salud y Justicia gain legal status as an NGO. IMSS and its member companies are also setting an example for the rest of the country in terms of corporate and government responsibility for the integration of stigma and discrimination reduction programs into the workplace. This agreement represents a major step forward in protecting the rights of PLHIV to work and access healthcare services.

- The HIV program in **Mexico's** Tabasco state has had a mixed track record. One of the program's low points came in 2007, when it was unable to provide antiretrovirals in the wake of heavy flooding in the area. In Tabasco, as in the rest of Mexico, HIV-related stigma and discrimination remains a major issue. On December 1, 2008, Tabasqueños Unidos por la Diversidad y la Salud Sexual (TUDYSEX), a group trained by HPI as policy champions for advocating a stronger HIV response in Tabasco, organized a march to celebrate World AIDS Day and successfully persuaded the state's government to participate in the event. The Secretary of Health attended the event and spoke publicly about discrimination against PLHIV. This was the first time that a cabinet-level government official had participated in an HIV event in the state. The participation of such public figures in World AIDS festivities sends a clear public message of support for the needs and rights of PLHIV. HPI worked closely with the activists in Tabasco. HPI consultants reviewed the TUDYSEX policy advocacy plan and made suggestions for improvements and implementation. Many of the members of TUDYSEX and other involved organizations have been trained by HPI. The significance and impact of this public statement are twofold: first, a public statement by such a high-ranking official is likely to have a positive effect on general perceptions of PLHIV; second, it will open windows of opportunity for new services and programming to be created to address HIV. In the long term, this could contribute to reduced stigma and discrimination against PLHIV.

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** Family Planning Law was passed in April 2006. Several months later, a CSAA Group was formed, which assumed the functions of the NCSC, whose creation is mandated in the Family Planning Law. HPI helped strengthen the CSAA Group by facilitating more frequent, regular participation of member organizations. In addition, the CSAA Group developed a national strategy to guarantee the availability of contraceptive supplies in Guatemala, as well as a 2009 contraceptive security workplan. Originally, only four members (Ministry of Health, Pro-Family Well-being Association, Guatemalan Association of Female Medical Doctors, and the Organization for Health and Development of Women) participated regularly in the group's activities. This number increased

to eight members that now participate regularly. The group developed a national strategy to guarantee the availability of contraceptive supplies, a 2009 CS workplan, and a schedule of monthly meetings to follow up on the plan's implementation. One of the actions taken by the group to improve contraceptive security was to collaborate with institutional providers of FP services to collect and analyze information on the quantities of contraceptive supplies used in recent years. This will provide decisionmakers with valuable guidance for planning future procurement of contraceptive commodities to ensure adequate supply and availability. HPI also helped to establish relationships between organizations that make up the CSAA Group. HPI also held training workshops of member organizations, provided information during presentations on experiences of similar commissions in other countries, facilitated meetings to analyze strategies regarding the group's sustainability, developed a theoretical framework regarding the development of a national strategy to guarantee contraceptive supplies, and provided technical guidelines for the development of the Commission's workplan. The strengthened group will help to guarantee the availability of and equity in the provision of contraceptive supplies and FP services to Guatemalans, as well as to advocate for the implementation of the Family Planning Law.

- **Mali's** HIV epidemic is generalized and considered small for the West African region. Recent data from sentinel surveillance sites, however, indicate that HIV prevalence among pregnant women remains high, at more than 3 percent. UNAIDS estimates that there are about 130,000 people in Mali who are HIV positive. Involving those who are HIV positive is a key component of a sound national response. The country's first national PLHIV network, RMPAP+ (Malian Network of People Living with HIV), was created in June 2005. However, because there were no regional PLHIV networks, it was difficult to take PLHIV issues into consideration at the regional level. On February 3, 2009, the Regional Network of PLHIV of Mopti was created. The network's mandate is to represent the national network of PLHIV at the regional level, reinforce the technical capacity of local associations throughout the region, organize advocacy activities targeting regional leaders, ensure coordination among the network's local associations, and ensure adequate coordination of activities between the national and regional networks of PLHIV. The new network is currently composed of eight members. HPI contributed to its establishment both technically and financially. The project trained PLHIV in all districts of the Mopti region in leadership and group management. This training led directly to the creation of the regional network. The presence of this network will enable RMPAP+ to become more effective advocates for addressing stigmatization and discrimination of PLHIV in Mopti.
- Rwanda suffers from a high maternal mortality ratio (1300 deaths per 100,000 births in 2005). Experts estimate that a woman dies every three hours in Rwanda due to pregnancy related problems. Most of these deaths can be avoided. **The White Ribbon Alliance** (WRA) is an international coalition seeking to ensure that pregnancy and childbirth are safe for all women and newborns in every country around the world. A chapter of the WRA was established in Rwanda in January 2009 after a multisectoral group of civil society, donors, local and international NGOs and government came together to advocate for improving maternal and newborn health in Rwanda. According to one of the participants, the establishment of the chapter will "bring the best energies of government, development agencies, the private sector, individuals as well as the civil society together to save lives and support families." (Sandra Pepera, DFID Rwanda. See: <http://allafrica.com/stories/200810150762.html>) [WRA]

2.4 # of in-country organizations or individuals the project has assisted that conduct formal advocacy training on their own or provide TA to others to undertake advocacy

- **Indonesia's** health system is highly decentralized, with provincial and district health services having significant autonomy to determine policies, priorities, and financing. Although there has been clear evidence of increased governmental commitment to the national HIV response at all levels over the

past three years, national legislation, policies, and strategies have not yet been translated into local regulations, or *perdas*, which would obligate local governments to respond to the disease and allocate the necessary resources. In December 2008, 17 facilitators who had been previously trained by HPI, conducted advocacy workshops in Surabaya and Jakarta for 157 participants. The attendees represented various sectors and civil society groups and came from 33 provinces and 66 priority districts/municipalities. The aim of the two workshops was to build the skills of participants in advocating to their respective local governments to adopt comprehensive *perdas* on HIV to formally regulate the local response and develop and implement costed action plans. The trainings were organized and financed by the National AIDS Commission.

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

- As USAID phases out contraceptive donations in **Latin America and the Caribbean**, it is crucial that affected governments act to guarantee contraceptive security. HPI has supported efforts to promote contraceptive security in the region by helping to form and strengthen national contraceptive security committees. In El Salvador, many political obstacles impede the growth and sustainability of FP/RH programs, and the government faces political pressure from the Catholic Church and other groups opposed to family planning. On September 22, 2008, following advocacy by El Salvador's Contraceptive Security Committee, the government established the National Safe Motherhood Program through Executive Decree No. 92, "*Reglamento de Maternidad Segura*." The decree allows for the creation of a budget line through which all contraceptive commodities can be procured. The decree will enhance contraceptive security by enabling the government to procure contraceptives under the banner of safe motherhood, rather than having to fight for controversial FP/RH legislation. HPI has provided technical assistance to El Salvador's CS Committee in developing workplans and action plans, designing advocacy strategies, conducting market segmentation analysis, creating market segmentation plans, and projecting contraceptive commodity requirements. In late 2006, HPI hosted a regional advocacy training, at which El Salvador's CS committee recognized the need to develop a new strategy to guarantee funding for contraceptives in the country's difficult political environment. UNFPA, which participated in the regional training, provided funding for the CS committee to hire a lawyer to assess potential strategies. The lawyer suggested that, due to the sensitivity of FP/RH issues in El Salvador, the CS Committee should encourage the government to create a Safe Motherhood program instead of pushing for a FP/RH law. In addition to hosting the workshop and providing ongoing support to the CS Committee, HPI helped define the lawyer's terms of reference and participated in the committee that provided feedback on the strategy assessment. This decree represents a victory in establishing an accepted mechanism to secure national funding for contraceptives. Furthermore, the decree demonstrates the government's commitment to assume responsibility for and to assure the availability of contraceptive supplies. [LAC BUREAU]
- Stigma and discrimination toward PLHIV continue to be high in **Kenya**. Many people feel that religious leaders condemn PHLIV, including fellow religious leaders who are HIV positive. Since its formation in 2003, Kenya's Network of Religious Leaders Living with and affected by HIV and AIDS (KENERELA) has been in the frontline of fighting against stigma and discrimination of PLHIV. The organization has played an important role in changing both roles and perceptions of religious leaders and religious organizations as sources of stigma and discrimination. On October 10, 2008, the Network was able to mobilize US\$38,000 from Christian Aid, an international NGO, to implement a four-year program to increase the knowledge of religious leaders in pastoral approaches to HIV, develop strategies for dealing with stigma and discrimination within the religious sector,

develop IEC materials on prevention of HIV, and set up 20 congregational care centers. HPI provided technical and financial assistance to KENERELA, including trainings on proposal writing and resource mobilization skills that enabled the Network to be more strategic in its resource mobilization efforts. Resources committed by Christian Aid will strengthen KENERELA institutionally, helping it to champion stigma reduction more effectively and support comprehensive HIV responses in the religious sector, particularly for HIV-positive religious leaders.

- **WRA** is a global coalition that aims to reduce maternal mortality and ensure that all women and newborns are safe from pregnancy-related problems. WRA has established national alliances in 13 countries whose purpose it is to educate their members and member organizations through seminars and working groups; create educational, communication and technical materials for use by members and others; and organize policy efforts directed at national and local governments to increase funding and programs for safe motherhood. It is essential that the WRA and the national alliances have the necessary resources to meet these objectives. In 2008, HPI support enabled the Global WRA to develop its five-year strategic plan (2009–2013). Based on the approaches laid out in this plan, the WRA was able to leverage funding from UK Department for International Development (DFID) for providing technical assistance and capacity building to its national alliances. In December 2008, the DFID committed approximately US\$2,995,000 for three years for implementing the strategic plans of three national alliances: India, Uganda, and Yemen. Each of the three National Alliances is at a different capacity level. The funding will allow the WRA to strengthen and formalize its tools to assess and build the capacity of the three national alliances in strategic planning, social mobilization, and leadership. [WRA]
- Over the past year, HPI has helped to build the technical and leadership capacity of staff of the **Democratic Republic of Congo's** Ministry of Social Affairs, Humanitarian Action, and Solidarity (MINAS) in OVC policy and programming. As a result, following an HPI-supported study tour, MINAS staff were able to raise US\$20,000 from UNICEF to support a workshop to design a stronger coordination and reporting system for children's interventions, including OVC activities. The September 2008 study tour, designed and supported by HPI comprised eight MINAS representatives, including the Director of Special Programs for Children; the tour group visited Côte d'Ivoire's national OVC program. MINAS participants were struck by the Côte d'Ivoire program's platform model of coordination, in which OVC service providers are coordinated through the Ministry of Social Welfare's social service centers. MINAS representatives were also impressed by the reporting system for OVC activities. Upon returning to DRC, they began adapting the structures they observed in Côte d'Ivoire to address the challenges facing them in DRC. The Director of Special Programs for Children successfully solicited funding from UNICEF for a workshop, held on December 16–19, 2008, at which MINAS staff from both national and provincial levels began drafting working concepts for adapting Côte d'Ivoire's platform concept. The workshop outcomes will be incorporated into the director's forthcoming strategy for improving coordination and monitoring of special interventions for children. In addition to arranging and funding the study tour, HPI also held coaching and strategy development sessions with the director. The development of a platform concept and its integration into MINAS' policy and strategy are increasingly important as responsibility for program implementation shifts to the provinces through DRC's decentralization process. Improved coordination will help to expand and enhance the quality of OVC services.

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

- The **Kenya** Ministry of Health's second National Health Sector Strategic Plan (NHSSP II) supports the integration of FP and HIV services to provide effective and accessible services to as many people as possible. A key leading force in supporting this integration is the Integration Technical Working Group (ITWG), which has been greatly expanded since its original formation as the Integration Working Group. The original group was founded in 2002 to support a pilot study for integrating FP and VCT services. Subsequently its mandate was broadened to include to cover the range of FP/RH and HIV services, leading to the multisectoral ITWG. The ITWG is co-chaired by NASCOP and the Department of Reproductive Health (DRH) and has more than 30 members, including government agencies, NGOs, private sector organizations, CAs, and donor agencies. It is responsible for establishing mechanisms to achieve the integration of FP/RH and HIV services at both policy and operational levels. The ITWG's objective is to facilitate the scale-up of FP/RH/HIV service integration by ensuring that supportive policies and guidelines are in place, harmonizing planning, and ensuring that stockouts and needs reporting will not derail integration. The group is also expected to advocate for integration, securing the resources and political commitment necessary to make it a reality. HPI was responsible for the group's initial expansion and strengthened it by providing technical support and information. The project also helped the group to clearly outline its purpose and objectives, ensured that the group was funded, and enabled its leadership to attend high-level conferences to build their capacity. As a result of HPI's support, the ITWG is now firmly established within the government and has access to the Minister of Health. It coordinates all work on integrating FP/RH and HIV services and will soon expand to cover TB as well. The ITWG prevents duplication of efforts and the resulting inefficient use of resources. Last, and most important, the group also ensures that materials and activities are contextually correct and appropriate for Kenya. [CORE AND FIELD]
- **Botswana's** National Strategic Plan on HIV/AIDS recognizes the link between poverty and women's vulnerability to HIV; however, the two are still largely addressed separately. Multisectoral and stronger links to HIV must be made to ensure that those women and families most vulnerable to both HIV and poverty are provided sustainable means of support. To address these gaps, in December 2008, HPI established a multisectoral Microfinance, Gender, and HIV/AIDS Partnership Forum, consisting of the several ministerial agencies, donors, NGOs, and the Local Enterprise Authority, to advocate for the integration of HIV into microfinance programs that target women. As a result, the link between HIV, poverty, and gender articulated in the National Strategic Plan is being clearly addressed for the first time in-country, with programmatic follow-up.

4.2: # of structures that provide multisectoral oversight to ensure compliance to policies are established or strengthened

- Alta Verapaz, Solola, and El Quiche, three departments in **Guatemala**, have a high concentration of indigenous people and very high maternal mortality. Until recently, none of the three departments had a mechanism for monitoring compliance with the country's RH policy. This critical gap was finally addressed by Alta Verapaz on January 29, 2009, when it established a Reproductive Health Observatory as a mechanism for monitoring the implementation of RH policies and promoting culturally appropriate and equitable healthcare services. Solola and El Quiche followed suit, forming their own RH observatories on March 3 and March 24, respectively. The three observatories will monitor implementation of the Population and Social Development Policy, the Family Planning Law,

and reforms to the Penal Code regarding discrimination. The observatories are composed of several government, non-governmental, professional, and academic organizations. The structure of each department's OSAR is unique and each OSAR will develop strategies to tackle FP/RH issues that are tailored to suit its individual context. HPI was instrumental in the establishment of these observatories. The project conducted an analysis of the situation of women in Guatemala, which revealed RH disparities between urban and rural women. HPI convened several meetings with high-level regional officials to present the findings and receive their support for the establishment of a departmental observatory. The three new observatories will enable CSOs in Alta Verapaz, Solola, and El Quiché to monitor compliance with the country's RH legal framework, contributing to improved health and improved health equity for women.

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

- FGC is highly controversial in **Mali**. A recent Demographic and Health Survey (DHS) found that almost 85 percent of women ages 15–49 have been circumcised. The custom is complex because of its myriad sociocultural and religious connotations. Many communities, for example, believe that a girl must be circumcised to gain society's acceptance. Policymakers may be aware of its negative health implications, yet continue to endorse the practice or avoid engaging in policy dialogue on this topic because they fear angering the powerful religious community. Many religious leaders, in fact, argue that FGC is supported by religious texts. As a result, previous efforts to create a law against FGC have met with a backlash from religious groups. Between November 2008 and February 2009, the National Program for the Fight Against Excision, HPI, and other experts from government, health, religious, and civil society organizations collaborated to develop and validate an advocacy tool on female circumcision. The aim of the tool is to assist religious leaders with advocating to their communities, other religious leaders, and government officials on discontinuing FGC. The tool consists of two presentations, each containing information on the negative health impacts of FGC. One presentation targets policymakers and one targets religious leaders. Both presentations were developed through a workshop with participants from several government agencies and civil society groups and were validated at workshops attended by more than 60 imams. HPI provided technical assistance by developing the presentations and organizing the workshops at which they were validated. The advocacy tool, particularly the presentations for religious leaders, is the first in Mali that articulates the health, human rights, and religious arguments against FGC. Developed and validated by a large cadre of Islamic religious leaders, the presentations form an important standard tool to be used by and for religious leaders to improve the policy environment on FGC in Mali. [CORE]

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

- Low levels of HIV awareness and a lack of availability of accurate, high-quality information on HIV in the Middle East and North Africa (**MENA**) region have led to extremely high levels of stigma and discrimination. HPI's *Investing in PLHIV Leadership in the MENA Region* activity aims to create a cadre of in-country and regional HIV-positive champions to raise awareness of HIV; promote PLHIV rights; and enhance access to prevention, support, and treatment services. To build the capacity of these leaders and empower them to train others, HPI designed two curricula: a subregional HIV training curriculum and a training-of-trainers (TOT) curriculum. The subregional curriculum includes modules on stigma and discrimination; treatment; advocacy; nutrition, gender, and HIV; and positive living and stress management. The TOT curriculum includes the subregional training modules and tools for training participants on topics such as public speaking, facilitation, session development and

evaluation, and effective presentations. HPI staff trained 12 HIV-positive men and women from Egypt, Yemen, Jordan, Bahrain, Oman, Lebanon, and Libya at a TOT workshop in Amman, Jordan from June 1–5, 2008. Workshop participants used their new skills to facilitate a workshop using the subregional curriculum a few days after the TOT. Thanks to the new curricula, Arab PLHIV will no longer be passive recipients of information. Instead, they will have the opportunity to become experts and teachers on HIV in their own right, which will strengthen the region's HIV response and spark stronger resistance to violations of PLHIV rights. [ANE REGIONAL AND CORE].

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

- **India's** National AIDS Control Program III aims to prevent new HIV infections among MARPs. In 2008, the government conducted a country-wide mapping exercise to estimate and validate the size and location of these groups. These data are extremely important for scaling up interventions and achieving high program coverage. FHI led the mapping process in 25 districts in Uttar Pradesh, while HPI staff analyzed secondary data, provided monitoring and supervision support, and analyzed the results of the mapping. HPI, along with FHI, shared the first set of the findings with the Uttar Pradesh State AIDS Control Society (UPSACS), which subsequently used the mapping data to prepare its annual action plan for 2009–2010, using the information to scale up its targeted intervention plan. The mapping exercise revealed that the number of MARPs was higher than expected, which caused the UPSACS to revise its targets for program coverage. In sum, the mapping data contributed to effective planning and resource allocation.
- In the past, maternal mortality among indigenous women has been an issue rarely mentioned by the government of **Guatemala**, despite the fact that the maternal mortality ratio is three times higher among indigenous populations than in the general population. The government is implementing a Social Development and Population Policy to address this disparity. The President's Planning and Programming Secretariat (SEGEPLAN) is legally required to present an annual report on progress made in implementing this policy. On November 28, 2008, SEGEPLAN included information generated and disseminated by the project in its annual report on the implementation of the Social Development and Population Policy. HPI collected the information used by SEGEPLAN and disseminated it via an informational poster on RH issues affecting indigenous populations. The report includes a maternal mortality map and data on indigenous populations for each department in the country, based on data from the HPI poster. The Secretariat report is used by government agencies as a national planning tool. HPI analyzed official data collected during nationwide surveys to create the informational poster on maternal health among indigenous populations. The poster was disseminated during a public event held on May 28, 2008, and attended by government officials and CSO representatives. The information provided by HPI will help health officials plan interventions, which will benefit rural indigenous women.

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

- HPI is supporting the growth of a PLHIV movement in the **MENA** region by helping to build a cadre of PLHIV to act as leaders, champions, and trainers. The project designed a TOT curriculum and a subregional curriculum in partnership with Arab PLHIV and used them to train PLHIV in two workshops in June 2008. Participants from those workshops from Jordan, Lebanon, and Yemen have used the training they received to apply the curricula in their own countries. The initial workshop was attended by 26 PLHIV from eight countries in the MENA region. Since these two workshops, the trainees have applied the curricula multiple times in their own countries. In November 2008, Jordanian participants traveled to Beirut, Lebanon to train support group members there using the

subregional curriculum. In January 2009, three workshop participants from Lebanon and Jordan facilitated a session on stigma and discrimination at a workshop in Tunisia. They used modules from the TOT and subregional workshop curricula in their presentation. In Jordan and Yemen, workshop participants have used various modules from the subregional curriculum to train support group members. Jordanian participants also used the modules to facilitate a stigma and discrimination workshop. In Libya, trainees used the curriculum to facilitate a workshop for PLHIV, focusing on the needs of HIV-positive women. In Yemen, three trainers presented modules from the curricula to 60 participants at a 2008 UNDP HIV/AIDS Regional Programme in the Arab States (HARPAS) workshop focused on women and HIV. HPI-trained trainers also used the modules at a 2008 UNAIDS meeting to revitalize the PLHIV Women's Group and at a 2008 Health Sector training. [ANE REGIONAL AND CORE]

III. FP/RH CORE-FUNDED ACTIVITIES

A. Overview

Using core funds, HPI is developing innovative tools and approaches to help the Office of Population and Reproductive Health 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.

Most of HPI's core-funded activities further PRH's technical priorities, such as contraceptive security, gender, youth, FP/MCH/HIV integration, repositioning family planning, healthy timing and spacing of pregnancy, community-based services, and poverty and equity.

HPI's approach is to strengthen leadership capacity within the public sector and civil society and support implementation of health policies that improve access to high-quality FP/RH services. Through its three goal-oriented working groups, HPI supports key priority areas of OPRH and achieves results across HPI's five IRs by (1) repositioning family planning through evidenced-based advocacy and resource mobilization; (2) improving equitable access to healthcare among poor and marginalized populations; and (3) enhancing gender equity in health policies and programs.

Repositioning Family Planning: Efforts to reposition family planning must adequately respond to the changing landscape in foreign assistance. New mechanisms are being implemented to pool and channel resources for coordinated programming and priority-setting. National governments increasingly have decisionmaking power over the use of donor funds, since these funds are pooled and allocated by the national government. Newer initiatives focus on sector-wide approaches, poverty reduction, millennium development goals, and specific diseases (PEPFAR, GFATM, Malaria Initiative), often leaving family planning by the wayside. Hence, advocates must work within this changed environment to bring family planning back to the forefront and illustrate the contribution FP can make to the broader development agenda. HPI's strategic approach to repositioning family planning focuses on two main areas: (1) using data and evidence to support decisionmaking on FP/RH; and (2) increasing the capacity of leaders and champions to actively participate in the policy process, advocate for change, and increase political and financial commitment to family planning.

HPI supports keeping family planning high on the political agenda through various approaches that move policy to action. The project is developing and adapting tools and approaches to raise awareness and increase commitment to family planning. For example, RAPID and Millennium Development Goals (MDG) analyses illustrate FP's contribution to health and development issues (i.e., HIV prevention, maternal health, poverty reduction, education, and economic growth). Approaches that identify and address operational policy barriers can lead to increased access to FP services (e.g., community-based distributors providing injectables). Data and evidence from HPI's analyses are then used to inform advocacy and policy dialogue through a multisectoral approach, in which the project engages and supports groups such as parliamentarians, religious institutions, civil society, and the private and public sectors to actively participate in the political process. Through these combined efforts, HPI has and will continue to help mobilize resources, increase commitment, remove operational barriers, and reach marginalized populations for improved access to high-quality family planning services.

Poverty and Equity: HPI has been actively involved in helping countries develop strategies and service delivery guidelines to increase access to health services among under-served groups such as the poor and ethnic minorities. HPI designed a Poverty-Equity Framework for formulating policy responses that help ensure that FP/RH, HIV, and maternal health services reach the poor. A policy response includes not only policies, strategic plans, and operational guidelines; it also encompasses the resources, evidence base, and multisectoral coordination and leadership needed to develop and implement pro-poor programs. For example, HPI has successfully engaged refugees in Sierra Leone, indigenous populations in Guatemala, and the rural poor in India and Peru to identify and address barriers to access to FP services. In Guatemala, HPI identified barriers faced by indigenous women in accessing FP/RH services and worked with service providers to meet the needs of this under-served group. In Peru, HPI has engaged the national government and other stakeholders to create culturally appropriate distance learning courses for indigenous women, design operational guidelines for including FP in social insurance plans, develop technical directives for health facilities to counsel indigenous women, and operationalize the RH information component of conditional cash transfer mechanisms. In Jordan and Kenya, HPI facilitated the development of pro-poor Reproductive Health Strategy and Action Plans. HPI has successfully mobilized resources for meeting the FP needs of the poor by linking family planning to development programs. For example, the government of Mali included family planning in its PRSP, and Rwanda included family planning in its Vision 2020, which is its main development strategy document. Currently, HPI is involved in organizing public/private dialogues and designing strategies for greater private sector participation for meeting equity goals in Peru and Rwanda.

Gender Equity: HPI's strategic approach to achieving gender equity focuses on two methods: improving gender integration into policies and programs and addressing gender-related barriers to implementing policies and programs. Through the Interagency Gender Working Group, HPI provides training on gender integration and other gender-related issues to USAID staff members and its partners. These trainings are designed to assist projects in integrating gender into their specific activities to achieve their desired health results. In addition, the project creates tools and resources to facilitate and measure gender integration. For example, HPI developed and implemented the Gender Integration Index to measure how gender is integrated into programs. The project also focuses on addressing gender-related barriers to implementing policies and programs. HPI conducts assessments to determine barriers related to a range of issues, such as gender-based violence (including FGC), constructive men's engagement (CME) in RH, and stigma and discrimination. After identifying barriers, the project undertakes specific interventions to reduce these barriers, such as working with FP service providers to reduce stigma and discrimination related to HIV-positive women and their RH needs.

Specific achievements during this period include the following:

- Collaborating with MEASURE Evaluation on an Interagency Gender Working Group (IGWG) week-long gender training in Ethiopia to build skills of CAs and local partners on gender integration, CME, GBV, and gender-aware M&E;
- Finalizing Kenya's RH/HIV Integration Strategy and circulating it to the ITWG Strategy subcommittee;
- Mobilizing regional resources (approximately US\$1.8 million) for building the capacity of health centers in remote areas of Junín, Peru and broadcasting radio campaigns using culturally appropriate messages to promote women's reproductive health in Peru;
- Developing and validating a practical guide on how to engage the poor in policy formulation, planning, resource mobilization, and monitoring;
- Mapping of the Government of Kenya's (GOK) budgetary process to develop a plan for government and civil society actors to advocate for increased funding for FP/RH at the central and subnational levels;

- Organizing policy dialogue and information-sharing meetings to determine the costs of increasing CPR by 1 percentage point in Ethiopia, Jordan, Kenya, and Mali;
- Conducting a session on family planning issues during the Health Ministers' conference organized by the East, Central, and Southern Africa Health Community (ECSA) in Swaziland;
- Initiating application of the RAPID model and organization of high-level policy meetings in Ethiopia, Malawi, Mali, and Zambia;
- Finalizing and securing the approval of the guidelines to increase CME in RH to complement the national RH plan in Mali;
- Organizing high-level policy dialogue to review policy implementation processes, experiences, gaps, and challenges; renew commitment to health sector reforms and innovations; and foster discussion and the exchange of ideas on improving access to and quality of healthcare in Uttarakhand, India;
- Incorporating equity goals, pro-poor strategies, and equity-based monitoring and evaluation indicators in the National Reproductive Health Strategy in Kenya;
- Adapting and applying a Policy Implementation Assessment Tool (PIAT) to assess (1) Guatemala's National Policy on sexually transmitted infections (STIs), HIV, and AIDS; (2) El Salvador's National Strategic Plan for STIs, HIV, and AIDS; and (3) the State Health and Population Policy in Uttarakhand, India; and
- Developing FGC advocacy tools based on a comprehensive literature review of global and national experiences and lessons learned on FGC programming; as well as inputs from religious leaders who are champions in the fight against FGC in Mali.

B. Innovative Approaches

Task Order 1 uses a portion of its core funds 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 of 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. The project has completed IAs in Bolivia, Guatemala, Malawi, Mali, Peru, and Sierra Leone. This is the last report for IA1, IA4, and IA5.

IA1: Assessment and Removal of Operational Barriers to Expanding Contraceptive Choices for HIV-positive Women in HIV/AIDS Service Delivery Sites (FY05/06)

Activity Manager: Carol Shepherd

Objective: The goal of this innovative approach is to identify and eliminate operational policy barriers to integrating FP/RH and HIV/AIDS services in Kenya through a participatory process that involves an in-country integration working group and other key stakeholders.

Summary of Major Activities: Over the last six months, HPI has continued to support a consultant to finalize the RH/HIV Integration Strategy based on the results of the rapid assessment of barriers to FP/RH/HIV integration in Kenya. The HPI consultant circulated the draft document to the ITWG in October 2008 and revised the draft based on the Working Group's comments. The revised draft was then circulated to the smaller ITWG subcommittee and the RH/HIV Integration Committee. The RH/HIV Integration Committee met in February in Naivasha to do a final review of the strategy. Dr. Carol Shepherd traveled to Kenya to take part in this two-day working session to finalize the strategy. The final changes from the Naivasha meeting have been incorporated into the strategy, which has been sent out to the broader ITWG members for final approval.

Dr. Shepherd also worked with the Program Officer for Integration to make the changes recommended by USAID. The document is now finished and has been published.

This is the final report on this activity.

IA2: Expand Availability of Contraceptives through Community-based Distributors (FY07)

Activity Manager: Priya Emmart

Objective: The main objective of the project is to provide the evidence base to enhance national scale-up of the planned community-based distribution (CBD) program of injectable contraceptives. The specific objectives of the study are to (1) determine the historical and current coverage of CBD of family planning services in Rwanda by both governmental and nongovernmental programs; (2) identify current incentive and supervision systems in place, particularly the existing incentives for supervision; and (3) develop recommendations to guide scale-up of the CBD program in Rwanda.

Summary of Major Activities: The USAID | Health Policy Initiative received approval in July 2008 from the Rwanda USAID Mission to conduct this activity in Rwanda. Priya Emmart traveled to Rwanda in September 2008 to initiate the activity and meet with the Ministry of Health and other key stakeholders, including collaborating partners, such as Family Health International (FHI), USAID | DELIVER project, and Population Services International. Based on discussions with the maternal and child health (MCH) department, HPI obtained approval from the MCH coordinator to develop policy and guidelines for CBD in Rwanda and develop the evidence base for scale-up of services, which supports national development goals.

In November 2008, Justine Twahirwa began work as a policy advisor. She supports all HPI core activities in Rwanda, including coordinating work in CBD, providing technical assistance to the MOH MCH Department on policy guidelines for CBD in Rwanda, and providing technical assistance to the FPTWG to develop recommendations and an action plan for CBD scale-up. Ms. Twahirwa is working out of the FHI offices in Kigali, which has enabled strong collaboration between FP partners and those providing technical focus on CBD services. She is also a member of FPTWG and routinely supports the FP coordinator at the MOH with technical assistance on CBD.

In August 2008, the MOH Senior Management Committee decided to move forward with a plan to increase access to injectables through CBD of family planning services. However, the MOH leadership has changed since then due to the recent elections, and the National Ethics Committee has raised significant questions about the safety and efficacy of CBD of injectables. Based on discussions with the FPTWG and the MCH Task Force Coordinator in March 2009, it appears that the MOH leaders want to have an expanded evidence base prior to implementation of a policy for CBD of injectables. Accordingly, the MCH Department in the MOH is leading a rapid assessment of community-based family planning services in 10 districts in Rwanda. This assessment will examine the feasibility of providing CBD services and perceptions of CBD of injectables. HPI's work will focus on elements that are *currently not being assessed* by the MOH rapid assessment but are essential to successful implementation. This activity will build on other HPI work in Rwanda in advocacy and policy development, including (1) a baseline assessment of stakeholders in family planning, including medical and nursing councils, NGOs, the government sector, the MCH Task Force, and the Parliamentary Network for Population and Development; and (2) development of a national CBD policy and guidelines. HPI's Scope of Work is currently being reviewed by the MOH MCH Coordinator and the FP Coordinator. HPI's Policy Advisor will then present the reviewed scope of work to the USAID/Rwanda HPN team to ensure that there is no duplication of work. Ms. Twahirwa will coordinate closely with FHI and MOH staff on the rapid assessment timetable and outputs. Following final review by USAID/Rwanda, Ms. Emmart and Ms. Twahirwa will engage a consultant for data collection.

IA4: Implementing a Comprehensive Strategy to Reach the Poor and Achieve Contraceptive Security in Peru (FY07)

Activity Manager: Suneeta Sharma

Objective: The goal of the IA4 in Peru is to improve access to FP services among the poor. The HPI team implemented a multifaceted strategy that relies on *different sectors* and *diverse financing mechanisms* to remove selected financial, cultural, and operational barriers to access among the poor. With additional core funds from FY07, follow-on activities focused on awareness raising, advocacy, and scale-up of IA4 activities in different regions.

Summary of Major Activities: HPI began by identifying the barriers that affect poor women's access to and use of FP services. We conducted a secondary analysis of DHS 2004–2005 data to obtain a profile of poor women and their FP behaviors and carried out a political mapping and systems analysis, which included mapping regional stakeholders, identifying other social programs and efforts to reach the poor, and documenting planning and resource allocation processes at the decentralized level. We then conducted key informant interviews and focus group discussions with regional health authorities, healthcare providers, and poor women and men. The analysis and interviews revealed a long list of barriers to seeking, receiving, and providing FP methods and services. Of these, some of the main barriers were (1) lack of accurate, culturally appropriate information about modern FP methods; (2) limited financing for training, supervision, monitoring, and information, education, and communication (IEC) for family planning; and (3) operational barriers resulting from the integrated health model and its effects on FP product and service provision.

In close collaboration with the national and regional stakeholders, the project identified strategies to address these barriers. In determining which strategies would be most effective, we weighed existing opportunities, challenges, and requirements for implementation. Through this process, we selected three strategies for implementation: (1) strengthen and operationalize the FP/RH educational component of the JUNTOS conditional cash transfer program; (2) mobilize regional resources for IEC campaigns and quality improvement; and (3) advocate for inclusion of family planning in Peru's social insurance program. These strategies use a mixture of strategic (amending health policies at the national level), tactical (addressing the administrative challenge of translating policies into programs at the regional level), and operational (addressing local-level service delivery and implementation) approaches to overcome barriers to access for poor and indigenous women.

Operationalization of the RH 'charlas' (chats) component of the conditional cash transfer program has been successful in removing barriers to access caused by lack of culturally appropriate information. From Nov./Dec. 2006 to Aug./Sept. 2007, the average number of weekly FP/RH information sessions held each month tripled (from 1 to 3), and the weekly attendance at sessions nearly doubled (from 568 to 1,000 women). The strategy also resulted in improved quality of culturally appropriate counseling. In addition, through JUNTOS, MINSA allocated 82,500 soles (US\$27,000) in 2007 to produce culturally appropriate FP/RH informational materials.

In April 2008, MINSA approved the guidelines on culturally appropriate counseling (*Documento Técnico de Adecuación Cultural de la Consejería en SR*) for use in health facilities in all areas with substantial indigenous populations. In August 2008, MINSA asked HPI to provide technical assistance in a national training-of-trainers to facilitate dissemination of the culturally appropriate counseling strategies at the national level. In the same month, JUNTOS provided 75,426 soles (US\$25,568) for training MINSA providers in six other regions on culturally appropriate FP/RH counseling, demonstrating the government's commitment to reaching under-served indigenous groups with FP/RH information and its interest in using the training materials developed by HPI. MINSA also requested technical assistance from HPI to adapt the culturally appropriate RH counseling training program into a distance-learning

module, which could be broadcast from MINSA, together with other distance-learning training courses offered by the ministry.

The success of the culturally appropriate counseling strategy led HPI to invest field support funds in expanding rollout to the district level. As a result, the USAID-funded Healthy Municipalities strategy included culturally appropriate counseling in several 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 second IA4 strategy was to strengthen the capacity of technical staff of the DIRESA, regional government, and civil society groups to identify, formulate, and evaluate projects for social investment and proposal development, with an emphasis on improving the quality of services and access to the RH program. The National Central University provided credit and diplomas to participants in conjunction with the DIRESA and waived the 10 percent fee for external course credit. HPI, PRODES, and the university worked together to structure, prepare materials for, and conduct the intensive six-month course, which included both distance learning and classroom components. In December 2008, the Office of Planning and Investment approved a proposal for approximately US\$1.8 million for FP/RH over 10 years. The proposal will increase access for the poor to reproductive, maternal, and infant health services by building the capacity of health centers in remote areas of Junín (specifically in the micro-networks Puerto Ocopa and Comas); and will broadcast radio campaigns using culturally appropriate messages to promote women’s sexual and reproductive health. Following completion of the course, several regions contacted the university and expressed interest in the course. The university now offers a proposal writing course for policymakers and implementers from different regions.

On March 17, 2007, as a result of the project’s sustained engagement, the President of Peru and Minister of Health published Supreme Decree N°004-2007-SA, which establishes a “prioritized list of obligatory health interventions that must be conducted in [health] establishments that receive financing from SIS.” The decree lists reproductive health (counseling and family planning as established in MOH norms) as one of eight preventive priorities, with 100 percent coverage. The HPI technical team also helped to draft operational guidelines and establish the scope of FP-related benefits and reimbursements in the SIS. This was approved in June 2008 by the SIS Directorial Resolution. Technical documents establishing the details of the benefits, the reimbursement amounts, and monitoring procedures, are still pending approval.

In January 2008, the New DS 003-2008-SA “Prioritized List of Guaranteed Health Interventions for reducing chronic infant malnutrition and perinatal maternal health” was approved. It establishes health activities within CRECER’s infant malnutrition reduction strategy and will be carried out in partnership with JUNTOS and SIS in MINSA facilities through integrated services for women and children, including the use of reproductive health counseling and family planning as a preventative intervention. This decree also names SIS as the organization responsible for committing the resources necessary for implementation, both human and financial. The approval of this decree will guarantee sufficient resources for counseling and the provision of FP services, with an emphasis on the poor and marginalized populations served by CRECER.

This is the final report on this activity.

IA5: Engaging the Marginalized and Raising Awareness on Family Planning as an Approach to Reduce Poverty (FY05/06)

Activity Manager: Imelda Feranil

Objective: Although poverty reduction is increasingly becoming a focus of governments and USAID Missions, donor assessments indicate that the poor and the civil society groups that represent their interests have had limited involvement in the planning and implementation of poverty-reduction programs. Also, most poverty-reduction plans do not consider the extent to which development initiatives are undermined by rapid population growth, nor do they recognize the benefits of family planning for families living in poverty. Accordingly, HPI has prepared a technical report that can serve as a resource and practical guide to help government officials and civil society leaders engage the poor effectively, while at the same time repositioning FP as a strategy to address health and poverty issues.

Summary of Major Activities: During this reporting period, HPI staff updated the IA5 technical report to include data from recent Demographic and Health Surveys that include poverty status and up-to-date population and development data. The guidelines on reaching the poor were expanded and incorporated into a framework showing the major steps in the policy planning and implementation process.

HPI staff traveled to Kenya to validate the findings and recommendations of the technical report. During the trip, HPI staff made a presentation to HPI/Kenya staff on the rationale for the IA5 activity and key points in the technical report. HPI/Kenya staff, who are involved in the core-funded pro-poor initiative to improve access to FP, stated that national and local leaders in Kenya show little support for FP/RH. The neglect of FP/RH has resulted in a lack of FP/RH services and supplies in many parts of the country and the persistence of high fertility. HPI/Kenya staff described what they have done to engage the poor under the pro-poor activity. They requested that the presentation be revised to be more specific to Kenya so that they can use it for future activities. HPI staff subsequently revised the Kenya PowerPoint presentation; it will be included with the technical report on CDs for wider distribution.

HPI staff also traveled to Kisumu in Nyanza province to participate in meetings involving village leaders, elders, and members of urban and rural poor communities. A Kenyan community mobilization specialist facilitated the meetings and provided some examples of Kenyan politicians reaching out to the poor to identify and address their needs. HPI staff have incorporated case studies of the community dialogues and other examples into the technical report to illustrate how the poor have been or can be engaged in various stages of the policy process.

This is the final report for this activity.

C. 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 Activity Objective. By collaborating with both the public and private sectors, HPI helps countries to 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. The project uses IR1 core funds 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: Anita Bhuyan

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 to assess the process of policy implementation. HPI designed a user-friendly approach, which includes a PIAT composed of 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, and economic context; leadership; stakeholder involvement; planning and resource mobilization; operations and services; and feedback on progress and results.

Summary of Major Activities: Core funds have been used to pilot test the PIAT to assess implementation of the *Social Development and Population Policy* (SDPP) in Guatemala and the integrated state *Health and Population Policy* of Uttarakhand, India. With FY05/06 core funds, HPI completed and printed a revised advocacy brief that presents the findings of the assessment of Guatemala’s SDPP. The revised brief is more user-friendly and was reformatted to be consistent with the advocacy briefs produced from the field-supported applications of PIAT for HIV policies and plans in Guatemala and El Salvador. The revised brief has been disseminated to members of the original core team that participated in the study, including the Ministry of Health, the Presidential Planning Office (SEGEPLAN), and the Association of Women Doctors, as well as other civil society organizations, such as Instancia (Instance) and REMUPAZ, so that they can use it in their policy advocacy and monitoring efforts. This completes the FY05/06 core-funded activity. With field support, HPI, in coordination with SEGEPLAN and other partners, is working on defining the indicators for monitoring implementation of the SDPP—one of the key barriers to effective implementation identified by stakeholders. The indicator development process continues to be informed by the findings and discussions that came out of the PIAT application.

With FY07 core funds, HPI is assisting stakeholders in Uttarakhand, India to assess implementation of the state *Health and Population Policy* adopted in 2002. HPI staff were part of a core team that includes representation from the state Directorate of Health and Family Welfare, State Health Resource Center (SHRC), NGOs, and HPI. During this period, HPI completed the draft report of the findings and an advocacy brief. The project presented the findings at the workshop “Policy, Innovations, and Experiences in Uttarakhand,” held in Dehradun on November 19, 2008. The workshop—organized by HPI in collaboration with the Government of Uttarakhand (GoUK), USAID/India, and USAID IFPS II Technical Assistance Project (ITAP)—included 50 high-level state officials, field-level implementers and functionaries, civil society partners, and donor representatives. The draft PIAT report and advocacy brief will be finalized during the next quarter based on the discussions and recommendations that emerged during the workshop. As a next step, GoUK has requested assistance in revising the state policy. Upon

final approval from GoUK, HPI will facilitate this process with the aim of addressing barriers identified by the PIAT application and ensuring effective implementation and coordination of state health programs, the Reproductive and Child Health (RCH) II Program, and the National Rural Health Mission (NRHM) in Uttarakhand. (*Note: Upon final approvals, PIAT FY07 funding will support initiation of this activity, which will be followed up under the new activity of the Poverty & Equity Working Group on Influencing Policy Reform in Uttarakhand.*)

Based on the lessons learned from the FP/RH Guatemala and India PIAT applications (as well as the field-supported Guatemala and El Salvador HIV applications), during the next quarter, HPI will update and disseminate the PIAT guide, questionnaires, data collection spreadsheets, and policy analysis guiding questions. There will be further dissemination at the HIV Implementers Meeting in Windhoek, Namibia, in June 2009, where HPI will give an oral presentation on findings of the PIAT applications for HIV policies and plans in Guatemala and El Salvador.

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

Activity Managers: Myra Betron and Margot Fahnestock

Objective: This activity aims to work with local partners in the government, civil society, and religious, health, and social sectors in Mali to overcome barriers to addressing FGC through (1) building multisectoral collaboration to eliminate FGC; (2) facilitating the development of advocacy tools; and (3) conducting advocacy targeting religious and government leaders to improve the policy environment for the abandonment of FGC.

Summary of Major Activities: During this reporting period, the project team has completed the development of the FGC advocacy tools based on a comprehensive literature review of global and national experiences and lessons learned on FGC programming, as well as inputs from religious leaders who are champions in the fight against FGC in Mali. The HPI/Mali team, the Director of the National Program in the Fight Against Excision, and a hired consultant, Honorable Daouda Toure, facilitated two workshops to validate the advocacy tools. The team facilitated the first workshop in November 2008, which targeted more than 60 representatives of government and civil society, including the Ministry of Health, Ministry of Youth and Sports, and Ministry of Culture and Parliament with messages of the harmful health effects and of human rights arguments against FGC. The team held the second meeting in February 2009 and targeted more than 50 Islamic religious leaders—men and women—with messages from the Qur'an meant to dispel misperceptions that the practice of FGC in Mali is somehow supported by Islam. The two advocacy tools were validated by participants at each of these meetings.

Next Steps:

- Advocacy training and capacity-building workshop with a cadre of religious leaders on using the FGC advocacy tools developed by the activity (April 2009);
- Presentation of advocacy tools to Parliamentarians by religious leaders (May 2009); and
- A visit to Mali to assess outcomes and fully document the process of developing and implementing the advocacy tools. (June 2009).

These activities have been programmed according to the schedules of Parliamentarians, who are not available until May 2009 because of municipal elections in Mali. The activity and final report are expected to be complete by July 2009.

1.3 Promoting Policy Dialogue and Addressing Operational Barriers to Scale-up of CBD of Injectable Contraceptives (FY08)

Activity Manager: Cynthia Green

Objective: The purpose of this activity is to identify and address operational barriers to CBD of contraceptives, especially injectables. In many developing countries, health officials are seeking ways to reach under-served populations, both in rural areas and urban slums. In Africa, many countries face a severe shortage of trained health workers and therefore seek to use paraprofessionals and community volunteers to provide contraceptive supplies and information to under-served groups. HPI has assisted Malawi and Rwanda in developing and implementing policies to support the introduction of injectables in CBD programs. This activity will extend this work to a third country to develop an approach to CBD scale-up in varying country settings.

Summary of Major Activities: With the support of the USAID Mission, HPI has identified Ghana as the third country for HPI's work on CBD programs. Although Ghana has had a long history of contraceptive CBD programs, the existing CBD programs are small in scale and scattered throughout the country. HPI plans to assess the various CBD programs to determine their reach, coverage, cost, and sustainability; determine which CBD models are appropriate for scale-up in Ghana; review relevant health protocols and operational policies; identify possible operational barriers to CBD programs in general, as well as provision of hormonal contraceptives; support policy dialogue among key stakeholders; and assist in building a consensus on operational policies for CBD programs and a program model that can be scaled up throughout the country.

1.4 Addressing Policy Barriers to Increased Use of Long-Acting and Permanent Methods (FY08)

Activity Manager: Priya Emmart

Objective: HPI will identify the operational policy barriers to increased use of long-acting and permanent methods (LAPM) in sub-Saharan Africa and improved availability of an expanded method mix. The study team will identify options and key recommendations to address these challenges at the policy and operational levels. This information is intended to assist national governments, donors, and other key stakeholders with enhancing contraceptive choices through support for underused methods. As part of the literature review the team will examine the trends in use, understand the factors that influence these trends, and determine what, if any, patterns exist in the demand and supply of long-term and permanent method use. Of particular interest is the role of operational policy barriers in expanding uptake of long-term methods in regions where there is high unmet demand for family planning, significant burden of maternal mortality, and strong national policies in reproductive health and population growth.

The approach will involve a desk-based review to develop a basic understanding of the most critical and influential issues affecting the use of long-term methods. The review will focus on the key variables of access, cost, and quality of care. In addition, the HPI team will interview policymakers, providers, and FP users and nonusers to identify policy and operational barriers in two countries—Ghana and Tanzania. In Ghana, the focus of the activity will be to determine whether regional trends hold, what the policy implications are, and what opportunities and barriers exist regarding expanded LAPM services. The HPI team will evaluate the feasibility of incorporating LAPM into the national health insurance scheme, making FP more affordable. This activity will build on previous work by HPI and the Banking for Health consultancy in Ghana on the costs and benefits of including FP in the national health insurance. The findings will be used to prepare policy and programmatic recommendations for the MOH Reproductive Health Unit in Ghana and other FP stakeholders.

In Ghana, HPI will undertake further work to evaluate the role of national health insurance and coverage regulations in LAPM use, and the feasibility of incorporating LAPM into the national health insurance

scheme. This activity will build on previous work by HPI and the Banking for Health consultancy in Ghana on the costs and benefits of including FP in the national health insurance as well as research undertaken by GEMI on improving family planning outcomes through expanded insurance coverage. The findings will be used to prepare policy and programmatic recommendations for the MOH Reproductive Health Unit in Ghana and other family planning stakeholders.

In Tanzania, HPI will help to support the Policy and Advocacy Sub-Group of the Ministry of Health Reproductive Health Unit, identify current gaps in the operational policy environment, and work collaboratively with stakeholders to identify the priority barriers and their potential impact on access, cost and quality of care. In addition, HPI will provide an analysis of priority operational barriers at the national level using the SPARCS assessments conducted by the USAID | DELIVER project in Tanzania, assessments of uptake of LAPM by the ACQUIRE project, and other current evidence on LAPM use in Tanzania.

Summary of Major Activities: In January 2009, the USAID Mission gave approval to conduct this activity in Ghana. The HPI team initiated discussions on the Mission's priorities and current gaps in family planning services and policy via a telephone conference with Susan Wright of USAID/Ghana. Ms. Wright identified specific barriers to LAPM use in Ghana, including the lower profile of family planning on the development agenda and the lack of inclusion of FP services (commodities) within health insurance coverage. She expressed particular interest in exploring current barriers to inclusion of LAPM in national health insurance, as well as recommendations from the barrier analysis for an action plan.

The HPI team is reviewing background documents and making contacts in-country in preparation for a visit to Ghana in May. HPI is currently in the process of identifying a local consultant to coordinate meetings with the MOH and other key stakeholders to begin the collaborative process of identifying operational policy barriers in Ghana.

For Tanzania, HPI has initiated discussions with USAID/Washington staff working on LAPM to identify current challenges, regional priorities, and partner initiatives in LAPM. Based on initial discussions, HPI will meet with USAID/Tanzania and the MOH Reproductive Health Unit in June to explore their specific interest in the role of LAPMs in achieving contraceptive security goals and the operational policy barriers that impede this achievement.

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 implementation of policies to ensure access to high-quality health services. HPI identifies policy champions and expands and strengthens their roles and responsibilities as leaders and advocates in reproductive health, particularly around repositioning family planning.

2.1 Addressing Early Marriage in Uganda (FY05/06) Activity Manager: Imelda Feranil

Objective: This activity aims to raise awareness and mobilize policymakers and communities to reduce the practice of early marriage in two kingdoms of Uganda: Bunyoro and Buganda. The activity involves research (both quantitative and qualitative) on girls' age at marriage in Uganda. HPI conducted the research to broaden the analytical basis for policy dialogue and advocacy to promote later marriage for young women in Uganda.

Summary of Major Activities: During the last six months, HPI staff reviewed new studies and data to refine appropriate messages and actions for advocacy and policy dialogue in support of later marriage.

The final report notes that more than half of all Ugandan women marry before the legal age of 18. Recent data suggest that current teenage women may be marrying later and having their first child later than older age groups. Factors that lead to early marriage are poverty, limited education, and women's inferior social status. HPI's analysis found that women who married at age 18 or later were more likely to be paid cash for their labor and make sole or joint decisions (with their husbands) on household matters and the woman's own health care. They were also less likely to condone wife-beating and to have experienced physical and spousal violence than women who married before age 18.

The themes for advocacy against early marriage that emerged from this analysis were human rights infringement, curtailed education for girls, limited employment options for women, early childbearing, exposure to spousal violence, and risk of HIV infection. Recommended policy actions included the following:

- Policymakers to publicly endorse the legal age of marriage and emphasize the importance of education in achieving economic advancement and women's empowerment;
- Health officials and providers to give higher priority to providing reproductive health services and information to adolescents; and
- Education authorities to address factors that discourage girls from attending or remaining in school, such as poverty, lack of facilities, harassment, and physical harm, and to allow girls who are married and/or pregnant to attend school.

To disseminate the report's findings and recommendations, HPI is planning to hold a policy dialogue session with decisionmakers and other key stakeholders in Uganda.

This is the final report for this activity.

2.2 *Supporting the Reproductive Health Supplies Coalition (RHSC) in Advocacy for Supplies (FY08)*

Activity Manager: Tanvi Pandit-Rajani

Objective: HPI will strengthen the capacity of RHSC members and its partners to advocate and mobilize resources for FP and supplies, particularly at the country and regional levels. Specifically, HPI will support the Resource Mobilization and Advocacy (RMA) working group of the RHSC in crafting evidence-based advocacy strategies and materials, implementing an advocacy TOT, and conducting data analysis to inform country-level decisionmaking and help to mobilize resources for FP.

Summary of Major Activities:

1. *Provided updates on the advocacy toolkit:* HPI has been working with RMA working group members to update the tool and improve the user-friendliness of the online version, based on lessons learned using the advocacy toolkit at the regional advocacy workshop. HPI facilitated this workshop in Arusha, Tanzania in September 2008 in advance of the ECSA meeting of Health Ministers. Revisions have largely focused on the organization and format of the web-based tool.
2. *Developed proposal to facilitate breakout session at upcoming RHSC meeting:* The annual RHSC meeting will be held in June 2009 in London. In preparation for the upcoming meeting, RMA working group members were asked to submit ideas for breakout sessions. HPI submitted a proposal to facilitate a session on how various tools and approaches have been used to mobilize resources and

move countries from “policy to action.” The session would focus on using analyses of unmet need, MDGs, and RAPID. The proposal is still under review.

3. *Began preparations for advocacy TOT:* HPI has been coordinating with the RMA working group co-chairs to secure a time/venue and identify participants for an advocacy TOT. Discussions are underway to conduct a TOT as a follow-on to the RHSC meeting in London in June. In preparation for this upcoming TOT, HPI is developing a needs assessment to identify participants’ training gaps, experience, and expectations for the proposed TOT. The needs assessment will inform the design and length of TOT; we envision a minimum of four days to ensure that participants have the opportunity for a practicum.
4. *Discussed plans for data analysis:* At the request of the RHSC, HPI will be conducting country-level data analysis to support advocacy and resource mobilization efforts of the RMA working group. Discussions between RHSC and HPI are underway to identify data needs and priority countries. HPI is awaiting further guidance from the RHSC and is hoping to start work soon so that preliminary results can be shared at the RHSC meeting in June.

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 existing 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 Equitable Financing and Resource Allocation at the Decentralized Level (FY07)

Activity Managers: Wasunna Owino and Brian Briscoombe

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: In the last quarter of 2008, HPI staff reviewed literature on decentralization in Africa and its relationship to achievement of FP/RH goals. The staff is preparing a review that will highlight lessons learned regarding the impact of decentralization on FP/RH programs and best practices for ensuring equitable resource allocation in support of FP/RH services delivery.

DC-based and local HPI staff met in Kenya in December 2008 to provide guidance to the three consultants researching the legal and political aspects of Kenya’s FP/RH budgeting process. Following this meeting, the consultants finalized their survey methodology and interview guides.

During this reporting period, the three HPI consultants also submitted a draft report detailing the conceptual framework and methods for collecting central and district-level data. The report included the following:

- a) Review of GOK legal/budget directives and donor commitments that affect the level and distribution of central and subnational allocations for FP/RH and evaluate the extent to which the GOK’s budget allocations for FP/RH did (or did not) meet legal/regulatory or budget directives;
- b) Mapping of the GOK budgetary process to determine how government and civil society actors could influence budget allocations for FP/RH at central and subnational levels;

- c) Review of government legal/regulatory provisions that influence the participation of women in administrative/legislative bodies that have influence over the level and distribution of government tax/fee revenue for FP/RH at national and subnational levels of government and the extent to which these provisions are implemented in practice; and
- d) Evaluation of the influence of women on FP/RH resource allocation decisions at the national level and assessment of the training needs of these women regarding their abilities to influence resource allocation decisions for FP/RH at the national level.

HPI held a planning meeting with the study districts (Kisumu, Nyando, Koibatek, Nyambene, Kitui, and Kajiado) in Nairobi (March 18–20, 2009) to obtain their buy-in, commitment, and inputs into the activity; review and finalize the research instruments; and agree on implementation modalities. The field work commenced on March 23, 2009 and will fill in knowledge gaps contained in the draft report.

3.2 *The Cost of Increasing Modern CPR by One Percentage Point (FY07/08)*

Activity Manager: John Stover

Objective: Support USAID Mission planning to meet the goal of a one percentage point annual increase in the modern contraceptive prevalence rate (MCPR) by providing information on the cost of achieving this goal.

Summary of Major Activities: The activity started in Ethiopia, Kenya, Jordan, and Mali with costing workshops for the main implementing organizations. These workshops serve to provide a common understanding of costing work and the uses of costing information and to foster participation in the study. Data collection is underway in Kenya and Mali. In Jordan, the HPI team has completed data collection and has prepared the final report, which was discussed at a dissemination workshop. A policy brief is under preparation.

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

Activity Manager: Margot Fahnestock

Objective and Background: In many countries, the public sector has assumed a large role in the provision of FP products and services. In response to donor phaseout, however, and to sustain FP program benefits achieved to date, many governments must now consider formulating strategies that foster collaboration with other providers of family planning, such as NGOs, the commercial sector, the social marketing sector, and social security programs. Together, these groups can find appropriate ways to sustain the availability of contraceptive methods, while improving equity and meeting the growing demand for services. In many countries, however, for this type of multisectoral collaboration to take place, a platform must be established to address legal, regulatory, and operational barriers.

In this activity, HPI proposes to support national-level public-private dialogue around legal, regulatory, and operational policy barriers to increased private sector participation in FP provision. With both sectors at the table, we will foster the development of strategies that create an enabling environment for private

sector participation in family planning and identify ways for the public and private sectors to work together to ensure access to family planning for all.

Summary of Major Activities: In October 2008, the HPI team began a literature review to summarize private sector models for family planning and provide a general description of private sector initiatives in Rwanda. Due to the lack of good information on the private sector in Rwanda, the team decided to conduct a baseline assessment of private sector services for family planning in Rwanda to supplement the information available through the desk-based literature review.

The team traveled to Rwanda in March 2009 to plan the baseline assessment and conduct stakeholder interviews. They interviewed representatives of the Rwanda Development Board, *Bureau de Fournisseurs de Medicals Agrees a Rwanda* (the drug procurement agency for faith-based clinics and pharmacies), Reproductive Health Desk, International Planned Parenthood Federation affiliate in Rwanda (ARBEF), Ministry of Finance (private sector focal point and population desk), Population Services International, and IntraHealth's Twubakane project.

The baseline assessment, which will begin in May 2009, will collect information on the various private sector FP providers, facilities/outlets, and service hours, as well as the legal, regulatory, and policy environment for the private sector in health generally, and family planning more specifically. This assessment will make an initial identification of challenges and policy barriers to increasing private sector provision of family planning. These barriers could include licensing requirements for private clinics and pharmacies and the impact of free contraceptives in the public sector on incentives for private sector providers and facilities. The assessment will inform the development of strategies to increase private sector involvement in family planning services in Rwanda.

The HPI team is waiting for the finalization of the interim DHS dataset from 2007 to conduct a market segmentation analysis. The quantitative data from this analysis will supplement the qualitative research done as part of the baseline assessment.

Following the baseline research in May 2009, the team will conduct a high-level workshop to promote policy dialogue between key organizations in the private and public sectors. The group will discuss the findings from the baseline assessment and the applicability of private sector models to family planning services in Rwanda. Within the next six months, the HPI team will collaborate with stakeholder organizations to develop strategies to increase private sector participation in the provision of FP services.

4.2 *Fostering Public-Private Partnerships to Strengthen Family Planning and Reduce Health Inequities (FY08)*

Activity Manager: Rachel Sanders

Objective: This activity is designed to foster the development of strategies that create an enabling environment for private sector participation in family planning and identify ways for the public and private sectors to work together to ensure access to family planning for all.

Summary of Major Activities: The HPI team has completed an initial literature review on private sector participation in the marketplace and has engaged a Peruvian consultant to work on the activity. Activities in Peru will include a legal and regulatory review, a market segmentation study, and dialogue with stakeholders on results. The legal and regulatory review will identify primary barriers to private sector provision of services, and the market segmentation study will help to identify the breakdown of clients according to their service use and other characteristics and provide suggestions for shifting clients to alternative providers. The dialogue will contribute to the design of a strategy to increase private sector participation in the provision of reproductive health services.

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 do not know how to interpret existing data and how to use them to advocate for policy change. HPI adapts existing tools, models, and methodologies—as well as creating new ones—to facilitate data analysis and policy dialogue among stakeholders. In addition, advisors 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 Meeting the Millennium Development Goals (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, and update some of the Africa analyses as new information becomes available. 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: The HPI team completed updates for Malawi and Uganda and continues the process of publicizing the results from all analyses by inclusion with RAPID presentations, outreach to USAID officials, and a presentation at the Population Association of America's annual meeting.

5.2 Update of the Family Planning Effort Scores (FY08)

Activity Manager: Ellen Smith

Objective: The objective of this activity is to update the Family Planning Effort (FPE) scores in approximately 90 developing countries (those with more than one million population), embracing more than 95 percent of the developing world population. Thirty-one features of program effort will be measured, along with additional characteristics of family planning activities in the context of competing national objectives. We will conduct trend analysis using FPE scores from 1982, 1989, 1994, 1999, 2004, and 2009 and will validate scores as compared with actual outcomes. This activity is co-funded with the Hewlett Foundation.

Summary of Major Activities:

Data Collection: In each country, the HPI team will hire a consultant to identify 10–25 expert respondents very knowledgeable of the national family planning program. All respondents will complete the questionnaires, which then will be sent to Washington for data entry and analysis. The HPI team has updated the questionnaires since the 2004 round, with minor modifications, and has identified consultants in many of the participating countries. Completed questionnaires will arrive in the coming months.

Data Analysis: Upon receipt of the questionnaires, data will be entered and analyzed. Trend analyses will be conducted, as well as regional and country-specific analyses. Analytic methods will include cross-tabulations with social setting, PATH analysis, and multivariate regression.

5.3 ***RAPID in Africa (FY08)***

Activity Manager: Rachel Sanders

Objective: The purpose of this activity is to apply RAPID in four countries in Africa (Ethiopia, Kenya, Malawi, and Zambia) to contribute to FP repositioning and advocacy efforts.

Summary of Major Activities:

Malawi: The RAPID analysis and presentation for Malawi is well underway. The HPI team completed a draft RAPID model in Spectrum in February 2009 and presented the activity plans in Malawi in March to the Reproductive Health Unit (RHU) Director under the Ministry of Health; stakeholders in the Ministry of Education, Ministry of Agriculture, Ministry of Youth and Sports, Ministry of Economic Planning and Development, and Ministry of Women and Children; and family planning stakeholders, such as UNFPA, UNICEF, and MSH. The HPI team also collected data to update the RAPID model.

The HPI team plans to travel to Malawi in April 2009 to present a preliminary draft of the RAPID presentation to FP stakeholders. In May and June, they will complete the presentation and start to write the accompanying brief. They hope to launch the RAPID presentation and brief in July in conjunction with the RHU's dissemination of several policies and guidelines. Expected end date of the activity is September 2009.

Zambia: The HPI team has reviewed relevant population and development literature available on the Internet, constructed some preliminary projection scenarios, and engaged a senior demographic consultant. USAID/Zambia agreed to a first visit in April 2009. The purpose of the visit will be to gain Zambian buy-in for the activity, identify a Zambian sponsoring organization, continue with data collection and model building, and work with the demographic consultant. HPI anticipates that the activity will continue through 2009.

Ethiopia: The HPI team has reviewed relevant population and development literature available on the Internet, constructed some preliminary projection scenarios, and presented the concept at a stakeholder meeting. The team is hoping to visit Ethiopia in late April or May 2009. This activity is expected to continue through 2009.

Kenya: The USAID Mission has approved the RAPID activity, and the HPI team has provided them with a concept note. HPI is awaiting the release of DHS data for the development of the model. This activity is expected to continue through 2009.

5.4 ***Spectrum Maintenance and Updates (FY07)***

Activity Manager: John Stover

Objective: The purpose of this activity is to enhance the Spectrum software suite to support current and planned HPI activities.

Summary of Major Activities: To determine the effects of poverty on FP use, the HPI team has analyzed DHS data on poverty and family planning for nine countries: Benin, Bolivia, DRC, Guinea, Madagascar, Mali, Mozambique, the Philippines, and Rwanda. The data extracted include family planning use, non-use, unmet need, intentions to use, and reasons for non-use. During the next phase, the HPI team will use these data sets to determine whether the suggested action to improve family planning use varies according to whether programs target the entire population or only the poorest quintile.

New features added to Spectrum in the past six months include new graphics suitable for cutting and pasting into presentations or documents and the ability to update the demographic data in a projection file with the latest data from the United Nations Population Division. Previously, the demographic data from UN Pop could be updated only by creating a new projection.

D. Working Groups

Poverty and Equity Working Group (PEWG)

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

Activity Managers: Wasunna Owino and 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, and creating new and appropriate indicators to monitor the impact of these interventions. In Kenya, HPI will work closely with the Health Financing Task Force and Division of Reproductive Health in the Ministry of Public Health and Sanitation. The project will build on the existing approaches and mechanisms being implemented in Kenya.

Summary of Major Activities: The team collected data and analyzed the policy, operational, and financial issues affecting access to FP/RH services among the poor. HPI reviewed existing literature on (1) access issues and the geographic distribution of poverty and health/FP services, and (2) demand-side financing mechanisms (e.g., voucher schemes, waivers and exemptions, and the hospital-based National Health Insurance Fund reimbursement). The team also conducted a further analysis of Kenya Service Provision Assessment data to determine clients' satisfaction with FP services being provided in public and non-public facilities. The following issues came up in the initial analysis:

- Lack of male involvement
- Lack of culturally appropriate information and FP services at the community level
- Low access and FP use among the urban poor
- Regional disparities in access and use of FP services
- High costs of accessing FP services (long waiting time, transportation)

Jointly with the Ministries of Medical Services and Public Health and Sanitation, HPI facilitated a successful workshop focused on pro-poor strategies, resource allocation, and FP costing in Nairobi on December 3–4, 2008. The HPI team shared the initial findings of the situation analysis and experiences of other countries in designing and implementing pro-poor strategies. About 30 participants from key organizations such as NCAPD, FHOK, GTZ, WHO, the Population Council, and Pathfinder International attended the workshop. The workshop provided an opportunity to share priority barriers to access among the poor and promoted dialogue with policymakers on generating policy options to address the identified barriers. HPI organized a provincial level meeting on December 10, 2008 in Nyanza to share initial study findings with implementers. The HPI team produced a video recording on the activity to show how the Ministry of Public Health and Sanitation engages the local communities, regional stakeholders, and the poor in FP/RH planning. The video is intended for use in the training of FP/RH experts in pro-poor strategies and, as an advocacy tool, by HPI to promote access to FP services by the poorest in Kenya. HPI also convened planning meetings with key stakeholders for field work in Coast Province, which will start in early April 2009.

b) Poverty & Equity Training (FY07)

Activity Manager: Brian Briscoombe

Objective: Poverty has become either explicitly or implicitly a cross-cutting issue in most USAID-funded RH and population projects. However, many personnel working on these projects—as well as USAID staff—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: HPI staff have completed 10 draft PowerPoint presentations and one interactive exercise covering case studies and topics related to pro-poor and equity issues in FP/RH. These materials will form the basis for a two-day training seminar.

During late 2008 and early 2009, HPI hired a Kenyan video production company to capture footage from a pro-poor activity in Kenya for use in this training program. The raw footage, which arrived in Washington, DC in March 2009, is being edited by HPI's multimedia specialist.

c) Influencing Policy Reforms in Uttarakhand, India (FY08)

Activity Managers: Anita Bhuyan and Suneeta Sharma

Objective: In 2002, Uttarakhand became the first state in India to adopt an integrated *Health and Population Policy*. Over the past six years, the state has implemented numerous interventions and innovations to help achieve the policy's goals. In addition, the central government has launched new initiatives, such as the RCH II Program and National Rural Health Mission (NRHM). HPI's core-funded assessment of the implementation of the *Health and Population Policy* in mid-2008 considered the viewpoints of policymakers, field-level implementers and functionaries, and clients of services (see IR1.1 on the PIAT activity). The study revealed barriers to equitable access to services, especially in under-served rural areas and slums and marginalized populations, such as scheduled castes and tribes. Challenges include lack of personnel in isolated, geographically challenging areas; high cost burdens on the poor; and limited capacity to effectively use and manage available health funds. The Government of Uttarakhand has requested assistance revising the state *Health and Population Policy*. Upon final approvals, HPI will facilitate the policy reform process, with the aim of addressing barriers identified by the PIAT application and ensuring effective implementation and coordination of state health programs, RCP II, and the NRHM in Uttarakhand.

Summary of Major Activities: This new activity got underway during this period. On November 19, 2008, HPI—in collaboration with GoUK, USAID/India, and the USAID IFPS II Technical Assistance Project (ITAP)—organized a high-level policy dialogue event in Dehradun. The workshop “Policy, Innovations, and Experiences in Uttarakhand” was attended by about 50 key government officials and in-state stakeholders, including Accredited Social Health Activist (ASHA) representatives, donors, and civil society and private sector partners. It provided a forum to review policy implementation processes, experiences, gaps, and challenges in Uttarakhand; renew commitment to health sector reforms and innovations; and foster discussion and the exchange of ideas on improving access to and quality of healthcare. The workshop highlighted that, with the introduction of RCH II in 2005 and NRHM in 2007, there has been a major shift in program priorities and also flexible resources have been made available. These changes necessitate a revisit of the policy to review objectives, add and modify strategic approaches to the program, and strengthen implementation mechanisms (especially regarding human capacity and effective resource use). HPI has completed a draft of the workshop proceedings, which is currently under review and will be disseminated in the next quarter, along with the PIAT materials, to foster policy dialogue.

Following final approval for the activity from GoUK, HPI will review relevant background materials and available data on program delivery; encourage participatory dialogue with key stakeholders to identify/validate the current situation, needs, and possible strategies; support development of position papers on key issues in need of policy attention; build consensus on the way forward; assist in-country stakeholders to prepare the draft policy; and convene a state-level workshop to review and finalize the policy draft. The intended outcome will be a policy and process that can be used as a model for other Indian states and/or countries interested in ways to overcome barriers to policy implementation and enhance efforts to ensure equitable, high-quality health services for all, but especially for the groups most in need.

Stigma and Discrimination Working Group

Addressing Stigma and Discrimination (S&D) in Meeting FP/RH Needs of HIV-positive 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 (S&D) that restrict their access to information and health services, HPI has developed a pilot activity specifically targeted to reducing S&D in the context of FP/RH services for positive women. The activity, which will be pilot-tested in Kenya, will train FP service providers on reducing S&D and will work with the MOH to adopt the curriculum as part of its existing training efforts for health service providers.

Summary of Major Activities: During this reporting period, the HPI team met with the RH/HIV Integration Committee to introduce the activity and obtained their support. In partnership with the Committee, the HPI team selected Kirinyaga District as the site for discussions with PLHIV support groups and a pre-training assessment. The team developed questions for discussions with PLHIV and a pre-training assessment with health providers and then held discussions with representatives from national PLHIV networks on the FP/RH needs of positive women. They then held discussions with local PLHIV support groups in Kirinyaga District. About 50 PLHIV participated in the four group discussions held at Karugoya District Hospital, ACK Mt. Kenya Hospital, Kimimbi subdistrict hospital, and Wamagana Health Center. Participants in the group discussions reported that they had experienced stigma from FP/MCH providers and had received misleading information on CD4 counts and their ability to have children, as well as the risks of having an HIV-positive child.

The HPI team also met with 27 service providers as part of a pre-training assessment, which was conducted at the same three hospitals. The assessment indicated that the providers had insufficient training on and hence inadequate knowledge of RH; however, the providers expressed a desire to learn more. The HPI team compiled a report on the findings from the PLHIV discussions and pre-assessment training.

Team members created a draft outline of the training module based on existing FP provider training curricula related to S&D. The HPI team presented the assessment findings and the draft outline to the RH/HIV Integration Committee for discussion. The Committee recommended including additional stakeholders in the discussion to move forward in drafting the training module, which will take place at another meeting.

Rapid Response (FY07/08)

Activity Manager: Suneeta Sharma

Objective: It is important to ensure that policy-focused activities meet the OPRH's 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, thus providing an effective and transparent system for the provision of high-quality, responsive, and fast-track policy-related assistance.

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

- *Commonwealth Health Ministers' Update:* HPI developed a feature article on *The RAPID Model: Evidence-based Advocacy Tool Inspires High-level Commitment to Achieve National Health and Development Goals* for the 2009 Commonwealth Health Ministers' Update. This annual meeting will take place on May 17, 2009, in Geneva on the eve of the World Health Assembly. The theme this year is "Climate Change and Health." The meeting will be attended by the 53 health ministers of the Commonwealth and 250 technocrats. Potential guest speakers include Kofi Annan and Dr. Margaret Chan of WHO. The health section program is being headed by Dr. Ernest Massiah, a former World Bank HIV specialist. A booklet featuring a range of articles from contributors, including HPI, will be disseminated at the meeting. A document of recommendations from the meeting will also be produced and disseminated to all attendees.
- *East Central and Southern Africa (ECSA) Health Community 48th Health Ministers' Conference in Swaziland:* Population Rapid Response co-funded travel for Dr. Carol Shepherd to present a paper on FP/RH at the ECSA Health Community 48th Health Ministers' Conference in Swaziland held March 16–20, 2009. The paper highlighted the linkages between rapid population growth and sustainable development, poverty, achieving the MDGs, and maternal and child mortality. From this, she identified key issues and the following recommendations:
 1. Conduct evidence-based advocacy and awareness raising targeted toward donors, high-level policymakers and provincial/district managers to increase political and financial commitment to FP/RH;
 2. Allocate/increase financial resources for FP to reduce unmet need;
 3. Recruit, retain, and re-engineer work processes and raise performance to address HR problems, e.g., CBD of injectables;
 4. Use culturally sensitive approaches to address issues, such as gender inequality and negative perceptions of FP and delivery by a skilled attendant, held by poor rural women; and
 5. Identify barriers to service access experienced by the poor and marginalized and then develop and implement plans that eliminate them.

The presentation was followed by an open discussion of the recommendations that resulted in their inclusion in the resolutions presented to the Ministers. Specifically, the first, second, and fifth recommendations went into a resolution to increase access and funding to FP and MCH. The third recommendation was incorporated into the resolution on Human Resources and the fourth recommendation went into the new resolution on Gender Equality.

Of note, all seven country delegations are pilot testing, scaling up, or getting ready to start community-based distribution of injectable contraceptives.

- *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 the scale-up of IA4 activities in different regions. The local team is working with the national and regional health directors to facilitate the mobilization of regional funds for FP/RH, developing an e-learning module on culturally appropriate counseling, and conducting equity-based M&E of the FP counseling component of JUNTOS. (For details, see the IA4 activity description.)
- *2009 Population Association of America Annual Meeting:* Population Rapid Response funds partially supported the development of a paper on *Achieving the Millennium Development Goals in Kenya: The Contribution of Family Planning*, which will be presented at the Population Association of America (PAA) Annual Meeting to be held on April 30–May 2, 2009 in Detroit.

Quality Assurance, Monitoring and Evaluation, and Communication Support (FY07/08)

Activity Manager: Nancy McGirr

Objective: The Quality Assurance (QA), Monitoring and Evaluation (M&E), and Communication Team helps to ensure the overall quality of project outputs, monitors performance, and communicates the results of project activities. The objectives of our QA and communication support are to ensure the accuracy and quality of project deliverables; report on progress toward goals; 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. The objectives of our M&E support are 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.

Summary of Major Activities:

Quality Assurance. The QA team facilitates the technical review process and provides editing and publication support for project documents. This support includes working with graphic designers, translators, and print vendors. During this reporting period, the team reviewed and finalized numerous technical documents produced as part of the project's core and field activities. In addition, the team compiled and produced the project's quarterly reports, the semi-annual report, country and project workplans, and other project materials.

To improve the quality of HPI's written products, the QA team holds brown-bag lunches and QA orientation sessions to familiarize staff with branding requirements and technical review, editing and production, the Intranet, presentation skills, and basic writing skills. During this reporting period, the team held training sessions on the use of Excel, organizing and preparing technical reports, writing skills, and formatting documents. Some of these sessions were recorded on videotape and posted on the project Intranet for reference by staff worldwide.

The QA team continues to participate in training for activity managers. During the reporting period, the QA team conducted several sessions on the managers' specific role in (1) facilitating the production of technical documents (including the writing and budgeting of the reports), (2) ensuring that the documents are of high-quality, and (3) identifying the appropriate mechanisms for dissemination.

QA team members are active participants in HIPNET, a working group of CAs focused on knowledge management; HPI hosted the HIPNET meeting in March 2009. Team members also participate in the Society for International Development Information Workgroup.

M&E. The M&E team continues to see progress in the quality of results reports provided by core and field staff. Staff are more experienced in identifying results that fit into HPI's Performance Monitoring Plan (PMP) and in providing explanations regarding achievement of the results.

Communication and Website Support. The Communication team continues to provide assistance to improve knowledge sharing with key external audiences and among staff. To support this effort, the team has finalized a communication action plan that specifies goals and timelines for creating new materials and disseminating project information in the upcoming year. During this reporting period, the QA team connected HPI's website to Google scholar, thus raising the project's visibility and increasing downloads of HPI documents.

New Materials. During this period, the Communication team prepared a new *Story from the Field*: "Bolivian Communities Take Action Against GBV." The activity is featured on the USAID Bureau for Global Health's webpage dedicated to International Women's Day, March 8, 2009: (http://www.usaid.gov/our_work/global_health/pop/techareas/gender/gbv_info.html).

Conferences. To share the project's best practices and lessons learned, the Communication team provided support to enhance HPI's presence at upcoming conferences: the PAA (April 30–May 2, 2009); Global Health Council (GHC) (May 26–May 30, 2009); American Public Health Association (November 7–11, 2009); and International Conference on Family Planning (November 15–18, 2009). Assistance included tracking deadlines and alerting staff; identifying activities for abstract submission; and instituting an internal review process of all abstract submissions. The team also organized a training session on effective abstract writing. To date, the project has had three FP/RH abstracts accepted for the PAA (one oral, two posters) and two for GHC (one oral, one poster) meetings. Notifications for other conferences have not yet been sent out.

Information Dissemination. During this period, the Communication team instituted new procedures to facilitate broader and more efficient distribution of key project materials. Formal dissemination planning meetings are now being held earlier in the document production process to assist staff with identifying all of the relevant audiences and sources of dissemination. In support of this effort, the team created several tools to help staff select from a wider range of sources, including partner organizations, websites, listservs, conferences and other events, journals, libraries, and academic institutions. Strengthening of the dissemination process will lead to greater visibility of the project's activities, achievements, and lessons learned.

Website/Database Support. Use of HPI's website—whether measured through total hits, visitors, and downloads or by day averages—has **quadrupled** in the past six months, compared with the previous six-month period. On average, just over 80 megabytes of data are being transferred to 153 visitors each day. HPI's initiatives to register with Google and add both crawler and user-friendly sitemaps have paid off, since more than eight times as many visitors were referred by search engines this period. It is also clear that visitors are availing themselves of the resources available from the site. Of the 14.2 total gigabytes of data transferred, 66 percent (9.3 GB) were in the form of PDFs, the standard used for our publications. In the previous period, only 1.4 gigabytes of data were transferred as PDFs. The number of website visitors and hits is always higher on weekdays, but the number of weekend visitors and hits is growing.

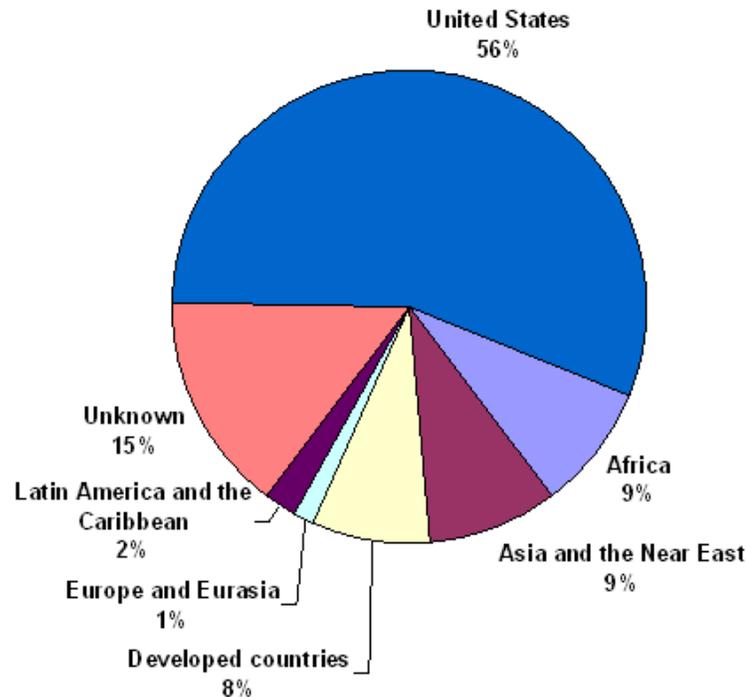
Box 1 lists the 10 most downloaded files during the past six months.

Box 1. Top 10 Documents Downloaded, October 2008–March 2009

1. Gender-Based Violence in Tanzania: An Assessment of Policies, Services, and Promising Interventions
2. Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs into Poverty Reduction Strategy Papers [#1 in previous SAR]
3. Reducing Adolescent Girls' Vulnerability to HIV Infection: Examining Microfinance and Sustainable Livelihood Approaches [#9 in previous SAR]
4. Stigmatization and Discrimination of HIV-Positive People by Providers of General Medical Services in Ukraine [#2 in previous SAR]
5. Kenya Adopts First National Reproductive Health Policy
6. Achieving the Millennium Development Goals (MDGs): The Contribution of Fulfilling the Unmet Need for Family Planning
7. Tanzania Adopts HIV Law
8. Introduction to Population Projections: An E-learning Course [New]
9. Adecuación cultural de la orientación / consejería en salud sexual y reproductiva: documento técnico
10. Leading the Way: Health Policy Initiative Mobilizes Religious Leader Response to HIV

International exposure has continued to grow. Visitors during this six-month period came from 166 countries—40 more than the previous six-month period (see Figure 5). The number of countries with more than 100 visitors increased from 7 to 20.

Figure 5. Breakdown of Website Visitors by Region, Oct. 2008–Mar. 2009



Virtual Training (FY07/08)

Activity Manager: Cynthia Green

Objective: The goal of our multimedia work 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 and exchanging information among staff worldwide.

Summary of Major Activities: HPI’s video specialist has completed three brief videos that describe HPI’s FP/RH work in Kenya and Malawi. Based on interviews with field staff, the videos incorporate photos, presentations, documents, and other materials. HPI has also created videotapes of presentations by staff and external experts. The topics covered during this reporting period include use of computer software models for FP/RH and HIV/AIDS policies and programs, FP/RH and HIV integration in Kenya, NGO FP/RH advocacy networks in Latin America, the potential of male circumcision to prevent HIV infection, use of data analysis to prioritize interventions to protect maternal and newborn health, analysis of data to assess equity in health services for the poor, and male engagement policies and programs.

In addition to posting videos on the Intranet, we are implementing a “video share” system, which uses CD-ROMs to package instructional videos along with related documents and PowerPoint presentations. For example, HPI recently completed the DemProj e-learning tool, which includes three instructional videos based on the software’s manual and relevant PowerPoint presentations. The e-learning tool is available on the project website, and to date, we have distributed approximately 100 copies on CD-ROM to overseas staff. We have also drafted a corresponding brochure to highlight the software and the new tool. Several new e-learning courses are being planned, focusing on additional Spectrum models and the training of new project managers.

E. USAID Technical Priorities and Special Initiatives

HPI has FY05/06 and FY07 core funds for special initiatives that further OPRH's Technical Priorities, such as contraceptive security, gender, youth, FP/RH integration, repositioning family planning, refugees/IDPs, and poverty and equity. These funds have enabled HPI to advance the state of the art on issues of global importance.

Gender: USAID Interagency Gender Working Group (FY07)

Activity Manager: Mary Kincaid

HPI manages the USAID Interagency Gender Working Group training program, providing training and technical assistance to USAID staff and CAs on gender integration and related areas. HPI's Mary Kincaid also sits on the Technical Advisory Group (TAG) of the IGWG, helping to determine priorities and new directions for the IGWG.

During the current reporting period, HPI completed updates on three of the training modules (Gender 101, GBV, and CME), hired a consultant to revise the Safe Motherhood module based on pilot test results, and conducted a peer review of the Gender 101 e-learning module. HPI also collaborated with the Population Reference Bureau (PRB) to prepare materials announcing the new partnership model, in which the IGWG will partner with selected USAID Missions to assess their training and TA needs for gender integration in their FP/RH program; develop a plan to meet those needs; and help the Mission implement it and document impact over several years. In addition, HPI partnered with the MEASURE Evaluation Project and the University of Addis Ababa to conduct a one-week workshop for CAs and local partners in Ethiopia in March. HPI led three of the five days of training, with one day each devoted to Gender 101, Constructive Men's Engagement, and Gender-based Violence. Nine women and four men participated in the workshop, representing 12 organizations working on RH issues in Ethiopia.

FP/HIV Integration (FY07)

Activity Manager: Carol Shepherd

Objective: HPI chairs USAID's FP/HIV Integration Working Group (IWG) and is responsible for its coordination, including 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 conduct and dissemination of research for integration initiatives.

Summary of Major Activities: The integration technical priority contributed funds to IA1 in Kenya (see the IA1 summary).

Youth: Youth-Policy.com website (FY07)

Activity Manager: Shetal Datta

Objective: The youth-policy.com website directly addresses the objectives of the Youth Global Leadership Program Objectives by advancing and supporting improved reproductive health and HIV/AIDS outcomes among young people ages 10–24. The site guides users to key policy elements related to Youth Reproductive Health (YRH) and HIV, good practice language, guidance and suggestions for structuring good policy, and real-life policy examples. The site contributes to creating an enabling environment for YRH.

Summary of Major Activities: Collaborative meetings with USAID have been influential in determining how to improve the website. For example, the site's main menus have been reorganized to make it more

user-friendly. During this reporting period, HPI added new content, featuring the latest news and research regarding youth RH policy, including three policies; two case studies; and 19 other items such as articles, notes, weblinks, academic papers, and tools. The HPI team has completed one interview on youth RH with a Kenyan policymaker and has drafted factsheets on GBV, trafficking, OVC, and poverty, as they relate to youth. Upon completion, these documents will be submitted to USAID for review and then uploaded onto the website.

Use of the Youth-Policy.com website has continued to grow, and it is clear that it has been identified as a valuable resource. During the past six months, average hits per day increased by more than 20 percent over the previous six-month period. The website had visitors from 157 countries (7 more countries than the previous six months); 23 of these countries had 100 or more visitors each, compared with 15 such countries in the previous six months. The total number of file downloads per day/ per visitor tripled during the past six months compared with the previous period, and an average of 22 MB of data were downloaded daily. The increase in the usage of the website may be due to HPI's efforts to register the site with Google and fine-tune the site map to be more user-friendly, thus doubling the number of visitors following the site link from various search engines.

Poverty and Equity

a) *Poverty & Equity Training (FY07/08)* Activity Manager: Suneeta Sharma

Objective: Poverty has become either explicitly or implicitly a cross-cutting issue in most USAID-funded RH and population projects. However, many personnel working on these projects—as well as USAID staff—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.

See Poverty and Equity Working Group (b), Training.

b) *Incorporating Poverty into RHSC Work (FY07/08)* Activity Manager: Tanvi Pandit-Rajani

Objective: Many women and men who are poor or living in remote areas typically have less access to high-quality contraceptives and other RH products and services compared with their wealthier or urban counterparts. Because the poor face multiple access barriers (financial, cultural, and geographic) in accessing RH 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. This activity will include the following:

- 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.

Summary of Major Activities: HPI held discussions with the RHSC to provide suggestions to improve the advocacy toolkit. As part of a broader effort to make the tool more user-friendly, the HPI team incorporated elements of poverty and equity into the current toolkit. HPI will also draw upon and perhaps include applicable modules of the poverty and equity training tool currently under development.

Repositioning Family Planning (RFP)

a) *Repositioning Family Planning in the Democratic Republic of the Congo (DRC) (FY07)* Activity Manager: Charles Pill

Objective: HPI's work on repositioning family planning in the DRC focuses on improving the implementation of FP/RH policies. Envisioned outputs include (1) an inventory of existing policies, laws, and operational guidance; and (2) selected issue(s) for in-depth interviews about development, dissemination, and implementation practices with both decisionmakers and service providers.

Summary of Major Activities: HPI continued to work with three local consultants to finalize identification and preparation of summaries of existing policies, directives, and other documents and legislation related to family planning. HPI's country manager helped to finalize the format for the inventory and a policy document synthesis report. By the end of March 2009, the local consultants had completed initial drafts of nine policy/legislation summaries that are now being finalized. Modifications to the initial approach will include the design of a series of focus group discussions around the various elements specified in the policy and legislation using appreciative inquiry with both policy/decisionmakers and service providers. During the next quarter, the policy summaries will be finalized and assembled into a final report and a design for the focus group discussions will be prepared. HPI will work with a local/regional consultant and the National Reproductive Health Program (PNSR) to implement the focus group discussions. The results of the policy inventory and questionnaire/focus group discussions are expected by June 2009; they will be shared with the PNSR, the national RH task force, and other stakeholders.

b) *Repositioning Family Planning in Tanzania (FY06)* Activity Manager: Tanvi Pandit-Rajani

Objective: The purpose of this activity is to support the USAID/Mission's ongoing efforts to reposition family planning in Tanzania. Tanzania remains a country with high fertility and rapid population growth. 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. To date, this activity has supported further dissemination of the RAPID results and engagement of various stakeholders at the decentralized level.

Summary of Major Activities: This activity has been on hold pending further guidance on field support from the Mission. In late March 2009, HPI received a revised SOW for field support funds from USAID/Tanzania. The major activities highlighted in the SOW are to (1) conduct a mapping exercise to determine gaps and opportunities for collaboration in FP advocacy, (2) organize and facilitate workshops to reach decisionmakers at the highest level using the RAPID analysis, and (3) provide leadership to and actively participate in the FP working group led by the MOH.

New developments within the Reproductive and Child Health Section (RCHS) of the MOH have created promising opportunities to provide technical assistance using HPI core funds. RCHS has initiated a process to develop a costed implementation plan to reposition family planning. HPI's role will be to help lead one of the six strategic action areas: policy and advocacy. Core funds may be used to conduct a FamPlan analysis (specific TA requested by the FP working group) or to cost the implementation plan. HPI/Washington is currently in discussions with the HPI field office to seek clarification and determine what kind of technical assistance would be of most value to the field.

Contraceptive Security

Two major activities fall under the Contraceptive Security (CS) technical priority: (1) operational policy barriers analysis, and (2) M&E support for the Virtual Leadership Development Program (VLDP). The activities make use of tools and assessments to facilitate implementation of CS strategies and increase commitment for contraceptive security at the country level.

a) *Operational Policy Barriers Analysis (FY07)*
Activity Manager: Margot Fahnstock

Objective: The functioning of a country's finance and procurement system determines whether supplies are financed, procured, and delivered in a timely manner; any delays or inefficiencies in these systems can result in shortages and stockouts of essential health commodities. Hence, as development aid partners shift from in-kind commodity donations to new budget support mechanisms, countries must strengthen systems, develop operational plans and procedures, and train personnel to ensure that appropriate levels of high-quality commodities are sustained for health programs.

HPI is collaborating with the USAID | DELIVER project to develop an approach that would assist governments in assessing potential operational policy barriers to contraceptive security—specifically procuring and financing contraceptives. The approach will consist of an overall background document with featured case studies, 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 (rules, regulations, guidelines) related to the procurement and financing of contraceptives—with the ultimate objective of improving contraceptive security.

HPI and DELIVER have piloted the approach in two countries (Madagascar and Malawi) and are discussing a pilot in a third country.

Summary of Major Activities: In December 2008, the HPI and DELIVER team conducted an assessment of the operational barriers to the procurement and financing of contraceptives in Madagascar. They interviewed representatives of about 25 organizations at the national and district levels, including several officials within the Ministry of Health and Family Planning (Director of Family Planning, Director of Maternal Health, Planning Unit, and Finance Unit); Ministry of Finance; USAID partners (FHI, Population Services International, and DELIVER/Madagascar); NGOs, such as the local affiliate of the International Planned Parenthood Federation, FISA; SWAp focal point; and Madagascar's Central Medical Stores, SALAMA.

The interviewees informed the team that Madagascar's impending SWAp arrangement will not include a basket mechanism for pooled funding but will be primarily a coordinated approach to health planning and programming. The team found that the government's September 2007 policy decision to make all contraceptives in Madagascar free will affect financing for contraceptives. When the government made this decision, it did not take into account the FP costs previously funded from the cost recovery program, such as the cost of transporting contraceptives from the central warehouse to the districts. The assessment team held a debriefing presentation for all of the stakeholders interviewed. The HPI and DELIVER team is currently reviewing and revising the final report of the Madagascar assessment.

The team is discussing plans for a third country application of the operational policy barriers assessment approach. Pakistan is a possible candidate for this assessment, depending on the security situation and availability of key stakeholders for consultative interviews.

During this reporting period, the HPI and DELIVER team finalized the assessment guide, which is currently being reviewed by Kevin Pilz, the technical priority champion for contraceptive security at USAID/Washington.

b) *Providing ongoing support to the Virtual Leadership Development Program (VLDP) and the Global Exchange Network (GEN) (FY07/08)*

Activity Manager: Priya Emmart

Objective: USAID funded a VLDP for contraceptive security for approximately 12 teams from Madagascar, Mali, Rwanda, and Senegal—with support from the Leadership, Management, and Sustainability (LMS) Project in collaboration with HPI and DELIVER. The VLDP is a 16-week leadership training program that is completely virtual; country teams meet in person weekly to complete the online program modules. Current efforts are concentrated in two regions: (1) the LAC region, with a specific focus on family planning and contraceptive graduation; and (2) Francophone African countries with a history of weak institutional support for family planning and high levels of unmet need. The focus of the current activity is to provide support to the VLDP initiative to hold workshops for key national stakeholders in select countries from these two regions. The workshops will cover complete leadership development, team building, and 2009 action planning.

Summary of Major Activities: HPI collaborated with DELIVER to provide M&E support to the four country teams throughout the VLDP course between July and October 2008. Two HPI staff members provided technical assistance in M&E to the 12 country teams participating in the VLDP.

As the first step to facilitating the discussion on appropriate teams and country locations for VLDP, HPI participated in two telephone conferences in early January with LMS and DELIVER for the LAC and Francophone countries, respectively. In January 2009, HPI hosted a half-day meeting of partners, including LMS, USAID, and DELIVER, to discuss optimal strategies and geographical focus for VLDP follow-on in the next six months. The discussion focused on follow-up of LAC and Francophone VLDPs and reviewed information about national CS committee interest in leadership strengthening. The group agreed to focus on the Dominican Republic, since it is the first country in the group to graduate from USAID support. In May 2009, the group will hold a workshop for the Dominican Republic CS committee, which had expressed great interest in leadership training. The group also reached a consensus to focus VLDP follow-on activities for the Francophone region in Mali. HPI's Mali office will identify participants for the country's VLDP and will inform the group of the status of the CS committee and linkages between the committee and VLDP graduates. HPI will also assess the feasibility and demand for a two-day workshop with counterparts in Mali. If the workshop is held, LMS will be responsible for the workshop design and will work closely with HPI/Mali to coordinate the event. HPI and DELIVER agreed to follow up with individual country teams in Africa that participated in the VLDP program for CS in 2008.

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

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

- We remain concerned about the level of our core pipelines for several activities and submission of core deliverables in a timely manner. 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. Several new activity managers are being trained to take up the management of technical activities and pick up the pace of implementation of several core activities. We have also developed a detailed tracking mechanism for core deliverables and have been successful in clearing out a large number of outstanding deliverables. FY07 and FY08 deliverables need to be continually monitored to ensure that they do not fall behind schedule.
- In this last part of the project, we need to focus on consolidating and synthesizing our existing work, aggregating results, and increasing our efforts to share the findings and information about what works across the project and with USAID Missions. Staff on core and field activities would benefit from facilitated communication, perhaps through technical working groups (either organized by region or theme) and organized information updates, such as newsletters, capability statements/flyers, activity briefs, and success stories.

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 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 WRA.

White Ribbon Alliance

Activity Manager: Betsy McCallon

Objective: The 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, with a specific emphasis on skilled birth attendance. WRA provides ongoing support to existing alliances and initiatives, new and emerging alliances, and its broader membership in 114 countries.

Summary of Major Activities: In late 2008, the Global Secretariat of WRA finalized its Five-Year Strategic Plan (2009–2013). HPI funds supported the participatory process used to develop the plan. The Strategic Plan has been used to shape action plans for the Global Secretariat as well as National Alliances. It focuses WRA's work over the next five years around three objectives:

- **Commitment:** Increase government, donor, and other stakeholder commitment to and investment in the reduction of maternal and newborn mortality and morbidity.
- **Accountability:** Hold governments, donors, and all stakeholders accountable to the fulfillment of their commitments to the reduction of maternal and newborn mortality and morbidity.
- **Mobilization:** Mobilize action and support for community initiatives, health system strengthening, and provision of quality services for improved safe motherhood.

HPI supported the translation of the Strategic Plan into Spanish and French and its dissemination to WRA's nearly 5,000 members in 114 countries.

Based on the approaches laid out in the Plan, the WRA was able to leverage funding from UK DFID to support strategic planning and program implementation in three National Alliances—India, Uganda, and Yemen. The three-year DFID grant of nearly US\$3 million will complement the work begun with HPI funding and will support subgrants to the three National Alliances, as well as ongoing TA.

During this reporting period, HPI provided TA to the Uganda National Alliance for capacity building, strategic planning, and institutional strengthening. The TA was provided by the WRA Global Secretariat and National Alliance leaders from Burkina Faso and Tanzania through country visits and use of tools, such as the WRA's field guide, *Building, Maintaining, and Sustaining National White Ribbon Alliances*. HPI also supported a Uganda National Alliance stakeholders' meeting in March 2009 that led to the formation of the National Alliance's Board and appointment of a National Coordinator to staff the National Secretariat. Mrs. Janet Kataha Museveni, the Ugandan First Lady, met with alliance leaders and committed her support to the mission and work of the Uganda National Alliance.

In Yemen, the National Alliance was at the forefront of a successful advocacy campaign resulting in a Child Marriage Law. This law, passed by the Yemen Parliament in early 2009, sets the age of 17 as the minimum age for marriage, protecting young girls from negative effects of early marriage, including health risks associated with early childbearing, limited education, and lack of income-generating skills. HPI, through the WRA Global Secretariat, provided TA to support advocacy and action planning for this campaign.

Rwanda formed a National Alliance through the WRA Global Secretariat, with HPI support. WRA staff and Board members worked with Rwandan stakeholders to complete the steps of the WRA affiliation agreement with the Global WRA. In January 2009, the WRA Global Board of Directors approved the Rwanda White Ribbon Alliance for official affiliation. With more than 200 members, the Rwanda National Alliance has generated strong support and representation from government, local and international NGOs, international aid agencies, and UN organizations. The official launch of the alliance garnered considerable national media attention and was attended by Mrs. Jeannette Kagame, the First Lady of Rwanda, who has accepted the role of patron of the National Alliance. The Ministry of Health, DFID, USAID, the World Bank, and UNFPA have agreed to sponsor the Rwanda WRA. A WRA advocacy planning meeting was attended by more than 100 interested members.

With the addition of the Rwanda WRA, there are now 13 WRA National Alliances.

B. Problems, Issues, and Constraints (MH)

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

- **Limited amount of core funds for MH.** The SO2/MH core funds allotted to the WRA from USAID have decreased steadily each year. Thus, it has been difficult to develop and apply innovative approaches to maternal health policy issues as we have done in FP/RH and HIV. The entire budget for SO2 supports WRA activities. While WRA staff have contributed to other HPI core-funded activities, the amount of funding available is not guaranteed from year-to-year. The limited funds make it difficult for WRA to be more actively engaged in workplan development and planning, thereby limiting interactions across sectors in the portfolio.

V. HIV/AIDS CORE-FUNDED ACTIVITIES

A. Overview

HIV core activities are designed to encourage effective leadership across sectors, ensure efficient and equitable resource allocation and use, promote evidence-based decisionmaking, and identify and remove operational barriers to program implementation—all of which are essential for scaling up HIV programs and best practices. HPI serves as the primary mechanism to support USAID’s core-funded HIV activities in policy dialogue and implementation.

Through the final months of 2008 and into 2009, the Health Policy Initiative has concentrated its efforts on policy implementation issues and avenues that serve to underpin sustainable, effective national and local responses and to reinforce the long-term implications of PEPFAR programs and strategies. HPI has continued to organize its work around four key areas (1) HIV Economics, Models, and Planning, (2) Gender, (3) Stigma and Leadership, and (4) Orphans and Vulnerable Children (OVC).

In the area of economic modeling, the focus has been on helping governments to make informed decisions based on evidence. In the area of gender, HPI has focused on helping governments and civil society to address key gender-related issues that affect vulnerability to HIV as well as to AIDS. Over the past year, the gender work has expanded to include more work on men and on gender issues in socially marginalized groups. The HPI stigma and discrimination efforts have primarily focused on enabling civil society (especially for persons living with HIV and affected populations) to effectively participate in policy dialogue at the national level. In the area of OVC, HPI has focused on building better understanding and more effective responses to issues of coordination, implementation barriers, and the measurement of OVC program impact.

The past six months have seen clear advances in building policy champions in diverse sectors, including PLHIV, religious leaders (especially focusing on female religious leaders), MARPs (including transgenders and male sex workers), health professionals, and community leaders. Building advocacy skills has been a vital part of that work. HPI has worked hard to establish concrete partnerships with UNAIDS, WHO, other USG cooperating agencies, agencies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); civil society networks (global, regional and national); the private sector; and networks of faith-based organizations (FBOs). During this reporting period, one of HPI’s key efforts has been to help facilitate concrete collaborative relationships between civil society groups and health service providers. HPI has also made the allocation of resources a vital cornerstone of its efforts and has focused primarily on helping governments plan effectively using costing and other models. Examining different policy aspects of prevention has been a key piece of the HPI portfolio worth underscoring. This has included the work on helping to build a more favorable enabling environment through policy implementation related to stigma reduction, costing for prevention projects and medical male circumcision, positive prevention, as well as gender-based violence and male reproductive health and HIV.

HPI continues a long history of enhancing the use of data for decisionmaking toward improving the policy environment for more effective and sustainable responses to HIV and AIDS. HPI has worked with partners to improve tools for program planning and monitoring implementation. We are focusing on two key areas of costing: costing key PEPFAR prevention strategies and costing medical male circumcision options. In continuing an effort to build local capacities, HPI has begun work on developing technical assistance skills in costing national programs in sub-Saharan Africa in cooperation with UNAIDS Technical Support Facilities (TSF). In the area of human capacity analysis, HPI is focusing work on task

shifting and has developed key partnerships with ECSA (Eastern, Central, and Southern Africa) to help understand policy needs and policy implementation barriers.

Gender continues to be an important cross-cutting issue for policy implementation. Much of HPI's work has been on facilitating a policy response to GBV and the related vulnerabilities that this entails. HPI has worked on three key cutting-edge areas of GBV over the past six months: fostering FBO involvement in GBV prevention; facilitating health service providers to identify and mitigate the effects of GBV on most-at-risk populations, and building capacities of health providers to do community outreach related to GBV. Other gender-related activities include the development of tools to help USAID Missions and other funders as well as service delivery agencies to add aspects of livelihood activities for young girls to their programming. HPI also has begun to develop a policy framework for national governments to address male reproductive health and HIV.

Helping countries and communities to reduce as well as mitigate the effects of HIV-related stigma and discrimination continues to be a key focus area of HPI. Policy implementation barriers analysis indicated that stigma reduction is a vital piece of the vulnerability chain. Understanding and dealing with the effects of vulnerability to HIV and to AIDS is vital to the development of effective and sustainable programming. HPI has begun work to develop an e-learning course on stigma reduction. During this reporting period, HPI developed the tools for a citizen monitoring process by the national network of PLHIV in Vietnam. We also completed training on leadership development of PLHIV in the MENA region. HPI has been instrumental in supporting the Global Network of PLHIV (GNP) in creating a policy dialogue and redefining "positive prevention" from the perspective of PLHIV.

HPI efforts related to OVC have focused on three key areas: coordination, understanding of barriers to policy implementation, and impact analysis. During this reporting period, HPI prepared a protocol and tools for policy implementation barriers analysis related to OVC programs and is piloting this approach in Botswana. HPI is piloting a corresponding tool for analyzing policy implementation barriers for pediatric ART in Ethiopia. HPI cataloged USG monitoring and evaluation practices and indicators in programs to support OVC. In addition, HPI developed and piloted a country profile used for coordination of OVC stakeholders supported by USG in Uganda. It is in the process of helping to build a comprehensive understanding of PEPFAR-funded military OVC programs in Zambia. HPI is working with the Global Fund to track OVC-specific activities from proposal to grant agreement to grant performance reports. All work in policy implementation helps to build a solid base for assessing, monitoring, and evaluating the effects of policy implementation.

B. IR Activities

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

1.1 *Improving Emergency Plan Effectiveness through Policy Implementation Barriers Analysis (PIBA) (FY07)*

Activity Manager: Imelda Z. Feranil

Objective: This multiyear activity aims to identify policy barriers that affect the achievement of PEPFAR targets. The FY05 component used the contextual interaction theory as the framework for assessing stakeholders' motivation, communication, and power as central factors for influencing policy implementation. The pilot test took place in three Asian countries with specific national HIV/AIDS policies—**Indonesia**, on 100 percent condom use; **China**, on ART access among IDUs; and **Vietnam**, on OVC. Four key barriers to implementation were identified across the three countries: the existence of other national policies that conflict or are inconsistent with the HIV/AIDS policy; the lack of operational policies to move implementation; limited multisectoral involvement in policy development and implementation; and pronounced stigma and discrimination against populations living with or most at risk for HIV. Building on lessons learned from the pilot test in Asia, the FY06 activity shifted to an emphasis on the broader policy environment affecting a specific HIV/AIDS program. USAID also approved undertaking the policy implementation barriers analysis in two countries in Africa—**Botswana**, focusing on OVC, and **Ethiopia**, focusing on pediatric ART.

Summary of Major Activities: HPI revised the approach for identifying barriers to programs by focusing on three key elements of an HIV/AIDS program: (1) the policy mandate for the program, (2) actual service provision, and (3) client access or use of services. HPI simplified the data collection tools for identifying barriers to facilitate their use by local counterparts and partners.

Botswana. In December 2008, HPI staff traveled to Botswana to follow up earlier efforts to identify operational barriers to the implementation of the country's OVC care and support strategy and to initiate application of the revised approach. The HPI team met with the Mission's OVC Advisor, the Department of Social Services (DSS) of the Ministry of Local Government, and Marang, the primary NGO network assisting DSS in various OVC training and assistance programs. Several OVC-related policies and strategies have been issued in the past five years, and a review of these and related HIV/AIDS and child protection policies is needed to assess congruence and identify inconsistencies and gaps. HPI's country director and OVC policy expert will lead the effort to apply the revised approach in Botswana. PIBA data collection tools for the effort have been adapted according to the new approach, based on the results of HPI's work on PIBA in Ethiopia.

Ethiopia. During February–March 2009, HPI staff initiated activities in Ethiopia to identify barriers affecting pediatric antiretroviral therapy (p-ART) using the revised PIBA approach. The HPI team met with the Mission's PEPFAR team and cooperating agencies (including CDC and its partners, which provide TA to government hospitals, and MSH, which provides TA to health centers), the Federal HIV/AIDS Prevention and Control Office of the MOH, and other donors to learn more about the policy environment for p-ART in Ethiopia. The HPI team also met with maternal/child health and p-ART program managers and providers in health centers in Addis Ababa to learn more about available services. HPI is preparing a situation analysis of the p-ART program, to be used as background for the barriers analysis report. The HPI team is also adapting the PIBA questionnaires to be more applicable to p-ART program managers and providers on the services they provide; the exit interview questionnaire for clients (mothers/caregivers) on the quality of p-ART-related services they received; and the focus group guide for community members. The latter contains information on community knowledge, attitudes, and

practices related to p-ART and the potential for community mobilization to support p-ART programs and affected children and their families. HPI/Ethiopia staff participated in meetings and site visits to learn about the PIBA effort and strengthen their capacity to apply the PIBA approach in Ethiopia.

In the next six months, HPI will continue its analysis of the different policies affecting p-ART and will consult with the National HIV/AIDS Prevention and Control Office (HAPCO) to identify sites for interviews with healthcare providers.

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

Activity Manager: Shetal Datta

Objective: U.S. Public Law (PL) 109-95, “Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005,” was enacted in recognition of the growing number of OVC globally and urgent issues surrounding this population. Recognizing that a coordinated response requires streamlined programmatic data, USAID asked HPI to catalog USG M&E practices used in programs to support highly vulnerable children (HVC). HPI’s technical support for the implementation of PL 109-95 has included two key tasks: (1) develop a pilot country profile to identify and foster increased awareness and coordination among USG in-country staff and implementing partners of USG agency activities for HVC; and (2) identify and assess the M&E practices of USG agencies and programs that support HVC outside of the United States.

Summary of Major Activities: To complete these tasks, the HPI team interviewed key USG agency staff in the United States and Uganda. The Uganda Country profile has been completed and has been used in the PL109-95 results reporting to the U.S. Congress. It also serves as a model for potential country-level review in key countries. The report and matrix, titled *Monitoring and Evaluating the Practices of USG Highly Vulnerable Children Programs*, and *Inventory of USG Agency Programs Related to HVC Legislation Annual Budgets and Indicators*, respectively, have been completed. The report, which will be used to supplement the annual PL 109-95 report to Congress, indicates that USG agencies are implementing numerous HVC programs. The various indicators used by these agencies and their implementing partners represent a wealth of data. The report also presents promising practices related to data collection systems, including quality assurance methods, and a synopsis of some challenges and opportunities for more effective implementation of USG HVC programs at the country level. In addition, the report includes recommended next steps to enable USG agencies to better capture, and ultimately use, HVC M&E data compiled across agencies implementing HVC programs.

This activity is now complete.

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

Activity Managers: Tanvi Pandit-Rajani/Omar Robles

Objective: The project aims to assist countries with policy and program planning related to male circumcision by developing tools and approaches to inform country-level decisionmaking. Specifically, HPI, in collaboration with UNAIDS /WHO will develop and apply (1) the *MC Decisionmakers’ Tool*, used to estimate the cost and impact of MC scale-up at the country level; and (2) an MC policy assessment tool to help identify potential barriers and opportunities for MC policy development and/or implementation.

Summary of Major Activities:

Participation in ICASA conference. HPI participated in a two-day satellite session at the African AIDS Conference in Dakar, Senegal, in December 2008. The satellite session brought together representatives from 10 countries in East and Southern Africa. Representatives from countries that had already applied the *MC Impact and Costing Model* presented their results. Representatives from countries that had not yet applied the model made presentations on the process in their countries. Several representatives expressed interest in applying the model in the near future. HPI and UNAIDS are following up these expressions of interest to schedule assistance as required.

Application of MC Decisionmakers' Tool in Uganda. The Ministry of Health sent a letter of request to UNAIDS asking for assistance in applying the *MC Decisionmakers' Tool*. The letter was forwarded to the USAID Mission, which approved the activity. The HPI team has agreed to work with the School of Public Health (SPH) at Makerere University to implement the model. The SPH team will visit 20 sites in Uganda in April to collect cost data. HPI will provide technical assistance to the SPH to implement the model.

Development of MC Briefs. In support of efforts to scale-up male circumcision in PEPFAR programs, the *Male Circumcision Decisionmakers' Programme Planning Tool* has been applied using readily available data to estimate the cost and impact of scaling-up safe MC in 14 countries: Botswana, Ethiopia (Gambela region), Kenya (Nyanza region), Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. The results are intended to stimulate more detailed planning by providing an overview of the expected costs, service delivery requirements, and possible impact. MC briefs, with summary results, are currently in draft and will be finalized soon.

Regarding future actions, HPI is awaiting further clarification from USAID and WHO/UNAIDS. The draft tool for the policy analysis has been developed and piloting has begun but needs a second country. In late May, HPI staff will attend the PEPFAR Male Circumcision Partners Meeting and meet with WHO/UNAIDS to decide on next steps for MC costing and policy analysis. Ideally, we would like both activities to take place in the same country and at the same time to help collectively inform policy dialogue.

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

Objective: 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 will 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. HPI will pilot an assessment methodology and corrective intervention to address operational barriers to PEP policies, particularly barriers related to gender.

Summary of Major Activities: As a first step to identifying national policies and possible operational barriers, HPI conducted a preliminary assessment of Mexican PEP policies during May and June 2008. HPI staff is finalizing a policy brief summarizing the assessment findings on gender and PEP policies in Mexico.

HPI has chosen three sites to research the operational barriers to PEP in Mexico and their intersection with gender: the capital (DF), the state of Mexico, and Puerto Vallarta. Having previously held focus groups and stakeholder interviews in the state of Mexico and Puerto Vallarta, the project team held semi-structured interviews with four healthcare providers in the DF to discuss PEP and gender.

HPI staff analyzed information on barriers to PEP and their gender considerations from the stakeholder and provider interviews, selecting several potential interventions to remove these gender-related policy barriers. In December 2008, HPI staff presented these potential interventions to stakeholders, who reviewed and approved them. The interventions include provision of training and reference materials for providers on gender and PEP. These materials will be developed and implemented at the three sites during the next few months to mediate barriers and increase gender equity in access to PEP. HPI will also provide technical assistance to stakeholders and providers at the three sites to ensure the provision of gender-equitable PEP services.

HPI staff also finished drafting the policy review, titled *Gender-related Barriers to HIV Prevention Methods: A Review of Post-Exposure Prophylaxis (PEP) Guidelines*, which is currently undergoing a peer review process. The policy review document examines PEPFAR focus-country guidelines to determine whether and how PEP is provided for survivors of sexual assault and focuses on identifying gender barriers that countries need to address to provide PEP to sexual assault survivors.

1.5 Citizen Monitoring for Stigma and Discrimination Reduction to Foster Policy Implementation (FY07)

Activity Manager: Liz Mallas

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 providing direction for 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 is piloting a participatory monitoring model in Vietnam focusing on stigma and discrimination related to access to and the 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 in order to increase access to HIV services and monitor progress on achieving national strategic objectives.

Summary of Major Activities: HPI began using the indicators identified in the last reporting period to develop an assessment tool for the participatory monitoring model. HPI hired a consultant to assist with the development of the assessment tool.

HPI and the Vietnamese Network of PLHIV (VNP+) decided that, to increase civil society participation, VNP+ will be the focal implementation partner of the project. HPI will provide ongoing technical assistance to build capacity within the national PLHIV network in gathering and analyzing information. VNP+ will gather information through specific tools and questionnaires that focus on access to ARV treatment and related services, as well as elements of stigma and discrimination. During this reporting period, HPI designed "checklists" to record the timing of each self-reported event to help check and monitor change over time, based on the real-life experiences of PLHIV and MARP. The process will be participatory, using existing structures of persons living with HIV and based on collective empowerment. Although data gathering and information sharing will be happening within the network and through a peer-based, community-led process, each participant will be assigned a code to keep information confidential as well as to avoid instances of multiple reporting.

In implementing the questionnaires, VNP+ will gather self-reported information from their members over the next six months, using existing group structures. With technical assistance from HPI, VNP+ will be

responsible for the data collection, analysis of information, and formulation of conclusions and advocacy messages.

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

Activity Manager: Nadia Carvalho

Objective: According to WHO, there is a global health workforce deficit of more than 4 million health professionals, particularly in sub-Saharan Africa and Asia. In Africa, the health workforce crisis is further exacerbated by the HIV epidemic, which fuels the health workforce crisis, while the shortage of health workers represents a major barrier to preventing and treating the disease. In addition to attracting and training new health workers, support is needed to retain health workers currently in the workforce. Nurses are the backbone of the health system.

Given the critical shortage of healthcare providers, donors and governments are exploring strategies to use task shifting to make maximum use of the time and skills of providers such as doctors and nurses. The policy and regulatory reform needed to permit task shifting presents a considerable challenge because new roles and new cadres of providers will have to be introduced into the public health system. In many countries, the use of peer counselors to provide HIV pre- and post-test counseling and ART information and adherence counseling in NGO or government clinics presents an opportunity to extend care and services. There is increasing interest in bringing more lay and peer counselors into HIV care and treatment programs. Before task shifting can be effectively scaled up, it will be important to understand key country-specific policy issues and patient/provider attitudes and preferences in order to retain current highly trained health workers and train and engage PLHIV and community health workers to provide lower level services.

The objective of this activity is to provide policy implementation support to the countries of ECSA in task shifting in a way that responds to their needs to retain and support existing health workers and expand counseling, care, and support to PLHIV by using community health workers and PLHIV.

Summary of Major Activities: HPI signed a subcontract with ECSA Health Community – College of Nursing (ECSAHC-CON) in early December for the following tasks: (1) case studies in Swaziland and Uganda on national policies related to task shifting and attitudes/experiences of health workers toward task shifting, (2) desk review of national policies on task shifting from the 10 ECSA countries, (3) policy dialogue at conferences in 2009, and (4) the development of user-friendly material for advocacy on task shifting in the region.

In November 2008, a representative of ECSAHC-CON attended the WHO/AFRO ESA regional workshop, Adaptation of Global Recommendations and Guidelines on Task Shifting, in Harare, Zimbabwe. The guidelines reviewed at the workshop were developed by WHO with support from PEPFAR, UNAIDS, and OGAC in response to the health workforce crises being experienced by most African countries, including those in the ECSA region. The workshop served to (a) update participants on global and regional new developments with regard to human resources for health and HIV/AIDS, including the TTR (treat, train, retrain) strategy; (b) share evidence on ongoing task shifting initiatives in countries; (c) share country experiences and studies on health workers' access to HIV/TB services; (d) start the process of adaptation and operationalization of the task shifting guidelines; and (e) discuss modalities for country implementation. At the meeting, the ECSAHC-CON representative presented the methodology for this HPI-supported activity, and attendees expressed interest in the findings.

During this reporting period, HPI met with the ECSAHC-CON team in Nairobi and finalized the tools for the case studies (focus group discussion guide and key informant interview guide), discussed next steps

for this activity, and held preliminary discussions to select a country for the application of the capacity module to estimate task shifting staffing needs. The ECSAHC-CON team has begun to collect information for the desk review in the region and for the case studies in Swaziland and Uganda.

1.7 Strategic Priorities for Male RH and Gender in National AIDS Programs (FY08)

Activity Manager: Omar Robles

Objective: While men are key partners in HIV prevention and RH programs, there is a dearth of programs that effectively target men. Gender equity and stigma reduction have become cornerstones of most national HIV/AIDS plans, but there is a lack of direction and concrete strategies to accompany strategic objectives. There is great interest in national HIV/AIDS programs to target men through implementation of more activities focusing on prevention, care, and mitigation. This activity aims to align and develop strategic priorities for male reproductive health (MRH) in the national response to HIV in Ethiopia. It draws on lessons learned from earlier work by HPI and other partners working in stigma and gender, including the PEPFAR Gender Initiative on Male Norms and Behavior.

Summary of Major Activities: In March 2009, the National HIV/AIDS Prevention and Control Office (HAPCO), the office charged with implementing the multisectoral response to HIV in Ethiopia, published a draft of its interim strategic plan. This strategic plan outlined select strategies and targets for creating an enabling environment for an improved national response to HIV: (1) promoting gender equity, (2) community mobilization and social transformation (creating comprehensive knowledge and behavioral change), and (3) effective leadership at national and regional levels. In preparation for the project work in Ethiopia, a representative of HPI has been working with partners in South Africa to develop a national policy guide for Male Reproductive Health and HIV. A representative of HPI also attended the Global Symposium on Engaging Men and Boys in Achieving Gender Equality in Brazil in March 2009.

The HPI team is now analyzing the targets assigned to these strategies. In June 2009, HPI will meet with key stakeholders to discuss how the development of national priorities for MRH is in alignment with the strategies and targets outlined in HAPCO's interim strategic plan.

1.8 Strategies to Increase Gender Equity Related to Treatment Adherence Programs (FY08)

Activity Managers: Britt Herstad and Philippa Lawson

Objective: While PEPFAR has made a commitment to treatment access, the level of involvement by HIV-positive women in many communities is limited. Few initiatives that address treatment preparedness and adherence specifically target poor, HIV-positive women. To fill this gap, HPI will implement an activity to identify and address HIV-positive women's ability to adhere to HIV treatment.

Summary of Major Activities: The HPI team communicated with several USAID Missions to obtain their support in implementing the activity in their country. Tentative agreement has been made with Tanzania to move forward with this activity. In addition, the team initiated a literature review to summarize current practices and knowledge on treatment preparedness and adherence for women living with HIV. This review will inform the development of the in-country intervention.

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: Investing in capacity development of PLHIV ensures that those directly affected by HIV have a leadership role in policy dialogue, program implementation, and the building of a supportive environment in their communities, countries, and regions. The goal of this activity is to create a cadre of PLHIV leaders at the country and regional levels in the MENA region. This goal will be accomplished 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 participants' ability to address challenges within their countries; and (4) developing training curricula that specifically address knowledge and leadership capacity needs of PLHIV in the MENA region while promoting knowledge transfer by and for PLHIV for implementation and support of country-level activities. This activity is co-funded with ANE Bureau field-support funds.

Summary of Major Activities: Since June 2008, the training-related activities in the MENA FY07 workplan have been completed. In October 2008, HPI published a brief titled *PLHIV Leaders Emerge in MENA*. HPI updated the curriculum on investing in MENA TOT, titled *Investing in People Living with HIV Leadership in the Middle East and North Africa Region: Training of Trainers Curriculum*. HPI also revised the subregional curriculum, titled *Investing in People Living with HIV Leadership in the Middle East and North Africa Region: Sub-regional Curriculum*. The TOT and the subregional curricula will be completed in the next six months. The final versions will be translated into Arabic, published, and disseminated to the TOT participants. To complete this activity, HPI will complete a final report, *Paths 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: Working with Religions for Peace, the objective of this activity is to (1) strengthen the capacity of African religious communities and networks to respond to GBV as it relates to HIV/AIDS, (2) enhance faith-based advocacy on GBV, and (3) equip religious communities with tools to deepen awareness and understanding of GBV.

Summary of Major Activities: In this reporting period, HPI staff drafted an advocacy guide, designed to inspire and assist religious leaders in addressing GBV in their communities, and a final activity report. These publications will be completed and disseminated in the next quarter.

Overall, this activity has been successful at drawing religious leaders' and their communities' attention to the issue of GBV and its links to HIV. Since religious leaders have an ordained role in influencing positive social change, they are an important group to engage on these issues. Through this activity, religious leaders and women of faith learned that violence perpetrated against women can be compounded by HIV. For example, the fear of violence can inhibit women's ability to negotiate condom use and also prevent women from accessing HIV-related services, including testing. Specific religious beliefs can also affect women's vulnerability to HIV, such as polygamy.

More than 50 religious leaders and women of faith who attended the activity events—a regional training and a senior leadership forum—have reported an increased knowledge of the issues and an improved capacity and desire to take action to address the issues within their communities. As a result, training

participants successfully implemented their own workshops through a small grants mechanism in eight countries: Democratic Republic of Congo, Ghana, Kenya, Liberia, South Africa, Tanzania, Uganda, and Zambia. These activities helped to facilitate the creation and launch of three Women of Faith networks in Kenya, Uganda, and Zambia. All of these networks have made a commitment to working on GBV in their countries. In addition, the Liberia workshop successfully initiated discussion and reflection of female genital cutting in communities. Female traditional practitioners are now engaged in dialogue with religious leaders and healthcare providers about ending the practice.

This activity has shown that religious leaders and women of faith are enthusiastic about addressing GBV and HIV in their communities. Through awareness raising and training, religious leaders and women of faith can be an effective group of GBV champions.

In May 2009, HPI and Religions for Peace will exhibit a poster, titled *Engaging Religious Leaders as Policy Champions against Gender-Based Violence*, at the Global Health Council's annual conference. Pending USAID approval of final deliverables, this activity is now complete.

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

3.1 Identifying Appropriate Livelihood Options for Adolescent Girls (FY07)

Activity Manager: Myra Betron

Objective: This activity aims to develop a programming guide and program design tool for PEPFAR USG teams and partners to identify appropriate livelihood options for adolescent girls, according to their gender roles and social and demographic profiles, to reduce their vulnerability to HIV.

Summary of Major Activities: To date, HPI has prepared the programming guide and accompanying program design tool based on an extensive literature review of best practices and promising interventions in livelihood programs for women and girls, as well as initial feedback from USG PEPFAR staff in Botswana and Namibia. The HPI team is currently vetting the tool with Mission staff and in-country PEPFAR implementing partners in Namibia and Botswana that work in the area of HIV/AIDS and economic livelihoods. Initial feedback indicates that the two Missions and partners find the programming guide and design tool to be appropriate and useful to help adequately design HIV livelihood programs. Both Missions and partners identified the need for training on the use of the program design tool and further guidance on setting up livelihood programs.

Once all feedback from implementing partners has been compiled from the vetting process in the field, HPI will make final revisions to the tool, which will be ready for final review by June 2009.

3.2 Equity of Access to ART (FY07/08)

Activity Manager: Rachel Sanders

Objective: In Ethiopia, scale-up of ART has progressed slowly. In support of the Ethiopian ART program, the purpose of this activity is to identify barriers to accessing and/or adhering to ART and examine how those barriers affect people differently, especially the poor. This information can then be used to improve access and adherence to ART through improved service delivery and information and satellite programs, such as nutritional support and transport subsidies, depending on the findings of the research.

Summary of Major Activities: The HPI team visited four adult ART sites in Ethiopia, reviewed the international and local literature, presented activity plans to stakeholders, and began initial secondary data analysis on relevant datasets. The HPI team has engaged a senior consultant to conduct the qualitative

research that will form the backbone of the activity; he has begun designing the questionnaires and data collection forms for this work. HPI anticipates that the activity will continue for the rest of the calendar year.

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: The purpose of this activity is to support global efforts to provide accurate, up-to-date information for policy, planning, and resource mobilization.

Summary of Major Activities: HPI updated the Spectrum AIDS Impact Model (AIM) in collaboration with the UNAIDS Reference Group on Estimates, Models, and Projections. The major updates to AIM include using incidence rather than prevalence to drive the projection, estimating patterns of incidence by age and sex from DHS and AIDS Indicator Survey (AIS) datasets, adding a feature to switch guidelines for treatment eligibility from CD4 counts under 200 to CD4 counts under 350, tracking children infected at birth separately from those infected through breastfeeding, and updating the calculations of children in need of treatment to match the new WHO guidelines. The HPI team conducted three training workshops using the new version of the model: (1) in Geneva, for 40 participants from UNAIDS, WHO, and UNICEF (February 18–20, 2009); (2) in Johannesburg, for 90 participants from countries in East Africa (March 18–20); and (3) in Johannesburg, for 100 participants from southern Africa (March 23–25).

UNAIDS will conduct additional training workshops in West Africa, Asia, Latin America, and Eastern Europe in April, May, and June. Results from all of the workshops will be reported for number in need of ART and ART coverage in the *WHO Progress Report* to be released in September and for the number infected, new infections, and AIDS deaths in the *UNAIDS Epidemic Update* to be released in November.

5.2 Costs of Key PEPFAR Interventions (FY06)

Activity Manager: John Stover

Objective: The purpose of this activity is to enhance the ability of PEPFAR countries, specifically Ethiopia, South Africa, and Uganda, to meet their goals by providing training in costing techniques to key implementing partners. The training will help participants gain a good understanding of the costs of implementing abstinence promotion and community mobilization interventions. This information will facilitate policymakers' ability to determine and review the current costs of implementing HIV programs. In doing so, each country will be able to assess needs and priorities for HIV programming.

Summary of Major Activities: The HPI team made technical assistance visits to South Africa (in November 2008 and February 2009), Uganda (in November 2008 and March 2009), and Ethiopia (in October 2008 and February 2009). HPI convened three two-day workshops to provide training on costing to program and financial staff from in-country organizations undertaking abstinence promotion and community mobilization interventions. Following are the sites and dates of the three workshops:

- Addis Ababa, Ethiopia (February 16–17, 2009).
- Boksburg, South Africa (February 25–26, 2009)
- Kampala, Uganda (March 3–4, 2009).

The HPI team has identified consultants in all three countries to collect needed costing data. Each of the consultants will identify data collection sites, collect data on costs, and draft costing reports by July 2009. The HPI team will conduct a follow-up visit to each country in June/July 2009 to review the costing

models being used and assist local consultants in data analysis. The final deliverable is a report on the unit costs for implementing these interventions.

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

Activity Manager: Britt Herstad

Objective: This purpose of this activity is to prepare sociodemographic profiles of PLHIV based on a reanalysis of HIV prevalence data from general population surveys in sub-Saharan Africa, primarily the DHS+ and AIS. HPI will use the findings to make epidemiologically based recommendations for updating definitions of high-risk sexual behavior and to explore implications for HIV prevention, with special attention to married or co-habiting couples.

Summary of Major Activities: The HPI team analyzed data on HIV prevalence for 10 African countries and drafted country briefs, which are under review. The country briefs will be incorporated into a working paper that examines policy and program issues related to the scale-up of prevention programs for sero-discordant couples. The working paper will be finished in the next reporting period.

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

Activity Manager: Myra Betron

Objective: This purpose of this activity is to design a screening tool and accompanying training manual for health providers to identify GBV among MARPs in the HIV service setting. Through the development and piloting of the tool, the activity also seeks to:

- Increase awareness and capacity among health providers related to GBV among MARPs;
- Increase collaboration among community organizations and health service providers to respond to cases of GBV and other stigma and discrimination that affect HIV vulnerability in MARPs; and
- Contribute to the body of knowledge on GBV and HIV among MARPs.

Summary of Major Activities: To inform the pilot project, HPI completed a comprehensive global literature review and qualitative field research in Mexico and Thailand to understand prevalence and forms of GBV and S&D that influence vulnerability and risk behavior for MARPs; identify promising programs, including screening interventions, for GBV in the healthcare setting; and assess provider openness to respond to GBV among MARPs. Based on findings from the literature review and field assessment, the HPI team developed a screening tool for GBV among MARPs to be used in the HIV healthcare setting. The HPI team also prepared a training module that aims to sensitize providers on stigma and discrimination against MARPs, gender, and GBV, as well as screening for and responding to GBV in the health setting.

Local partners in Mexico and Thailand piloted both the screening tool and training module in HIV clinics and hospitals. In Thailand, local partners used the tool with community-based organizations that provide drop-in services and outreach to MARPs. To evaluate the screening tool, the HPI team analyzed findings on prevalence and types of violence identified and referrals made to other community services. The team also interviewed providers who applied the tool; in Thailand, the team interviewed clients who were screened. The findings have been compiled in a final project report and used to make revisions to the pilot screening tool. Once the drafts have been reviewed and approved, this activity will be complete.

5.5 **Regional Training on Costing (FY07)**

Activity Manager: Stephen Forsythe

Objective: As countries consider the long-term effectiveness and sustainability of their HIV programs, collecting, understanding, and using cost information are of critical importance. Organizations that implement HIV programs need to fully understand the range of costs required to carry out their interventions in order to submit appropriately costed proposals to donors and ensure that their resource utilization is consistent with comparable programs. In addition, those responsible for allocating national resources need to consider what level of resources is required to achieve a planned level of coverage. In both the experience of HPI and the Technical Support Facility (TSF) in Southern Africa, there is currently a severe lack in costing capacity among implementing partners, consultants, and research institutions in the region. As a result, few HIV and AIDS interventions have been well costed, with stakeholders in the region often struggling to obtain the required cost information and/or obtain consultants with the technical expertise required to conduct such costing.

The HPI team will conduct a capacity-building workshop (to take place in two phases) and provide ongoing mentoring to fill that gap. The capacity-building costing workshop will include sessions on how to (1) undertake costing of various HIV strategies using widely accepted costing tools, (2) understand and use cost data related to HIV interventions, and (3) present the results of cost information to decisionmakers. These skills will be useful as countries consider the scale-up of HIV/AIDS interventions and will provide more accurate cost information for strategic planning purposes.

Summary of Major Activities: The training activities have not yet started but will begin in the next few months.

5.6 **Reprogrammed Orphans and Vulnerable Children Activities (FY05/06/07)**

a) **Profiles for Department of Defense Orphans and Vulnerable Children (DoD OVC Profiles)**

Activity Manager: Anita Datar Garten

Objective: The purpose of this activity is to help USG agencies to gain a comprehensive understanding of previous and existing PEPFAR-funded military OVC programs in Zambia. Drawing upon relevant program documents, as well as data collected from semi-structured qualitative individual interviews and focus group discussions in-country, the objectives for this activity are to (1) understand service delivery and program implementation for military OVC; and (2) document the experiences of military OVC and their caregivers.

Specifically, this activity seeks to address the following issues: (1) identify what USG-funded military and civilian OVC programs have been implemented in Zambia; (2) identify factors that distinguish service delivery and program implementation for military and civilian OVC; (3) identify gaps in program implementation; (4) identify factors or characteristics that distinguish military and civilian OVC; and (5) document the experiences of military OVC and their caregivers.

Summary of Major Activities: The team completed the desk review, finalized paperwork to hire a consultant, and drafted semi-structured interview guides to be used with key informants in country; the guides were reviewed and approved by USAID/Zambia. Following Mission-approval of the interview guides, this activity received an increase in funding, which allowed for an expanded scope of work. In addition to interviewing service providers, the HPI team will also conduct interviews with adolescent OVC and their caregivers. The team is currently revising the interview guides. Immediate next steps include finalizing interview guides and focus group discussion outlines; developing a research protocol;

revising the list of interviewees to include OVC and caregivers; finalizing dates and requesting concurrence for a field visit; and finalizing the schedule for interviews and focus group discussions. Data collected will be analyzed and used to prepare a detailed research report inclusive of recommended next steps. The expected date of completion is September 2009.

b) *Global Fund Orphans and Vulnerable Children*

Activity Manager: Amy Kay

Objective: With major U.S. government support, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a major funder of HIV programs, including OVC programs implemented with HIV funds. Over the next five years with GFATM resources, antiretroviral treatment will reach 1.8 million people; 62 million people will receive VCT and medical services; and education and community care will support 1 million orphans.

The GFATM has potential to provide greater financing and support to meet the needs of OVC. However, planners and programmers of the GFATM process need to further review and make recommendations to ensure that adequate advocacy for OVC programs and in-country prioritization of OVC effectively meet children's needs. Planners need more information regarding accepted child and OVC-specific proposals and subsequent performance reports to ensure that target groups are reached.

At the country level, stakeholders need to assess equity of the process within the Country Coordinating Mechanism (CCM). The OVC stakeholders include both CCM and non-CCM members, task forces/organizations working on national responses, and community and faith-based organizations that may also speak on behalf of OVC work at the community level. Stakeholders also need information regarding allocated budgets, spending, program implementation, and outputs specific to OVC GFATM awards to be able to understand how OVC programs contribute to PEPFAR goals.

Summary of Major Activities: USAID has requested that HPI conduct a desk review of GFATM HIV proposals to track OVC-specific activities; OVC-related funding where specified; age- and gender-specific activities and indicators; and GFATM processes and resources through comparison of OVC-related information from proposal, to grant agreement, and grant performance report.

The HPI team has completed a desk review of proposals, grant agreements, and grant performance reports for 107 out of 214 HIV proposals targeted in this review. Through early consultation with USAID, the team developed indicators to be reviewed. To facilitate the work, the team developed a searchable database. Initial data available in the database are from proposals, grant agreements, and grant performance reports. The HPI team has shared with USAID a preliminary trend report, which will help determine country selection for the field work portion of this activity. Once a country is approved by USAID for field work, the team will conduct a review of GFATM-funded OVC activities, stakeholders and CCM processes on the ground to identify barriers and opportunities to access GFATM processes, and resources and support recommendations to improve OVC participation in and access to GFATM.

5.7 *Country Ownership Strategies: Leadership Forum on Health Information Systems (FY08)*

Activity Manager: Anita Datar Garten

Objective: The purpose of this activity is to collaborate with USAID implementing partners (Health Systems 20/20 and Analysis, Information Management, and Communications Activity [AIM]); UN agencies (WHO health cluster, Informatics, UNITU); and the Health Metrics Network (HMN) to host an East Africa regional forum (date and location TBD) that encourages participating countries to (1) strengthen and accelerate nationally owned and led strategies for managing Health Information Systems

in six focal countries, (2) share approaches and best practices, and (3) link countries with potential sources of technical and financial resources for strengthening Health Information Systems.

HPI's specific contribution is to design and implement a pre-forum survey of participants regarding the status of their current Health Information System. Interview data will contribute to the development of country profiles. These data will also contribute to the overall design of the forum, as well as the development of case studies for plenary and group exercises.

Summary of Major Activities: The team participated in a series of planning meetings in Washington, DC, with USAID, Health Systems 20/20, and AIM to define HPI's scope of work in relation to the overall activity and other partners. HPI also participated in a forum planning meeting in Geneva to further discussions with the UN agencies and HMN. Immediate next steps for HPI include collaborating with partners to finalize the list of participants, designing and fielding the pre-forum survey, and analyzing results. Using these data, HPI will collaborate with partners to design the 2.5-day forum. Although date and location remain unconfirmed, the expected date of completion is no later than September 2009.

5.8 Virtual Learning: Focus on Stigma (FY08)

Activity Managers: Liz Mallas/Nadia Carvalho

Objective: This activity builds on HPI's strengths in cross-cutting issues. HPI has a mandate to integrate stigma and discrimination into all of its activities, as well as gender and working with the poor. HPI will build capacity related to HIV policy and stigma and discrimination by working with academic partners to create a virtual training course to be posted on USAID's Global Health eLearning Center (GHeL). The GHeL offers state-of-the-art, technical content on key public health topics and serves as a practical resource for increasing public health knowledge and skills. HPI's course, "Stigma and Discrimination 101," will contribute to a greater understanding of HIV-related stigma and discrimination and will provide participants with the knowledge and skills to address stigma and discrimination and measure efforts to reduce it. While there are many existing tools and training modules related to HIV, long-distance, Internet-based, user-friendly mechanisms for learning are lacking. This course will fill that gap.

The key objectives of the module are to (1) provide a conceptual model for understanding stigma and discrimination, (2) emphasize how stigma and discrimination negatively affect the HIV epidemic, and (3) familiarize participants with strategies to address and measure efforts to reduce HIV-related stigma and discrimination.

Summary of Major Activities: Following USAID's guidelines on course content development for the GHeL, the HPI team has developed an outline of the course, based on internal HPI resources and external resources identified in a short literature review. The HPI team has also completed a workplan template outlining key dates and individuals to be involved in the development of the module, which is currently being reviewed by USAID. HPI is waiting for USAID to approve the course overview and project schedule. The HPI team has also identified and contacted several experts in the field of HIV stigma to serve as technical reviewers of the course. The HPI team is in the process of drafting the course itself and expects to have a draft for internal HPI review by June.

C. Cross-cutting Activities

PEPFAR Initiative on Gender-based Violence: Strengthening Services for Victims of Sexual Assault* (FY07)

Activity Manager: Myra Betron

Objective: The purpose of this activity is to assist the PEPFAR SGBV Initiative in the definition of a package of comprehensive services, including PEP, for victims of sexual assault in Rwanda and Uganda through the following activities:

- Building capacity of Initiative-implementing partners to engage community members from various sectors and levels in identifying barriers to sexual violence (SV) services and designing appropriate responses;
- Providing hands-on technical assistance to mobilize communities to enact a multisectoral response to SV; and
- Assessing the achievements, challenges, and lessons learned for future scale-up of services for sexual assault victims.

Summary of Major Activities: In support of the first two tasks listed above, HPI and its Uganda-based partner, Raising Voices, provided technical assistance to PEPFAR implementing partners to prepare them to conduct community awareness raising and mobilization in relation to GBV. In November 2008, Raising Voices held a four-day workshop for partners in Uganda that covered mapping community assets related to SGBV, hands-on practice in developing and articulating SGBV messages for the community, working with the police, and methods to monitor community mobilization on SGBV. In February 2009, HPI and Raising Voices held a similar one-day workshop in Rwanda with follow-up meetings with partners focusing on mapping community assets related to SGBV, developing and articulating SGBV messages for the community, and developing implementation plans for these activities. Additional follow-up technical assistance has included the exchange of facilitation guides and IEC materials for use on SGBV awareness raising and community mobilization; and visits to partner worksites to strategically define activities and recommend areas for further strengthening based on observed needs.

These activities build on an initial capacity-building and information exchange workshop that HPI and Raising Voices conducted for local partners on participatory methodologies to engage the community in a response to SV. Recognizing the importance of community engagement in response to GBV, partners are eager to begin work with the SGBV Initiative. To date, partners have prepared workplans to implement GBV community mobilization activities in conjunction with GBV services within their HIV clinical programs.

To continue these activities, for the remainder of the year, HPI will continue to provide technical assistance to local partners on SGBV awareness raising and community mobilization in the following ways: (1) monitoring practice exercises in the community, (2) helping to develop agendas for partners' SGBV community activities, and (3) working with partners to develop and adapt SGBV IEC materials that fit their local contexts. HPI will also help partners to identify and/or record services or sources of support for SGBV victims and document progress of multisectoral linkages among them to help inform future scale-up of services. In addition to the IEC materials, which will be designed by Raising Voices, HPI will submit a final report on the successes and challenges of multisectoral linkages supported through community mobilization activities.

*Note that this is a multi-partner initiative coordinated by the PEPFAR Gender Technical Working Group as a whole; at the country level, it is led and implemented by PEPFAR country teams and their local

partner organizations. HPI's role is to provide technical assistance. Country implementation is dependent on PEPFAR in-country implementing partners.

Rapid Response (FY07/08)

Activity Manager: Ken Morrison

Objective: Rapid response funds serve to undertake policy implementation work on emerging issues, respond to *ad hoc* requests from USAID, and attend meetings and presentations with other PEPFAR collaborators.

Summary of Major Activities: During this reporting period, HPI has used Rapid Response funds to develop two new areas of HPI core work: (1) collaborative work with networks of PLHIV on defining the issue of "positive prevention" from the perspective of PLHIV; and (2) expanding the work on gender policy to look at national policy frameworks for male reproductive health and HIV. Rapid Response funds were also used to expand the work on constructive male engagement in translating the tools produced in French into English. HPI also used Rapid Response funds for the expansion of the GBV-MARP project in Thailand and Mexico. This project created great interest, and the pilot expanded from 2 sites to 11 sites. HPI also used Rapid Response funds to support a one-day workshop on gender and HIV for members of the PEPFAR Gender Technical Working Group. The purpose of the workshop was to reach a common understanding of key gender concepts, analytical approaches, and resources for working group members. We also used Rapid Response funds to develop an advocacy guide related to faith-based leaders and gender-based violence and support attendance at professional meetings, including those related to male reproductive health, costing ARVs, and male circumcision.

Quality Assurance, Monitoring and Evaluation, and Communication Support (FY08)

Activity Manager: Nancy McGirr

Objective: The Quality Assurance (QA), Monitoring and Evaluation (M&E), and Communication Team helps to ensure the overall quality of project outputs, monitors performance, and communicates the results of project activities. The objectives of our QA and communication support are to ensure the accuracy and quality of project deliverables; report on progress toward goals; 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. The objectives of our M&E support are 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.

Summary of Major Activities:

Quality assurance. The QA team facilitates the technical review process and provides editing and publication support for project documents. During this reporting period, the team reviewed and finalized numerous technical documents produced as part of the project's core and field activities. In addition, the team compiled and produced the project's quarterly reports, the semi-annual report, country and project workplans, and other project materials.

To improve the quality of HPI's written products, the QA team holds brown-bag lunches and QA orientation sessions to familiarize staff with branding requirements and technical review, editing and production, the Intranet, presentation skills, and basic writing skills. During this reporting period, the team held training sessions on the use of Excel, organizing and preparing technical reports, writing skills,

and formatting documents. Some of these sessions were recorded on videotape and posted on the project Intranet for reference by staff worldwide.

The QA team continues to participate in training for activity managers. During the reporting period, the QA team conducted several sessions on the managers' specific role in (1) facilitating the production of technical documents (including the writing and budgeting of the reports), (2) ensuring that the documents are of high-quality, and (3) identifying the appropriate mechanisms for dissemination. HPI's video specialist has videotaped several presentations on HIV/AIDS-related topics, including policy models related to HIV/AIDS, FP/RH and HIV integration in Kenya, the potential of male circumcision to prevent HIV infection, and male engagement policies and programs. These videotapes are posted on HPI's Intranet for use by central and field staff.

M&E: As reported in the FP/RH Section, the M&E team continues to see progress in the quality of results reported by core and field staff. Staff are more experienced in identifying results that fit into HPI's Performance Monitoring Plan and in providing explanations regarding achievement of the results.

Communication and website support. The QA team continued to provide assistance to improve knowledge sharing with key external audiences and among staff. To support this effort, the team has finalized a communication action plan that specifies goals and timelines for creating new materials and disseminating project information in the upcoming year. During this reporting period, the QA team connected HPI's website to Google scholar, thus raising the project's visibility and increasing downloads of HPI documents.

Website/database support. As reported in the FP/RH Section, use of HPI's website has quadrupled in the past six months, compared with the previous six-month period. On average, just over 80 megabytes of data are being transferred to 153 visitors each day. Roughly two-thirds of the website visitors are downloading PDFs, the standard used for our publications. Five of the top 10 website downloads were on HIV-related topics, and many other items in the top 100 downloads are on HIV-related topics. It is especially gratifying to see newly published documents rise to the top of the list.

New materials. During this period, the Communication team prepared a new *Story from the Field*: "HIV-positive Women in Mexico Step Out of the Shadows." The story is featured on the USAID Bureau for Global Health's webpage dedicated to International Women's Day, March 8, 2009 (http://www.usaid.gov/our_work/global_health/home/News/women/hivaids_mexicanas.html). We also prepared a short case study, "Laying the Foundation: PLHIV in MENA Share Knowledge, Build a Network." In addition, we posted a feature on the HPI external website to highlight World AIDS Day (December 1) that presented HPI results from eight countries.

Conferences. In an effort to share the project's best practices and lessons learned, the Communication team provided support to enhance HPI's presence at upcoming conferences: GHC (May 26–May 30, 2009); HIV Implementers Meeting in Windhoek (June 14–19, 2009); International Congress on AIDS in Asia and the Pacific (August 9–13, 2009); and American Public Health Association (November 7–11, 2009). Assistance included tracking and alerting staff to deadlines; identifying activities for abstract submission; instituting an internal review process of all abstract submissions; and assisting in preparing satellite session proposals and agendas. The team also organized a brown bag lunch (BBL) on effective abstract writing. To date, the project has had five HIV abstracts accepted to GHC conference (one roundtable discussion, one poster) and the HIV Implementers Meeting (three orals). Notifications for other conferences have not yet been sent out.

D. Problems, Issues, and Constraints (HIV)

The HIV core portfolio has improved over the course of the last six months. The activities have now all found homes and large pipelines are beginning to be spent at faster rates. There remain, however, some structural challenges and constraints that impede reaching optimal performance levels. These are described below.

1. **Partnerships and collaboration:** HPI has worked hard to collaborate with several CAs (especially those involved in service delivery related to HIV); international agencies involved in HIV policy (UNAIDS, WHO, Global Fund, International AIDS Society); civil society organizations and networks (Global Network of PLHIV, International Community of Women LHV, Global Forum on MSM, International Council of AIDS Service Organizations); and organizations from diverse sectors (faith-based, private, government, community leaders). While this process has clear long-term advantages, it requires time and effort. Participation in meetings and discussions in such tightly resourced projects becomes a budget issue and adds time so as to work in a concrete collaborative manner. Collaboration with other CAs is further hampered by the lack of appreciation of policy work and perceptions of competition within the procurement environment.
2. **Personnel changes:** Staff turnover in several country Missions has meant delays in negotiations and implementation. Although the OHA technical advisors have done an admirable job over this period, sometimes the work has been hampered by turnover in the USAID management team as it takes time to know the project and the multiple activities and players. The staff turnover rate within HPI has dropped significantly in the past six months, but there have been a few key staff changes that have meant delays in activity implementation. Also, because HIV/AIDS is a dynamic field, training needs to be ongoing so that existing staff can stay abreast of new issues and information.
3. **Structural impediments in the TO process:** The award of separate task orders and financing of TO1 based strictly on activity budgets do not facilitate sharing strategic lessons learned or providing technical assistance to other task orders. Although careful planning is a key component of successful implementation, it is sometimes difficult to foresee emerging issues and challenges across separate TO contracts a year in advance. Policy issues change over time, especially in a field such as HIV.
4. **Understanding the added value of policy and policy implementation:** The value of favorable policies and adequate policy frameworks to sustain long-term achievements of PEPFAR at the country level is not fully recognized. This lack of recognition particularly affects communications with USAID field Missions and USG PEPFAR implementers who are caught up in the daily provision of care and treatment and other services. As a result, country programs do not always fully appreciate or necessarily welcome the potential contributions of HPI. This has been true, for example, in the area of male circumcision, where the rush for scale-up has impeded the facilitation of policy analysis and policy dialogue.

VI. COUNTRY ACTIVITIES

A. Overview

To date, Task Order 1 has received field support from 35 country and regional programs. Task Order 1 continues to work in 25 countries and regional programs. The project has closed programs in 10 countries/regional programs. Some of these programs have continued under new task orders under HPI or other contractual mechanisms.

Africa

Africa is HPI's largest and most complex portfolio. Many country programs in Africa deal with both FP/RH and HIV, although the majority focus on HIV. Most of the project's FP/RH work relates to repositioning family planning and expanding access to FP services. Missions in Africa are becoming increasingly interested in updating, adapting, and disseminating RAPID presentations. Ethiopia, Ghana, Rwanda, Senegal, and Tanzania are all involved in these updates—either through core or field support. Many Missions appreciate the RAPID Model's flexibility to include information and projections from other sectors. Missions and country programs are also showing greater interest in developing policies around gender, gender-based violence, and integration of gender into all health areas, including FP/RH and HIV.

Country leaders are also interested in analyzing the costs of new strategies and programs—a key step in operationalizing new policies. In several countries, HPI has supported various policy initiatives to develop program strategies and operational plans. HPI's work in repositioning family planning includes a focus on strengthening civil society organizations and religious leaders to be more effective advocates. In Mali, HPI has worked with diverse Muslim groups, including those representing women and youth.

HPI efforts in Africa to improve the policy environment span many components of PEPFAR: promotion of abstinence and monogamy, support of OVC, palliative care, reducing stigma and discrimination, strategic information, and PMTCT. HPI has used field support funding to strengthen advocacy efforts and mobilize resources in Botswana, Democratic Republic of the Congo (DRC), Kenya, Mali, Mozambique, and Tanzania. Country programs have emphasized capacity building and support for networks and coalitions to broaden participation in the policy process. Networks of PLHIV have become active in advocacy and involved in program planning in several countries. Outreach to religious leaders has led to greater sensitivity regarding stigma and efforts to educate the public on HIV prevention. In Mozambique, work with the Ministry of Defense has extended HIV prevention education to nearly 15,000 soldiers in three regions. In Botswana, HPI has provided support to improve the capacity of a youth group that has organized HIV awareness campaigns and has developed a mentorship program with OVC. HPI's work with the business community in Mozambique and Tanzania has led to coalitions of business leaders working with their peers in other companies to establish workplace HIV policies and, in some cases, on-site VCT services. HPI has also helped partner organizations to raise funds to support their work. For example, in Mali, HPI helped local agencies draft their proposals for the Global Fund.

HPI has also worked in related health areas, including female genital cutting, gender-based violence, and malaria.

Some countries in Africa continue to present extremely challenging programming environments. The most challenging country is the DRC, where poor physical infrastructure and in-country travel conditions combine with a policy situation in which the needs are enormous and the local human capacity is weak.

Given this setting, the results that HPI does achieve are especially rewarding. However, working in the DRC entails much higher costs and is more time-consuming than in other countries.

Asia and the Near East

In Asia, HPI continues its successful program in Indonesia and is wrapping up its field support work in India and Vietnam. During this reporting period, the **Indonesia** work is characterized by burgeoning effects of previous efforts. A national, multisectoral team of advocacy trainers—who HPI had trained—conducted a series of five-day advocacy workshops for 157 provincial and district AIDS Commission representatives and NGOs from all 33 provinces. The purpose of the workshops was to build participants' skills to advocate to local governments for increased local budgets based on cost-effective HIV/AIDS resource allocation and comprehensive local regulations. In addition, two policy champions from prominent Islamic organizations in East Java have formed a team that now comprises eight people representing major Islamic organizations. They are actively implementing efforts to raise awareness and reduce stigma in their mosques and related organizations. As a result, the Indonesia Ulama Council in North Sumatera asked HPI to replicate the same movement in its province. Furthermore, Islamic leadership is taking up these issues through its education establishments and agreeing to modify curricula to include life skills education and HIV/AIDS.

Entering into the last three months of operation, the HPI-TO1 **Vietnam** team has finalized the research protocol for the costing component of Methadone Evaluation, has conducted training for data collection, and is conducting field work in Hai Phong and Ho Chi Minh City. The team is also assisting and providing financial support to the University of New South Wales in implementing a national workshop and an International Conference on Protecting the Rights to Human Health and Development.

In **India**, HPI is putting final touches on district action plans for five Category A (high HIV prevalence) districts in Uttar Pradesh. In partnership with the Uttar Pradesh State AIDS Control Society (UPSACS), HPI gathered more than 50 participants representing UPSACS, NGOs, and development partners to define the action planning and implementation process.

In the Middle East, HPI has robust ongoing programs in Jordan and with the MENA Regional Bureau. HPI's small program in **Yemen** will be completed in the next quarter with an updated RAPID application; this update will include new data on unmet need for family planning and its implications for FP/RH programs and on reaching the MDGs. The **Jordan** team continues to strengthen the policy and evidence base for increased support for family planning. Having led a multisectoral, consensus-building process to devise the Reproductive Health Action Plan II and its monitoring and evaluation plan, HPI and the Higher Population Council launched the new plan in November 2008 and successfully advocated for government funding for the first 18 months of the RHAP activities. The launch highlighted an updated RAPID presentation based on the 2007 DHS, which HPI has presented to other high-level officials from Ministry of Education, Ministry of Interior, and the Royal Medical Services. HPI is leading a multi-CA and partner effort to identify barriers to increasing CPR and reducing unmet need; this period has seen rigorous consultation and data analysis to prepare a background paper documenting the impacts of unmet need on the national fertility goals. The HPI **MENA** team is supporting PLHIV counterparts in the region with two rounds of small grants to foster the organizations' capacity to conduct country-level activities from the development phase through implementation. This initiative is the first of its kind in the region because these grants are solely managed by and for PLHIV. The team is gearing up for its next regional workshop in May, which will bring together HIV-positive women and women of sero-discordant couples to raise awareness about the feminization of HIV and address the factors that fuel this phenomenon.

Latin America and the Caribbean

HPI continues strong TO1 programs in LAC in both HIV and RH, implementing established programs, such as RH modeling and private sector work in HIV, as well as innovative new strategies, such as cutting-edge pilot projects on MARPs and PEP in Mexico and a shift in focus to giving increased priority to equity in regional contraceptive security efforts. In addition to this growth and innovation, the region has experienced some transitions as two former TO1 programs rolled off to other task orders—Peru (November 2007) and the Central America regional program on HIV, PASCA (October 2008).

In the field of HIV, HPI maintains strong work on public/private partnerships and workplace policies in the region and in Guatemala, Jamaica, and Mexico. For example, in **Guatemala** and **Jamaica**, HPI assisted in disseminating best business practices in HIV programming and policies, and worked with the private sector in Guatemala to train human resources employees of more than 20 companies. In **Jamaica** and **Mexico**, HPI provided institutional strengthening to their respective business councils, including technical assistance during their strategic planning processes. In **El Salvador**, HPI supports a small program of institutional strengthening of the technical secretariat for the CCM of the Global Fund.

In **Mexico**, the HPI team continues to contribute its expertise in stigma and discrimination and institutional strengthening, and carries out ground-breaking pilot projects. HPI provided training and technical assistance on a variety of topics in stigma and discrimination for PLHIV groups, government institutions, and healthcare providers. HPI also works with PLHIV groups, HIV networks, and HIV service delivery organizations to strengthen their institutional capacity in areas such as strategic planning, advocacy, and fundraising. Finally, HPI contributed to innovative national policy dialogue efforts by presenting cutting-edge information from operations research on GBV, MARPs, and PEP for policy decisions and sponsoring subsequent pilot interventions and further policy assessment and implementation research on these topics.

Reproductive health programs in the region have placed greater emphasis on equitable access to FP services and contraceptive security to support countries that are undergoing a phaseout of donor support for FP and to address patterns of economic polarization seen throughout the region. HPI set the stage for redefining CS to include equity at the regional conference/workshop that it organized. Held in Guatemala in October 2008, the conference provided 86 participants from eight LAC countries with technical tools and practical examples to address poverty and equity issues. In turn, participants shared regional and global experiences of approaches that work. Following the conference, the HPI team provided technical assistance and financial support for the CS committees to help them incorporate poverty and equity into their workplans. In the **Dominican Republic**, both regional and field support funds sustain efforts to develop and train local civil society policy champions for equitable and sustainable FP programs, with a particular focus on CSOs that represent vulnerable populations.

In **Guatemala**, through the large field-supported FP/RH program, HPI has focused on creating an enabling policy environment for equitable, sustainable, and culturally appropriate FP services in country. HPI's work includes strengthening the capacity of civil society networks and indigenous leaders/organizations to engage in policy dialogue and monitoring of implementation of policies and programs. HPI assisted with the creation of national and regional civil society monitoring observatories for reproductive and maternal health, called OSARs, and strengthened the institutional response for policy change through work with the CS committee and with lawmakers on the Maternal Health Law. Finally, in Guatemala and through the regional CS program, HPI is providing technical and financial assistance for creating and adapting models to promote evidence-based decisionmaking on family planning and maternal health.

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

Field programs are largely on track and are achieving numerous results. During this reporting period, we are making a big push to upgrade the knowledge and management skill set of country directors. Many country directors attended workshops on USAID rules and regulations, and we are planning a one-week leadership development workshop in Washington, DC in May. These training opportunities will help bolster the skills of long-time and some recently appointed country directors or deputies and will foster a stronger sense of south-to-south exchange of information and best practices.

- Uncertainties about Mission intent and the ceiling for future field support allocations affect program planning at the country level. Specifically, uncertainty around issuance of task orders affects work in several countries. Countries are also growing up and beginning to plan for the FY09 Field Support process.

AFRICA



Africa Bureau (Regional)

Country Manager: Priya Emmart

Program Overview: The Africa Bureau has asked HPI to undertake two activities in support of its objectives: (1) to conduct a RAPID application in Ethiopia; and (2) to determine whether private sector partnerships are reflected in Rwanda's national health plans. In Ethiopia, HPI plans to develop an expanded RAPID model using recent census and DHS data. The expanded model will consider population impacts and savings on environment and food sectors, water, and land resources. HPI will involve national and regional policymakers in RAPID dissemination meetings and will provide materials for RAPID to be presented to regional leaders. We will also support the Family Planning Technical Working Group in its commodity security activities.

The second activity in Rwanda is currently on hold. HPI awaits USAID/Africa Bureau's decision on the scope of a new activity to be undertaken by HPI with these funds.

Summary of Major FP/RH Activities:

In Ethiopia, HPI has begun work on developing an expanded RAPID model and is adding data from the ECSA 2007 census and the 2005 Ethiopia DHS 2005 into the model. At the invitation of the USAID Mission, HPI staff met with USAID HPN collaborating agencies on February 18, 2009. The HPI team explained the purpose and methodology of the RAPID model, and the participants discussed current information and demand for advocacy. The HPI team also held orientation and sensitization sessions with policymakers within the planning and programming departments of the Ministry of Health. They have requested further training on the RAPID model and have agreed to work closely with HPI's policy advisor in Ethiopia, Senait Tibebe. The HPI team also met with senior staff at the National Office of Population.

The first in-country meeting is scheduled for May 2009.

Botswana

Country Director: Boipelo Seithlamo

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. Ambassador's 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 (Marang), to build capacity to deliver high-quality services to OVC, with a special focus on both organizational and technical program development. HPI works with university students to strengthen their capacity to raise HIV awareness and deliver prevention messages to students and the larger community. HPI works with the National Association of Nurses to provide support to health workers working in HIV/AIDS. Finally, HPI activities support the Botswana National Strategic Framework for HIV/AIDS 2003–2009.

Summary of Major HIV Activities:

HIV Prevention

Support for the Society of Students Against HIV/AIDS (SAHA). SAHA continues to strengthen the capacity of its members to implement HIV prevention efforts among youth at the University of Botswana. With HPI support, SAHA trained 27 new members during a two-day workshop (October 18–19) focused on the following key HIV prevention and support areas: basic facts about HIV, HIV testing and counseling, peer education, volunteer involvement and support groups, and communication skills. HPI helped to draft the training plan and develop the content.

HIV campaigns. SAHA also conducted two HIV awareness campaigns in commemoration of the September Month of Reflection and World AIDS Day. The September Month of Reflection is an annual national event observed by church organizations. This year's theme was "Church Empowers Leaders to Stop AIDS—Keep the Promise." With HPI support, SAHA participated in and organized a sensitization forum on campus on October 15, reaching 104 students (55 females and 49 males). The objectives were to increase their knowledge about and access to HIV services on campus, discuss the lessons learned from implementing HIV prevention strategies, and strengthen the relationships among organizations to scale up HIV prevention efforts. HPI assisted with developing and implementing a strategy for reaching the targeted students from various clubs. To commemorate World AIDS Day, also with HPI support, SAHA conducted an awareness campaign on November 14, reaching 242 students (150 females and 92 males). The aim was to mobilize students and advocate for ongoing behavior change to reduce HIV infection among youth. HPI helped to organize the oral presentations, stall shows, and a march.

Big Brother/Big Sister mentoring. With HPI technical assistance, SAHA members developed mentor and mentee participation guidelines for the Big Brother/Big Sister mentorship program during their January and February 2009 meetings. The mentoring program will match SAHA members to the Marang network's OVC in and around Gaborone. The program's goal is for OVC to perform better in school, develop meaningful relationships with peers to facilitate the development of self-esteem, and encourage a positive outlook on life. SAHA identified 20 volunteers to participate in the mentorship program and, in collaboration with Marang and HPI, identified five OVC organizations in and around Gaborone. To prepare the SAHA volunteers and participating organizations, HPI helped Marang draft training materials and an agenda for a workshop. Hosted by the University of Botswana, HPI and Marang conducted the workshop on March 14 for the 20 SAHA volunteers and five OVC organization coordinators. The agenda included an introduction to the mentorship program, the responsibilities of a mentor, mentoring strategies,

mentoring and communicating with children living in challenging conditions, roles of organizations in the mentorship program, and the reporting format/communication channels for mentors.

Month of Youth Against AIDS. The month of March has been set aside as a national Month of Youth Against HIV/AIDS. This year's theme is *One Me, One Partner, One Life*. In commemoration of this event, SAHA conducted a series of HIV awareness activities. With HPI financial support, SAHA participated in live discussions on national radio stations and television. Subsequently, SAHA initiated and supported on-campus HIV testing week activities from March 23–27. The initiative is intended to increase the level of HIV testing and prevention among youth.

Support for OVC

Community mobilization. Marang continues to expand access to high-quality care and protective services for OVC. From September–November, HPI assisted the Marang Child Care Network Trust with conducting workshops in 16 villages to mobilize communities and scale up OVC care and support activities. The participants included 1,022 (367 males and 655 females) caregivers, community leaders, village development committee members, and journalists. The workshops aimed to increase community awareness of OVC needs and issues, and to strengthen the capacity of communities in conducting OVC outreach activities. The topics focused on child abuse, caring for OVC with disabilities, children's rights, parenting, child development, alternative care, child protection, family management, and care and support of OVC. HPI helped Marang develop the objectives, plan, and strategy for mobilizing communities in the 16 villages.

Psycho-Social Support Lobbying and Advocacy Skills-building Workshop. Generally, community-level interventions for PSS lack consistency and proper coordination. Marang, as an umbrella body, receives technical support from HPI to plan, coordinate, and track the participation of NGOs/FBOs/CBOs in OVC program development and implementation. In this regard, HPI supported Marang to establish a working relationship with the Regional Psych-Social Support Initiative for Children Affected by AIDS (REPPSI) to strengthen NGO/FBO/CBO compliance with the national PSS manual. REPPSI and Marang conducted training from November 10–14 on psychosocial support for Marang members. Fifteen participants were trained as PSS master trainers to eventually integrate PSS programming at an organizational level. Subsequently, Marang conducted a PSS Lobbying and Advocacy Skills-building Workshop for 10 participants from 10 partner organizations from November 17–19. This training aimed to increase CBO contribution to policy reforms and resource allocation for PSS services.

Monitoring and evaluation. During November and December, HPI helped Marang recruit and hire an M&E Officer, who will also support the efforts of SAHA and the Nurses Association of Botswana. The M&E strategy includes helping partners to establish M&E systems for tracking program activities and educating them on PEPFAR and HPI reporting requirements. With HPI financial support, Marang has started to develop M&E tools and systems for itself and its members. During the Okavango and Gaborone district forum workshops held in February and March, Marang educated organizations about developing internal M&E systems in line with the national M&E framework.

Support for the Botswana National Strategic Framework for HIV/AIDS 2003–2009. Previously, HPI assisted with developing the national OVC policy and guidelines. During this reporting period, the Country Director, as part of the National OVC Policy Technical Committee, attended the launch of the National Guidelines for OVC Psychosocial Support, the OVC National Monitoring and Evaluation Framework, and the National Guidelines on the Care of OVC. These publications have laid the foundation for HPI to intensify policy initiatives in support of effective national OVC programs. HPI is working closely with the USG team and Ministry of Local Government Department of Social Services (DSS) to help disseminate these documents.

Support for Health Workers

Nurses Association of Botswana (NAB). Health workers are on the front line providing services and care for the prevention and treatment of HIV/AIDS. HPI provided technical assistance to NAB to design a training plan about: starting and maintaining support groups; the benefits, principles and characteristics of support groups; communication skills; wellness programs within support groups; and the roles, characteristics and principles of a facilitator for a support group. The workshop was designed for 90 health workers from Francistown (northern region) and Gaborone (southern region). In February 2009, with HPI financial support, NAB trained 79 of the 90 health workers in the aforementioned content as facilitators. In addition, NAB trained another 25 health workers in the northern region and 54 health workers in the southern region in the same content.

These workers will, in turn, guide the formation of 45 support groups to provide psychosocial care to 450 health workers affected by HIV/AIDS. In November, NAB met with the Ministry of Health/Department of Wellness to assemble a working team to coordinate the training, form the support groups, and monitor support group activities.

Development of a Gender and HIV Program

Planning for KYT Gender and HIV program. HPI has added a gender and HIV program component to its workplan. Under the COP 08, the project will provide technical assistance to Kgetsi Ya Tsie (KYT), a rural women's organization, in coordination with other local funding agencies, such as the UNDP's Global Environment Facility Small Grants Program (GEF-SGP) and the Local Enterprise Authority. HPI facilitated the negotiations among partners and participate in consultations with KYT and project stakeholders, including the Ministry of Local Government, Ministry of Labor and Culture, Ministry of Trade and Industry, GEF-SGP/UNDP, USG, and BOTUSA. To strengthen the capacity of KYT, HPI will incorporate HIV-related issues into a microfinance and small business curriculum, focusing on stigma and gender. The women will be trained to advocate among the community on health-related issues, specifically HIV. HPI is currently helping to draft a memorandum of understanding between partners and KYT.

Consultation with stakeholders. All the supporters of Kgetsi Ya Tsie met at the Partners' Meeting on December 17, 2008, to foster cooperation among partners and leverage resources in support of KYT programs. To facilitate effective partnership, HPI's Country Director and Gender Program Manager held a consultative meeting on February 28 with the KYT Coordinator, Board members, and the Business Advisor from the Local Enterprise Authority. The participants identified the development of a strategic plan as a priority over the development of the business plan and integration of HIV issues.

Democratic Republic of the Congo (DRC)

Country Manager: Charles Pill

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) in the Democratic Republic of Congo (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 funding, the project is initiating policy analysis and advocacy support activities with the National Reproductive Health Program (PNSR). The goal is to strengthen the enabling policy environment for expanding repositioning family planning efforts to reduce unmet need and increasing resources and support for national family planning and reproductive health (FP/RH) programs.

Summary of Major Activities:

HIV

OVC assessment and National Plan of Action. Under a contract with UNICEF, Futures Group completed the draft Rapid Analysis, Assessment, and Action Planning (RAAAP) synthesis report, which presents both qualitative and quantitative information about DRC's orphans and vulnerable children. On December 16, 2008, HPI's country manager Charles Pill helped the RAAAP Bureau (secretariat and technical committee that oversees the RAAAP process in DRC) and MINAS to plan and facilitate a meeting to discuss (1) the RAAAP synthesis report, (2) preparations for a national validation workshop and (3) strategic themes for the national action planning process. Mr. Pill assisted MINAS to plan and facilitate the national validation workshop held in Kinshasa from February 16-18, 2009. During the workshop, participants representing each of DRC's 11 provinces, central level government and civil society validated the RAAAP synthesis report. Participants in this workshop also initiated the national OVC planning process by developing five thematic domains, their elements and initial objectives and activities.

Each of the five domains will have an associated working group. In February 2009, Mr. Pill also worked with MINAS' national OVC focal point and UNICEF to develop a format for the initial five working groups to elaborate activities under the objectives for each of the five domains. The HPI team continued to support the revisions for the first round of results from the working groups. As of the end of March 2009, HPI is developing the zero draft version of the national OVC plan for review by MINAS and the RAAAP Bureau in early April 2009. The final version of the plan is expected to be completed by mid-June 2009.

Capacity building of MINAS. The HPI team continued to assist MINAS' Division of Studies and Planning (DEP) with OVC-related policy and operational activities at the national, regional and local levels. The activity supported the MINAS's DEP in planning and carrying out a workshop from December 8-10, 2008 for all of MINAS' 11 provincial divisions. Two participants from each province and DEP directors from the national level attended. The workshop focused on improving the coordination of provincial OVC programs and served as an opportunity to discuss information gathered during the September 2008 study tour to Côte d'Ivoire's national OVC program. During the December workshop, each provincial division prepared a short list of activities to help improve OVC program coordination, including building on existing coordination structures and devising strategies with other provincial DEP staff at the provincial, district, and territorial levels. The workshop was significant because it was the first time that MINAS' representatives from the 11 provinces all had the opportunity to work together.

As a result of the HPI-supported study tour to Cote d'Ivoire in September 2008, the MINAS' Division for Special Children's Programs was able to obtain UNICEF funding for a workshop on improving data collection and developing coordination structures at the provincial level. This Division also received funds for a workshop to review legislation, regulations and social worker training curricula in collaboration with MINAS' Republic of South Africa support and Cote d'Ivoire's Social Work Training Institute.

The HPI team continues to support MINAS DEP and the OVC focal point in preparing information for the minister and other communications, including drafting key messages and findings from the RAAAP process and developing the terms of reference for various studies related to OVC and the national plan development process. In addition, HPI is assisting with the design and planning for the final release of the RAAAP synthesis report planned for late April.

FP/RH

Repositioning family planning (core funds). HPI continued to assist local consultants with revising an inventory and summary of existing policy documents and legislation related to family planning. HPI's Country Manager helped to finalize the format for the inventory and for a policy document synthesis report in consultation with the Mission and local consultants. By the end of March the local consultants had completed initial drafts of nine policy/legislation summaries that are being finalized. Modifications to the initial approach will include the design of a series of focus group discussions around the various elements specified in the policy and legislation using appreciative inquiry with both policy/decision makers and service providers. During the next quarter the policy summaries will be finalized and assembled into a final report and a design for the focus group discussions will be prepared. HPI will work with a local/regional consultant and the PNSR to implement the focus group discussions. The results of the policy inventory and questionnaire are expected by June 2009 and will be shared with the PNSR, the national RH task force and other stakeholders.

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 activity implementation.

In HIV/AIDS, HPI supports PEPFAR in the areas of palliative care, OVC, and policy analysis and systems strengthening and seeks to strengthen the capacity of government ministries, NGOs, and PLHIV networks to (1) formulate and implement HIV policies and programs; (2) eliminate policy barriers inhibiting the scale-up of HIV prevention, care, support, and treatment; and (3) advocate and mainstream human rights issues. The priority areas of assistance include (1) building the capacity of local institutions and PLHIV networks for more active policy engagement; (2) protecting OVC and their access to basic services, with a focus on children's and women's rights; (3) reducing stigma and discrimination (S&D); (4) strengthening policy analysis and implementation and addressing operational barriers that affect OVC and PLHIV networks; (5) strategic planning, costing, and generating and analyzing data for evidence-based decisionmaking; and (6) mitigating gender-based violence.

In FP/RH, HPI focuses on using advocacy and dialogue to achieve 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:

FP/RH

Dissemination of the National RH Policy. The Minister for Public Health and Sanitation launched the National RH Policy in July 2008. During this reporting period, HPI designed standard policy dissemination presentation formats and guidelines for use countrywide and with the Division of Reproductive Health (DRH). The project helped to disseminate the RH policy in the Nyanza and Western provinces in November 2008 and, in addition, funded the dissemination activities for the Western Province.

Review and revision of the National RH Strategic Plan (1997–2010). On behalf of the DRH's Reproductive Health Interagency Coordination Committee (RH-ICC), HPI continues to review the new RH strategic plan to help align it with the National RH Policy.

Networking for advocacy and repositioning reproductive health. The Coalition Against Mismanagement of Mothers continued to train traditional birth attendants as champions of safe motherhood, and Women Challenge to Challenge continued to work with the MOH and other partners on policy advocacy around RH for people with disabilities. HPI assisted the two networks with advocacy and report writing.

HPI/Kenya is also hosting several core-funded activities. Details for the following activities can be found in the core-funded sections of the SAR:

- IA1: Eliminating operational barriers to the integration of RH and HIV services in Kenya.
- POP 3.1: Ensuring equitable financing and resource allocation at the decentralized level.
- POP 3.2: FP costing (investment needed to increase family planning use by one percentage point).
- POP Poverty and Equity Working Group: Improving access to FP/RH services among the poor.
- HIV 1.6: Exploring task shifting strategies in the scale-up of HIV care and support in Eastern, Central, and Southern Africa (ECSA).

HIV/AIDS

OVC

Finalizing the OVC policy and legislative agenda and the National Plan of Action (NPA). HPI, in collaboration with UNICEF and the Ministry of Gender, Children's Services, and Social Development, developed the OVC policy and legislative agenda (which still awaits cabinet approval). The ministry has also prepared a policy on children, which is still under review. HPI edited the NPA and is printing copies for its upcoming launch with stakeholders in April.

Strengthening capacity of the Department of Children Services (DCS) to ensure quality of services and social protection of OVC. DCS and HPI conducted two training sessions on Quality Assurance and Improvement (QAI) for 43 participants in the Nyanza and Western provinces. The trainings provided participants with skills in quality standards; improvements in OVC protection, care, and support; and programming for OVC activities in Kenya. This information will be used to support the development and implementation of quality standards for OVC services at all levels.

Strengthening local capacity for the promotion of OVC access to essential services and property ownership. HPI completed the review of the PLHIV/OVC Psychosocial Support Training Curriculum in October 2008. The revised curriculum will be used in additional pilot trainings with various stakeholders.

Scaling up women's property ownership and inheritance rights (WPOIR). HPI trained 18 community leaders and officials of the Luo Council of Elders (LCE) in October on resource mobilization skills, proposal writing, and the costing of 2009 annual workplans for their WPOIR/OVC activities. HPI replicated the training with 25 members of the Meru Council of Elders in February. The resource mobilization plans for the two groups will be discussed with possible development partners in May 2009 to seek buy-in.

HPI also provided financial and technical support for a district-level consultation and advocacy workshop for 50 community leaders in Suba District in November 2008. The consultation focused on creating awareness of HIV/AIDS and harmful cultural practices that enhance the vulnerability of women and OVC.

Other/Policy Analysis and Systems Strengthening

Review of the Home-Based Care (HBC) Policy Guidelines. HPI supported the National HBC Taskforce to develop and redesign a new Home and Community-Based Care Implementation Framework. The government formally launched the framework on October 2.

GIPA and mainstreaming GIPA into the HIV response. HPI reviewed and finalized the NACC's GIPA guidelines and is awaiting authorization for printing. HPI also conducted GIPA mainstreaming training for 35 representatives from CSOs and PLHIV networks in November.

Strengthening CSO high-level advocacy and policy engagement. HPI conducted advocacy training for 26 high-level officials from CSOs and PLHIV networks. The training increased their knowledge and awareness of two emerging issues: (1) the pending enactment of the Anti-Counterfeit Bill, which would impede access to ARVs—as medicines were lumped together with other commercial commodities—and would reduce access to ARVs by blocking use of generic medicines; and (2) lack of implementation of the HIV/AIDS Prevention and Control Act 2006, already enacted by Parliament. As a result of advocacy activities, the Anti-Counterfeit Bill was amended and enacted to protect generic medicines, including ARVs. In addition, the minister coordinating the HIV program issued a gazette notice on March 30 announcing the increased commitment to ensure implementation of the HIV/AIDS Prevention and Control Act 2006. HPI and partner PHLIV networks facilitated media briefings for CSOs on the two achievements.

Strengthening advocacy for male involvement in HIV/AIDS prevention, treatment, care, and support. HPI conducted a three-day advocacy training in November for 35 representatives from CSOs and PLHIV networks. Strategies developed included increasing male involvement to help reduce high HIV prevalence among women and girls.

Strengthening the capacity of CSOs and PLHIV networks. In November, HPI trained 33 participants from 20 PLHIV/CSOs on proposal development and identification of opportunities for resource mobilization (particularly among donors). To increase accountability and governance, HPI also hired a consultant to develop (1) a capacity assessment tool for CSOs to strengthen their internal systems and (2) a Kenya-specific citizen monitoring tool to gauge quality and access to HIV/AIDS services.

In addition, HPI provided technical assistance to the National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK) on conflict resolution, streamlining of governance, and identified a consultant to carry out institutional assessment on governance issues plaguing the organization.

HPI also continued to facilitate trainings on community mobilization, palliative care, TB prevention, and treatment literacy for the following partner networks: KENERELA+ (52 participants), KETAM (25 participants), UDPK (58 participants), and NEPHAK (342 participants). The trainings occurred across all country provinces. HPI also continued to support KENEPOTE and UDPK to conduct grassroots-level training on life skills and psychosocial support for OVC caregivers and older OVC (142 participants). In addition, HPI trained 53 parent-teacher association and board members of KENEPOTE on policy implementation and advocacy for increased access, care, and support for OVC in schools. The project also supported NEPHAK in training 25 support group leaders and KETAM in training 61 policymakers, including members of the Parliamentary Health Committee, on policy development and advocacy.

To strengthen new networks for policy and stigma reduction, HPI helped 45 members of the Kenya AIDS Network for Post Primary Institutions (KANNEPI) review and ratify their constitution to prepare for formal registration as a national outfit. HPI also assisted the National Informal Sector Coalition with drafting a concept paper to mobilize resources for a national informal sector mapping exercise. The exercise will assess the impact of HIV on the sector, provide further information for planning by key stakeholders, and engage the sector in the national HIV multisectoral response.

HPI also helped the National Health Workers Network (NHWN) to draft a paper on S&D among health workers, which was presented at the Kenyan National Nurses Association Conference in October. As a result of HPI's assistance, NHWN now has a radio program focused on S&D reduction.

Support to other partners. HPI and the Women of Faith Network conducted a TOT in October and November for 25 provincial religious leaders on policy development and advocacy, GBV, and S&D

reduction. HPI also assisted the GBV taskforce with preparing and finalizing the National GBV Implementation Strategy and the NACC's Gender Technical Committee with developing the National Gender Mainstreaming Guidelines. The documents are currently being validated.

HPI provided technical assistance for the review of the *Kenya National AIDS Strategic Plan (KNASP 2005–2009/10)* on gender programs, M&E, and research. In addition, the project redesigned, translated, and printed the NACC's community-based program AIDS reporting tools.

HPI made two presentations at a regional conference in Nairobi for East and Central Africa on RH and sexual violence and the intersection with HIV/AIDS. The presentations focused on policy, advocacy, and resource mobilization strategies for reducing sexual violence and related HIV transmission.

Madagascar

Country Manager: Danielle Grant/Brian Briscoombe

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. Specifically, the USAID Mission requested HPI's assistance in preparing a PowerPoint presentation that highlights the successes of Madagascar's FP program. The presentation will be used as an advocacy tool to orient policymakers on FP concepts.

Summary of Major FP/RH Activities:

HPI has completed the PowerPoint presentation, titled "Family Planning and the National Vision in Madagascar," incorporating comments from the Mission and the SanteNet 2 Project. The presentation summarizes Madagascar's FP-related achievements over the last five years; highlights issues related to demand, financing, unmet need, and the policy environment; and addresses future challenges. Upon the Mission's approval of the final presentation, the Ministry of Health and Family Planning, USAID, and SanteNet 2 will use it to orient policymakers on FP concepts.

In November 2008, the Mission asked HPI to delay finalization of the presentation with the aim of updating it when the new DHS data become available. However, the DHS survey team will not begin work in Madagascar until mid-2009, and delaying finalization of the presentation would require more funds from the Mission and several more months of work. HPI and the Mission are currently discussing whether the presentation should be considered final and whether HPI should proceed with translating it into French.

Mali

Country Director: Modibo Maiga

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Mali works to establish an enabling policy environment by repositioning family planning 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 provides 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 also works 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

Updating the RAPID Model. Mali’s first RAPID Model analysis was conducted in 2003 to advocate for family planning with RH decisionmakers. With the release of 2006 DHS data, the Mali Mission asked HPI to update the RAPID analysis and adapt it to the new population policy. HPI updated the model’s inputs and findings from January 19–23, 2009, working with a multisectoral technical team representing various ministries.

Strengthening religious leaders’ capacity to reposition family planning and address key reproductive health issues. To increase the number of religious policy champions among Islamic women, the committee of the National Union of Muslim Women Associations (UNAFEM) held policy dialogue with selected policy champions on December 20 and 23 in Niore and Bamako, respectively. Approximately 30 women leaders, identified by UNAFEM using HPI’s criteria for identifying policy champions, participated in the dialogue and discussed themes such as Islam’s views on birth spacing; women’s rights; sexuality; and quality of life.

With core funding, HPI collaborated with the National Program for the Fight Against Female Circumcision to develop an advocacy tool (PowerPoint presentation) to engage leaders on the issue of FGC. On November 24, representatives from USAID/Mali; the National Program for the Fight against Female Circumcision; the ministries of health, education, justice, advancement of women, and communication; and civil society organizations discussed and validated the tool. The tool outlines the primary health and human rights arguments against FGC. In addition, in December 2008, HPI worked with Islamic leaders to create a tailored advocacy tool, using text and teachings from the Koran. This tool highlights the common text and teachings often cited to support the practice of FGC and explains how these teachings have largely been misused to support the practice in Mali. On February 2, 2009, 52 leaders from the National Union of Muslim Women and 11 male religious leaders from RIPOD validated the tool.

As part of efforts to reposition family planning, HPI collaborated with “Religious Leaders on the Road to the Health Centers” and the Association of Malian Muslim Youth to host a policy dialogue workshop on February 23, 2009, at the Community Health Center of Daoudabougou, Mali. HPI conducted this workshop in collaboration with RIPOD, the National Union of Muslim Women, and the Christian Muslim Alliance on AIDS Control. The workshop’s themes included Islam’s views on birth spacing for people living with HIV. Ninety Muslim and Christian religious leaders, including 43 women, attended.

Strengthening civil society groups in support of repositioning family planning. Mali's Armed Forces are not sufficiently trained on the issue of family planning. To address this knowledge gap, HPI gave a small grant to the Association to Sustain Population Activities (ASDAP) to conduct a one-day policy advocacy meeting regarding birth spacing at the Malian army's training center. Participants included the army's head physician and 23 other army top officials.

Supporting national efforts to reposition family planning. On March 13, 2009, HPI's Country Director presented the updated RAPID and AIM results to the MOH's General Secretary and 23 members of the ministry's cabinet. At the end of the presentation, the General Secretary gave highly positive feedback on the quality of the models and suggested that the minister see the RAPID results. On March 20, the Country Director and Binta Keita, Director of the Division of Reproductive Health, presented RAPID to the Minister of Health and members of his cabinet health team. Following the presentation, the minister promised to allocate more resources for family planning and instructed his cabinet to write a memo supporting family planning. The minister will present the memo to all ministers in order to mobilize more resources for family planning.

HIV/AIDS

Updating AIM. With the release of the 2006 DHS, USAID/Mali asked HPI to update AIM, which was first created in Mali in 2001. From January 12–16, 2009, HPI staff led a multisectoral team to update AIM, with the support of the HCNLS Executive Secretary.

Strengthening the national response to HIV. HPI continues to work to increase public and private sector commitment to HIV. At the HCNLS's request, HPI trained a group of multisectoral leaders from various ministries in advocacy and presentation techniques, including how to effectively present the results of AIM. Many key stakeholders working in HIV in Mali desire to use the AIM results, but lack strong presentation skills to effectively discuss and deliver the results. Strengthening their skills is crucial to increasing the visibility and effectiveness of the HIV advocacy message.

On October 3, in collaboration with the Ministry of Social Development, Solidarity, and the Elderly, HPI facilitated a policy dialogue workshop at the National Orthotics Center to increase the participation of people with disabilities in the fight against AIDS.

In December, HPI continued to raise the awareness and capacity of ministries through (1) supporting the Ministry of Economy, Industry, and Commerce in facilitating several policy dialogue events for selected managers in Bamako and Segou; (2) presenting the advocacy tool for OVC to members of the Regional Head Office for the Advancement of Women, Children, and Families of Bamako District; and (3) with the Ministry of Territorial Administration and the Local Communities, convening a meeting on December 4 for all the regional directors of Koulikoro. The meeting objective was to persuade OVC decisionmakers in the Koulikoro region to include services for OVC as part of the region's health, education, and nutrition plans.

At the HCNLS's request, HPI assisted the International Organization for Migration with organizing a dialogue on HIV policy for the elected representatives of the common border states of Senegal (Diboli) and Guinea (Kouroumalé). At the end of the meeting, the elected officials pledged publicly to provide funding for the response to HIV.

An HPI consultant collaborated with the HCNLS to conduct a situational analysis for youth services for HIV and AIDS. On December 11, 2008, the HCNLS presented the major findings of the situational analysis to the President of the Republic of Mali and various government ministers during one of its regular meeting sessions.

In continuing support of multisectoral activities in Mali, HPI assisted ministries in teaching policy dialogue and advocacy techniques to address HIV in their activities. During this reporting period, HPI trained leaders of the Ministry of Environment and Sanitation; the Ministry of Agriculture; the Ministry of Cattle and Fishing Resources; and the Ministry of Social Development.

Strengthening the PLHIV network's response to HIV. HPI helped the Malian Network of People Living with HIV/AIDS (RMAP+) to establish a regional network in Mopti. This activity furthers RMAP+'s effort to decentralize the network to other regions of Mali. HPI also trained 25 network members on leadership skills, advocacy techniques, and HIV/AIDS issues.

Strengthening the youth and women's response to HIV/AIDS. Mali's population is very young; 46 percent is less than 15 years old. Recognizing the need to involve youth in the response to HIV, HPI identified and trained 30 young leaders in Bamako and Koulikoro. The goal was to develop youth champions for advocating on HIV issues, especially the reduction of stigma and discrimination. HPI also used advocacy messages at celebrations for International Women's Day on March 8—primarily to increase women leaders' knowledge and leadership skills surrounding HIV.

Malaria

Finalizing HPI's scope of work. The USAID Mission and HPI/Mali finalized the scope of work for the malaria portfolio, which will focus on increasing use of prenatal care, ensuring the correct and effective use of intermittent prevention therapy, and raising awareness to promote early healthcare coverage of malaria cases with artemisinin-combination therapy among children under age 5. HPI will collaborate with the National Program for Malaria Control, civil society, religious leaders, and women leaders in support of the MOH's Strategic Plan for Malaria Control 2007–2011.

Involving grandmothers in the fight against malaria. At the Mission's request, HPI/Mali worked with Judith Aubel of the Grandmother Project to identify ways to collaborate on the effective involvement of grandmothers in the fight against malaria. HPI will help draft a strategy to target grandmothers with appropriate health messages. Once drafted, the project and Ms. Aubel will disseminate the strategy at a workshop with members of the Grandmother Project.

Involving religious leaders in the fight against malaria. Malaria remains the main cause of infant and child morbidity and mortality as well as for pregnant women. In recognition, HPI collaborated with the National Program for the Fight Against Malaria and the Islamic Network for the Child Survival to organize a one-day orientation on March 25 for 20 women religious leaders to engage them in the fight against malaria. HPI also held meetings with religious leaders to draft an advocacy tool regarding the importance of speaking openly about pregnancy. If women do not receive prenatal services, they also may not obtain necessary information about malaria prevention and treatment during pregnancy.

Mozambique

Country Director: Francisco Zita

Program Overview: Under Task Order 1, the goal of 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 two specific areas: (1) improving the production, interpretation, and use of strategic information for evidence-based decisionmaking; and (2) increasing private sector commitment to HIV prevention and care through workplace initiatives within the private and labor union sectors.

Summary of Major HIV Activities:

Strategic Information

Support for the national Multisectoral Technical Group (MTG). The Minister of Health and the President of the National Institute of Statistics (INE) signed the final report of the Demographic Impact Study on HIV/AIDS on October 6, 2008. HPI, in collaboration with the Centers for Disease Control and Prevention (CDC), helped the MTG complete the application of AIM and DemProj Model and incorporate the findings of the 2007 sentinel round. The project and the MTG then assisted INE with finalizing the demographic impact projections and drafted a report. In mid-November, the MTG presented the data at a consultative forum with stakeholders from many sectors, including the government. HPI financed and delivered 2,500 printed copies of the final report to INE on December 12, 2008. The data informed the new HIV strategy, which was launched in December. The report will feature in a CD, and HPI will support the reproduction of 500 copies.

As a representative of the MTG, HPI's Country Director Francisco Zita attended the launch of the Accelerated Strategy of Prevention of HIV/AIDS on December 1. Mozambique President, H.E. Armando Emílio Guebuza, officially launched the strategy to commemorate World AIDS Day. HPI had helped various technical groups facilitated by the Ministry of Health (MISAU) to draft the strategy, which the Council of Ministers approved on November 28.

On December 5, the MTG met to discuss the preparation of the National AIDS Survey, the 2009 Sentinel Surveillance Round, and the CD-ROM that will include the impact project study. On February 6, 2009, the MTG continued to discuss the same agenda items, as well as the training co-organized by the National AIDS Council (CNCS), UNAIDS, MEASURE Evaluation, and HPI. The next MTG monthly meeting is scheduled for April 3.

From March 9–10, 2009, in Nampula, HPI facilitated a workshop on the interpretation of sentinel surveillance impact projections generated by the Estimation and Projection Package (EPP) and Spectrum/AIM software application. The workshop was co-organized with CNCS, UNAIDS, and MEASURE Evaluation. The participants included 33 representatives from the National AIDS Committee (NAC), Provincial AIDS Council, and civil society. HPI prepared and delivered the course materials. UNAIDS covered the local costs of the training, including the venue and participants' travel and per diem. The training included the use of a manual on basic concepts that was prepared under the POLICY Project. HPI updated the *Manual of Basic Concepts and Terms regarding the HIV/AIDS Situation in Mozambique* to include the 2007 surveillance round data and new projections and included it with workshop materials. The manual includes a Portuguese-language version and four local-language translations. HPI, in collaboration with MEASURE Evaluation, printed 150 copies for CNCS to disseminate in the provinces. The five versions will be provided electronically to CNCS, UNAIDS, and other local partners for dissemination.

Márcia Monjane, HPI Deputy Director, and Pedro Duce, INE representative, participated in a workshop on HIV estimation and projection tools in Johannesburg, South Africa, from March 23–26, 2009. HPI funded their participation to help build capacity in HIV modeling and projections, using specific software programs (EPP and Spectrum).

Other/Policy Analysis and Systems Strengthening

Establishment of HIV workplace policies

Labor unions. HPI is supporting the National Confederation of Independent Trade Unions of Mozambique (CONSILMO) to train all the unions' secretary generals on negotiating for the inclusion of an HIV component during the annual collective bargaining of work conditions. CONSILMO trained 37 general secretaries from all 11 country provinces in November 2008. Participants drafted a chronogram of activities, including the negotiation calendar schedule, and designed guidelines on conducting negotiations that include the HIV component.

As a result of the workshop, CONSILMO approved and integrated the *Guidelines for Integration of HIV/AIDS Component in the Collective Bargaining of Workplace Conditions* into its programmatic framework on February 16, 2009. With HPI assistance, CONSILMO began disseminating the guidelines on March 23, 2009, in all provinces. It is anticipated that the trade unions will use the guidelines in local collective bargaining and thus negotiate for the inclusion of HIV/AIDS policies and programs as part of the new or revised agreements with employers. Included in the guidelines is a checklist developed by HPI to help labor unions assess companies' progress in implementing the HIV workplace policies and the HIV Law 5/2002.

Private sector businesses. As a result of an HPI workshop in May 2008, Mozambique's major mobile telephone operator, Moçambique Celular, approved an HIV/AIDS workplace policy in October. Celular executives are planning to host an event to launch the policy.

Two HPI staff work on the premises of the Business Coalition Against HIV/AIDS, Tuberculosis, and Malaria (EcoSIDA). During this reporting period, they assisted EcoSIDA with reviewing several HIV/AIDS workplace policies (October) and facilitated workshops on HIV/AIDS policy elaboration using the Workplace Policy Builder (WPB) at the Marragra sugar company (October) and for affiliated EcoSIDA members in Chokwé (November).

HPI continued to review HIV/AIDS workplace policies and facilitate workshops on HIV/AIDS policy elaboration, using the WPB to draft 25 workplace HIV/AIDS policies; 7 companies have approved their policies. From October 13–15, HPI also facilitated a TOT on the WPB for nine representatives of EcoSIDA affiliated members in the Chokwe District, who will help in future elaboration of policies for the business sector based in Gaza Province.

HPI is helping EcoSIDA to build its institutional capacity in workplace policy elaboration, implementation, and follow-up, as well as help the coalition reactivate the coordinating task force for business sector intervention in the fight against HIV/AIDS, including looking for funding resources. A new memorandum of understanding has been signed between both institutions.

Finally, on March 13, HPI facilitated a meeting for EcoSIDA and CONSILMO on implementing and monitoring workplace HIV/AIDS policies. Participants recommended that the two organizations exchange information regarding (1) companies that received support from EcoSIDA and have approved policies and (2) companies that have included HIV/AIDS in their negotiations with CONSILMO.

Exchanging this information would facilitate the monitoring of policy implementation (e.g., using the checklist developed by CONSILMO).

Other policy development. In collaboration with the CNCS, UNAIDS, CDC, and MTG, HPI helped the Ministry of Public Service prepare the Strategy for the Fight against HIV/AIDS in the Public Sector. It was submitted for approval to the Council of Ministers in October 2008. The ministry designed the strategy to help create uniform approaches and activities on prevention, care, and treatment for use by the entire public sector to fight HIV/AIDS. HPI assisted with preparing the legal component.

In addition, HPI met several times with representatives of the Ministry of Planning and Development, which is requesting technical support for HIV/AIDS policy development, as well as refresher training for local peer educators on condoms and other prevention. HPI has received similar requests for policy development support from Procuradoria da República, Jornal Notícias, TEBA, and Fundação Contra a Fome.

Condoms and Other Prevention Activities

Training on prevention. In July/August, in three regions (Nampula, Beira, and Maputo), HPI trained 74 trainers of the Ministry of Defense (MDN) on HIV prevention, counseling, and testing. During this period, these MDN trainers implemented various HIV prevention activities (condom promotion and distribution, discussion and distribution of Law 5/2002, interactive discussion on forms of prevention such as being faithful, distribution of importance of testing for HIV/AIDS and counseling), including the replication of HPI's training. They have submitted several reports to the project on their activities in all three regions. The reports used an HPI-developed standard monitoring and tracking form that serves as a registry of implemented activities; to date, 14,650 people have been reached within the military throughout the country.

Regional HIV/AIDS Program (RHAP)/Southern Africa

Country Manager: Liz Mallas

Program Overview: Under USAID/RHAP, Task Order 1 of the Health Policy Initiative (HPI) supports PEPFAR in the Other/Policy Analysis and Systems Strengthening program area. USAID/RHAP works in 10 Southern African countries – Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe, helping to assure quality and effective HIV/AIDS programming. HPI has provided technical assistance in the following: (1) developing and piloting a methodology to improve the roll-out of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); (2) assessing the health system infrastructure in Lesotho; (3) preparing proposals to the Millennium Challenge Corporation (MCC) for health systems improvement in Lesotho; and (4) determining the cost and impact of providing male circumcision (MC) services in the region. HPI activities are based on RHAP/Pretoria’s priorities and activities of interest as they arise, and, hence, there is no formal workplan. HPI’s most recent efforts under RHAP predominately focus on male circumcision.

Summary of Major HIV Activities:

Documenting prevention gaps in Southern Africa. HPI submitted a proposed scope of work based on conversations with USAID/RHAP about re-programming funding. If approved, beginning in the next reporting period, HPI will research policy-related prevention priorities, implemented in Southern Africa. The project will implement a three-phase activity plan that includes (1) a desk-based analysis of country-specific and regional prevention policies (Phase 1); (2) field-based interviews to catalogue and identify existing services and gaps (Phase 2); and (3) a summary of the findings and the identified prevention needs and priorities for the region.

Rwanda

Country Manager: Margot Fahnestock

Program Overview: Through Task Order 1, the USAID | Health Policy Initiative (HPI) in Rwanda works to enhance the enabling policy environment for family planning by repositioning FP as a higher priority on the nation's agenda. To this end, HPI will assist the Ministry of Health in the (1) dissemination of the RAPID model analysis at the district level and (2) inclusion of policy language for CBD of contraceptives in Rwanda's *Policies and Standards for Family Health Services* and the development of national guidelines for the implementation of a CBD program.

Summary of Major FP/RH Activities:

Community-based distribution of contraceptives. In early November, HPI hired a full-time Policy Advisor, Justine Twahirwa, to help the ministry draft policy language regarding the CBD of injectable contraceptives. The language will be integrated into the country's health norms, protocols, and standards (*Policies and Standards for Family Health Services*) and form the basis for national CBD guidelines. The ministry plans to train community health workers in all 30 districts to distribute and administer injectable contraceptives directly in the community; and clear guidelines will help outline who supervises the community health workers in the administration of injectables, who monitors these volunteers, and where community health workers obtain the supply of injectable contraceptives, among other issues. The guidelines will provide the framework for the new CBD initiative and will ensure consistency in service provision and quality among all 30 districts.

Because HPI does not have an office in Rwanda, Ms. Twahirwa is located in FHI's Rwanda office. As HPI and FHI are both working on issues related to family planning and CBD models for contraceptives, Ms. Twahirwa's placement at FHI will improve coordination between the two USAID partners and avoid duplication of efforts in research and other activities. Ms. Twahirwa also supports and coordinates two HPI core activities and will play a critical role in coordinating with FHI and other key partners for all of HPI's activities in Rwanda.

In March, HPI learned that the MOH's vision for implementing a nation-wide CBD program may have changed since fall 2008 as a result of comments from the Rwanda National Ethics Committee (RNEC) about the safety of allowing community-based health workers to administer injectable contraceptives. The feedback from the RNEC, in addition to the recent installation of a new Minister of Health, indicates that the MOH may not yet be ready or in agreement to launch a nationwide CBD program for injectable contraceptives. Policies and guidelines for CBD of injectable contraceptives should not be developed until all key parties have reached agreement and are supportive of a well-developed program.

Given the current policy environment, the HPI team is revising its strategy for this effort. The ministry needs assistance in advocating for and providing evidence of the safety of CBD of injectables by community health workers, as well as its effectiveness in increasing access to contraceptive methods, particularly for a largely rural population in Rwanda. To this end, HPI is creating an advocacy strategy for key ministry individuals to increase acceptance of a national CBD of injectable contraceptives program. To inform the strategy, HPI will conduct interviews with key stakeholders to assess their position on and beliefs about implementing a CBD program. These stakeholders will include MOH officials, members of the Family Planning Technical Working Group, and representatives of regulatory agencies such as the medical and nursing councils and the country's pharmacy regulatory authority.

Dissemination of the RAPID Model analysis. In October, HPI hired Olivier Biycaza to update the RAPID Model analysis with new data and to coordinate with local partners in disseminating the results at the district level. In preparation, in November, he spent two days in Washington, D.C., learning the RAPID Model components and how to present them. While HPI waits for the release of the interim DHS results, Mr. Biycaza worked in January and February 2009 to gather other sectoral data with which to update the model (education, environment, etc.). Once the results are available, he will update the demographic and contraceptive use data and create a dissemination plan. Given the high interest in the RAPID Model at the national and district levels, HPI plans to draft both a national- and district-level dissemination strategy.

The Rwanda National Institute of Statistics (NIS) was scheduled to release the interim DHS results at the end of March; however, a team from NIS still needs to travel to MACRO International in Maryland to finalize the data. HPI anticipates the delay to last an additional month or more. Without finalized interim DHS results, the project cannot proceed with disseminating the RAPID Model as planned. The preliminary interim DHS results show a dramatic increase in the country's CPR since Rwanda's last full DHS report in 2005. In 2005, Rwanda's modern CPR was 10 percent among currently married women. The preliminary 2007 results show that this rate has increased to 27 percent, a 17-point increase in only two years. These data have recently been publicized in the media and other forums in Rwanda, thus disseminating the RAPID Model without incorporating the new CPR estimates would raise many questions from the target audiences. On the other hand, because there has been such a dramatic increase in the CPR estimate between 2005 and 2007, HPI does not want to begin disseminating figures that are still officially considered preliminary. While HPI waits for official release of the data set, the team continues to make contacts and plans for dissemination of the updated RAPID model results.

Senegal

Country Manager: Emily Sonneveldt/Brian Briscoombe

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) is helping the government of Senegal reposition family planning by providing an updated application of the RAPID Model. The Ministry of Health's Division of Reproductive Health will apply the model at the national level, with dissemination at both the national and decentralized levels, to gain increased commitment to family planning. Government counterparts and stakeholders representing various sectors will use RAPID to emphasize the importance of family planning in achieving social and economic development.

Summary of Major FP/RH Activities:

HPI and the government are using a multisectoral approach to develop the RAPID application, engaging representatives from the agriculture, environment, education, employment, health, and economic sectors. During this reporting period, HPI/Washington staff and a local consultant held several meetings with the Mission and MOH to discuss and gain consensus on assumptions and data inputs for the RAPID Model, as well as to discuss the presentation of the model's results. HPI also presented the model to the RAPID Working Group at a two-day meeting held in October.

The Mission and MOH are now reviewing the final draft RAPID presentation. After it is finalized and approved, HPI will officially launch the analysis (at a time agreed on with the Mission and MOH) and begin disseminating the results. In addition to the presentation, HPI is preparing a briefing booklet with more detailed information about the analysis. HPI's local consultant has collected bids for printing the RAPID booklet and hosting the RAPID launch event. HPI has provided the Mission with a draft plan for dissemination at both the national and decentralized levels.

Swaziland

Country Manager: Liz Mallas

Program Overview: Under Task Order 1, the Health Policy Initiative supports the objectives of PEPFAR in Swaziland, which include helping the Ministry of Health and Social Welfare (MOHSW) to scale up male circumcision (MC) clinical services at the national level. Specifically, HPI is supporting the Swaziland Male Circumcision Task Force and its affiliated organizations through the provision of (1) a Male Circumcision Task Force Program Coordinator for secondment at the MOHSW, and (2) technical assistance for the development of a national MC strategy/implementation plan and the operational scale-up of MC services.

Summary of Major HIV Activities:

Recruitment of a Male Circumcision Task Force Program Coordinator. During the last reporting period, HPI advertised for the position in a local newspaper. Two candidates were shortlisted and neither was selected for the position. This reporting period, HPI rewrote the position description to focus on experience with program administration rather than knowledge of male circumcision. The description is awaiting approval from PEPFAR and the MOHSW Deputy Director for Health Services. Once approved, HPI will advertise the position again and interview candidates. HPI's workplan activities will begin with employment of the Male Circumcision Task Force Program Coordinator.

Tanzania

Country Director: Millicent Obaso

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:

HIV/AIDS

Advocacy for policy implementation. HPI's Youth Coalition organized a mock Parliament to discuss OVC guidelines, stigma, and discrimination. The event drew 150 youth, including those living with HIV, from higher learning institutions, secondary schools, and youth-based associations in Dar es Salaam. The Parliament enabled youth to express concern over HIV-related issues and advocate for the implementation of OVC policy guidelines.

The youth's recommendations included the formation of an OVC department within the Ministry of Community Development, Gender, and Children; capacity strengthening of families to provide psychosocial and other basic support to children; and evaluation of existing orphanages to determine their legality and to institutionalize services offered to OVC. These recommendations followed a thorough review of the situation of orphans and orphanages in the country.

While calling for increased resource allocation and disbursement to improve OVC services in the country, the youth coalition committed itself to continuing advocacy efforts for OVC at all levels. The coalition, in collaboration with other participating youth organizations, agreed to continue consultations with local authorities on youth and HIV/AIDS issues, with special reference to the OVC problem, through various forums. They also strongly recommended the gathering, analysis, and use of data in formulating OVC-related policies and programs, with a particular focus on the needs and vulnerabilities of young girls.

Addressing S&D by religious institutions. The Christian Council of Tanzania (CCT) and Muslim Council of Tanzania (BAKWATA) disseminated S&D poems to religious leaders, youth, and communities in the Dodoma and Morogoro regions. CCT conducted two dissemination workshops for 78 Sunday school teachers and reverends in Dodoma (38) and Morogoro (40). The workshop participants prepared action plans to expand the dissemination of poems through edutainment events aimed at strengthening efforts against S&D in Christian institutions and congregations. BAKWATA disseminated S&D *qaswidas* (songs by madrassa pupils) to 38 imams in Dodoma (18) and Morogoro (20). The imams acknowledged the utility of the poems in helping with their efforts to reduce S&D within the wider Muslim community. They drafted an action plan to facilitate further dissemination through Muslim forums and emphasized the engagement of children enrolled in madrassas in reciting the poems to strengthen public understanding on the impact of S&D in addressing HIV/AIDS. Each imam committed to disseminating the poems to 10 madrassas in his respective region.

HPI finalized S&D guidelines for both CCT and BAKWATA. The guidelines are printed and ready for dissemination to their congregations. The guidelines provide direction to the Christian and Muslim communities on how to address S&D issues and also discuss the rights of people living with HIV within these institutions and the role of religious leaders in addressing S&D.

Training and capacity building. HPI trained 48 members of Parliament (MPs) on stigma and discrimination and gender advocacy. Regarding S&D, MPs underscored the need for broadening the training to include all legislators and for implementing special efforts to ensure that politicians and other influential leaders avoid stigmatizing language in their speeches. While observing an increasing trend among PLHIV seeking services away from their home towns because of S&D, MPs demanded that testing and treatment services be integrated into other healthcare services. As a result of the training, the Tanzania Parliamentary AIDS Coalition (TAPAC) decided to integrate S&D into its strategic plan.

In the gender advocacy training for MPs, the legislators established a plan of action to review outdated laws and policies that relate to GBV, such as the Marriage Act 1971. They agreed that by February 2009, they will have a position on the Act—the review of which has taken several years and has been challenged in Parliament. The MPs also pledged to speed up the amendment process of the Inheritance Act 1962—the implementation of which has contributed to an increase in the incidence of GBV.

Also during the reporting period, the USAID Mission approved the establishment of a resource center for parliamentarians. The center will provide MPs with access to the latest HIV/AIDS information worldwide. The plans for implementation are being developed.

Media advocacy. The Association of Journalists against AIDS in Tanzania (AJAAT) produced 45 feature articles on HIV/AIDS and GBV, which are also posted on its website. The articles focused on societal practices that perpetuate GBV, women's rights to inheritance and property ownership, and patriarchy and gender relations. Print media editors continue to request more GBV-related features, and two local organizations have approached AJAAT to assist them with preparing newsletters on HIV/AIDS.

In another development, AJAAT finalized a Stigma and Discrimination Glossary of Terminologies, which is now being printed by HPI for dissemination. Media houses and journalists will use the glossary to more effectively and accurately cover HIV and related health issues, especially S&D.

Finally, in strengthening collaboration with other CAs, HPI participated in an activity to launch the MenEngage Tanzania Network on November 25. The network, coordinated by the CHAMPION Project (EngenderHealth), advocates for engaging men in the reduction of GBV. High-level policymakers and representatives from bilateral and multilateral organizations, including USAID, attended the event, and HPI delivered a keynote speech.

Enhancing of the HIV/AIDS gender response in Tanzania. Following HPI/Washington's review and edit of the final report, *Gender-Based Violence in Tanzania: An Assessment of Policies, Services, and Promising Interventions*, USAID/Tanzania and the Women's Legal AIDS Center circulated it within USAID and among affiliated organizations, respectively. The report will be widely disseminated among key stakeholder to help increase support for gender and GBV issues in Tanzania. The report will also inform donors, government, and other stakeholders about programming strategies to effectively integrate gender issues into HIV prevention efforts.

FP/RH

Reproductive health documentary. HPI is supporting production of a reproductive health documentary that will be used to create awareness and support advocacy on the effects of rapid population growth on national development, especially on health services, education, and the economy. The documentary highlights the importance of an FP program in achieving Tanzania's national development goals. Production should be complete by May.

ASIA AND THE NEAR EAST



ANE Bureau, Middle East and North Africa Region (MENA)

Activity Manager: Shetal Datta

Program Overview: In February and September 2006, USAID’s ANE Bureau funded two regional workshops (through the POLICY Project and Task Order 1 of the USAID | Health Policy Initiative) to bring together Arab PLHIV. The workshops increased confidence, leadership, and networking skills among Arab PLHIV and allowed select participants to increase their skills to facilitate training sessions by and for PLHIV. In addition, HPI developed a draft regional training curriculum supplemented with corresponding PowerPoint presentations and handouts. The curriculum was reviewed by the Global Network for People Living with HIV/AIDS (GNP+) and the UNDP HIV/AIDS Regional Program in the Arab States (UNDP/HARPAS) and then translated into Arabic by UNDP/HARPAS.

Building on this work, the activity “Investing in PLHIV Leadership in the Middle East and North Africa Region” aims to create a cadre of in-country and regional PLHIV leaders 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; (4) developing trainings, tools, and curricula that specifically address the knowledge and leadership capacity needs and potential of PLHIV; and (5) supporting Small Grant activities designed, implemented, and led by PLHIV in-country. This activity is jointly supported using FY06 HIV core and ANE Bureau field support funds.

Summary of Major HIV Activities:

During this reporting period, the HPI MENA team facilitated and monitored the disbursement and use of the initial round (Round 1) of small grant funds allocated to three country teams (Egypt, Jordan, Lebanon). The small grant recipients are affiliated with NGOs. Each country team received \$2,000 to increase its organizations’ capacity to conduct country-level activities from the development phase through implementation. This initiative is the first of its kind in the region because these grants were solely managed by and for MENA PLHIV.

The Egyptian small grants team used the funds to conduct two workshops to raise HIV awareness in Alexandria and in a remote area in the Delta region, known as Al Ghrebia, where there is little or no access to HIV-related information. The Jordanian small grants team used the funds to develop and strengthen referral systems from VCT sites to the Jordanian Support Group, El-Hayat Jordanian, based in Amman. This was accomplished through nine VCT site visits and 25 home-based care visits to assess barriers and opportunities for support group participation and PLHIV support linkages throughout the country. VCT staff now have (1) increased capacity to reach PLHIV in remote areas, such as refugee camps, as well as hard-to-reach groups, including women; and (2) a new respect for PLHIV, who have traditionally been viewed as beneficiaries and patients only. The Lebanese small grants team used funds to draft a 19-page newsletter to raise awareness about HIV-related stigma and discrimination among healthcare providers, PLHIV, and other sectors involved in the HIV response. The newsletter will be launched on the new regional network website for broader electronic distribution.

From December 19–21 in Amman, Jordan, HPI facilitated a follow-up, small grants workshop, “Investing in MENA: Regional Small Grants Meeting.” Country team representatives returned to Amman to share their progress on activities and to apply for Round 2 funding. In addition, recent Round 1 grant recipients from Yemen and Libya also attended the workshop to learn from their regional colleagues. The workshop objectives were to (1) strengthen leadership of HIV-positive people in the MENA region through practical skills-building related to small grants development and management; (2) develop partnerships between PLHIV support groups and NGOs in-country; (3) share challenges and best practices from Round 1 small

grants; (4) award new Round 1 and Round 2 small grants; and (5) establish the Free Hugs/HIV Arabs network website to further support sharing of information from small grants meetings, activities, and other PLHIV regional activities. The workshop also enabled HPI staff to (1) ask PLHIV leaders about changes in the supportive environment for PLHIV in the MENA region; (2) learn how the information from the TOT and subregional curricula is being used; and (3) give PLHIV the opportunity to provide input on the implementation of the MENA activities (e.g., regional advocacy training, peer-to-peer workshops, a women-centered gender workshop, and a stigma and discrimination training for healthcare providers).

In January 2009, HPI started to design and plan for a women-centered workshop in Tunis, Tunisia, from May 16–21. This workshop will bring together HIV-positive women and women of sero-discordant couples to raise awareness about the feminization of HIV and address the factors that fuel this phenomenon. Participants will discuss gender-related issues (e.g., access to HIV-related information, parent-to-child transmission, reproductive health, gender-based violence, and women’s empowerment), as well as priority issues for advocacy. In preparation, HPI’s consultants from the MENA region prepared a list of key participants and a brief survey to identify potential participants’ main topics of interest for the workshop. HPI staff and a consultant from the International Community of Women Living with HIV/AIDS—who will be a lead facilitator—will jointly design the curriculum for the workshop, tentatively titled “Investing in PLHIV in the MENA Region: A Women-Centered Approach.”

India

Country Manager: Himani Sethi

Program Overview: Through Task Order 1 of the USAID | Health Policy Initiative, an HIV field support team is providing technical assistance to build knowledge and evidence of needed HIV interventions through research and data analysis in the state of Uttar Pradesh (UP). These efforts aim to support the development and execution of high-quality interventions for HIV prevention and care in the state. The three main activities include (1) mapping MARPs in 25 selected districts of UP, in collaboration with FHI; (2) preparing policy briefs based on secondary analyses of data; and (3) implementing evidence-based decentralized planning in four high-prevalence districts.

Summary of Major HIV Activities:

The program is almost at an end; one activity is complete, and the other two will be completed with the final review and dissemination of deliverables.

Mapping of MARPs in 25 districts of Uttar Pradesh. FHI led the mapping process in 25 districts of Uttar Pradesh. HPI helped to set up the mapping by analyzing secondary data, providing monitoring and supervision support, and analyzing the data results of the mapping (HPI contracted the Social and Rural Research Institute to provide this assistance).

FHI has submitted the final consolidated report on the mapping of 71 districts to USAID and the National AIDS Control Organization (NACO), which provides the final approval. In addition, HPI submitted its set of specific deliverables to USAID, including the final activity report of the mapping, which outlines the mapping process, the field researcher training, and the data analysis process and results for 71 districts.

HPI, along with FHI, shared the first set of findings with the UP State AIDS Control Society (UPSACS). The society asked FHI to revalidate some of its figures, as it felt that the number of MARPs derived from this exercise was much lower than UPSACS' earlier estimates. HPI and FHI discussed the request with NACO, and FHI has revalidated the data in four districts; FHI is awaiting NACO's approval of the revised report.

In the interim, UPSACS has used the mapping data to prepare the annual action plan 2009–2010, using the information to scale-up its targeted intervention plan.

Preparation of policy briefs based on secondary analyses of data. HPI analyzed secondary HIV data for UP to help expand the evidence base and facilitate implementation of the state program. The project has analyzed data sets from the National Family Health Survey III, the 2001 Census, the 55th round of the National Sample Survey, and Round 2 of the District-Level Household Survey. Based on the analyses, senior researchers have drafted three policy briefs:

- *From Awareness to Comprehensive Knowledge: Time to Scale Up Interactive Channels of Communication for Sustained Prevention and Stigma Reduction.* The brief outlines the importance of “comprehensive knowledge” in prevention; analyzes the transaction points between communities and frontline service providers; and encourages use of each transaction point as an opportunity to educate communities on HIV prevention and stigma reduction.
- *Reaching Out at the Source: Making the Case for Focused HIV Interventions in Migrant Source Areas in Uttar Pradesh.* This brief analyzes vulnerability factors in migrant source areas in UP within the framework of the existing HIV programs for migrant populations.

The brief presents evidence for focused interventions to ensure the provision of prevention and care services throughout the migration cycle, thus helping to curb the spread of HIV in rural source areas.

- *Health-Seeking Behavior in Rural Uttar Pradesh; Implications for HIV Prevention, Treatment, and Care.* This brief focuses on access to HIV/AIDS services in the context of the overall health-seeking behavior of communities in UP and presents strategies to enhance demand for and access to services.

After final technical review, HPI plans to present the briefs to UPSACS in April. The documents will help inform UPSACS' annual action planning and district planning and implementation in the coming year.

Conducting of needs assessments and development of district action plans (DAPs). To facilitate the decentralized planning process and implementation of the HIV program in UP, HPI conducted needs assessments and drafted DAPs in category "A" districts and updated an earlier DAP in light of the new national program directives and guidelines. Districts are identified as category "A" based on epidemiological and vulnerability criteria and high HIV prevalence rates. The needs assessments have informed the design of the strategic planning framework at the district level, as well as comprehensive and multisectoral DAPs for HIV.

During this reporting period, HPI and its subcontractor, Sambodhi, prepared four DAPs and updated the DAP for Allahabad. This work included designing the data collection instrument and organizing participatory meetings and consultations, with UPSACS undertaking field work and developing preparing the DAPs. HPI organized a state-level consultation meeting on March 30 with state partners, UPSACS, district NGOs, and the Technical Support Unit to provide feedback and finalize the DAPs. The meeting served as a participatory review of the districts' proposed strategies and activities. Group work during the meeting fostered numerous suggestions on relevant activities for each district. HPI will incorporate the feedback into the DAPs and submit them to UPSACS and USAID for approval in April 2009.

The DAPs will be valuable tools for the district AIDS prevention and control units (DAPCUs) in rolling out robust programs at the district level and will help achieve the UP goals cited in the national program. UPSACS is setting up a district AIDS prevention control committee, which will operationalize the DAPCUs and the program.

Validation of the Policy Implementation Assessment Tool (PIAT) (core-funded). HPI completed the validation of the PIAT, which was first piloted using Guatemala's Social Development and Population Policy. In India, the tool was applied to the Health and Population Policy of the state of Uttarakhand. During this reporting period, HPI drafted a report and brief summarizing the findings and policy recommendations; USAID/India and the government of Uttarakhand have reviewed each document. As part of an advocacy strategy, HPI held a dissemination workshop on November 19, 2008, titled "Policy, Innovations, and Experiences in Uttarakhand." The workshop objectives were to outline the policy implementation processes, experiences, gaps, and challenges; promote health sector reforms and innovations; and foster discussion and the exchange of ideas on improving access to and quality of healthcare in the state. The participants included 50 senior state-level bureaucrats, senior administrators, field-level implementers, and civil society partners. They revisited implementation of the state programs, re-strategized to address the gaps and challenges, and identified innovations and best practices for scale up. Possible solutions to several important challenges, such as the human resource shortage, were identified.

HPI is updating the report on the PIAT application in India based on discussions from the workshop. The USAID Mission has indicated its support to use additional HPI core funds to help the government of Uttarakhand revise the State Health and Population Policy; HPI will confirm that the government welcomes this support and, if so, will begin planning the next steps.

Indonesia

Country Director: Claudia Surjadjaja

Program Overview: Task Order 1 of the USAID | Health Policy Initiative (HPI) began activities in Indonesia in May 2006. The project works closely with the National AIDS Commission (KPA) and central (KPAN), provincial (KPAP), and district (KPAD) AIDS commissions to meet the prevention, treatment, and care goals under PEPFAR. The project facilitates the policy formulation process in the provinces and districts to support implementation of the National HIV/AIDS Strategy. HPI also builds capacity for strategic planning for evidence-based decisionmaking and resource allocation. Using the linked Asian Epidemic and Goals models, the project is building the KPAN's capacity to help provinces prepare HIV action plans, including cost estimates to ensure that the targets are realistic. In addition, HPI supports the efforts of Muslim leaders to increase awareness of and facilitate implementation of existing policy statements within the faith—which are supportive of HIV prevention programs but have yet to be translated into action at mosque and community levels. The project is also helping the KPA to address the increasing risk of HIV among MSM by working closely with members of the Gay, Transgender, and Male Sex with Male (MSM&TG) network on strategic programming for MSM and TG. To build capacity among women PLHIV groups, HPI and Ikatan Perempuan Positif Indonesia (IPPI, Indonesian Positive Women) conduct trainings to further engage positive women in prevention activities.

Summary of Major HIV Activities:

Promoting a favorable policy environment. During the previous reporting period, HPI facilitated a series of policy dialogues among key stakeholders in East Java and provided technical assistance to support policy formulation and address barriers to policy implementation. Stakeholders expressed their need for a reference tool/guide to draft HIV/AIDS regulations at the provincial and district levels. During this reporting period, HPI drafted the reference tool and intended to print and officially disseminate it in collaboration with KPAN. However, after discussions with the commission and USAID, it was agreed that the Minister of Law and Human Rights would officially issue the tool. Titled *Elemen-elemen Pokok Pembentukan Peraturan Daerah tentang Penanggulangan HIV dan AIDS* (Essential Elements for *Perda* on HIV/AIDS), the tool became available in late November 2008 and HPI distributed it during two advocacy training workshops for 33 provinces (as described below). Using the reference tool, HPI will help KPAN provide follow-up advocacy assistance for the formulation or revision of local regulations in selected provinces/districts of Bali, North Sumatera, Riau Islands, and West Java. The selection criteria were based on the status of the epidemic, the local policy environment, and the willingness and capacity of local partners to actively engage and take ownership of the process. This activity will complement HPI's work to build the advocacy capacity of the AIDS commission at the central, district, and provincial levels. KPAN now is working with the selected provinces to develop activity plans.

Translating policy into action at the operational level within the Muslim community. HPI continues to work with two trained policy champions from two prominent Islamic organizations, Muhammadiyah and Nadhlatul Ulama, in East Java. The two champions have formed a team that now comprises eight people representing major Islamic organizations, an Islamic group for women, an Islamic university, the district health office, and KPADs. During the previous quarter, the team conducted participatory workshops for Muslim leaders from high-prevalence districts. The workshop in July marked the first time that Muslim leaders working at the operational level were involved in such training. The workshops focused on operationalizing existing HIV-related directives and policies; and the involvement of PLHIV in the workshops helped to enlighten and change the attitudes of participants. As follow-up, from November 14–16, HPI and the team conducted a workshop in Banyuwangi for 78 leaders from various Islamic groups and KPADs from five high-prevalence districts (Banyuwangi, Malang, Jember, Pasuruan, and Kediri). The objectives were to finalize the action plans adapted during previous workshops and to

establish a network of committed Muslim leaders in these five districts who will work closely with their respective KPADs. The initiative and leadership of Muslim community leaders in East Java has inspired Muslim leaders in other provinces. Majelis Ulama Indonesia (Indonesia Ulama Council) in North Sumatera asked HPI to replicate the same movement in its province. From March 27–29, HPI held a workshop in Medan for 122 participants from all districts/municipalities in North Sumatera; the workshop served to disseminate correct information on HIV and AIDS, reduce stigma and discrimination, and link the Ulama to the KPAD (district AIDS commission and regional health office).

From October 24–26, HPI and the team conducted a workshop for Islamic school teachers, including teachers from Islamic boarding schools. The objective was to incorporate HIV/AIDS material used in life skills education (LSE) into the current religious curriculum—thus teaching students about decisionmaking, communication, self-esteem, negotiation and resistance skills, and sexual behavior and STIs, including HIV. Through the workshop, teachers/attendees gained the skills to advocate among school boards, parents, and other related stakeholders to include LSE in their schools. On November 4, HPI's Country Director, Dr. Claudia Surjadjaja, met with the board of Lembaga Pendidikan Ma'arif East Java (LP Ma'arif). LP Ma'arif—one of Nadhlatul Ulama's departments in charge of education—includes 6,239 Islamic schools in East Java, ranging from the elementary to university level, as well as *madrasah* (i.e., informal schools attached to mosques that teach young people principles of Islamic culture and behavior). Dr. Surjadjaja successfully advocated for the development of an HIV/AIDS curriculum tailored toward secondary students, and the board decided to add this curriculum as a supplement to the existing Islamic curriculum. In addition, on February 13, Dr. Surjadjaja met with Muhammadiyah leaders, and on February 17, she and Majelis Dikdasmen (Council for Elementary and Secondary Education) Muhammadiyah agreed to develop an HIV/AIDS curriculum for 256 Muhammadiyah middle schools in East Java.

Two teams of experts are now writing the curricula, and HPI and its partners from Muslim organizations are conducting a series of workshops to further develop the curricula. From February 14–15 in Sidoarjo, HPI funded and convened the first workshop with LP Ma'arif for 43 teachers, headmasters, and curricula experts. HPI helped to design the agenda, identify resource persons, and prepare a plan of action. During the workshop, the team agreed on the topics to be incorporated in the curriculum for 535 LP Ma'arif high schools in East Java. Both teams of experts (Ma'arif NU and Muhammadiyah) will submit a draft syllabus for their curriculum by early May. Both organizations plan to print and disseminate the new curricula at the beginning of next school year (August 2009). This is significant in that the HPI Country Director—a non-Muslim woman from a minority background—has been able to successfully advocate with Islamic schools to expand HIV/AIDS awareness.

Building the planning and advocacy capacity of the KPAN and KPAP/Ds. In June 2008, HPI trained a multisectoral team of advocacy facilitators to assist the KPA with implementing the linked models (Asian Epidemic Model and Goals Model) at the provincial level to prepare costed action plans. This team has started to build the advocacy capacity of provincial participants. In August, the team convened a one-day introductory advocacy workshop as part of the provincial roll out of the linked models for 33 provinces. From October 23–24, HPI conducted a refresher training to prepare the team to conduct two advocacy workshops for a total of 157 participants, including KPAP/Ds and local NGOs from all 33 provinces (four conducted in Surabaya, December 9–12, for 14 provinces; and four conducted in Jakarta, December 16–19, for 19 provinces). The KPAN organized these workshops, which were financed through the national budget. HPI observed and supported the workshops and delivered presentations on the *Perda* (local regulations) development process. As follow-up to the advocacy training, participants are expected to advocate to their respective local governments to increase local budgets according to the costed action plans and also to adopt comprehensive *Perda* on cost-effective HIV/AIDS resource allocation. Four provinces were selected as pilot sites: Bali, North Sumatera, Riau Islands, and West Java, as described above.

Supporting the newly established MSM&TG Working Group and Network. As previously reported, HPI facilitated the establishment of the MSM&TG Working Group at the KPA. This group will (1) assist the KPA with formulating policies related to MSM and TG; (2) develop a national strategy for MSM and TG; (3) work with relevant sectors to produce documents for MSM and TG program development; (4) mobilize sectors, local governments, civil society, and the private sector to facilitate policy implementation; and (5) help monitor and evaluate policies and programs related to MSM and TG. In line with these functions, HPI is conducting a network mapping and situation and response assessment to examine the adequacy of the current situation for MSM and TG related to HIV/AIDS programs. The findings will help identify the key elements for a MSM and TG strategic framework and operational plan. To date, HPI has assessed 18 organizations within three regions. Preliminary analysis is expected to be completed in April 2009.

Building the capacity of women PLHIV groups. IPPI, a recently established network of HIV-positive women, is working to empower women infected and affected by HIV to improve their quality of life and build a positive future. Previously, HPI supported IPPI members to build their skills and knowledge on gender and RH issues related to women PLHIV and on advocating for their rights and greater roles in the community. HPI has been working with IPPI, Bali Plus, and Yayasan Kerti Praja (YKP) to increase the capacity of female PLHIV through communication and advocacy trainings. From November 17–20, the project supported a training workshop for 40 positive women and positive female sex workers to improve their facilitation, public speaking, and peer advocacy skills. HPI helped develop simple training materials, but IPPI members organized and conducted the workshop. About 12 attendees were identified as “promising” facilitators. These women will be given a chance to facilitate regular group meetings in Bali Plus and YKP. HPI will conduct a follow-up assessment in late April or early May 2009 to assess whether additional or more advanced skills are needed. It is expected that by gaining greater knowledge and skills, positive women will be more empowered to speak publicly about their issues and to make informed, appropriate decisions.

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 of Jordan (GOJ) and HPC with (1) mobilizing political and leadership support for effective family planning; (2) strengthening the GOJ policy environment to support FP/RH service delivery by providing technical assistance to the HPC to implement the Reproductive Health Action Plan II (RHAP II); and (3) mobilizing political and leadership support to incorporate population issues into planning for selected development sectors, such as education and labor.

Summary of Major FP/RH Activities:

Mobilizing political and leadership support for effective family planning

Family planning barriers assessment. The Jordan Population and Family Health Survey (JPFHS-2007) showed minimal change in the total fertility rate and high unmet need and discontinuation rates for family planning, underscoring a pressing need for a comprehensive approach to address social, cultural, religious, financial, and operational barriers to accessing FP services. On November 11, HPI and the HPC facilitated a meeting to address the barriers to FP programs in Jordan. Thirty-five participants from public and private health sectors and USAID CAs attended the meeting. The project introduced preliminary findings of a market segmentation study, factors that affect the current discontinuation rate and method mix, and other country experiences. The group discussed barriers affecting FP programs, proposed and assessed current policy and strategic options to address the key barriers, and identified approaches for policy actions and implementation. HPI will finalize the market segmentation study in March 2009 and share the main report and findings with partners and CAs. The project will also build on data analysis and existing operations research to understand demand-side issues affecting the use of FP services and to create concrete steps to address and eliminate barriers.

HPI documented the impacts of unmet need and discontinuation rates on the national fertility goals in a preliminary background paper. In April, HPI will hold consultations with government counterparts, USAID and other donors, private sector organizations, and CAs to identify specific interventions and policies to address barriers to FP use. In May, HPI will disseminate a revised background paper and prepare a policy brief to serve as an advocacy tool for program and policy change.

The work on FP discontinuation rates is delayed pending the receipt of required DHS data files from Macro International, Inc. Although the HPI Jordan Strategy and Workplan 2008–2009 proposes additional policy briefs (e.g., a brief on the impact of changing the family planning method mix and targeting specific age groups), USAID/Jordan has approved HPI's proposal to address these topics as cross-cutting issues within the unmet need and discontinuation policy briefs.

Advocacy for FP/RH. HPI will address this topic as a cross-cutting issue within the policy briefs on unmet need for family planning and discontinuation of contraceptive use. Once the analyses are completed, HPI and USAID will determine follow-up action steps, which may include collaborating with HPC, MOH, and other CAs to devise a comprehensive approach to pilot in a select area.

National study on the cost of increasing modern contraceptive prevalence by at least one percentage point per year. Because information on the costs of implementing FP programs is generally out of date, it is difficult to understand the longer-term resource requirements for expanding FP services. In this context, on November 19, HPI met with 15 stakeholders to obtain their feedback on concepts and tools for

estimating FP costs. The project also worked with the MOH and USAID to estimate the cost of implementing FP services by selecting service delivery channels and methods, collecting detailed costing of those services, and working with a local health economist to analyze the costs. On February 5, 2009, HPI disseminated and discussed the preliminary study findings among its local partners, USAID, and CAs. HPI will now revise the study and release the final findings.

Strengthening the GOJ Policy Environment to Support FP/RH Service Delivery

Support for the HPC to launch RHAP II. During the past year, HPI and the HPC have led a multisectoral, consensus-building process to devise the overall framework, key activities, timeframe, responsibilities, and costing for RHAP II activities. During the last few months, in collaboration with HPC, HPI helped finalize the RHAP II narrative and framework and got 1,000 copies of the RHAP II document printed in both Arabic and English.

On November 18, Her Excellency the Minister of Planning launched the RHAP II. HPI helped with the logistic arrangements, provided technical assistance in preparing the materials presented at the event, prepared the RAPID presentation delivered by HPC's Secretary General, and presented the RHAP II development process. Ministers, parliamentarians, high-level officials from different public and private health sectors, USAID, and CAs attended the launching. HPI and the HPC ensured that each participant received a copy of the RHAP document. During the launch, the Minister of Planning, USAID's Mission Director, and the council's Secretary General emphasized the importance of FP/RH programs and the effect they have on Jordan's development.

In early October, HPI and the HPC conducted a three-day workshop on FP/RH advocacy for 30 representatives of the RHAP II steering committee and other key stakeholders. A cadre of FP/RH champions strategized about increasing national and governorate decisionmakers' acknowledgment of the role of family planning in achieving Jordan's development and population goals. The workshop introduced advocacy concepts and steps and enabled participants to apply the planning process to priority advocacy issues identified in the RHAP. HPI will follow-up with advocacy activities.

Study tour to India. Senior officials from HPC, MOH, USAID, PSP, and HPI were scheduled to visit India from March 22–30 to learn about the country's innovative and effective FP activities and then apply lessons learned while developing policies and programs in Jordan. The government of Uttar Pradesh informed HPI that the tour would need to be postponed due to conflicts with local elections; HPI will reschedule the tour.

Strengthening of the FP/RH monitoring and evaluation system. HPI and the HPC developed an M&E plan for RHAP II. The plan describes how the council will monitor RHAP implementation and measure progress toward achieving its goal and objectives. The project held several meetings with the HPC, MOH, and implementing partners to discuss the indicators, revise them according to group discussions, and identify possible barriers in data collection and reporting processes. In addition, HPI worked closely with the council's newly assigned M&E coordinator to review the framework and the proposed indicators, make appropriate modifications, and identify the coordinator's next steps to monitor RHAP II and provide technical support to the RHAP II implementing partners.

Mobilizing Political and Leadership Support to Incorporate Population Issues into Planning for Selected Development Sectors

Development and dissemination of national- and governorate-level RAPID presentations. During August–October 2008, HPI and the HPC collected required data and developed the RAPID presentation. HPC delivered the presentation during the RHAP's launch in November 2008; in January and February

2009, the HPC and HPI delivered the same presentation to other high officials representing the Ministry of Education, Ministry of Interior, and the Royal Medical Services.

In response to the HPC Secretary General's request, HPI will be collating the population projections used for RAPID, other demographic papers, and HPI policy briefs so that all are consistent with the projections used in developing the RHAP II targets and the national agenda. HPI will update the national-level RAPID presentation based on the revised projections; development of the governorate RAPID and sectoral-level RAPID presentations will be postponed until the main projections are revised.

Engagement in policy dialogue and support of GOJ partners to include family planning in Jordan's next PRSP. Although the GOJ will not produce a PRSP, HPI will address the relationship between unmet need for FP and poverty reduction by preparing and disseminating the sectoral RAPIDs and will look for opportunities to include family planning into larger national planning and development strategies.

Assistance for the HPC in conducting the third round of the Policy Environment Score (PES). On February 5, 2009, HPI and the HPC met with counterparts representing the MOH, Ministry of Planning, universities, Royal Medical Services, NGOs, private sectors, USAID, and CAs. HPI disseminated the preliminary findings of data analysis of the PES and will disseminate the final PES report by June 2009.

Other

HPI participated in the USAID Quarterly Meeting conducted on October 16, 2008. Project staff presented HPI's workplan for October 2008–September 2009. On March 18, 2009, at the request of the country director of the USAID-funded Private Sector Project for Women's Health, HPI provided estimates of the first birth interval for currently married women ages 15–49 in Jordan.

Vietnam

Country Director: Tran Tien Duc

Program Overview: The Health Policy Initiative (HPI) in Vietnam supports PEPFAR in achieving its targets to provide ARVs for 22,000 people and care for 110,000 people. HPI works in partnership with USAID CAs and the government of Vietnam 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. In September 2008, while USAID awarded the new HPI Vietnam Task Order to Abt Associates, the Mission gave Futures Group International its approval to use the remaining HPI-TO1 pipeline to implement two discreet activities. One is an evaluation to estimate the cost of the implementation and scale-up of the Methadone Maintenance Therapy (MMT) program in Hai Phong and Ho Chi Minh City. The other activity is designed to assist and provide financial support to the University of New South Wales in implementing the International Conference on Protecting the Rights to Human Health and Development. Using core funding, HPI-TO1 is also piloting a participatory monitoring model to improve access to and the quality of HIV-related treatment and care and to reduce stigma and discrimination.

Summary of Major HIV Activities:

Closing out of HPI-TO1 and handing over to HPI TO Vietnam. Several coordination meetings were held in October to ensure a seamless transition from HPI-TO1 to HPI TO Vietnam. By transferring technical documents, inventories, and contracts, as well as key staff members willing to move to the new task order, we imparted critical knowledge about past and ongoing project activities. To implement the two remaining activities in the pipeline, TO1 downsized and moved to a smaller office. The National Network of People Living with HIV (VNP+), which will be playing a key role in implementing the citizen monitoring activity, has been provided with two workstations and the use of all our office services.

In October 2008, to complete a final workplan activity, HPI-TO1 assisted the Hai Phong Department of Health (DOH) and Provincial AIDS Committee (PAC) with applying the Resource Needs Model to estimate the resources required for the provincial HIV/AIDS action plan. Subsequently, a consultation meeting was held to verify the data. Participants included representatives of the Provincial People's Council; DOH; PAC; sub-department of Social Evils Prevention under the Department for Labor, Invalid, and Social Affairs; Department for Social Security; Department for Agriculture and Rural Development; Department for Culture, Sport, and Tourism; and Department for Transport and Civil Works. HPI-TO1 provided technical and financial support to produce a final synthesis report, which includes recommended next steps to effectively estimate resources for HIV programs.

Palliative Care: Basic Healthcare and Support

Citizen monitoring (HIV-core funded). With USAID/Vietnam approval and in consultation with local partners, HPI is piloting a participatory monitoring model to improve access to and the quality of HIV-related treatment and care and reduce stigma and discrimination. To ensure that the government follows through on its commitment to fostering high-quality treatment and care for PLHIV under the Vietnam's Law on HIV/AIDS Prevention and Control, HPI will build the capacity of most affected groups to carry out monitoring and engage in policy dialogue and advocacy based on the results. During the reporting period, HPI organized two Steering Committee meetings. The committee, chaired by HPI, comprises a government institution (Vietnam Women's Union); local NGOs (Vietnam Center for Community Mobilization for HIV/AIDS Prevention and the Center for Consulting on Legal and Policy on Health and HIV/AIDS); and PLHIV networks (Bright Futures Network, VNP+, and the Network of HIV-Positive Women). During both meetings, Steering Committee members discussed and received updates about pilot

implementation and particularly about HPI's work in designing the monitoring tools and training materials for use in the pilot's next phase.

On December 17, with HPI technical and financial support, VNP+ organized a buy-in workshop with 53 PLHIV, IDUs, MSM, SWs (33 women)—including both individuals and representatives of organized groups—as well as observers from Hanoi's PAC and Vietnam Administration for AIDS Control (VAAC). The workshop objective was to share the 2009 implementation plans, including the specific indicators for the monitoring activity. Such indicators will be linked to national and international monitoring plans and processes, particularly in the area of access to high-quality HIV-related treatment and care, stigma and discrimination, and violations of the rights of PLHIV (linked to upholding the HIV Law).

From January 5–6, HPI led a two-day training for 50 PLHIV community leaders (31 women), including MARPs in Hanoi. The training introduced participants to the tools that will be used during the next phase, which will focus on collecting information on access to ARV treatment and related services as well as elements of stigma and discrimination. VNP+ will gather self-reported information from its members, and using existing group structures, will also analyze the data, form conclusions, and create advocacy messages. This process is designed to empower the target group to generate credible information and build evidence-based advocacy messages, while reinforcing community solidarity, cooperation, communication, and involvement. The aim is to collect 2,400 self-reported questionnaires over three months (600 people per month).

Other/Policy Analysis and Systems Strengthening

Evaluating the methadone treatment pilot program. HPI-TO1, FHI, and the WHO are helping the VAAC to establish a protocol to evaluate the first year of the methadone treatment pilot program in six sites in Hai Phong and Ho Chi Minh City. During the reporting period, HPI-TO1 assisted the VAAC with developing the cost evaluation component of the protocol, which was approved by the National Scientific Committee in early November 2008. From November 3–7, with HPI technical support, the VAAC organized a training workshop in Hai Phong to build capacity among data collectors (18 people). HPI assisted VAAC with designing the training and gave several technical presentations related to the cost evaluation component. The VAAC officially approved the cost evaluation component on February 28, 2009 with minor revisions. The VAAC also asked the project to conduct a cost-benefit analysis, but USAID agreed with HPI-TO1 that such an analysis was beyond the scope of the costing exercise and should not be added.

After revising the data collection forms, from February 26–27 and March 5–6, HPI-TO1 provided refresher training for nine data collectors (including seven women) in Ho Chi Minh City and Hai Phong at the PAC. HPI also worked with the PAC director, vice director, and a consultant to develop a data collection plan for March and April 2009. Following pre-tests at one methadone clinic in each city, the forms are now final and ready for use. HPI-TO1 expects the data to be collected by April 30 and then entered into a database for analysis by May 2009. The project will organize two field trips in early April to monitor the progress and supervise the quality of data collection.

Realizing the rights to human health and development. This effort will provide an international stage for further examination of the complex relationships among health, development, and human rights. The University of New South Wales' Initiative for Health and Human Rights and the Vietnamese Communist Party's Central Committee in Ideology and Propaganda and Education will lead the effort, which includes three main activities: (1) a three-day capacity and skills development workshop to be held prior to the conference, educating national participants about underlying theories of the conference; (2) a four-day international conference in Hanoi in June 2009, bringing together up to 300 national, regional, and

international participants to engage in a multidisciplinary dialogue on the interaction among health, development, and human rights; and (3) a post-conference research symposium to build on the outcomes and identify recommended research agendas and approaches. HPI-TO1 will help fund the preparation and implementation of the workshop, as well as the planning of the conference (also serving as a member of the organizing committee). On November 5, HPI staff attended the first committee meeting in Hanoi and provided advice on the tentative structure and agenda of the conference. Following the meeting, HPI engaged in additional discussion about further support to the conference. In February 2009, HPI-TO1 attended another committee meeting and helped finalize the activity timeline. The national workshop will occur in June/July 2009, and as such, USAID has agreed to extend our project's end date to July 2009.

Building capacity related to HIV policy development and planning (assistance to HPI TO VN). At the request of HPI TO VN, and with USAID/Vietnam's approval, Tran Tien Duc participated in two HIV policy and planning workshops for six provinces of Central Vietnam as a principal lecturer and facilitator on the following topics: the HIV-related legal framework in Vietnam, GIPA, and the comprehensive response to HIV/AIDS, and care and treatment. The first workshop (March 12–14) was held in Danang for the Danang, Quang Nam, and Quang Ngai provinces. The second workshop (March 16–18) was held in Hue for the Thua Thien Hue, Quang tri, and Quang Binh provinces. A total of 70 leaders (31 women) from major governmental and nongovernmental sectors in the six provinces attended; this was the first time stakeholders at the provincial level planned HIV activities together. In particular, as a result of HPI-TO1's close relationship with PLHIV networks, this was the first time that PLHIV were also invited to this type of training and had the opportunity to share their knowledge and experience with other stakeholders at the provincial level. Both workshops strengthened the commitment of participating provinces to develop and implement HIV programs that take a multisectoral approach, help protect human rights, increase the involvement of PLHIV, and incorporate gender.

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 and 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. In March 2008, HPI followed up with a RAPID training for senior technical staff from national and governorate health, population, and development agencies. Although this activity marked the completion of HPI’s original scope of work, the project had realized some savings and, in October, obtained the Mission’s permission to use these savings to analyze how meeting the unmet need for family planning—thereby lowering the fertility and population growth rates—can help make the MDGs more affordable to achieve in Yemen.

Summary of Major FP/RH Activities:

HPI collected the latest data on Yemen to update Spectrum and the MDG computer models. However, newly released data on the MDGs has resulted in changes in the model application. HPI plans to complete and update the MDG brief and Yemen RAPID presentation in the next quarter. Using core funds, the project will also translate the MDG brief into Arabic.

EUROPE AND EURASIA



E&E Bureau

Regional Manager: Philippa Jungova Lawson

Program Overview: Injecting drug use is the driving factor behind the HIV epidemic in Eastern Europe and Central Asia and is a barrier to achieving comprehensive access to HIV treatment. Drug dependence treatment services include outreach, community- and peer-based support, cognitive behavior change interventions, medication-assisted therapy (MAT), HIV education and treatment, transition services, and other medical care. These services are critical in implementing a broad HIV prevention and treatment strategy. The majority of countries in the region have sub-optimal policies that serve as barriers to the effective treatment of drug dependence.

In July 2008, Task Order 1 of the Health Policy Initiative (HPI) initiated a Medication-Assisted Treatment Policy Activity in the E&E region to assist local advocates and policymakers with building a public policy foundation to support the implementation of evidence-informed drug dependence treatment services, particularly opioid substitution maintenance therapy. The project works with the USAID E&E Bureau to identify and address policy barriers that impede the implementation of drug dependence treatment services. HPI will develop and test a policy advocacy toolkit that documents promising practices and provides models and strategies to monitor and improve the development and implementation of public policy related to drug dependence treatment services—with a strong emphasis on access to MAT.

Collaboration with other U.S. agencies and international partners is essential at all stages of the project. The resources developed and assistance provided will be specific to the E&E context and draw on lessons learned from previous approaches in the region. The project focuses on how to improve the policy environment necessary for successful program implementation and scale-up.

Summary of Major HIV Activities:

Development of tools to assess and improve access to MAT for IDUs in the E&E region. USAID E&E Bureau and HPI staff continued to discuss the project's activities, particularly the development of an advocacy toolkit. The project gathered published information on (1) laws and policies, protocols, and guidelines; (2) various tools developed by other organizations; and (3) service provision and policy implementation related to improving access to drug dependence treatment services, especially MAT. The project has developed a Cite U Like (CUL) website, posted the published English information (with translations as available) on this website, and conducted a literature review. Currently, more than 300 items have been posted on the website; contributions came from peer-reviewed literature (e.g., *International Journal of Drug Policy* and *International Digest of Health Legislation*), news sources, and NGO and government resource collections (e.g., UNODC drug legislation). Other sources of information include the Beckley Foundation, Open Society, Harm Reduction Networks, and the WHO.

The final product of the project will be a policy advocacy toolkit that documents best or promising practices and provides models and strategies to monitor and improve the development and implementation of public policy related to drug dependence treatment services, with a strong emphasis on access to MAT. Among other tools, the toolkit will include a checklist and policy assessment index (PAI). HPI has drafted and revised (based on comments from Substance Abuse and Mental Health Services Administration (SAMHSA), USAID, and project team members) the checklist, which will compare current policies with international best practices and identify specific gaps in policies and policy barriers. This checklist can be used alone but also as an integral part of the PAI through serving as an inventory for

published international principles to assess various documents that could support the provision of MAT. HPI also drafted an annotated outline of the PAI; its purpose is to (1) help advocates identify areas needing strengthening/intervention (baseline); (2) assess change/improvement over time (follow-up); and (3) provide a documentation repository for written laws, policies, regulations, and so on.

Both drafts were sent by March 31 to USG representatives for their feedback. In addition, both drafts will be sent to members of the International Advisory Group (IAG). The IAG will meet a day before a conference in Bangkok on April 19. At this meeting, all IAG members attending (USAID, WHO, UNDP, Temple University, East Europe PLHIV Network) and HPI will present their programs and discuss how to coordinate efforts and activities with a similar scope and geographical focus to avoid duplication. In addition, the two draft tools, the MAT inventory checklist and PAI outline, will be reviewed and inputs will be gathered from the IAG.

HPI is contracting a regional partner and national consultants to launch the activity's field work. The project drafted a scope of work and letter agreement for a nonprofit NGO, the East Europe Harm Reduction Network (EHRN), to provide logistical and administrative support for implementation in the region's 10 countries. EHRN will also assist HPI with selecting national consultants to gather regional published and anecdotal information in Russian and local languages on laws; policies; and the attitudes of policymakers, health professionals, and service providers. Additionally, the consultants will collect gray literature and example lessons learned. They will also participate in testing the checklist and PAI and in designing the toolkit.

Collaboration and coordination. HPI has learned of numerous nascent international efforts related to MAT implementation and policy change. To fully align with USAID and OGAC priorities and avoid duplication of the related projects implemented by DFID and WHO, HPI conducted a number of meetings and conference calls with USG representatives. To capitalize on synergies and avoid duplication of the joint Temple University and DFID three-year project, Access to Medicines Project for Palliative Care and Medication-Assisted Therapy (AtoM), Scott Burris—the project's principal investigator—joined HPI's IAG (formed in August 2008). HPI gave Burris access to all its relevant documents for his use at a meeting on the project in Geneva in December 2008. The DFID (soon to be PEPFAR-funded) project has two related purposes: (1) to support the creation of a stronger enabling environment for access to medicines at the key policy sites in international health and drug control, with a particular focus on the 2009 meeting of the Commission on Narcotic Drugs; and (2) to develop a common agenda and workplan among the principal policy actors whose cooperation is essential for increasing access to medicines for pain relief and for HIV prevention for IDUs.

HPI continues to collaborate with the WHO, including learning more from and sharing information with its Access to Controlled Medications Program (ACMP) (which also receives USAID funding). The ACMP and AtoM project have similar objectives and scopes of work, so HPI has been encouraging both projects to improve communication and collaboration with each other. In addition, HPI continues to collaborate with the United Nations Office on Drugs and Crime and WHO's new global project, Partnership for Action on Comprehensive Treatment (PACT): Treating Drug Dependence and its Health Consequences, which was launched in December. The project focuses on conducting advocacy among policymakers, building the capacity of service providers, and providing technical assistance to increase access to and the quality of drug dependence treatment at the national level. The WHO and UNODC joined the HPI MAT advisory group in August 2008 and February 2009, respectively.

HPI is also collaborating with the International AIDS Society (IAS), which recently launched a new initiative related to scaling up MAT in the E&E region. The IAS agreed to cooperate and share information with HPI's international advisory group, such as results from the soon-to-be-finalized mapping of MAT services in the E&E region. The IAS also agreed to host regional meetings and

events—such as the regional meeting in October 2008 in Yalta, Ukraine. During the Yalta meeting, representatives from Ukraine, Belarus, Georgia, Kyrgyzstan, and Uzbekistan shared lessons learned from scaling up MAT; representatives from Kazakhstan presented their plans to implement MAT; and representatives from Russia discussed the status of their HIV prevention efforts related to IDUs. The participants also openly and frankly discussed their countries' major challenges to overcoming barriers to MAT. These barriers included the following:

- Insufficient support to translate global normative guidance from WHO and UNODC into country-specific guidelines and/or health ministry “rulings”
- Insufficient political support at higher levels
- High costs for procedures deemed unnecessary, such as having armed guards transport and oversee methadone and buprenorphine supplies and requiring multiple specialists to authorize the initiation of treatment
- Lack of awareness/information/education among law enforcement
- Lack of media and public support (isolated instances of abuse can undermine and jeopardize an entire program)
- Lack of community involvement and champions/leadership at the community level
- Lack of awareness/information/education among the medical community
- Inability to administer take-home doses
- Lack of a strong network of health professionals

In February, HPI had several meetings with the USAID E&E Bureau, Office of HIV/AIDS, OGAC, and SAMSHA to discuss coordination and synergies among the USG departments dealing with drug use and MAT and among DFID, WHO, and other funded implementing partners. The USG plans to hold a coordination meeting with WHO and DFID representatives to discuss potential overlaps in their MAT-related projects and to outline further steps for implementing a collaborative approach.

LATIN AMERICA AND THE CARIBBEAN



LAC Bureau (Regional CS)

Regional Coordinator: María Rosa Gárate

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 (CS). CS exists when every person is able to reliably choose, obtain, and use high-quality contraceptives whenever they want or need them. As donors begin implementing graduation strategies, HPI is documenting the region's CS-related experiences and conducting innovative work to promote informed policy decisionmaking. Within this context, HPI helps to consolidate and ensure the sustainability of the CS regional initiative.

Summary of Major FP/RH Activities:

Training on policy approaches to improve access to FP products and services among the poor. As part of the LAC CS Initiative, HPI organized the Regional Conference Workshop on Contraceptive Security and Equity. The conference, held in Antigua, Guatemala, from October 21–24, focused on improving equity in contraceptive security in the eight countries with active CS committees (Bolivia, Dominican Republic, El Salvador, Honduras, Guatemala, Nicaragua, Paraguay, and Peru). Eighty-six participants attended, including government officials (primarily from ministries of health), CS committee members, representatives of CAs across the region, and other international experts.

The objectives of the conference-workshop were to (1) highlight the importance of addressing poverty and equity issues as part of regional CS initiatives, (2) provide participants with technical tools and practical examples to address poverty and equity issues, (3) share regional and global experiences on overcoming obstacles to implementing pro-poor initiatives, and (4) identify and include activities to address equity issues in group workplans. Delegations from each country drafted and presented a workplan to address equity issues affecting CS in their respective countries. The conference provided a forum for the exchange of information, skills, and tools related to improving equity in FP service and access to contraceptives for poor and marginalized groups.

Small grants and technical assistance to three selected countries. In January 2008, HPI evaluated the advocacy activity plans developed by CS committee members during the conference workshop. The purpose was to identify those plans with the most feasible objectives and specific strategies. The CS committees in the Dominican Republic, El Salvador, and Guatemala had activity plans with the most potential for improving equity in family planning. HPI then helped these CS committees identify local partners in each country that could support the objectives and strategies through their work. The identified partners will receive HPI small grants and technical assistance to ensure the implementation of activities that promote and improve equity in family planning.

Virtual communication network (webpage) to facilitate communication and information sharing across CS committees. During the conference workshop, stakeholders expressed a specific need to help countries build a virtual communication network around the theme of contraceptive security. Such a network would provide participants with (1) a central place to seek information on best practices in achieving CS and (2) a forum to share advocacy experiences and civil society efforts around reducing inequities in access to FP services. To facilitate sustainability and ownership, HPI asked each LAC CS committee to identify desired features and required resources for such an endeavor. The project collected information from the committees through the end of February. HPI is currently investigating web-hosting options for the provision of a site that offers SharePoint features. In March, HPI met with PATH, the Reproductive Health Supplies Coalition, and USAID to discuss web-hosting options. USAID expressed interest in hosting; discussions are ongoing.

Analysis and modeling of regional equity data and policy dialogue, with a focus on vulnerable populations. In response to concerns from regional experts and key stakeholders regarding the speed of donor phaseout and how graduation strategies disproportionately affect marginalized populations, HPI is developing an interactive model that underscores the relationship between funding for FP services and the effect on current users, with a focus on vulnerable populations. During this reporting period, HPI and Futures Institute assessed DHS data from select countries, and the project will use the data to build a modeling assessment. HPI also started a literature review on donor and government funding for FP commodities in LAC.

In addition, HPI continues to organize a regional policy conference designed to (1) fill a gap in current knowledge about the impact of CS programs on vulnerable populations and the effects of donor phaseout on marginalized communities and (2) contribute to evidence-based decisionmaking by country governments and international donors. HPI drafted a participant list, which includes representatives from USAID-priority countries in the LAC region and is conferring with key partners to finalize conference details, including the location and dates.

Documentation and dissemination of experiences and lessons learned in contraceptive security in the LAC region. HPI continues to disseminate a brief that summarizes the project's successful contributions to the LAC CS Initiative and includes a list of CS-related resources produced by HPI and the DELIVER Project.

HPI disseminated these resources and other recently completed CS documents to relevant policymakers, implementers, and stakeholders at the international, national, regional, and district levels to share lessons learned and build their capacity to address CS issues. At the aforementioned regional conference workshop on poverty and equity, HPI distributed the following documents:

- Brief: "Safeguarding Contraceptive Security in Latin America and the Caribbean"
- Report: "Mobilizing Political Support and Resources for Family Planning in a Decentralized Setting: Guidelines for Latin American and Caribbean Countries"
- Brief: "How Data and Information Contribute to Contraceptive Security"
- Report: "Using Data and Information to Advance Contraceptive Security in Latin America and the Caribbean"
- Brief: "The Challenge of Family Planning Supplies in Latin America: How Contraceptive Security Committees Are Making a Difference"
- Report: "Contraceptive Security Committees: Their Role in Latin America and the Caribbean"

Dominican Republic

Country Manager: Hannah Fortune-Greeley

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in the Dominican Republic (DR) supports FP/RH, HIV/AIDS, and related health advocacy activities and strengthens local capacity to carry out this work. HPI's previous activities (FY07) focused on assisting local partners *prior* to the electoral campaign by building their in-country capacity to conduct advocacy. *During* the electoral campaign, HPI helped 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. FY08 activities will focus on supporting local partners *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 and follow up on campaign promises and pre-election advocacy activities. As part of this effort, HPI will strengthen and build the advocacy capacity of small- and medium-sized local NGOs through the formation of a network.

Note: HPI has recruited a part-time local consultant to coordinate activities in-country. Jeannette Tineo, a long-time gender champion with ample advocacy and community mobilization experience, joined the team in January 2009.

Summary of Major FP/RH Activities:

Technical assistance to the Contraceptive Security (CS) Committee. During October, three MOH representatives of the CS committee—along with representatives from UNFPA, JSI/DELIVER, and USAID/DR—attended the Regional Conference/Workshop on Contraceptive Security and Equity in Antigua, Guatemala. HPI's LAC CS team sponsored the trip; and Hannah Fortune-Greeley provided technical assistance to the DR delegation before, during, and after the workshop on how the topics related to CS work in the DR. As noted in HPI's workplan, implementation of the delegation's strategic plan—developed during the conference to respond to national inequities in family planning—will involve close coordination with HPI. The project will respond to the committee's needs by working with NGOs and other community-based organizations to advocate for sustainable equity in the provision of FP services.

The LAC CS workshop also enabled HPI to work with JSI/DELIVER on improving the coordination of their FY08 DR activity plans with the CS Committee. Directly following the workshop, HPI attended the CS Committee debrief on the conference.

Support for a GBV/FP workshop. In October, HPI assisted JSI/DELIVER and local NGOs with organizing the Workshop on Family Planning and Violence against Women in the DR, which took place on November 19, focused on the link between GBV and family planning, and culminated with participants signing a declaration on the topic. Participants included representatives of NGOs, the MOH, and the Ministry of Women from five priority provinces with the highest unmet need for family planning. Although an HPI staff member could not attend the event, the project sponsored several participants from the five regions represented by the newly established National Network for Advocacy in Family Planning and Sexual and Reproductive Health (see below).

Support for advocacy network. In October, HPI—in agreement with USAID/DR—postponed the November network-building workshop until February 9–12, 2009. Postponing the workshop enabled HPI and the participants to better respond to the CS committee's new plans to address equity in its work, as well as to capitalize on the outcomes of the above-mentioned November event.

Twenty CSOs received training in network formation and advocacy. During the workshop, the organizations chose the name “National Network for Advocacy in Family Planning and Sexual and Reproductive Health” and defined their mission as “to promote public policies that guarantee the existence and execution of high-quality programs in family planning and sexual and reproductive health.”

After the workshop, the network eagerly began advocacy activities with decisionmakers. During February and March, these activities included the following:

- Several meetings with representatives to educate them about sexual and reproductive rights and family planning in the context of the proposed reform to Article 30 in the Constitution, which could threaten the availability of several FP methods, as well as prohibit future discussion on therapeutic abortion under any circumstances.
- Presentations at the CS committee meeting in early March on FP needs and barriers to access for HIV-positive women and women with disabilities. Network members asked that these issues be addressed in the CS committee’s strategic plan.
- Meetings with the UNDP and the communications coordinator of the House of Representatives to seek their collaboration on network activities.

The network is planning a follow-up workshop on April 2 to more clearly define the network’s objectives and roles, and produce a detailed activity plan— including plans for collaboration with HPI on regional CS work.

El Salvador

Country Manager: Mary Kincaid

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in El Salvador focuses its efforts on ensuring an enabling environment for the implementation of adequately financed, effective, sustainable, and culturally appropriate HIV/AIDS programs. Since the beginning of the Global Fund activities in country, the CCM has received the support of a technical secretariat for the provision of management and follow-up activities. This support has been crucial to the operation of the CCM and to the implementation of activities supported by the Global Fund.

Acknowledging the importance and the key role played by the Secretariat, the CCM requested and obtained continued support for the Secretariat. HPI provides the salary of a part-time person, some office equipment, and supplies. The UNDP will continue to cover the funding for office space, communications, transportation, and other operational expenses of the Secretariat. HPI responsibilities include (1) representing the executive level of the CCM of El Salvador and guaranteeing implementation of CCM's decisions; (2) ensuring that the CCM has strategic, reliable, and timely information to facilitate evidence-based decisionmaking; (3) establishing effective communication mechanisms between the CCM and the actors, institutions, and organizations linked to the operations of the CCM-Global Fund; and (4) providing exclusive and permanent assistance to the CCM and its commissions for the effective development of their programs.

Summary of Major HIV Activities:

During this reporting period, HPI provided technical assistance to the CCM for the design and dissemination of three information bulletins, the finalization of the design and installation of its website, and the preparation of its 2009 workplan. HPI also provided technical and logistical assistance for two workshops on monitoring and evaluation and one workshop on the development of an advocacy plan for 2009.

HPI trained CCM members in the following:

- Efficient management by Executive Board members (through USAID | PASCA)
- Understanding of the Global Fund (jointly with the Portfolio Manager of the Global Fund, Luca Occhini)
- Coordination and execution of an advocacy workshop for the TB sector (jointly with USAID | PASCA)

HPI assisted the CCM's sustainability subcommittee in producing a report on the 2008 expenditures of the Global Fund money, as well as developing and submitting a 2009 proposal for the sustainability of the CCM to the Global Fund. In collaboration with UNDP, HPI helped the CCM put together a document detailing its work, in order to ensure greater transparency with Global Fund money. In addition, to guarantee effective and transparent spending of Global Fund money, the project supported the CCM's participation in M&E meetings with the fund's main recipients, civil society, and the National AIDS Program.

HPI, via the Secretariat, provided logistical and technical support for meetings with the political action committee of the CCM (December 18) and the Petit Comité for the Round 9 proposal for tuberculosis. HPI assisted the CCM in revising and resubmitting their tuberculosis proposal and held multisectoral consultations to review the national TB program's strategic plan—in preparation to apply for new Global Fund financing of the program's national strategy applications. The project also supported the CCM in

meeting with national representatives from cooperating agencies (USAID, PAHO/WHO, UNAIDS, UNDP), to seek sustainable funding for the CCM in 2009.

Finally, HPI provided administrative and logistical support to the CCM to hold 11 plenary meetings, eight subcommittee meetings, and other meetings with UNDP and USAID partners, and FMLN and ARENA presidential candidates. The plenary and subcommittee meetings focused on strategic information analysis, training, and monitoring related to implementation of the annual workplans developed in accordance with the Horizon Strategic Plan 2014. The CCM also established a meeting schedule with other sectors, including academia, people living with and affected by TB and HIV, media representatives, and local and international NGOs.

Guatemala (FP/RH and MCH)

Country Director: Telma Duarte

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Guatemala focuses its efforts on ensuring an enabling environment for the implementation of adequately financed, effective, sustainable, and culturally appropriate FP/RH and MCH programs. HPI supports CSOs, NGOs, indigenous leaders, and professional associations to advocate for public policy change at the national and operational levels, as well as to participate actively in policymaking and implementation. In addition, HPI helps these groups to create opportunities to influence changes in social norms affecting access to FP/RH and MCH services. The project also strengthens the institutional response for policy change by providing technical assistance and training to (and through) the government's formal structures for better planning and auditing practices.

Summary of Major FP/RH Activities:

Advocacy and support for the adoption and implementation of policies and laws. To guarantee compliance with the Family Planning Law regarding the creation of the National Commission for Contraceptive Security (CS), HPI continued supporting member organizations of the informal CS commission. Specifically, HPI facilitated advocacy meetings between these organizations and the Vice Minister of Health to help gain the MOH's official recognition of the commission. HPI also assisted the commission to prepare an agenda for upcoming meetings in 2009. As a result, the Vice Minister of Health contacted the member organizations to identify the official representatives who will assume leadership responsibilities. HPI also hosted a workshop for these organizations, during which they developed a draft national CS strategy.

In October, using LAC CS funds, HPI hosted the regional CS and Equity Conference/Workshop in Antigua, handling all logistics and administrative aspects of the event. Eighty-six participants from eight countries attended. During the workshop, the Guatemalan delegation prepared a CS equity plan to reduce the unmet need for contraceptives in 45 municipalities. As a follow-up to the conference, from January–March 2009, HPI facilitated the official creation of the CS Technical Group, as well as facilitated four of its initial meetings in which representatives from eight organizations participated. The majority responded to the Vice Minister of Health's official request to appoint representatives to the group. The group finalized the national strategy to guarantee the availability of contraceptive supplies—as outlined in the 2008/2009 Operations Plan.

HPI also followed up on the recently proposed maternal health law. Project staff met individually with three experts on maternal health and facilitated group meetings that included indigenous women to analyze and validate the law's contents. Several USAID Mission officers also offered feedback on the law. As a result, the group of participants agreed to incorporate consumables into the proposed law and subsequently delivered it to the Congress of the Republic to be entered into next year's legislative process. During January–March 2009, HPI provided information to proponents in Congress. Congress passed the law, and the Congressional Editorial Department requested modifications to the law.

In October 2008, a group of congresswomen presented a legal project to the Congress of the Republic and advocated to declare September 26 the “national day of adolescent pregnancy prevention.” The Congressional Commission on Women passed the initiative, which was a result of meetings HPI held with these congresswomen in September 2007 to raise their awareness of the issue of teen pregnancy.

In November, HPI began meeting with the First Lady's Social Welfare Office (SOSEP) to plan a workshop to strengthen technical capacity to implement and monitor the STI/HIV/AIDS Prevention and

RH Program. The workshop, held March 2–4, aimed to begin the integration of RH issues into all of the programs that SOSEP is implementing. HPI trained 18 departmental coordinators, each of whom developed an implementation plan. In addition, they validated tools to monitor program activities.

Technical assistance for policy monitoring and evaluation. HPI assisted OSAR with the official launch of its website (www.osarguatemala.org) at the end of September. This monitoring mechanism collates updated information regarding implementation of a legal framework in FP/RH and maternal health in Guatemala. HPI provided information on the framework, M&E, and budgeting, as well as factsheets and updates on FP/RH and MH; designed the website content; and developed the agenda for and coordinated the public launch event. During February and March, OSAR added the following to the website: (1) information on the importance of and how to document and measure maternal deaths, (2) an informational bulletin described below, (3) the OSAR’s declaration on the maternal mortality situation in Guatemala, and (4) a video titled “The Right to a Healthy Maternity in Guatemala.”

Through a subcontract with the NGO Instancia de Salud/Mujeres, HPI continues to strengthen OSAR. In response to the Guatemalan president’s claims to the media that maternal mortality had decreased during his first year in office, HPI assisted OSAR in gauging the veracity of his claims. OSAR worked with Congress to obtain evidence from the MOH to support the claims. They then analyzed the data, identified errors, and held a public forum with experts, which received wide press coverage, on how to calculate the maternal mortality ratio and collect information on maternal deaths. To accompany this process, HPI developed and distributed an informational bulletin titled “Methods to Calculate the Maternal Mortality Ratio.” At the event, the President of Congress stated his support for legislation and programs designed to reduce maternal mortality and summoned the minister to listen to civil society proposals. Following these events, the government stopped publicizing the data in question.

The minister’s willingness to work on these issues fostered four meetings between OSAR, Congress members, and high-level ministry officials. During these meetings, participants reviewed the maternal mortality information and monitoring system and made agreements to improve these systems. To keep the issue of maternal mortality on the public agenda, HPI assisted OSAR to meet with reporters to raise their awareness on the problem of maternal mortality.

Furthermore, Congress and OSAR found out that the MOH was suspending the purchase of vaccinations and antiretroviral medications in order to purchase them using a private Guatemalan business. Anticipating that this situation could also affect the purchase of contraception supplies, OSAR convinced the Congressional Commission on Health to summon the Minister of Health to explain the impact of this decision on supply, quality, and costs. After this meeting, the minister publically stated that he would reverse this procurement change.

HPI also began working with authorities of the Department of Alta Verapaz on awareness raising and advocacy about maternal mortality. The political dialogue concluded with a public forum, during which political authorities, the MOH, and representatives of indigenous women’s groups expressed their commitment to work together to reduce maternal mortality in the department.

During the reporting period, HPI assisted representatives of women’s groups from civil society, academia, and professional associations to form three departmental OSARs, in Alta Verapaz, Sololá, and Quiché.¹ The respective departmental governors inaugurated the OSARs and stated their support for and commitment to women’s health. Representatives from the area health offices, civil society, OSAR Guatemala, and Congress participated in the launch events, which received wide media coverage. HPI

¹ Given the creation of several departmental observatories in 2009, the central OSAR is now referred to as OSAR Guatemala.

helped draft materials for each department, including three informational bulletins on health equality; three posters on reproductive health gaps; and several banners, which highlight national and departmental information on FP/RH and maternal mortality. Information on the departmental OSARs has been added to the OSAR Guatemala Website.

Strengthening the capacity of civil society networks and indigenous leaders/organizations. With HPI support, the Alliance of Indigenous Organizations held two meetings to initiate the drafting of a proposal on culturally appropriate health services for later use in advocacy and political dialogue activities. HPI gathered information on and facilitated analytical discussions about the problems faced by indigenous women in accessing maternal and RH care. During January–March, HPI and the alliance continued working on the proposal, as well as a governmental agreement for its presentation to the MOH. In addition, from March 25–27, HPI organized a political advocacy training workshop for 19 alliance members to develop operational and political advocacy plans. HPI granted financial support to the Network of Women for Peace to assist with activity implementation, as well as train female leaders on political advocacy and dialogue. The network created an advocacy manual adapted for indigenous populations, based on the Policy Project manual, *Networking for Policy Change*, and will use it coming months to train women leaders from four different ethnic groups.

In November 2008, HPI provided a mini-grant to the organization Pop Jay. During January–March, Pop Jay provided political advocacy training to 25 female leaders on RH issues. The organization highlighted the maternal mortality situation among indigenous women in the press and publically demanded culturally sensitive health services. HPI also visited indigenous women’s organizations and networks in Alta Verapaz, Quetzaltenango, Quiché, and Sololá to strengthen their leadership and political dialogue capacity.

Use of data and models for decisionmaking. The Presidency’s Planning and Programming Secretariat incorporated information from an HPI-produced poster titled “Reproductive Health of Indigenous Peoples” into its annual report of the Social Development and Population Policy of 2008, as well as a presentation on maternal mortality to departments with indigenous populations.

From March 17–18 and 25–27, HPI, in coordination with the USAID Quality Project, held a workshop on the use of the Spectrum software (DemProj, RAPID, FamPlan, and Safe Motherhood) for 12 officials from the MOH and USAID partners. The workshop goals were to identify effective interventions, estimate needs, and plan resource use for FP/RH and maternal mortality reduction activities.

Also this reporting period, HPI began coordinating an observation trip to Peru for June 2009. This trip will familiarize decisionmakers with intercultural models for maternal and neonatal healthcare and conditional transfer programs that include reproductive health. HPI identified the objectives and agenda for the trip, as well as the key officials in Guatemala who will participate.

At the USAID Mission’s request, HPI provided financial support to the Central America and Panama Food and Nutrition Foundation to pay supervisory and field personnel conducting a National Micronutrient Survey, as well as to process hemoglobin tests for women and children. This will help update Guatemalan public health data, with the goal of facilitating evidence-based decisionmaking in MCH.

Guatemala (HIV/AIDS)

Country Director: Lucía Merino

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Guatemala focuses its HIV-related activities on achieving two main objectives:

- 1) Increasing participation of the business sector in HIV/AIDS policy and planning procedures, leading to an improved policy environment for HIV/AIDS; and
- 2) Mitigating the impact of HIV/AIDS by promoting the adoption of improved and equitable workplace policies through the development of a National Business Council on HIV/AIDS.

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 and encourages them to join other public, private, and international organizations already involved in fighting HIV.

Summary of Major HIV Activities:

HIV policy development: Technical assistance and training in the workplace. HPI conducted a three-day workshop for 15 human resources employees of Servicios de Centroamérica-SERCA, S. A., a transport corporation with 1,500 workers on the south coast of Guatemala. The participants gained knowledge about HIV transmission, high-risk behavior, and the attitudes and practices that stigmatize and discriminate against PLHIV in the workplace.

HPI also held a three-day workshop for 15 human resources personnel of the Asociación de Productores Independientes de Banano, an association that includes more than 20 companies. The participants acquired skills in the development, adoption, and implementation of antidiscriminatory policies and the allocation of human and financial resources to HIV programs in their workplaces. HPI will provide follow-up technical assistance to selected individual companies.

Advocacy and policy dialogue about HIV at the workplace. HPI is coordinating the next forum on good workplace practices on HIV. In March, the project contacted a lead organization in the Guatemalan business sector to assist with organizing the forum and to help assemble other business leaders interested in sharing their experiences in HIV policy implementation.

Collaboration with USAID partners. In coordination with USAID's PSP-One Project, HPI gave a speech at the National Conference of Private Physicians. The speech emphasized the importance of adopting HIV workplace policies to help eliminate discriminatory hiring practices, protect employee benefits, and create awareness regarding HIV.

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. Currently, 21 Jamaican businesses are JaBCHA members.

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’s support focused on strengthening systems, providing training and technical assistance on workplace policies, and helping the council become financially sustainable. Although the project’s support was scheduled to end on March 31, 2008, the JaBCHA executive committee requested HPI’s continued assistance. HPI is currently helping the JaBCHA to address the renewed strategic objectives; draft a reorganization plan that focuses on increased membership, technical assistance services, and sustainability; and update the five-year strategic plan to include the national HIV/AIDS program goals. In addition, HPI will work with JaBCHA to prepare a diagnostic manual to show the impact of HIV on a private sector company. HPI also continues to collaborate with the Global Fund and the Workplace Program Officers in their work with JaBCHA.

Summary of Major HIV Activities:

Other/Policy Analysis and Systems Strengthening

On World AIDS Day 2008, JaBCHA, with HPI assistance, organized a major fundraising dinner, “A Touch of Red.” The event, organized in collaboration with the National AIDS Committee and under the patronage of the Prime Minister’s wife, Mrs. Lorna Golding, promoted awareness of HIV across sectors and raised funds for both JaBCHA and the National AIDS Committee. HPI recommended that this be an annual event, guided by documentation to support council members in commemorating the day in other ways as well.

With HPI’s technical input, JaBCHA developed a booklet on best practices for HIV workplace policies and programs. The project helped finalize the booklet for dissemination to members and the private sector community. Additionally,

HPI Country Representative Kathy McClure and HPI Consultant Kevin Ivers worked with JaBCHA and the Jamaica Employers’ Federation to determine the most suitable funding mechanism for USAID to support one of the council’s main strategic objectives of attaining sustainability by its fifth year of operation. As a result, HPI submitted a funding proposal to USAID to implement key activities that will build awareness of the JaBCHA’s mandate and thus grow the membership to a size that would generate greater income as well as interest and support for the JaBCHA’s role within the sector. Proposed activities include the registration of the JaBCHA as a fiscally independent organization (able to receive its own funding from development partners) and the design of a range of advocacy and communication tools—including a website for member companies and their employees and proposed members, the development community, and other stakeholders. JaBCHA’s Executive Committee discussed and supported the proposal, which now awaits USAID approval for implementation by the end of September 2009.

On February 28, HPI facilitated a half-day retreat for the JaBCHA Executive Committee to review the relevance of its 5-year strategic objectives, and to devise implementation strategies to meet the operational goals for the year. HPI Country Representative Kathy McClure summarized the decisions made at the January 2008 retreat, as well as performed a current SWOT analysis to guide the development of workplan activities.

Once the Executive Committee approves the workplan, HPI will assist with activity implementation, ensuring that the activities result in increased membership and coordination by JaBCHA. The project will help the council create partnerships with business organizations and build on the advantageous timing provided by the proposed introduction of the Occupational Safety and Health (OSH) Act in Parliament; this act includes a National Workplace Policy on HIV as part of its legal framework. The strategic planning retreat included a discussion on the proposed policy and the role that the JaBCHA can play in introducing it on behalf of the business community.

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 faith-based organizations, HPI focuses primarily on policy analysis and systems strengthening in support of national HIV/AIDS prevention, care, and treatment efforts. Specifically, HPI works to strengthen national and organizational policies and systems to address human resource capacity development, stigma and discrimination, and gender issues. In addition, the project provides strategic information to the National HIV/AIDS Program for improving 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 by providers, program managers, and policymakers.

Summary of Major HIV Activities:

Other/Policy Analysis and Systems Strengthening

HIV workplace policies. On November 24, during the CONAES Annual Meeting, Juan Molinar, the Director General of the National Mexican Institute for Social Security (IMSS); Luciano Zylberberg of CONAES; and Luis Adrian Quiroz of the CSO Salud y Justicia signed an historic agreement to work jointly to eradicate HIV-related stigma and discrimination in the workplace and the IMSS. The meeting included recognition of the ongoing support by HPI/Mexico.

Cross-border initiatives. During Tamaulipas' annual health week (in October), which focused on HIV services, HPI provided training and technical assistance on HIV stigma and discrimination to staff at CEDES, a prison in Altamira, and co-facilitated a training on HIV, stigma and discrimination, and human rights for 29 women inmates, with staff from the National Human Rights Commission and CENSIDA. During the 16th Annual HIV/AIDS Update Conference, members of the Tamaulipas-Texas Cross-border HIV/AIDS Multisectoral Policy Group presented the results of their work, earned continuing education credits, and reaffirmed their commitment to working collaboratively to ensure high-quality services for PLHIV in both states. The latter was celebrated with a public re-signing of the memorandum of understanding between NGOs and government counterparts in each country. The signing occurred during an international reception that also included presentations on HIV from other countries around the globe.

Public-private partnerships. HPI staff assisted CONAES in preparing for its strategic planning session on November 11, and attended the session to offer insight into the internal and external strengthening of the council and to provide background on the institutional history of CONAES. On November 13, the council hosted a recruitment breakfast for potential new members, which included keynote addresses by National AIDS Program Director Jorge Saavedra and CONAES President Luciano Zylberberg. On November 14, in Ciudad Juarez, CONAES staff met with the IMSS and the local maquila industry chamber of commerce to discuss how to implement HIV workplace programs as a tripartite effort. In March, HPI launched a private sector initiative in Tamaulipas in conjunction with CONAES that included holding a meeting with companies interested in developing HIV workplace programs and trained representatives from CSOs and state and national HIV programs, on the importance of business involvement in the local response to HIV and the Workplace Policy Builder software.

Technical assistance. HPI/Mexico offered technical assistance and training to 34 staff of the Mexico City Department of Equality and Social Diversity, and the staff then trained staff from another 15 government agencies and offices. HPI facilitated sessions on stigma and discrimination and GBV and its impact on HIV programming and policies. The participants were members of the Inter-institutional Network for the Attention of the LGBTTTTI Community in Mexico City, which developed the Sexual Diversity Decalogue to encourage and inform Mexico City governmental activities in the area of nondiscrimination and services for LGBTTTTI populations. On November 19, HPI conducted a workshop for senior and mid-level officials from the Delegación Cuauhtémoc on stigma and discrimination to ensure implementation of the Sexual Diversity Decalogue. In related work, HPI provided assistance with strategic planning and workplan development to the National Commission to End Discrimination (CONAPRED) as well as to Colectivo Sol—one of the oldest AIDS service organizations in Mexico. In addition, HPI will provide proposal writing and capacity-building support to another 10 NGOs in the Bajío region that are part of Colectivo Sol’s Vida Digna project. And finally, during October and November, HPI trained teachers in Veracruz, Mexico City, and Guerrero on ways to incorporate HIV into their teaching plans and encourage their students—who are soon to be teachers—to do the same. This training is part of an ongoing effort to promote scientific sex education in the classroom as part of the national response to HIV—spurred by the signing of an agreement between the ministers of health and education.

Innovative approaches to stigma and discrimination. HPI co-sponsored and provided leadership and technical support for this year’s Second National Gathering of People Living with HIV, on October 18 which provided education and leadership development for 154 PLHIV. At the request of two CSOs in Ciudad Juárez, Chihuahua—HPI sponsored a series of workshops for 14 PLHIV on greater involvement in policy formulation, positive prevention, and internal stigma, from October 25–26, facilitated by Gerardo Cabrera of the Mexican Network of People Living with HIV. HPI covered facilitation costs and offered technical assistance to those participants interested in enacting the personal advocacy plans they developed as part of the workshop. During a November visit to Cancun and Chetumal in Quintana Roo, HPI trained medical personnel and assisted various NGOs of PLHIV, particularly in the area of addressing internal stigma. HPI staff also met with the State Human Rights Commission and gave a press conference along with local organizations.

As a representative of PLHIV and a member of the Mexico Country Coordinating Mechanism for the Global Fund, HPI staff member Anuar Luna has been working on the Round Nine proposal to the Global Fund. Luna has also been working closely with CENSIDA by serving on the prevention committee and offering technical assistance to present the results of the 2008 30th Lesbian Gay Bisexual and Transgender March Survey results. HPI also assisted the civil society associates of the Iniciativa de Medios Latinoamericanos sobre el SIDA—the first Latin American Media Partnership on HIV/AIDS—to identify policy champions willing to participate in a regional public information campaign they are planning.

Women and HIV building leadership and ensuring inclusion. In December, a member of the Texas Tamaulipas Crossborder HIV/AIDS Multisectoral Policy Group and an HPI facilitator traveled to Cancun and Chetumal to train healthcare workers, offer capacity-building assistance to local CSOs working in HIV, and meet with 19 young women from one of the local schools to talk about HIV prevention among women. During February, HPI continued its support for the International Community of Women with HIV/AIDS’s Women and HIV Leadership activities through both technical assistance and financial support for their activities. As a result of training, the women are now included in several decisionmaking bodies such as the CCM and National AIDS Program governing board, as well as forums such as the Global Village at the national AIDS conference. In March, women in the project participated in a two-day training and strategy meeting that served as a precursor to the 11th Encuentro Feminista de Latinoamérica y El Caribe (Feminist Gathering for Latin America and the Caribbean). For the first time in the 30-plus year history of the gathering, the issue of women living with HIV was front and center: a different

education campaign was launched each of the five days of the conference. The women led various workshops, which were all filled to capacity. HPI staff attended private meetings with the princesses of Norway and Belgium during their March visits to Clinica Condesa. During both meetings, women living with HIV discussed the treatment and prevention needs of this often overlooked population in a concentrated epidemic.

Capacity building in securing funding. At the request of the State Health Department in Oaxaca and in collaboration with the Alianza Oaxaqueña de ONGs con trabajo en SIDA (Oaxacan Alliance of NGOs with work in AIDS), HPI sponsored an intensive three-day workshop in February for 20 people on fundraising and fund management for CSOs. During the workshop, HPI offered to assist participants with their funding submissions to the National AIDS Program's Call for Proposals dealing with prevention focused on specific populations, finalizing six proposals during the three-day workshop. Later that month, at CENSIDA's request, HPI coordinated and facilitated a workshop on effective proposal writing for representatives of 45 NGOs on February 21–22. The project guided participants through each phase of the proposal-writing process, stressing alignment of proposals with CENSIDA's priorities, and grounding activities in evidence-based HIV prevention strategies. HPI will continue to support participants until the submission deadline.

Strategic Information

Operations research (core-funded). On December 11, HPI/Mexico hosted a meeting of policy implementers and high-level policymakers. The project presented the results of its Gender-based Violence Intervention for the Most-At-Risk Population Initiative—a pilot research activity launched last year—and the results of its situational analysis on PEP policies—carried out this year. The pilot GBV intervention revealed high levels of violence experienced by transgenders in particular and their lack of access to services. The situational analysis of PEP policies revealed that most healthcare providers are not familiar with existing policies and lack the tools to implement them. HPI will develop intervention materials and training to help mediate these identified barriers. Finally, at CENSIDA's request, HPI is helping to draft a Framework for the National HIV Prevention Strategy, and it should be completed by mid-April, which will be used to develop the National HIV Prevention Strategy.

HIV/AIDS Treatment/ARV Services

Training of healthcare personnel. From November 16–19, at the request of Red Positiva de Quintana Roo, HPI facilitated workshops on reducing HIV-related stigma and discrimination for 24 health providers in Chetumal and Cancun. In December, a member of the Texas Tamaulipas Crossborder HIV/AIDS Multisectoral Policy Group and an HPI facilitator trained healthcare providers on issues regarding women's vulnerability to HIV and treatment and care of HIV-positive women in Chetumal and Cancun. Other activities related to treatment and ARV services included a November 25 HPI-led discussion on gender-based, HIV-related stigma and discrimination as part of a three-day intensive training of 28 medical personnel to strengthen their capacity to deliver HIV/AIDS treatment and care in the state of Mexico, and a January HPI workshop for 23 HIV counselors working with the National Mexican Network of People living with HIV on risk evaluation in counseling.

APPENDIX

Table A1. HPI Project Management

HPI PROJECT MANAGEMENT (AS OF 3/31/09)	
Project Leadership	
TOI Director	Sarah Clark
Senior Deputy Director	Nancy McGirr
Deputy Director – FP/RH & ANE	Suneeta Sharma
Deputy Director – HIV & LAC	Ken Morrison
Deputy Director – Other Health & AFR	Elizabeth McDavid
Regional Management	
Africa	Elizabeth McDavid
West Africa	Margot Fahnestock
East Africa	Angeline Siparo
Southern Africa	Liz Mallas
ANE	Anne Jorgensen
Europe and Eurasia (E&E)	Philippa Lawson
LAC	Mary Kincaid
Technical Team Management	
Advocacy and Resource Mobilization for RFP	Tanvi Pandit-Rajani
HIV Economics, Modeling, and Planning	Ken Morrison, acting
Gender	Mary Kincaid
Leadership, Stigma, and Discrimination	Liz Mallas
Maternal Health	Bridget McHenry
Orphans and Vulnerable Children	Amy Kay
Poverty and Equity	Brian Briscoombe
Operations Management	
Program Finance Manager	Jay Mathias
Program Operations Managers	Martine Laney (AFR)
	Karen Lee (LAC)
	Asli Bener (ANE and E&E)
	Shreejana Ranjitkar (India, ANE Bureau, core activities)

Table A2. HPI Core-funded Activity Management

HPI CORE-FUNDED ACTIVITY MANAGERS (AS OF 3/31/09)		
	Activity Manager	Deputy Director FY Funds
SO1 (POP) Core Funds		Suneeta Sharma
IAs		
IA1. FP/HIV Integration (Kenya)	Carol Shepherd	FY05/06
IA2. Expand Availability of Contraceptives through Community-Based Distributors (Rwanda)	Priya Emmart	FY07
IA4. Pro-Poor Strategy to Finance Contraceptives (Peru)	Suneeta Sharma	FY07
IA5. Raising Awareness of FP as an Approach to Reduce Poverty	Imelda Feranil	FY05/06
IR1		
1.1 Policy Implementation Assessment Tool and Validation	Anita Bhuyan	FY07
1.2 Policy Aspects of Eliminating FGC	Myra Betron Margot Fahnestock	FY07
1.3 Operational Barriers to Scale-of CBD of Injectables	Cynthia Green	FY08
1.4 Policy Barriers to Use of LAPM	Priya Emmart	FY08
IR2		
2.1 Early Marriage (Uganda)	Imelda Feranil	FY05/06
2.2 Advocacy Capacity for Resource Mobilization (RHSC)	Tanvi Pandit-Rajani	FY08
IR3		
3.1 Finance and Equity at Decentralized Level	Wasunna Owino/ Brian Briscombe	FY07
3.2 Cost of Increasing CPR 1 Percentage Point	John Stover	FY07/08
IR4		
4.1 Foster Private Sector Approaches to Ensure FP Access to the Poor	Margot Fahnestock	FY07
4.2 Foster Public-Private Partnerships to Strengthen FP and Reduce Health Inequities	Rachel Sanders	FY08
IR5		
5.1 Contribution of FP to Meeting the MDGs	Rachel Sanders	FY05/06
5.2 Update of the Family Planning Effort Scores	Ellen Smith	FY08
5.3 RAPID in Africa	Rachel Sanders	FY08
5.4 Spectrum Updates and Adding Poverty	John Stover	FY07

Working Groups		
Poverty and Equity Working Group: a) Pro-poor Financing in Kenya b) P&E Training c) Influencing Policy Reforms in Uttarakhand, India	Wasunna Owino/ Suneeta Sharma Brian Briscoombe Anita Bhuyan/ Suneeta Sharma	FY05/06 FY07 FY08
Addressing S&D in Meeting FP/RH Needs of HIV+ Women	Britt Herstad	FY07
Other		
Rapid Response	Suneeta Sharma	FY07/08
QA, M&E, and Communication	Nancy McGirr	FY07/08
Virtual Training	Cynthia Green	FY07/08
USAID Technical Priorities		
Gender	Mary Kincaid	FY07
FP/HIV Integration	Carol Shepherd	FY07
Youth	Shetal Datta	FY07
Poverty and Equity a) Poverty and Equity Training b) Incorporating Poverty into RHSC Work	Suneeta Sharma Tanvi Pandit-Rajani	FY07/08
Repositioning FP a) DRC b) Tanzania	Charles Pill Tanvi Pandit-Rajani	FY07 FY06
Contraceptive Security: a) Operational Policy Barriers Analysis b) VLDP – M&E Support	Margot Fahnestock Priya Emmart	FY07 FY07/08
SO2 Core Funds		Bess McDavid
WRA	Betsy McCallon	FY08
SO4 (HIV) Core Funds		Ken Morrison
IR1		
1.1 Improving Emergency Plan Effectiveness: Operational Barriers to Implementation	Imelda Feranil	FY07
1.2 Support for U.S. Public Law 109-95	Shetal Datta	FY05
1.3 MC Costing and Policy; Engaging Private Sector	Tanvi Pandit Rajani	FY07/08
1.4 GBV, HIV, and PEP Policy Review and Implementation	Hannah Fortune- Greeley	FY07
1.5 Citizen Monitoring Groups for S&D Reduction	Liz Mallas	FY07
1.6 Task Shifting: Policy Implementation Opportunities and Challenges	Nadia Carvalho	FY07

1.7 Strategic priorities for Male RH and Gender in National AIDS Programs	Omar Robles	FY08
1.8 Strategies to Increase Gender Equity in Treatment Adherence Programs	Britt Herstad/ Philippa Lawson	FY08
IR2		
2.1 Investing in PLHIV Leadership in MENA	Shetal Datta	FY07
2.2 Religious Communities and GBV	Britt Herstad	FY06
IR3		
3.1 Sustainable Investments: Livelihoods and Girls	Myra Betron	FY07
3.2 How Equitable Is ART? Increasing Capacity of ARV Implementers to Use Data	Rachel Sanders	FY07/08
IR4		
IR5		
5.1 Tools for HIV Planning and Analysis and Model Maintenance (including Goals), including Lesotho Application	John Stover	FY06/07
5.2 Costs of Key PEPFAR Interventions	John Stover	FY06
5.3 Analysis of DHS to Inform Scale-up of Prevention Program for Sero-Discordant Couples	Britt Herstad	FY07
5.4 GBV Screening Tool for MARPs	Myra Betron	FY06
5.5 Regional Training on Costing	Stephen Forsythe	FY07
5.6 Reprogrammed OVC Activities OVCa: DOD OVcb: Global Fund	Anita Datar Garten/ Amy Kay	FY05/06/07
5.7 Health Information as a National Asset (Support for SI TWG)	Anita Datar Garten	FY08
5.8 Virtual Learning: Focus on Stigma	Liz Mallas/ Nadia Carvalho	FY08
Other		
OGAC: PEPFAR Initiative on GBV—Strengthening Services for Victims of Sexual Assault	Myra Betron	FY07
Rapid Response	Ken Morrison	FY07/08
QA, M&E, Communication	Nancy McGirr	FY08

Table A3. HPI Regional and Country Management

MANAGERS FOR REGIONAL AND COUNTRY PROGRAMS (AS OF 3/31/09)		
Region/Country	Country Manager/Director	Regional Manager
Africa		
AFR Bureau	Priya Emmart	Elizabeth McDavid/ Angeline Siparo
Botswana	Boiphelo Seithamo	Liz Mallas
Dem. Rep. of Congo	Charles Pill	Margot Fahnestock
Kenya	Dan Wendo	Angeline Siparo
*Madagascar	Brian Briscombe	Margot Fahnestock
Mali	Modibo Maiga	Margot Fahnestock
Mozambique	Francisco Zita	Liz Mallas
RHAP	Liz Mallas	Liz Mallas
Rwanda	Margot Fahnestock	Angeline Siparo
Senegal	Brian Briscombe	Margot Fahnestock
Swaziland	Liz Mallas	Liz Mallas
Tanzania	Millicent Obaso	Angeline Siparo
ANE		
ANE Bureau/MENA	Shetal Datta	Anne Jorgensen
India	Himani Sethi	
Indonesia	Claudia Surjadjaja	
Jordan	Basma Ishaqat	
Vietnam	Tran Tien Duc	
*Yemen	Imelda (Inday) Feranil	
Europe and Eurasia		
E&E Bureau	Philippa Lawson	Philippa Lawson
LAC		
LAC Bureau/CS	Omar Robles	Mary Kincaid
Dominican Republic	Hannah Fortune-Greeley	
El Salvador	Hannah Fortune-Greeley	
Guatemala	Telma Duarte	
Jamaica	Mark Wehling	
Mexico	Mirka Negroni	

*Closed or closing

Table A4. List of Completed Products

FP/RH Core-funded Products

- “La Política de Desarrollo Social y Población en Materia de Salud: Avances y Retos en su Implementación” (Ministry of Health, Guatemalan Association of Women Doctors, and USAID | Health Policy Initiative, Task Order 1). November 2008. (Available in Spanish only. Title in English: “Social Development and Population Policy in the Health Sector: Advantages and Challenges in Its Implementation.”)
- “How Much Does It Cost to Increase CPR by One Percentage Point?” Jordan Case Study. February 2009.
- Version 3.3 of SPECTRUM.
- MDGs: Updated analyses, briefs, and PowerPoints for Malawi and Uganda.
- “Examining Policies and Guidelines for Procuring and Financing Contraceptives.” Assessment Guide. March 2009. Final draft is currently being reviewed by Kevin Pilz, USAID.
- Poster: “Achieving Uttar Pradesh’s Population Policy Goals Through Demand-based Family Planning Programs.” April 2009.
- “Applying the Allocate Model to Improve Decisionmaking at the Regional Level: A Case Study of Ukraine.” November 2008.
- “Approaches that Work: Community-based Distribution of Injectable Contraceptives.” April 2009.
- “Bolivian Communities Take Action Against GBV.” January 2009.
- “Community-based Distribution of Injectable Contraceptives in Malawi.” April 2009.
- “Increasing Access to Family Planning Services among Indigenous Groups in Guatemala.” Full report and brief. December 2008.
- “The Family-Friendly Workplace Model: Helping Companies Analyze the Benefits of Family-Friendly Policies.” February 2009.
- “Vouchers to Improve Access by the Poor to Reproductive Health Services: Design and Early Implementation Experience of a Pilot Voucher Scheme in Agra District, Uttar Pradesh, India.” November 2008.

HIV/AIDS Core-funded Products

- “Training on Costing of PEPFAR-funded Interventions: Uganda – Report of the Training Workshop.” HealthNet Consult. March 2009.
- “Costing Key Prevention Activities in Emergency Plan Countries: South Africa – Training Workshop Report.” Dr. Paolo Craviolatti. March 2009.
- “PEPFAR Costing Activities in Ethiopia: Training on Costing.” February 2009.
- “Monitoring and Evaluating the Practices of USG Highly Vulnerable Children Programs.” September 2008.
- “Inventory of USG Agency Programs Related to HVC Legislation Annual Budgets and Indicators.” September 2008.
- “Highly Vulnerable Children: 2008 Country Profile for Uganda.” December 2008.
- “Task Shifting in Uganda/Swaziland”
 - Tool 1: “Key Informant/Stakeholder’s Interview Guide.” March 2009.
 - Tool 2: “Focus Group Discussion Guide.” March 2009.
- “Reducing Adolescent Girls’ Vulnerability to HIV Infection: Examining Microfinance and Sustainable Livelihood Approaches.” July 2008.
- Release of version 3.3 of Spectrum on the HPI website.

- Updated AIM manual, March 2009.
- “Involving Communities to Shape and Take Part in Effective SGBV Responses and Services: A Learning Exchange and Action Planning Workshop.” September 2008.
- “HIV-positive Women in Mexico Step Out of the Shadows.” December 2008.
- “Laying the Foundation: PLHIV in MENA Share Knowledge, Build a Network.”
- “Men Matter: Scaling Up Approaches to Promote Constructive Male Engagement in Reproductive Health and Gender Equality.” November 2008.
- “Rapid Assessment on Policy and Operational Barriers to the Integration of FP/RH/HIV Services in Kenya.” February 2009.
- “Technical Assistance Guide on HIV and AIDS: Programme Implementation (Mentorship Workshop/Policy Champions Program).” January 2009.

Country Reports

Guatemala

- Informational bulletin: “Salud Materna: un Compromiso Pendiente para Alcanzar la Equidad en Salud en Alta Verapaz” (HPI). Available in Spanish only. Title in English: “Maternal Health: A Pending Responsibility in order to Ensure Health Equality in Alta Verapaz.”
- Informational poster: “Brechas en Salud Reproductiva: Alta Verapaz” (HPI). Available in Spanish only. Title in English: “Reproductive Health Gaps in Alta Verapaz.”
- “Estudio de Barreras para el Acceso a la Planificación Familiar de la Población Indígena” (Ministry of Public Health and Social Assistance, the Guatemalan Social Security Institute, the Guatemalan Family Planning Association, and HPI). Available in English, titled: “Barriers to Family Planning Access for Indigenous Populations.”
- “Lineamientos para la Estrategia Nacional de Planificación Familiar” (Ministry of Public Health and Social Assistance, the Guatemalan Social Security Institute, the Guatemalan Family Planning Association, UNFPA, and HPI). Available in Spanish only. Title in English: “Guidelines for a National Family Planning Strategy.”
- “Implementation of the Social Development and Population Policy: Advances and Challenges” (Ministry of Public Health and Social Assistance, the Guatemalan Association of Female Doctors, and HPI).

Democratic Republic of the Congo

- “Summary Workshop Report on DIVAS Capacity Building in Coordinating Partnerships in Caring for Orphans and Vulnerable Children.” Available in French : "Rapport Synthèse de l'atelier de Renforcement des Capacités des DIVAS sur la Coordination et les Partenariats dans la Prise en Charge des Orphelins et Enfants Vulnérables" (OEV). December 8–10, 2008. Centre Kibanguiste, Kinshasa, DRC. (Final draft – pending MINAS review.)
- “Rapport Synthèse du Processus RAAAP-RDC.” February 13, 2009.
- RAAAP Key Messages and Key Findings, February 2009. (Final draft – pending MINAS/Bureau review.)

Indonesia

- Elemen-elemen Pokok Pembentukan Peraturan Daerah tentang Penanggulangan HIV dan AIDS. Available in Bahasa Indonesian only. (Title in English: Essential Elements for *Perda* on HIV/AIDS).

Mali

- “Youth and HIV: Situational Analysis in Mali.”
- Updated AIM Model based on 2006 DHS.
- Updated RAPID Model based on 2006 DHS (Available in French and English).

Tanzania

- “Gender-based Violence in Tanzania: An Assessment of Policies, Services, and Promising Interventions.” November 2008.
- “HIV and AIDS Stigma and Discrimination Guidelines for the Christian Council of Tanzania (CCT).” (Available in Swahili only.)
- “HIV and AIDS Stigma and Discrimination Guidelines for the Muslim Council of Tanzania (BAKWATA).” (Available in Swahili only.)

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