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**HEALTH POLICY  
INITIATIVE**

# **Semi-Annual Report, Task Order I**

**April 1–September 30, 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, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and Futures Institute.

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<b>USAID Task Order No.</b>	GPO-I-01-05-00040-00
<b>Location</b>	Washington, DC
<b>Title</b>	USAID   Health Policy Initiative, Task Order 1
<b>Activity Description</b>	The purpose of this task order is to exercise global leadership and provide field-level programming in policy development and implementation. The assistance provided under this procurement is expected to foster an enabling environment for health, especially in the areas of family planning and reproductive health, maternal health, and HIV/AIDS.
<b>Achievements</b>	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 Middle East, Europe and Eurasia, and Latin America and the Caribbean also provide field support funds for HPI to implement regional activities in health, HIV/AIDS, family planning, and contraceptive security. For the period from April 1 to September 30, 2009, we report 41 results in 11 country and regional programs.
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<b>Date of Award</b>	September 30, 2005
<b>Projected End Date of Activity</b>	September 29, 2010
<b>Ceiling Price</b>	\$100 million

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## ABBREVIATIONS

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<b>AFR</b>	Africa (region)
<b>AIDS</b>	acquired immune deficiency syndrome
<b>AIM</b>	AIDS Impact Model
<b>AME</b>	Asia and the Middle East
<b>AO</b>	activity objective
<b>ART</b>	antiretroviral therapy
<b>ARV</b>	antiretroviral
<b>CA</b>	cooperating agency
<b>CBD</b>	community-based distribution
<b>CBO</b>	community-based organization
<b>CCM</b>	Country Coordinating Mechanism (of GFATM)
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CEDPA</b>	Centre for Development and Population Activities
<b>CPR</b>	contraceptive prevalence rate
<b>CS</b>	contraceptive security
<b>CSO</b>	civil society organization
<b>DFID</b>	Department for International Development
<b>DHS</b>	Demographic and Health Survey
<b>ECSA</b>	Eastern, Central, and Southern Africa
<b>E&amp;E</b>	Europe and Eurasia
<b>FBO</b>	faith-based organization
<b>FGC</b>	female genital cutting
<b>FHI</b>	Family Health International
<b>FP</b>	family planning
<b>FY</b>	fiscal year
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GBV</b>	gender-based violence
<b>GHC</b>	Global Health Council
<b>GIPA</b>	greater involvement of people living with HIV
<b>GLBT</b>	gay, lesbian, bisexual, and transgender
<b>GTWG</b>	Gender Technical Working Group
<b>HBC</b>	home-based care
<b>HIV</b>	human immunodeficiency virus
<b>HPI</b>	USAID   Health Policy Initiative
<b>IA</b>	innovative approach
<b>IDU</b>	injecting drug user
<b>IEC</b>	information, education, and communication
<b>IGWG</b>	Interagency Gender Working Group
<b>IQC</b>	indefinite quantity contract (USAID)
<b>IR</b>	intermediate result
<b>LAC</b>	Latin America and the Caribbean (region)
<b>LAPM</b>	long-acting and permanent methods
<b>MARP</b>	most-at-risk population
<b>MAT</b>	medication-assisted therapy
<b>MC</b>	male circumcision
<b>MCH</b>	maternal and child health
<b>MDGs</b>	Millennium Development Goals
<b>M&amp;E</b>	monitoring and evaluation

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

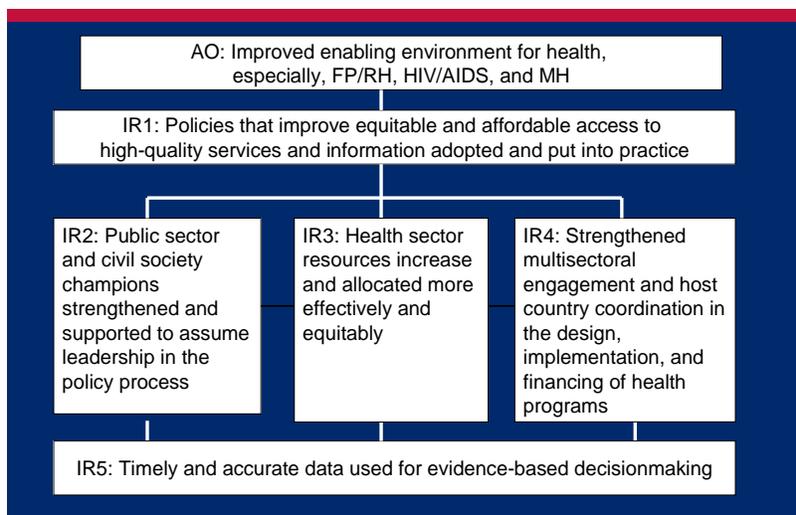
## I. Project Description: Health Policy Initiative

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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 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 four 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 April 1 to September 30, 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

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### 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 41 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 40 countries or regional programs. This reporting period, we supported activities in 27 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.

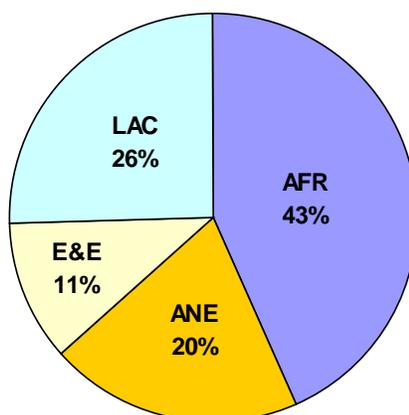
Maternal health (SO2) core funds are being used to help countries increase access to high-quality, affordable, and comprehensive maternal health services for all women. WRA assists its country alliances by providing technical information and technical assistance (TA) and holding regional training courses.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

As appropriate to this stage of the project, HPI is increasingly focused on dissemination of its work, through various media, including website postings, briefs, technical reports, videos, group presentations, professional meetings and conferences, in-country workshops and policy dialogue, and listservs. During Year 4, visitors to our website increased nine-fold, compared with the previous year. 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 68% and 32%, 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 9/30/09)**



## B. Cumulative Project Results (as of September 30, 2009)

Since the project's inception, HPI has achieved 386 results across its Activity Objective (AO) and five Intermediate Results (IRs) in the 40 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 as of September 30, 2009**

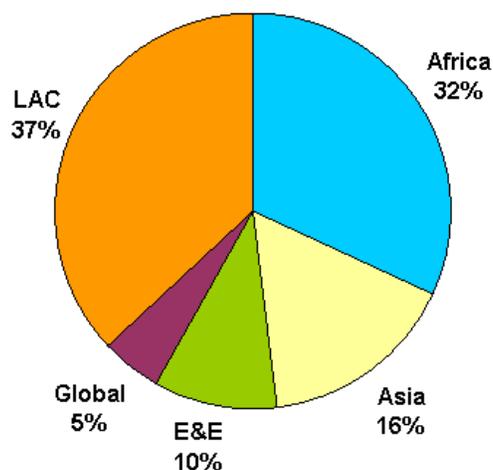
Country	AO	IR1	IR2	IR3	IR4	IR5	Total
<b>Africa</b>							
Africa Bureau							
Botswana		3	2	3	2	1	11
Cameroon							
Côte d'Ivoire							
DR Congo		1	1	1	1		4
Ethiopia							
Ghana						1	1
Kenya	2	4	9	7	3	3	28
Madagascar							
Malawi							
Mali	1	5	8	1	2	3	20
Mozambique		16	1		2	2	21
Namibia							

RHAP						1	1
Rwanda						2	2
Senegal							
South Africa	1	3	3	2	1	3	13
Tanzania		3	11	3			17
West Africa Region		4				1	5
<b>Asia and the Middle East</b>							
Middle East Bureau (MENA)		1	2	1		2	6
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
<b>Europe and Eurasia</b>							
E&E Bureau							
Ukraine	1	19	5	1	6	5	37
<b>Latin America and the Caribbean</b>							
Dominican Rep.			3				3
El Salvador							
G/CAP		6	3	1	4		14
Guatemala	1	15	24	1	4	4	49
Haiti							*
Jamaica			4	3			7
LAC Bureau			1	3	2		6
Mexico	2	13	19	6	2		42
Peru	1	9	3	4	3	4	24*
<b>Global</b>		1	10	7		1	19
<b>Total Results</b>	<b>14</b>	<b>111</b>	<b>122</b>	<b>57</b>	<b>38</b>	<b>44</b>	<b>386</b>
<b>Total Countries</b>	<b>10</b>	<b>18</b>	<b>23</b>	<b>19</b>	<b>15</b>	<b>21</b>	<b>29</b>

\*Additional results will be posted pending review of final report.

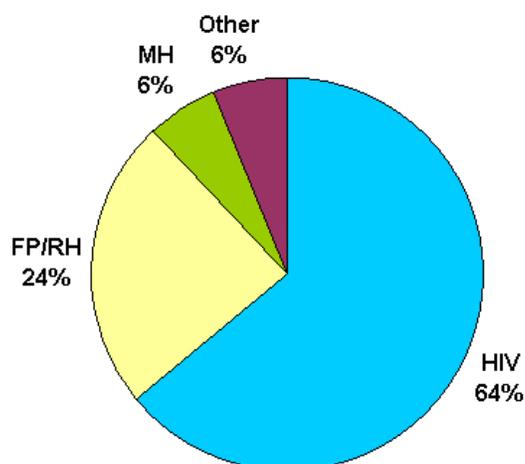
Regionally, Latin America and the Caribbean (LAC) and Africa each contributed roughly one-third of the results, with 37 percent and 32 percent, respectively. Asia and the Middle East contributed 16 percent of the results, 10 percent were from Europe and Eurasia (Ukraine only), and 5 percent emanated from global activities (see Figure 2).

**Figure 2. Distribution of Results by Region as of September 30, 2009**



HIV activities have accounted for 64 percent of Task Order 1 results, FP/RH for 24 percent, maternal health for 6 percent, and other health intervention areas for 6 percent (see Figure 3). The project's pattern of resource allocation mirrors the distribution of results shown in Figure 3. Approximately 57 percent of the resources allocated through TO1 have been devoted to HIV, and HIV activities have yielded 64 percent of project results. Similarly, 36 percent of the project's resources have been allocated to FP/RH, accounting for 24 percent of results to date. Maternal Health, with only 3 percent of project resources, has garnered 6 percent of overall results. The final 6 percent of results are either a combination of topic areas or relate to other infectious diseases such as tuberculosis (TB) and malaria—activities that have received 4 percent of the project's resources.

**Figure 3. Distribution of Results by Topic Area as of September 30, 2009**



Since HPI's inception, 84 policies have been adopted: 54 in Africa, 23 in LAC, 5 in Eastern Europe (Ukraine), and 2 in Asia and the Middle East. More than half of these policies (48) were HIV workplace policies and agreements formulated by the private sector, nongovernmental organizations (NGOs), and governmental bodies. Governments also developed laws (16), and strategic plans or guidelines (14). More than three-fourths (83%) of these policies, strategic plans, or guidelines focused on HIV prevention and control; 9 percent pertained to FP/RH, and the remaining 8 percent addressed other health programs, such as MH, TB, and general health.

In support of health policy-related work, HPI and/or its local partners have mobilized more than US\$128 million from local and international development partners, including national governments, private foundations, the World Bank, and communities. Of the funds mobilized, 59 percent were for HIV programs, 28 percent for TB programs, 5 percent for FP/RH, 3 percent for MH, and about 5 percent for programs in other health-related areas.

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 AO, as well as for IR1, IR2, IR4, and IR5 have been exceeded. IR3 continues to remain the most challenging of the five HPI results. As explained in previous reports, one reason 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 resources or more effective, efficient, or equitable use of existing resources.

**Table 2. Progress toward Contract Targets for Results (as of September 30, 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	18 countries	√
	At least 2	10 countries	14 countries	√
	At least 3	5 countries	8 countries	√
IR2	At least 1	12 countries	23 countries	√
	At least 2	10 countries	15 countries	√
	At least 3	5 countries	9 countries	√
IR3	At least 1	12 countries	19 countries	√
	At least 2	10 countries	6 countries	
	At least 3	5 countries	0 countries	
IR4	At least 1	12 countries	15 countries	√
IR5	Tool applied (5.1)	5 countries	10 countries	√
	Data used (5.2)	12 countries	15 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 as follows:

- 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.

**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
<b>Total</b>	<b>3</b>	<b>1</b>	<b>10</b>	<b>14</b>

Four additional countries—Botswana, DR Congo, Mali, and Mozambique—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 will help 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 in the regional program.

### C. SAR Results (April 1 to September 30, 2009)

For the period from April 1 to September 30, 2009, HPI achieved 41 results in 11 country or regional programs; 23 of these results were in the area of HIV, 14 pertain to FP/RH, four relate to maternal health, and one relates to FP/HIV integration.

**Table 4. SAR Results by Country, April 1 to September 30, 2009**

Country	AO	IR1	IR2	IR3	IR4	IR5	Total
<b>Africa</b>							
Botswana		2		1	1		4
DR Congo		1					1
Kenya			2			1	4
Mali			3			1	4
Mozambique		3				1	4
Tanzania				1			1
<b>Asia and the Near East</b>							
AME Bureau (MENA)		1	2	1			4
<b>Latin America and the Caribbean</b>							
Dom. Republic			1				1
Guatemala		2	6		2	1	11
Mexico		3	2				5
<b>Global</b>		<b>1</b>		<b>2</b>			<b>2</b>
<b>Total Results</b>		<b>13</b>	<b>16</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>41</b>
<b>Total Countries</b>	<b>0</b>	<b>7</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>11</b>

The following pages present the results for April 1 to September 30, 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**

- **Botswana's Parliament sets standards for children's services through enactment of Children's Bill.** The number of orphaned and vulnerable children (OVC) in **Botswana** is extremely high—nearly 50,000 in 2006—and the number of vulnerable children continues to rise. Until recently, the policy framework for addressing the needs of these children has been fragmented—with several different policies governing issues related to their care and support. In February 2009, the Parliament

adopted the Children's Bill, which outlines the services to be provided by various stakeholders, whether private sector or government, in support and care of children. By clearly establishing the minimum requirements and standards for the provision of services to children in a single legislative instrument, the Children's Bill will improve the quality of services for OVC. In 2005, the POLICY Project helped to establish the Marang Childcare Network, a network of organizations that provide services to OVC. Since 2006, HPI has provided sustained technical and financial support to Marang, assisting it in its efforts to influence the country's policy environment by advocating for strengthened policy frameworks on issues related to the care and support of vulnerable children. This support enabled Marang to take a strong and active role in the policy dialogue that led to the creation and passage of the Children's Bill. The new bill reflects the network's input and the government's increasing recognition of its important role in effectively addressing the challenge of OVC. The new bill will enable improved service provision by NGO/CBO/FBOs for OVC.

- **DR Congo adopts national policy to assist OVC.** The Democratic Republic of Congo (**DR Congo**) was one of the first African countries to recognize HIV when it first registered cases in 1983. By the end of 2005, UNAIDS estimated that 1 million people were living with HIV in DR Congo. Children are especially vulnerable because they are infected through mother-to-child transmission and are affected by the loss of a parent to AIDS. The country lacked a national policy on OVC, however, until the minister responsible for OVC, the Hon. Barthelemy Botshwali, officially endorsed the national OVC action plan (PAN OEV) that was developed by the Ministry of Social Affairs, Humanitarian Action, and Solidarity (MINAS) with HPI's support. The plan seeks to expand equitable access and improve national, provincial, and community responses to OVC between 2010 and 2014. It was drafted in an 18-month participatory process that included national and provincial meetings and inputs from other key stakeholders, including children and care providers. HPI provided technical support to the national PAN development process beginning in late 2007. It supported MINAS in engaging with multisectoral stakeholders at national and provincial levels to assess the country's OVC response and identify appropriate interventions. Adoption of the national OVC plan by both government and civil society stakeholders and the MINAS Minister marked the culmination of DRC's attempts since 2005 to put a national OVC plan in place. It provides the DRC with a document to assist in directing and leveraging development assistance and national resources toward the improvement and expansion of both OVC program coordination and services at national, provincial, and community levels.
- **OAS adopts resolution condemning human rights violations related to sexual orientation and gender identity.** The Organization of American States (OAS) is the LAC region's principal multilateral forum for strengthening democracy, promoting human rights, and confronting shared problems such as poverty, terrorism, illegal drugs, and corruption. Accordingly, the organization carries great moral force in the region, and its pronouncements on a host of human rights abuses have led to important national changes in human rights policies. On June 4, 2009, the OAS adopted Resolution 2504, thereby condemning human rights violations relating to sexual orientation and gender identity. The new resolution urges member states to investigate and punish acts of violence and human rights violations committed against individuals because of their sexual orientation and gender identity. It also calls on the Inter-American Commission on Human Rights and other organizations to monitor the situation and requires the organization's Permanent Council to report to the General Assembly at its fortieth regular session on the implementation of this resolution. All member countries, including **Mexico**, are herewith required to address transgender abuses in their country and to report to the OAS on their response. Hazel Davenport, an HPI-trained policy champion, was instrumental—along with other advocates—in facilitating the resolution's adoption by the OAS at a meeting held in Honduras on June 4, 2009. Hazel was one of the leaders of the transgender women who lobbied the OAS to draft this language. The resolution is an important step in drawing regional attention to the topic of discrimination and human rights violations relating to

sexual orientation and gender identity. This, in turn, may ultimately contribute to a reduction in discrimination and human rights abuses against these groups in Mexico and other OAS member states.

- **Mexico City passes “hate crime” bill.** Crimes against gay men are frequently labeled as crimes of passion in **Mexico**. Such crimes are rarely investigated, resulting in the criminals going unpunished. This climate of homophobia has led many men who have sex with men (MSM) to remain hidden and refuse to seek necessary HIV-related services. On August 20, 2009, Mexico City passed hate crime legislation by adding a section to Article 138 of the city’s Penal Code, which establishes that homicides will be considered “hate crimes” if they are committed because of hate toward the victim’s “ethnic or social origin, nationality or place of origin, color or any other genetic characteristic, sex, language, gender, religion, age, opinions, disability, health status, physical appearance, sexual orientation, gender identity, marital status, occupation or activity....” HPI consultants have been working with a number of legislators and researchers regarding the importance of hate crimes legislation to decrease homophobia and increase intake of health services among MSM. In the long term, hate crime legislation will decrease homophobia and grant sexual minorities personal security. This in turn, will enable them to access health services when and where they choose, without fear of violence or other repercussions.
- **Ten companies in Mozambique adopt workplace policies on HIV.** Approximately 33 million people worldwide are living with HIV today. A significant number of those persons are of working age. Thus, private sector participation is an integral component of a multisectoral response to HIV. Specifically, the design, implementation, and evaluation of HIV workplace policies and programs strengthen HIV prevention, treatment, care, and support. In **Mozambique**, the Business Forum Against AIDS, Malaria and TB (EcoSIDA) is leading such private sector initiatives, which benefit businesses, employees, families, and communities. Between April and September 2009, 10 private sector companies (Luso Globo, Limpa Tudo, Colosso Ltd, Protecna Ltd, Hydroelectric Cahora Bassa, Hydraulic Hoses & Equipment Ltd, EMOSE, Creativa, Brisa Construções, and Hotel Limpopo-Chokwe) approved HIV workplace policies, after receiving technical assistance from EcoSIDA. In 2008–2009, HPI seconded a staff member to EcoSIDA. This staff member partnered with EcoSIDA to build the business council’s organizational capacity to develop, implement, and evaluate HIV workplace policy and programs. HPI’s assistance included (1) training EcoSIDA to use the Workplace Policy Builder (WPB) software and facilitate the development of an HIV workplace policy; (2) shadowing an EcoSIDA staff member in the real-life application of WPB throughout the year; and (3) providing technical assistance (TA) to EcoSIDA and private sector companies during policy review sessions. These workplace programs will help eliminate discrimination in employment practices; protect employee rights per Mozambican HIV laws; and reduce stigma in the workplace and in the broader community. Thus, employees are more likely to come forward for HIV counseling and testing—helping them to learn their status, adopt prevention behaviors, or access treatment and support. The result is a healthier workforce, lower medical costs, less absenteeism, improved morale, and greater support for affected families.
- **Burkina Faso National Alliance of the White Ribbon Alliance adopts five-year strategic plan.** Due to transitions in leadership and a lack of sustained financial support, the Burkina Faso National Alliance of the White Ribbon Alliance (**WRA**) had become inactive at the national level, with only a few provincial chapters continuing their safe motherhood advocacy and awareness-raising activities. A national action plan for the alliance was drafted in 2004 but was never completed or implemented. This action plan was overly ambitious, given that there was no financial support to execute the expensive and extensive activities included, and the plan lacked an overarching thematic scope for the alliance’s work. In August 2009, members of the Burkina Faso National Alliance met for a two-day workshop to reevaluate the strategic direction of the National Alliance, assess its alignment with

the WRA Global Strategic Plan, and plan a way forward. The Burkina Faso National Alliance developed and adopted a five-year strategic plan for 2009–2013. The plan aims to (1) increase the level of knowledge and commitment of policymakers, communities, families, and individuals about safe motherhood through information, advocacy, and social mobilization; (2) mobilize policymakers, service providers, communities, families, and individuals to offer high-quality maternal and neonatal health services; and (3) strengthen the organizational and operational capacity of the alliance to play a leadership role in reducing maternal and neonatal deaths. HPI, via the WRA, convened and facilitated the two-day strategic planning meeting and contributed TA for drafting the resulting strategic plan document. The strategic planning meeting revitalized the Burkina Faso National Alliance and reaffirmed the linkages between the provincial chapters and the national-level board. Furthermore, the strategic plan provides a clear, unified path forward for the national alliance—on which achievable action plans can be based. [CORE/WRA]

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

- Botswana adopts guidelines to operationalize its National OVC Policy.** As a result of the country’s HIV epidemic, 20 percent of children in **Botswana** are expected to be orphans by 2010. Until recently, no single policy governed the provision of care and support to these OVC. Instead, matters related to OVC welfare were covered by several separate policies under the supervision of different government ministries, making it difficult to ensure the quality and consistency of services and support. On June 26, 2009, the Botswana Ministry of Local Government adopted National OVC Guidelines, that define the specific services and interventions to be provided to OVC, as well as outline the key stakeholders and government entities responsible for providing these services. The guidelines operationalize the National OVC Policy, which is still under consideration by Parliament. They were developed by the Marang Childcare Network, which HPI helped to establish in 2005 and has been providing support to ever since. The guidelines will improve coordination and quality of OVC services at both national and community levels, helping to protect vulnerable children and thereby strengthening Botswana’s national HIV response.
- Social development agency adopts plan to integrate RH into its programs.** Previously, the First Lady’s Social Works Secretariat (SOSEP), a governmental agency in **Guatemala** that implements social development programs for women and children living in poor, marginalized areas, had not included FP/RH in its social programs. Integrating such issues would ensure that beneficiaries could exercise their right to access FP/RH information and services. On July 1, 2009, SOSEP adopted an action plan to integrate FP/RH issues and HIV prevention into its regular programming in the departments of Izabal, San Marcos, Sololá, and Escuintla. These programs are run by departmental coordinating committees that have received training on the RH needs of female beneficiaries. SOSEP, in coordination with the Ministry of Public Health and Social Assistance, trained 18 departmental coordinators in implementation and monitoring of the FP/RH and HIV programs. As a result of the workshop, departmental coordinators prepared an action plan to integrate FP/RH and HIV programs. HPI facilitated the discussions between SOSEP and the MOH, provided technical and financial assistance for the training, and provided guidance for the action plans. SOSEP has begun integrating RH issues, especially FP and HIV prevention, into programs in four departments and will gradually expand integration into regular programming across the country. This will be of special benefit to women living in poor, marginalized, rural areas who will now have access to FP/RH and HIV prevention information and services.

### 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

- Mozambique's labor union federation adds HIV workplace policies and programs in its collective bargaining for annual labor contracts.** Collaborating with labor unions enhances the private-sector response to HIV. Unions are often the only local organizations created expressly to protect the rights and welfare of workers. **Mozambique's** constitution guarantees workers' rights to freely join a labor union. Law No. 5/2002 prohibits discrimination in the hiring, retention, training, and promotion of employees on the basis of their HIV status and encourages employers to provide HIV prevention information and services. In September 2008, HPI/Mozambique partnered with the National Confederation of Free and Independent Labor Unions of Mozambique (CONSILMO) to include HIV workplace policies and programs as a standard demand in its collective bargaining framework. CONSILMO represents workers engaged in construction, mining, transportation, and tourism. The union's principal objectives are to organize and support actions that advance workers' interests and rights. To assist the union in this endeavor, HPI provided technical assistance in designing guidelines for integrating HIV into the collective bargaining process. These guidelines (*Guião para Negociação Colectiva de Trabalho Conflito Laborais e o HIV e SIDA*) were formally adopted by CONSILMO in February 2009 and were applied during annual collective bargaining sessions in July 2009. The guidelines provide tools and information that enable CONSILMO negotiators to integrate HIV policies and programs into annual labor contracts. HPI assisted CONSILMO in developing the guidelines and training provincial negotiators on their proper application. The guidelines will not only enable negotiators to include HIV workplace policies and programs into annual collective bargaining agreements but also evaluate companies' current HIV policies and compliance with national HIV laws.

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

- Guatemala's Ministry of Health agrees to improve its MCH surveillance system and provide data on maternal mortality to the Congress.** Maternal mortality in **Guatemala** is the highest in Central America and is three times higher among indigenous women—a public health problem for which no significant progress has been made in recent years. Maternal mortality monitoring and information systems are deficient, and the indicators that are used do not take under-reporting into account. Although civil society has requested that this problem be addressed, the MOH had made no formal commitment to improve its monitoring and information systems or reduce maternal mortality. On July 23, 2008, the Guatemalan Congress issued Resolution Number 17-2008, declaring maternal health to be a national priority, and urged the MOH to activate an effective surveillance system. On March 30, 2009, the MOH took steps to implement this resolution by signing an agreement with the Guatemalan Reproductive Health Observatory (OSAR), a multisectoral mechanism created in March 2008 to monitor the implementation of MCH/RH policies. The agreement stipulates that the MOH will improve the MCH surveillance system by designing an M&E system and periodically providing information on maternal deaths and deaths of women in reproductive age to Congress and OSAR for analysis and monitoring. HPI provided OSAR with technical and financial assistance to raise the awareness of the public and the government about maternal mortality by organizing meetings between Congress and the MOH and convening a public event in February 2009 that placed maternal mortality on the public agenda. The project also guided OSAR in preparing the agreement proposal and oriented members on measurement of maternal mortality. The agreement foment a culture of government accountability and will ultimately enable OSAR to monitor implementation of RH policies more effectively.

- Business forum in Mozambique develops a monitoring and evaluation plan for private sector workplace HIV programs.** The international community is increasingly recognizing private sector contributions to national HIV responses. As the labor force comprises mostly 15–49 year olds, the private sector serves as an entry point for HIV-related activities, including prevention, treatment, care, and support. However, to date, the private sector has not necessarily contributed robustly to the “Three Ones Principle” that is endorsed by the international community. In addition to calling for one HIV action framework and coordinating body, the “Three Ones Principle” calls for one monitoring and evaluation system. In **Mozambique**, the Business Forum Against AIDS, Malaria and TB (EcoSIDA) recently coordinated a private sector task force in collaboration with key partners. The purpose of this technical working group was to draft an HIV M&E plan that would inform ongoing efforts to combat HIV in the workplace and feed into national information systems. In collaboration with its partners, EcoSIDA developed and adopted a workplace HIV M&E plan in August 2009 that will be implemented in private sector companies, agricultural cooperatives, and the informal labor sector. HPI provided TA to EcoSIDA in the establishment and revitalization of the private sector task force. HPI helped EcoSIDA define the task force’s mission, vision, and activities. This year, in partnership with EcoSIDA and its partners, HPI provided TA to develop the workplace HIV M&E plan. Members of the private sector task force include the National AIDS Council (CNCS), EcoSIDA, International Labor Organization (ILO), Mozambican Labor Organization, and UNAIDS. This new M&E plan will align the monitoring and evaluation of workplace HIV policies and programs with the national system of indicators outlined in the National Plan on HIV and AIDS (PEN II). Thus, as the new M&E plan is implemented, the data collected will inform workplace HIV policies and programs, as well as the national response to HIV.

#### **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**

- Local edict in Mexico is repealed to end police harassment of gays and transgenders.** Mexico has a national law that prohibits discrimination against people because of their sexual orientation or disease status. Despite this, local decrees are used to prosecute gay men and transgenders and prevent prevention programs that are aimed at these groups. Research conducted by HPI and various gay, lesbian, bisexual, and transgender (GLBT) groups have concluded that these local decrees are important barriers to providing healthcare services to gay men and transgenders. On June 3, 2009, the Puerto Vallarta City Council revoked Fraction 14 of Article 40 in the Bando de Policia y Buen Gobierno (Edict for Police and Good Governance), which allowed the police to discriminate against people suspected of “abnormal behavior.” Fraction 14 was repealed thanks to the efforts of Vallarta Enfrenta al SIDA, a local NGO and policy champion for transgender groups. The group was a key participant in the advocacy process that led to the removal of this fraction from the edict. Members of Vallarta enfrenta al SIDA have participated in numerous trainings on policy development, advocacy, and GBV organized by HPI. The NGO worked closely with members of the assembly of Puerto Vallarta to draft the language repealing the decree and worked tirelessly to encourage others to approve the new language. While much work remains to be done to enforce the repeal (e.g., training police officers), the removal of this edict is an important first step in addressing the harassment of gay and transgender populations in Mexico.
- VCT centers in Jordan agree to refer their clients to a local NGO for care and support.** In Jordan (MENA), access to HIV-related services such as voluntary counseling and testing (VCT), treatment, and support is mostly limited to urban areas. El Hayat Jordanian, an NGO representing Jordanian PLHIV, conducted a study with HPI small grant monies to assess the type of services available to PLHIV and most-at-risk populations (MARPs) residing in peri-urban and rural areas. The study revealed that service providers do not refer PLHIV to other care and support services and that communication between the VCT sites and the MOH is either rare or completely absent. After

the findings of the study were disseminated in meetings with the MOH and VCT centers, El Hayat Jordanian, in collaboration with the MOH and VCT sites, implemented several steps to address the barriers identified in the study. As a result, VCT centers agreed to refer their clients to El-Hayat Jordanian for care and support, thereby enabling clients to receive comprehensive care. HPI's small grant to El Hayat was the first grant to be solely developed, implemented, and managed by PLHIV in Jordan. HPI also provided technical support to create the study questionnaire and its methodology. [CORE/MENA]

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

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

- **Three regional advocacy groups in Guatemala are pressing for increased attention and funding to RH services.** Maternal mortality is high in **Guatemala**, particularly among indigenous women who have limited access to RH services. To raise public awareness about RH and to secure funding and support for equitable RH services, HPI supported the establishment of OSARs in Guatemala at the national and departmental levels. Three of these observatories—in Alta Verapaz, Quetzaltenango, and Quiché—have become active champions in advocating for actions to reduce maternal mortality in their respective departments. In March 2009, OSAR Alta Verapaz organized a press conference to demand that the Guatemalan Government place the reduction of maternal mortality high on its list of political priorities and to inform the public (including indigenous women's groups) about the role it can play in monitoring the provision of equitable RH services. In May 2009, the observatory held a second event to ask local public health officials and national authorities to provide the public with greater information and education about their reproductive rights. It also sent letters to departmental congressional representatives and to the leader of the Alta Verapaz Development Council (CODEDE) demanding a retraction of budget cuts made to MCH and FP/RH services in April 2009. (The CODEDE analyzed the request and prepared a resolution, which is currently being reviewed by the President's office.) In Quetzaltenango, the observatory organized a press conference to denounce the high rate of maternal mortality in the country and the lack of culturally-relevant healthcare services. It also called for the department's development council to revive its Maternal Mortality Reduction Plan, which aims to create at least one antenatal care clinic per municipality by 2010. In Quiché, the observatory wrote letters to several senior policymakers, for example the President's Secretary's Office and the President's Office on Women (SEPREM), requesting their support for the immediate publication of regulations related to the Universal Family Planning Access Law. It also sent a letter to the Minister of Health demanding greater transparency about financial allocations to FP/RH. HPI supported the three observatories in their efforts by providing them with financial and technical support, in particular information and tools to analyze the local RH situation, and aided them in organizing the advocacy events. The efforts of the three observatories have resulted in the departmental governments placing maternal mortality on the public agenda and motivating CSOs, including indigenous women's groups, to demand their RH rights.
- **Guatemalan parliamentarian urges the Constitution Court to allow the 2005 Family Planning Law to be implemented.** Targeted advocacy efforts are essential to secure an enabling policy environment for the development, implementation, and evaluation of effective RH programs and services. In 2005, **Guatemala** legislators passed a Family Planning Law (FPL), which mandated the provision of FP information and established policies supporting universal access to contraceptives. However, key interest groups immediately contested the constitutionality of the FPL. In response to this opposition, the Guatemalan Constitutional Court refrained from securing the signatures

necessary to dismiss legal claims against the FPL and allow for its full implementation. Guatemalan Congresswoman Delia Back, a lawmaker for the center-left National Union for Hope (UNE) party of President Álvaro Colom and chair of the parliamentary Commission on Women, spoke on June 10, 2009, before the Guatemalan Constitutional Court to advocate for the dismissal of legal claims against the FPL that assert its unconstitutionality. Since 2005, HPI has provided financial support and technical assistance to several CSOs, including the Women's Peace Building Network (REMUPAZ) and the National Alliance. HPI trained civil society staff to develop, implement, and monitor targeted action plans. The purpose of HPI support to these organizations was to directly influence national leadership to publicly advocate for the full implementation the FPL. Securing Congresswoman Back's support is a pivotal intermediate step to achieve the main goal of HPI-supported advocacy efforts—the Guatemalan Constitutional Court's dismissal of the claims against the FPL. The court's decision would enable policymakers to provide resources to health departments, health officials, and key partners that are working to ensure universal access to high-quality FP information, programs, and services. The FPL would promote a more coordinated, strategic approach to meeting national FP goals and objectives.

- **Two senior religious leaders in Mali urge other leaders to speak openly about the impact of HIV on their communities.** Religious leaders in **Mali**, both Christian or Muslim, have shied away from engaging in public dialogue about HIV and its impact on society. Yet, their opinions and actions can serve as a powerful conduit for changing the beliefs and behaviors of their constituents. Two religious leaders, who were trained by HPI in presentation techniques related to the AIDS Impact Model, have become actively engaged in advocacy about HIV in their respective religious communities. In April and May 2009, they used the model's analysis to initiate dialogue about the impact of HIV on their respective communities. Pastor Daniel Tangara, who is well-known in Mali, especially in the Christian community, used the model to inform Christian religious leaders in many towns and villages throughout Mali about the impact of HIV and AIDS on the country's socio-economic development. Imam Fousseyni Doumbia spoke openly about religious leaders and their response to HIV, the support needed for widows and orphans, and women's rights. He delivered his message on May 5, 12, and 19, 2009, in front of 67 religious leaders in the mosque of Daoudabougou. The advocacy sessions held by the two religious leaders may inspire other religious leaders to speak about the disease and its impact on their communities so that ultimately stigma and discrimination against HIV-positive or HIV-affected individuals will be eroded.
- **Kenyan advocate for HIV-positive health workers recognized for her achievements.** Health workers living with and affected by HIV in **Kenya** face serious stigma and discrimination, causing them to seek healthcare services far away from home. To address these challenges, HPI supported the formation and strengthening of a national Health Workers Network to advocate for treatment access, provision of medical services, and wellness centers for health workers living with and affected by HIV. On June 25, 2009, the networks' coordinator and one of HPI's policy champions, Phyllis Kisabei, received an award from the Kenyatta National Referral Hospital for her role in reducing stigma in the workplace and championing the rights of health workers living with HIV. A nurse by profession, Ms. Kisabei has been a role model for patients attending the Comprehensive Care Center at Kenyatta Hospital. Her advocacy efforts resulted in the design of the hospitals' first HIV workplace policy and the formation of support groups for health workers living with and affected by HIV. HPI trained several network members, including Ms. Kisabei, on advocacy, leadership, resource mobilization, and palliative care. These skills have gone a long way in empowering leaders such as Ms. Kisabei to speak publicly about HIV in the workplace and demand health workers' right to receive fair and equal treatment, care, and support. The public recognition awarded to Ms. Kisabei will also strengthen the network's position to advocate for attitudinal and behavioral changes toward PLHIV within the health sector.

- PLHIV champions form women’s groups in Bahrain and Jordan.** Stigma and discrimination against PLHIV is high in the Gulf region, preventing the majority of those living with HIV, especially women, from safely disclosing their HIV status and seeking counseling and support. In May 2009, HPI facilitated a five-day workshop in Tunisia for women affected by and living with HIV to raise awareness about the feminization of the disease and provide women from the **Middle East and North Africa (MENA)** region with skills to address some factors that fuel HIV in the region. This was the first time that women PLHIV from MENA were engaged to address the barriers they face and identify solutions. Upon their return from the workshop, members of the Bahrain and Jordan country teams engaged in policy dialogue and advocacy in their home countries. The Bahrain team formed the first PLHIV women’s support group in Bahrain to share experiences, obtain access to HIV-related information, and engage in policy dialogue with the country’s National AIDS Program. Likewise, the Jordan team formed the first support group for women living with HIV in Jordan and urged the government for policy changes to address women’s specific vulnerabilities to HIV. The workshop organized by HPI directly led to the formation of the two support groups and to the groups’ efforts to advocate for HIV-related policy change from a women-centered perspective. [CORE/MENA]
- Activists deflect effort to criminalize HIV transmission in Chiapas, Mexico.** In recent years, a growing number of countries have passed laws criminalizing HIV transmission. A closer analysis of the issues, however, reveals that criminalization is unlikely to prevent new HIV infections or reduce vulnerability to HIV. In fact, it may harm HIV-positive people and adversely affect the country’s public health and human rights. Criminalizing HIV transmission is justified only when individuals purposely or maliciously transmit HIV with the intent to harm others. In these rare cases, existing criminal laws can and should be used, rather than passing HIV-specific laws. In **Mexico**, activists have vigilantly sought to prevent the passage of laws criminalizing HIV transmission. In Chiapas state in southern Mexico, several policy champions trained by HPI responded quickly when the state government attempted to criminalize HIV transmission. As a result of the activists’ lobbying efforts, the proposed law was withdrawn. Instead, the Governor’s office is now drafting new, non-discriminatory legislation with assistance from UNAIDS. The activists used email networks to inform key stakeholders about the negative consequences of criminalizing HIV transmission. The Director of the National AIDS Program visited Chiapas, and policy champions from other states provided technical assistance. The new law on STI transmission mandates that PLHIV be educated about STI transmission and prevention methods. HPI trained the activists in advocacy and provided them with ongoing technical support, including provision of information materials on the deleterious effects of passing laws that criminalize HIV transmission. The lessons learned in Chiapas will be shared across the country at the next national HIV conference to ensure that any attempts to criminalize HIV transmission are defeated.

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

- Regional Governor in Guatemala advocates for increased funding for RH and MH programs.** In **Guatemala**, departmental governors are primarily responsible for budget oversight. They also preside over the departmental development council (CODEDE), which is composed of representatives from different areas of local government, civil society groups, businesses, universities, and political parties. In most departments, governors rarely participate in or advocate for issues related to FP/RH and maternal mortality. In July 2009, this changed when the Governor of El Quiché, Dalio José Berriondo Zavala, lobbied the CODEDE to establish a Health Commission to strengthen FP/RH/MCH programs. The Governor had previously supported the initiative to establish an OSAR in Quiché to help monitor compliance with RH and maternal mortality laws and policies. He publicly stated, “We have to join this effort and put an end to maternal mortality as well as to

train and strengthen the capacity of midwives, who have the trust of the Mayan population...we can't allow any more maternal deaths. The ratio has to be lower.” The Governor convinced the CODEDE to issue a resolution requesting that the President, Congress, and Minister’s Council analyze the impact of the MOH budget cuts and repeal them. In addition, the Governor advocated for the reactivation of the CODEDE’s Health Commission so that local health authorities would have greater departmental support for their efforts to reduce maternal mortality. HPI staff visited the Governor to raise his awareness about the RH situation in his department and supported Quiché’s OSAR to engage in dialogue with the Governor to reactivate the CODEDE Health Commission. As a result of these advocacy efforts, the Governor led the effort to issue a CODEDE resolution (002-2009) pronouncing its objection to the budget cuts and, with financial and technical support from HPI, organized a meeting between the OSAR and the Director of the Area Health Office to establish a scope of work for the Health Commission. The RH and maternal health commitments made by the Governor of Quiché will translate into budgetary support for equitable healthcare services for indigenous women, especially in rural areas, where there are greater economic obstacles and fewer health services for this population.

- **Governor of Tabasco state, Mexico, declares Anti-Homophobia Day.** Homophobia toward GLBT groups occurs in many countries. This has isolated GLBT populations and made them less likely to seek HIV-related services. In **Mexico**, several HPI-trained policy champions have been lobbying the federal government to declare May 17 as Anti-Homophobia Day to raise the public’s awareness about the plight of these groups. The efforts of the champions were stalled until March 25, 2009, when the Governor of Tabasco issued Decree Number 160, declaring May 17 the state’s official day against homophobia. The Governor thereby set an example to other governors throughout Mexico about the importance of demonstrating their commitment to addressing homophobia. HPI consultants have been working with policy champions in Tabasco to decrease homophobia and increase uptake of health services among MSM. They targeted the governor for action because he had supported the 2008 World AIDS Day in Tabasco by sending the Secretary of Health to denounce stigma and discrimination against PLHIV. The Governor’s actions demonstrate his increased commitment toward reducing stigma and discrimination, which will contribute to creating an environment in which these groups can seek HIV testing, treatment, and care.

### **2.3 # of instances in which networks or coalitions are formed, expanded, or strengthened to engage in policy dialogue, advocacy, or planning**

- **New regional network of indigenous women in Guatemala raise awareness of the need for culturally appropriate RH services.** The department of Sololá in **Guatemala** has a high maternal mortality ratio, a contraceptive prevalence rate below the national average, and a high level of unmet need for FP services. While there are some NGOs working on RH issues in Sololá, until recently, there was no network of indigenous women’s organizations focused on RH issues. Historically, local authorities have not been responsive to the demands of indigenous women. In September 2009, various indigenous organizations formed the Sololá Network of Indigenous Women in Favor of Reproductive Health. The aim of the network is to advocate for improved access to culturally relevant healthcare services by indigenous populations. The network, with the motto “United for Healthy Maternities,” has already engaged local authorities (Ministry of the Interior, CODEDE, area health offices, and mayor’s offices) in dialogue regarding the precarious RH situation of indigenous women, especially those in rural areas. At a public event called “Priority actions to ensure timely, high-quality and culturally relevant RH care for indigenous women,” the network called on the Area Health Director to take action to ensure that indigenous women have access to culturally relevant RH services and that the MOH establishes operational strategies to address disparities in service coverage between rural and urban indigenous and non-indigenous populations. HPI identified and encouraged leaders of indigenous women’s organizations in the department to form the network. HPI

also provided technical and financial support for training 10 leaders from network organizations on advocacy and political dialogue. The establishment of the Sololá network has already led to increased dialogue about the adverse conditions in which indigenous rural women live and the need for eliminating societal taboos on FP and improving the quality of the state's healthcare services.

- **New NGO supporting PLHIV is officially registered in Jordan.** Forming an NGO in the MENA region is difficult because of restrictive and complicated legal systems. Organizations are subject to stringent state controls and can readily be dissolved by the government. In Jordan (**MENA**), HPI has helped the Amman Support Group since June 2008—building its institutional capacity to form an NGO led by and for PLHIV to engage in policy dialogue and advocacy. In May 2009, the group completed the transition by becoming officially registered as El-Hayat Jordanian, the country's first NGO run by and for PLHIV. The new network will enable PLHIV to access information, provide support to members, and participate in the country's HIV response. HPI was instrumental in helping the support group successfully make the transition from support group to NGO network by providing it with financial and technical support. Members of the network were trained by HPI in policy dialogue with the MOH, Country Coordinating Mechanism, and other salient stakeholders. The formation of El-Hayat Jordanian will strengthen the country's response to the epidemic by meaningfully engaging PLHIV as leaders and experts in the country's HIV response.  
[CORE/MENA]
- **WRA establishes National Alliance in Kenya.** Over several years, the WRA Global Secretariat has been in communication with key stakeholders in **Kenya** about the need for a more coordinated strategy for addressing maternal mortality in the country. With support and guidance from the WRA Global Secretariat, these stakeholders formed the Kenya National Alliance of the WRA in August 2009. Through technical assistance from a distance, HPI, via WRA, provided guidance and support for the process of establishing the National Alliance. The Kenya National Alliance is a national network that reaches to the district and grassroots levels, enabling civil society engagement in and advocacy for the initiatives to reduce maternal and newborn mortality. Furthermore, this National Alliance is now linked with the broader WRA global movement, a network of more than 9,000 members in more than 142 countries—all united in striving to reduce maternal and neonatal deaths.  
[CORE/WRA]
- **Network of CSOs begins work to create demand for FP/RH services and strengthen contraceptive security in the Dominican Republic.** On June 23, the network, Red Nacional de Incidencia en Salud Sexual y Reproductiva y Planificación Familiar (REDIN), was officially launched in Barahona, **Dominican Republic**. The network comprises CSOs from across the Dominican Republic that are working together to create demand for FP/RH services and strengthen contraceptive security. Several local authorities and NGO representatives attended the launch, which was covered by the local media. Many of the network member organizations worked for several months to plan the event, develop messages, and conduct dialogues within their respective organizations, with local and national authorities, and with the media. REDIN will work at the community level, teaching citizens about their right to access health services and the services available to them. HPI provided TA to several member organizations to strengthen their institutional capacity by helping them to identify priority areas for capacity building with their staff and/or beneficiary populations, identify potential sources of funding, and write corresponding fundraising proposals. The new network will empower people to make changes from the bottom up, which is a new and crucial change in the way health policy is being addressed in the Dominican Republic.
- **Alliance of indigenous women's organizations in Guatemala sets its advocacy agenda.** In **Guatemala**, the majority of the rural population is indigenous. The population's access to healthcare

services is limited, and the quality of care is generally poor. Indigenous women's organizations have traditionally not included RH as a priority issue in their political agenda because they lacked information on which to base demands for RH rights. In 2007, indigenous women's organizations formed the National Indigenous Women's Organizations Alliance. By March 25, 2009, the alliance expanded from nine to 12 member organizations. The alliance also demonstrated strengthened advocacy capacity by carrying out numerous activities. In March 2009, it conducted a four-day workshop to develop a workplan for 2009 and an advocacy plan. During this meeting, the group formalized its commitment to RH issues by signing letters of agreement. Since then, alliance members have met regularly to follow up on these plans and organize policy dialogue and advocacy actions. HPI was instrumental in reactivating and expanding the alliance by training members in RH advocacy and providing them with information and tools to implement FP/RH and MCH advocacy activities. HPI helped the alliance draft its workplan and advocacy plan and provided technical and financial assistance for meetings and activity implementation. As a result of these efforts, the alliance has become more actively engaged in promoting the provision of equitable, culturally appropriate services for rural indigenous women, which will ultimately lead to better healthcare service provision to this marginalized population.

- **FP advocacy NGO in Mali branches out to educate communities about Muslim support for FP.** In Mali, contraceptive prevalence is low at 6.9 percent. A commonly held belief is that one of the reasons for the low use of contraceptives is Islamic leaders' lack of support for FP. To refute the perception that Islamic leaders are opposed to FP, a group of religious leaders created the Islamic Network for Population and Development (RIPOD). The network aims to promote the practice of birth spacing among married couples through advocacy and policy dialogue based on principles of the Koran and Hadiths and to engage religious leaders as key allies in support of FP. To become stronger, RIPOD needs to extend its reach to the local level. Iman Ibrahima Touré therefore requested HPI's assistance to extend RIPOD to the remote mining area of Sadiola. Accordingly, on July 22, 2009, a local branch of RIPOD was established in Sadiola. Its creation will enable RIPOD to engage in policy dialogue with local authorities and implement advocacy activities in the area to reduce rumors about Islam's views on FP. HPI/Mali trained RIPOD members in advocacy and repositioning FP and provided technical and financial support for the establishment of the local network. RIPOD's branch in Sadiola will help put an end to the incorrect interpretation of the views of Islam on FP. Local health authorities will have fewer difficulties providing FP methods to the community and in the long term, which is likely to lead to increased contraceptive use.

#### **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**

- **Indigenous women's organization in Guatemala trains RH advocates and sets priorities for improved RH services.** Indigenous peoples make up approximately 39 percent of the total population of Guatemala. Most indigenous women do not have access to RH information and education. Some indigenous women have organized themselves to demand compliance with their civil and reproductive rights. Initially, these women lacked knowledge and tools to be able to engage in political dialogue and advocacy actions as well as the funding and capacity to train other indigenous leaders and organizations. In 2007, HPI trained leaders from the POP JAY organization in collecting, analyzing, and using information in policy dialogue and advocacy. In November 2008, HPI awarded POP JAY a small grant to train female indigenous leaders from the department of Chimaltenango in political dialogue and advocacy. In March 2009, POP JAY organized a workshop to train 25 indigenous leaders from Chimaltenango in RH advocacy. Subsequently, participants received technical assistance from POP JAY to develop a proposal to advocate for culturally relevant RH services, RH training for service providers, and a requirement that health providers be bilingual (in Spanish and Kaqchikel). The proposals were presented to local health officials, including the

MOH and the Guatemalan Social Security Institute, at a public event attended by 150 people. The indigenous women's organizations that POP JAY trained in advocacy and policy dialogue will, in turn, train other community organizations, enabling indigenous women from various geographic areas to demand their RH rights—ultimately helping improve access to RH services for indigenous women.

- **In Mali, a senior military officer educates other officers on FP/RH issues.** In many African countries, including **Mali**, the RH needs of armed forces personnel and their dependents have been neglected. VCT, caring for PLHIV, and RH rights issues are seldom discussed. Reproductive and sexual health is not taught in military schools. As a result, senior officers do not know how to motivate their subordinates to adopt safe sexual behaviors and seek healthcare services. ASAP, a Malian NGO, decided to strengthen the capacity of one senior military officer, Lieutenant Raphael Sidibé, to become a policy champion for FP/RH issues. With support from HPI/Mali, ASAP trained him to present the RAPID Model. In June 2009, Lieutenant Sidibé presented the model to 228 military officers at three military schools (the Ecole d'Etat Major, the Ecole Militaire Administrative, and the Ecole Militaire Inter Arme de Koulikoro) to increase awareness about FP/RH issues and initiate policy dialogue. As a result of his efforts, awareness of FP/RH issues has increased among a group of senior military officers in Mali—paving the way for the emergence of additional policy champions in the future.

***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, allocated and/or expended in FP/RH, MH, or HIV/AIDS as a result of a project activity**

- **Child support network in Botswana receives grant from the European Union for organizational development.** Since its establishment in 2005, with ongoing technical and financial support from HPI, the Marang Childcare Network has gained capacity and recognition for its role in coordinating and improving the provision of OVC services in **Botswana**. The network has also increased its resource mobilization capacity—a vital area considering the anticipated decline in donor funding in Botswana following its classification as a middle-income country. On September 4, 2009, Marang received US\$15,000 from the European Union for organizational development and capacity building for network members. Marang will use the funds to train board members and program officers of member organizations on governance issues and organizational development. HPI has provided ongoing technical assistance to the network, which helped build its capacity in the area of resource mobilization. Marang will also be able to carry out organizational development workshops for civil society, nongovernmental, and faith-based organizations to improve service delivery to children.
- **Council of cultural leaders in Kenya receives USAID grant to protect the rights of women and OVC.** In **Kenya**, the HIV epidemic has exposed the social inequities that predispose women and children to vulnerability to HIV infection. The epidemic has compounded the poverty and devastation of women and OVC, leading to violations of their rights as well as deprivations caused by their inability to own and access property. In the Luo Nyanza region, the Luo Council of Elders (LCE), a group of cultural leaders, has intervened to protect the rights of women and children to property ownership and inheritance. However, insufficient resources and limited organizational structures and capacities have prevented the LCE from expanding its efforts further and from reaching more vulnerable members of the community. On June 20, 2009, the LCE received a grant of Ksh 4 Million (equivalent of US\$55,000) from the USAID | Development Alternative Initiative for implementing a peace and reconciliation initiative with a strong focus on social justice, gender,

and women's rights. The award emerged after LCE members attended an HPI-sponsored training on proposal development in October 2008, followed by further technical support. The award will be used to strengthen the council's institutional structure and technical capacities by procuring office space and equipment and training community leaders in leadership and advocacy for peace and reconciliation among ethnic groups. Also, the resources will be used to protect women and OVC in the communities and promote education and children's rights. The resources will enable the elders to more effectively serve as arbitrators and establish linkages with legal institutions to address gender-based violence and rights abuses—a pillar for reducing vulnerability to HIV infection.

- **Financial support from Jordan's MOH and a Tunisian NGO enables women to participate in PLHIV workshops.** In the MENA region, HIV remains a neglected and complex challenge. Unfortunately, many governments do not recognize HIV as a public health priority, and there is little political and financial support allocated to control and mitigate the epidemic. PLHIV organizations receive little if any monetary support from the government or other NGOs to implement HIV-related activities led by and for PLHIV. It was therefore an important achievement for the PLHIV community in Jordan when in May 2009, Jordan's Minister of Health agreed to fund PLHIV from El-Hayat Jordanian to participate in all HPI regional workshops. The MOH followed up on its commitment by funding participation of a woman from El-Hayat Jordanian to attend the HPI Women's Workshop in Tunisia, May 2009. HPI leveraged resources for the workshop in Tunisia by providing El Hayat Jordanian with official letters of support, which confirmed the NGO as a legitimate actor in the country's HIV response. In addition, Association Lutte Contre les Maladies Sexuellment et le SIDA (ATL), a Tunisian NGO, supported the HPI Women's Workshop by providing workshop participants with free HIV testing and counseling services that many could not access in their own countries, medical consultation, and babysitting services. As a result of the resources leveraged by the Jordanian MOH and Tunisian NGO ATL, women living with HIV in the MENA region were able to network with other PLHIV at the regional workshop held in Tunisia and gained increased recognition and acceptance from senior policymakers and other stakeholders in their own countries. [CORE/MENA]
- **Tanzanian government provides US\$3.4 million for contraceptive commodities.** Fertility in Tanzania is high, and use of modern contraceptive methods is low at about 20 percent of married reproductive-age women. One reason for continued low contraceptive prevalence has been the lack of resources invested in FP services, including procurement of FP commodities. The amount of public resources allocated to FP services has been decreasing since FY04/05, and the country has been facing acute shortages of contraceptive commodities. In September 2009, the government of Tanzania released Tsh 4.5 billion (about US\$3.4 million) for procurement of contraceptives. Of this, Tsh 1.8 billion is from the Basket Fund and Tsh 2.7 billion is from the government's own resources. While announcing the new funds, the National Family Planning Coordinator within the Ministry of Health and Social Welfare attributed the success to the advocacy efforts by HPI/Tanzania and other FP stakeholders. These activists provided information to members of Parliament (MPs) to help them speak about FP issues and drew attention to the decline in FP resource allocation and the acute shortage of contraceptive products. On July 26, 2009, HPI organized an advocacy meeting involving 132 MPs and representatives of relevant government ministries to discuss the role of FP in slowing population growth and helping achieve national MDG targets. HPI trained 25 executive committee members of the Tanzania Parliamentary Association on Population and Development (TPAPD) on basic advocacy skills. HPI drafted a resolution for achieving budgetary growth and prepared various materials that the MPs used to discuss the MOH's budget in July 2009 and advocate for the increased budget allocation to FP. The allocation of more resources will help ease the current commodities shortage. Also, a significant government contribution to procurement of commodities is likely to encourage development partners to allocate more resources.

- **DFID allocates US\$238,000 to support Bangladesh WRA.** Through HPI, the Global Secretariat of the WRA has been providing technical assistance (both through visits and from a distance) to the Bangladesh National Alliance to enhance its sustainability and to seek additional support within Bangladesh for MH programs. In August 2009, the British Department of International Development's Bangladesh Policy Fund provided a one-year grant of £150,000 (approximately US\$238,500) to the WRA Global Secretariat. The grant will support continued capacity building for WRA Bangladesh and the development and implementation of a maternal and neonatal health advocacy agenda based on the WRA Global Strategic Plan. This grant is intended to jumpstart the alliance's advocacy efforts around maternal mortality and help strengthen it as a leader for civil society engagement in maternal and newborn health in Bangladesh. [CORE/WRA]

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

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

- **Botswana's Parliament tasks children's advocacy network with establishing district NGO committees.** In February 2009, Botswana's Parliament adopted the Children's Bill, which outlines the services to be provided by various stakeholders, both private sector and government, in support and care of children. The bill also dictated the establishment of district NGO forums to coordinate and monitor activities relating to the care and support of children. As part of a 2008 Memorandum of Understanding, the Marang Childcare Network assumed responsibility for the establishment of the district NGO forums. Marang facilitated the establishment of eight forums in Boletli, Okavango, Chobe, North East, and North West (July 27–31, 2009); Gaborone (February 23–27, 2009); and Kgatleng and Kweneng (September 21–25, 2009). The committees, which include government and NGO representatives, will monitor implementation of the Children's Bill and other OVC and child-related policies—ensuring that services are provided in accordance with national standards and regulations. In addition to their regulatory role, the committees will also coordinate district activities and build the capacity of children's service organizations, mobilizing resources to support children's activities. They will also play a major role in licensing of NGOs/CBOs/FBOs under the Children in Need of Care Regulation (2005). Marang will act as the overall coordinator of the district forums. HPI provides ongoing technical assistance to the network and has been instrumental in strengthening Marang's organizational abilities, including governance, operations, sustainability, and fundraising. The formation of district forums will enhance coordination of children's services at the district level and ensure that the Children's Bill and other OVC policies are implemented at the local level. Through the committees, children's organizations will be able to conceive and develop high-quality community-based programs targeting OVC.
- **National FP/RH monitoring organization develops a five-year plan and forges new alliances.** The Guatemala OSAR was established with HPI's assistance in March 2008 as a political advocacy and citizen surveillance mechanism regarding FP/RH and maternal and neonatal health (MNH) policies and programs. While the national OSAR has engaged in numerous advocacy activities related to teen pregnancy, state contraceptive purchases, budget cuts, service provision, and regulations related to the Universal FP Access Law, the body has lacked organizational structure as well as strategic, operations, and monitoring plans. In July 2009, HPI strengthened the OSAR by helping craft its five-year strategic plan, which has four instruments: a sustainability plan, internal regulations, an M&E plan, and an annual workplan. The strategic plan contemplates forging alliances with other CSOs as well as international CAs, which has resulted in additional funding and served to strengthen the organization. HPI staff provided guidance and support during meetings, press conferences, and public events. HPI also provided funding and strategic, fact-based

information to guide the development of the strategic plan. The OSAR is an RH policy compliance surveillance mechanism with ties to the Congress of the Republic, which facilitates the monitoring of public policy. The relationship it develops with civil society, professional health associations, and academic institutions increases the sustainability of this citizen participation exercise. The most important aspect of the institutional capacity-building efforts is the programmatic and financial sustainability that will enable the OSAR to continue striving to ensure that RH issues stay on the public agenda.

- **Multisectoral monitoring group is set up in Quetzaltenango, Guatemala, to monitor compliance with the RH law.** The RH status of women in the department of Quetzaltenango, Guatemala is poor. Historically, there has been opposition to the implementation of RH policies when passed, and there are no monitoring mechanisms to ensure implementation of high-quality programs and services. To further complicate the situation, in April 2009, the government of Quetzaltenango made significant budget cuts, which directly affect the department's provision of RH services. In anticipation of the budget cuts, on March 31, 2009, several CSOs signed an agreement to establish an OSAR in Quetzaltenango. The OSAR, which was inaugurated by the Area Health Director, will facilitate the monitoring of compliance with the RH law and the provision of high-quality RH services in rural and urban areas in the department. The OSAR comprises academic institutions, professional associations, and representatives from local authorities, including departmental government offices and mayors' offices. To create the observatory, HPI identified and visited CSOs and shared experiences from similar mechanisms established at the national level and in three other departments (Alta Verapaz, Quiché, and Sololá). The project also helped the group analyze the RH situation in the department and provided members with technical and financial support for coordinating meetings, meeting with officials, and inaugurating the observatory. As a result of its establishment, civil society will now be able to advocate more effectively for implementation of the RH law and provision of high-quality RH services and will be in a position to monitor the program effectively.

*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**

- **Government planning agency in Guatemala adopts M&E methodology and RH indicators to use in its reporting on advances in social development, population policy, and health.** In Guatemala, the RH policy monitoring system is incipient. The President's Planning and Programming Secretariat (SEGEPLAN) is contributing to the development of public policies as well as to the M&E of their implementation and impact. SEGEPLAN has prepared annual reports regarding the implementation of the 2003 Social Development and Population Policy (SDPP), despite a lack of implementation indicators. In 2009, SEGEPLAN resumed policy monitoring as an institutional priority and began to develop a methodology and indicators to follow up on the implementation of social policies. SEGEPLAN is using a methodology developed by HPI to monitor implementation of the Social Development and Population Policy as well as other health-related policies. The methodology consists of several tables of strategic objectives and related indicators for active RH policies. These tables served as the basis for creating the update and publication system, in line with the indicators. The project coordinated with the MOH to agree on indicators for monitoring. SEGEPLAN used the tool provided by HPI to request information from the MOH, which will be used for the 2009 SDPP Report and for the 2010 Millennium Development Objective Report. The Public Policy Management System is posted on the SEGEPLAN portal, which enables users to see the defined indicators. In 2007, HPI conducted a study on the progress made and challenges to implementation of the SDPP, in terms of health issues. The study defined a model for the systematic

monitoring of public policies. HPI helped SEGEPLAN design and use a RH policy monitoring tool. The project provided technical assistance for the development of the methodology; funded meetings held to plan implementation of the tool; and defined indicators together with health, education, and environmental representatives. HPI helped SEGEPLAN automate information collection processes, enabling the easy updating of indicators. The RH policy monitoring tool will ensure that RH indicators will be monitored systematically, which will facilitate compliance and make information available for citizen surveillance and social auditing. In addition, the tool will provide feedback on policy implementation. In the mid and long term, the tool will improve state accountability on issues related to RH. The methodology will be used to define policy monitoring indicators for other issues such as HIV, the environment, and education.

- **New training manual helps to engage religious leaders in addressing GBV.** GBV is a global problem. Religious leaders can play a prominent role in drawing attention to this issue and addressing it in their communities. In reality, however, the topic is insufficiently covered by religious communities, if at all, because of myriad reasons, including lack of awareness by religious leaders about the magnitude of the problem and insufficient capacities in addressing the issue. HPI created a training manual on GBV and its links to HIV, specifically designed for religious leaders. *Mobilizing Religious Communities to Respond to Gender-based Violence and HIV: A Training Manual* was designed to fill a void in GBV training materials by focusing on sensitizing religious leaders and communities on the issues and inspiring them to take action. This manual was applied in a regional training in **Kenya** in August 2007 with 23 participants from eight countries with a variety of religious backgrounds. HPI hired consultants to draft the manual and conduct the training. HPI also contributed technical expertise to review the manual and pilot test the training. This training manual serves as one of the few resources for trainers working with religious leaders on GBV and HIV. By providing such a resource, HPI is contributing to expanding the range of audiences for GBV and HIV education. This audience is critical to addressing the issues at the community level, as religious leaders play an important role in confronting social—including health—issues. [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**

- **Malian parliamentarian uses AIDS impact analysis to educate her colleagues on the need for continued attention to HIV prevention.** In Mali, MPs have not adequately addressed the country's HIV epidemic. To fill this gap, the Malian Parliament's health commission organized a workshop for its members on July 31, 2009. At this workshop, the Honorable Fanta Mantchini Diarra Sissoko, a member of the Network for Population and Development, presented data from the newly revised AIDS Impact Model (AIM), a computer program for analyzing and presenting the impact of the HIV epidemic on the health, social, and economic well-being of the country. She used data produced by AIM to draw the attention of Parliament's deputies to the importance of engaging in the country's HIV response. She emphasized that the decrease in HIV prevalence from 1.7 percent in 2001 to 1.3 percent in 2006 should not diminish the deputies' commitment to fight the epidemic because prevalence remains high among specific groups. Also, according to the AIM analysis, 32 Malians become infected with HIV every day, and three out of five infected people are women. HPI/Mali has worked with Hon. Sissoko over several years to train her as a champion for FP/RH and HIV and AIDS issues in Mali. She is recognized as a champion for these issues among her peers in Parliament. The use of AIM data by Hon. Sissoko will raise awareness among parliamentarians, reinforce their commitment to the HIV response, and allow them to share accurate data with their constituents.

- **Government agencies in Mozambique use data on the effects of HIV and AIDS to plan programs.** In Mozambique, the Multisectoral Technical Group (MTG) is recognized by government and civil society as a forum for discussion and an official source of strategic information on HIV and AIDS. Specifically, the MTG assists the government with designing and interpreting results of HIV sentinel surveillance; projecting the health and demographic impact of the epidemic. It also assists public and private sector partners and international donors to use statistics for advocacy, program planning, and implementation. In May 2009, the National Program on Prevention of Mother-to-Child Transmission (PMTCT) used data from the Demographic Impact Study on HIV/AIDS, a document produced under the auspices of the MTG, to calculate its program targets for 2010–2014. HPI plays a leading role in the MTG by facilitating collaboration and communication among MTG members. HPI also provided TA to analyze and interpret the surveillance data in the study and trained MTG members in the use of appropriate software tools. The study is an important input for program and policy planning, implementation, and evaluation for the government, donors, business sector, and civil society. The targets calculated by the National PMTCT program will inform programs and interventions on PMTCT in Mozambique over the next five years.

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

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#### A. Overview

HPI is developing innovative tools and approaches to help the Office of Population and Reproductive Health (OPRH) within the Bureau of Global Health achieve its strategic objective to *Advance and support voluntary FP and RH programs worldwide* and attain the following results:

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

Most of HPI's core-funded activities further OPRH'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 PRH priority areas 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:*** Over the last year, the global environment for FP/RH programs has changed, offering new and exciting opportunities to reposition family planning at the country level. USAID, United Nations Population Fund (UNFPA), and large foundations are placing greater emphasis on family planning, as exhibited by increased funding levels for FP programs, particularly at the country level. Broad-based advocacy efforts have come to fruition with the addition of the new Millennium Development Goal (MDG) target 5B, calling for universal access to reproductive health by 2015. With the reversal of the Mexico City Policy, HPI will now be able to expand partnerships to new organizations to create a larger voice and achieve greater impact for repositioning family planning at national levels. These promising changes will gain even greater momentum at the upcoming International Conference on Family Planning in Uganda, where 1,200 family planning advocates, researchers, and program implementers will have the opportunity to exchange information and disseminate best practices in the field. The conference will reinforce efforts to put family planning back on national agendas, particularly in sub-Saharan Africa.

HPI will continue to work toward placing family planning high on the political agenda through various approaches that move policy to action. Tools such as the Resources for the Awareness of Population Impacts on Development (RAPID) and MDG analyses have proven effective in country-level advocacy. For example, such analyses illustrate the contribution of family planning to health and development issues (i.e., HIV prevention, maternal health, poverty reduction, education, and economic growth) and have created policy-level impact in Rwanda and Tanzania. Hence, HPI will scale up these efforts to raise awareness and increase commitment to family planning in several countries. In addition, approaches that identify and address operational policy barriers have also informed decisionmaking by key policymakers, leading to increased attention and potentially greater access to FP services (e.g., community-based distributors providing injectables). With appropriate and timely data and evidence, HPI has been able to inform advocacy and policy dialogue through a multisectoral approach, as well as engage and support 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 FP 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 an EQUITY Framework for formulating policy responses that help ensure that FP/RH, HIV, and maternal health services reach the poor. The main components of the framework are (1) **Engaging and empowering the poor;** (2) **Quantifying the level of inequality in healthcare use and health status;** (3) **Understanding the barriers to access;** (4) **Integrating equity goals and approaches in policies, plans, and agendas;** (5) **Targeting resources and efforts to the poor;** and (6) **Yielding public-private partnerships for equity.** 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 family planning 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 Poverty Reduction Strategy Paper (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. HPI has also designed a two-day seminar on *Policy Approaches to EQUITY in Health* to assist USAID Missions and in-country partners to develop a greater understanding of how to incorporate equity approaches in their country programs as mandated by the new poverty/equity guidelines for Missions issued by USAID/Washington. The overall aim of this seminar is to share effective approaches and proven methodologies for addressing population and health in the context of poverty and discuss ways to incorporate them into relevant programs.

**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 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 female genital cutting or FGC), constructive men's engagement (CME) in reproductive health, 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:

- Working collaboratively with policymakers and implementers to develop policy guidelines and an action plan to inform the national roll-out of community-based distribution (CBD) of injectable contraceptives in Rwanda;
- Disseminating the Policy Implementation Assessment Tool at the 2009 HIV Implementers Meeting in Windhoek, Namibia, in June 2009 and at the Global Health Mini-University in Washington, DC;
- Developing and validating FGC advocacy tools with medical experts, religious leaders, government, and civil society in Mali;
- Conducting a training-of-trainers (TOT) workshop (representing International Planned Parenthood, Marie Stopes International, Asian Pacific Alliance, Advocates for Youth, DSW, Equilibres et Populations, and World Population Foundation) on advocacy to support the Reproductive Health Supplies Coalition's efforts to mobilize financial resources for RH commodities;
- Using costing information from Ethiopia, Jordan, Kenya, and Mali to develop global estimates of resources required to increase contraceptive prevalence by one percentage point;
- Conducting a cost-benefit analysis to support advocacy efforts to include family planning into the National Health Insurance Scheme in Nigeria;
- Organizing public-private dialogue to inform the development and implementation of contracting out mechanisms in Peru;
- Generating evidence to support the implementation of the private sector strategy of Rwanda's Vision 2020 plan;
- Conducting trend analysis and multivariate regression to analyze the Family Planning Effort (FPE) scores for 82 countries;
- Working closely with the Directorate for Health and Family Welfare in India in revising the 2002 Health and Population Policy to expand and strengthen FP/RH/MCH services for the poor;
- Reaching high-level audiences to reposition family planning in eight African countries using RAPID print and audiovisual materials;
- Using FamPlan model in Tanzania to foster policy dialogue and inform the MOH's approach to the costed implementation plan for family planning;
- Finalizing and seeking approval for the Kenya's RH/HIV Integration Strategy; and
- Incorporating equity goals, pro-poor strategies, and equity-based M&E indicators in the National Reproductive Health Strategy in Kenya.

## 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 key 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, Kenya, Malawi, Mali, Peru, and Sierra Leone.

### **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 CBD program of injectable contraceptives. The specific objectives of the study are to (1) determine the historical and current coverage of CBD of FP 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) make recommendations to guide scale-up of the CBD program in Rwanda.

*Summary of Major Activities:* In collaboration with the MOH's Maternal, Child Health, and Family Planning Department in Rwanda, HPI conducted a national stakeholder assessment in August 2009. The assessment was structured to provide key information on elements essential to successful implementation of CBD of injectables. Important stakeholders previously not considered, including clinical regulatory bodies, provided guidance on supervision, incentives, training, and logistics gaps that will need to be considered for program implementation. The Rwanda Family Planning Technical Working Group endorsed the recommendations, including the formation of a subgroup to incorporate these findings into an action plan for national CBD roll-out in January 2010. Based on the report, the working group has for the first time decided to actively involve the clinical stakeholders and training institutions in program planning. HPI is supporting the work of the subgroup to complete policy guidelines and an action plan that can be costed. The report will be presented to the Minister of Health at the Senior Management Meeting in October 2009 for formal approval of CBD of injectables in Rwanda.

## C. By Intermediate Result

### **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 crucial 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's mandate 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 has designed a user-friendly approach and tool, the Policy Implementation Assessment Tool (PIAT). PIAT is composed of two master 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 for implementation; stakeholder involvement; planning and resource mobilization; operations and services; and feedback on progress and results.

*Summary of Major Activities:* FY05/06 core funds were used to pilot test the PIAT in Guatemala to assess implementation of the Social Development and Population Policy (SDPP) and prepare the draft guide and master questionnaires. To validate the tool and draft guide, with FY07 core funds, HPI is assisting stakeholders in Uttarakhand, India, to assess implementation of the state Health and Population Policy adopted in 2002 with assistance from the POLICY Project. During this reporting period, HPI finalized the report on the findings from the PIAT application, which was approved by the Directorate for Medical Health and Family Welfare. The report is now being used as a key resource to inform a follow-on FY08 core-funded activity on Influencing Policy Reform in Uttarakhand (see Poverty & Equity Activity C).

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), HPI is finalizing the PIAT guide, questionnaires, focus group discussion guides (based on the India application), data collection spreadsheets, and policy analysis guiding questions. As part of dissemination efforts, HPI presented the tool via an oral presentation at the 2009 HIV Implementers Meeting in Windhoek, Namibia, in June 2009. During the next quarter, the tool will also be presented at the Global Health Mini-University (Washington, DC), 137<sup>th</sup> Meeting of the American Public Health Association (Philadelphia, PA), and International Conference on Family Planning (Kampala, Uganda).

**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, 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 highlighting the health and human rights issues related to FGC; and (3) conducting advocacy targeting religious and government leaders to improve the policy environment for the abandonment of FGC.

*Summary of Major Activities:* The project team completed the layout, design, and English translation of the FGC advocacy tools developed and validated with medical experts, religious leaders, government, and civil society. In April 2009, the team conducted a workshop to build capacity of 35 religious leaders on advocacy skills in order to effectively present the advocacy tools to key stakeholders, particularly government. These religious leaders were then scheduled to hold meetings with members of Parliament to conduct advocacy using the tools developed by the project. However, limited time availability by Parliament delayed the meetings. In August 2009, Parliament sought to pass a law that would have granted women more equitable rights; for example, in marriage, both women and men would have owed each other equal loyalty and protection. Massive controversy emerged among civil society and religious leaders, and thousands of men and women protested against the law, which resulted in the President Toure's rejection of it. HPI is currently awaiting the re-adjournment of Parliament in October to assess the political environment to conduct further advocacy. Possible alternatives to a large meeting with parliamentarians are to (1) meet with a small group of parliamentarians who have been champions in the fight against FGC or (2) work with the National Program in the Fight Against Excision to formally launch the tools with civil society. A final visit to Mali is planned in November to fully document the process of developing and implementing the advocacy tools.

**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 through community distribution. 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:* HPI initially identified Ghana as the third country for HPI's work on CBD programs. Although Ghana has a long history of contraceptive CBD programs, the existing CBD

programs are small in scale, run by NGOs, and scattered throughout the country. In May/June 2009, HPI staff conducted interviews with key stakeholders and reviewed policy and program documents to understand the current status of CBD programs and identify possible operational barriers to community-based provision of contraceptives. Some of the conclusions of this visit were that (1) some Ghana Health Service officials are not in favor of changing the current policy that requires medical professionals (nurses, midwives, and physicians) to provide injectables; (2) government support for community-based FP services is limited to the Community-based Health Planning and Services (CHPS) model of clinics in underserved areas; (3) NGOs have been successful in garnering the support of community leaders and district health managers for provision of pills and other health products by community volunteers or product sellers; and (4) government hospitals, polyclinics, and health centers are the major providers of injectables, while three in four women obtain pills from a private chemical seller. Unmet need for family planning is high in Ghana (35 percent of married women of reproductive age, according to the 2008 DHS). Nevertheless, few of the stakeholders interviewed saw expansion of community-level access to FP as a priority.

Following this visit, HPI staff developed a research plan to assess community-level access to family planning in three districts. As of this writing, it appears that the plan will not be approved by the Ghana Health Service. HPI's consultant in Ghana is meeting with key stakeholders to determine whether further HPI inputs would be beneficial.

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

Activity Manager: Priya Emmart

*Objective:* HPI will identify policy, legal, financial, social, and operational barriers to increased use of 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. Of particular interest is examining the trends in use, understanding the factors that influence these trends, and determining whether any patterns exist in the demand for and supply of LAPM. The team will interview policymakers, providers, and FP users and nonusers to identify policy and operational barriers in two countries, Ghana and Tanzania (a country where long-acting method use is high and a country where long-acting methods are underused).

*Summary of Major Activities:* After receiving approval from USAID/Ghana to conduct this activity, HPI staff initiated discussions on Mission priorities and current gaps in FP services and policy. HPI staff identified a consultant to coordinate meetings and HPI activities. In May 2009, the HPI team met with key stakeholders, visited a District Hospital (Kofiridua) in the Central Region, met with a district health management team, and visited a community health center in the Eastern Region. The focus was on understanding stakeholder priorities related to LAPM use and assessing operational barriers to LAPM. The stakeholders interviewed expressed a strong consensus that LAPM should be included within national health insurance to increase access to FP services. On the basis of this assessment, HPI prepared a detailed workplan for incorporating LAPM within national health insurance.

In Tanzania, HPI will help support the Policy and Advocacy Sub-Group of the MOH Reproductive Health Unit where HPI/Tanzania is already providing technical assistance on developing a costed implementation plan for family planning. We are awaiting confirmation from USAID/Tanzania to begin the LAPM barriers analysis there. In addition, as part of the desk review, HPI has begun working with the RESPOND Project (Futures Institute and Engender Health) to examine available data on unmet need and non-use of LAPM in selected countries.

**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 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 family planning 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 training of trainers workshop, and conducting data analysis to inform country-level decisionmaking and to help mobilize resources for family planning.

*Summary of Major Activities:* In June 2009, HPI conducted a four-day advocacy workshop in London to build the capacity of RMA working group members of the RHSC. Participants included 21 field and headquarter representatives from 10 organizations, including International Planned Parenthood (IPPF), Marie Stopes International, Asian Pacific Alliance, Advocates for Youth, DSW, Equilibres et Populations, and World Population Foundation. Through a participatory process, participants increased their understanding of the advocacy process and identified opportunities and strategies to advocate for and reposition RH supplies. The RHSC advocacy guide and toolkit served as a theme throughout the workshop. Workshop participants from IPPF, Equilibres et Populations, and Asian Pacific Alliance report that they are applying skills and knowledge gained from the workshop to their work in Rwanda, Tanzania, and the Asia-Pacific region by advocating for increased commitment to FP/RH, including supplies.

During the RMA working group meeting in London, RHSC asked HPI to develop a user-friendly tool to help countries calculate their contraceptive funding gap. The activity builds on an earlier RMA effort to calculate the global funding gap for FP commodities. HPI will design a tool, based on the FamPlan Model, which specifically calculates a country's contraceptive funding gap. HPI has an approved scope of work for the activity and efforts are now underway to identify countries and gather data to begin a desk analysis. Next steps will include consultation meetings with Washington D.C.-based RMA members and, if needed, country visits to ensure buy-in on the methodology.

**2.2 Developing a Family Planning Strategy for the Poor (Urban, Rural, and Tribal) in Jharkhand (FY07)**

Activity Manager: Suneeta Sharma

*Objective:* Recent reviews in Jharkhand state, India, highlight the need for focused interventions for family planning within the overall integrated reproductive and child health (RCH) approach. The unmet need for family planning remains high, and to some extent, can be attributed to lack of systematically designed and targeted efforts to improve basic healthcare and FP services for the poor. For the poor, lack of access to family planning and continued high fertility can mean fewer resources (e.g., money, time, attention) for each child, leading to poor nutrition, ill-health, and limited educational opportunities—ultimately trapping this group in a cycle of poverty. HPI will facilitate a multisectoral, evidence-based

approach to improve access to FP services among the urban and rural poor. HPI will prepare a strategy paper on addressing FP needs of the poor (urban and rural) to inform the development and operationalization of the relevant components of the National Urban Health Mission (NUHM) and National Rural Health Mission (NRHM) to be undertaken by the state.

*Summary of Major Activities:* USAID/India has approved HPI's scope of work, and the Jharkhand government has approved HPI's work in the state. The project team is currently analyzing the National Family Health Survey-3 (NFHS-3) datasets and Round 3 of the District Level Household Survey (DLHS-3) to arrive at disaggregated health indicators for different groups within the urban and rural areas of Jharkhand. This analysis will help us understand the demographic and socioeconomic characteristics, source mix, method use, age-specific unmet need, intention to use, preferred future methods, gender perspectives, and FP needs of the urban and rural poor. The HPI team is conducting a review of existing programs and strategies implemented by the MOH and development partners to improve access to FP services in urban and rural areas. The team is designing interview guides and questionnaires for key informant interviews with policymakers and service providers to identify specific service delivery, financing, structural, operational, and policy barriers to reaching the urban and rural poor.

HPI is planning to initiate focus group discussions and key informant interviews in early December, followed by a high-level policy dialogue in February 2010 to share key findings and develop policy options.

### **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 Manager: Brian Briscoombe

*Objectives:* 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:* HPI staff conducted a literature review on decentralization in Africa and its relationship to the achievement of FP/RH goals. The review highlighted lessons learned and best practices from Tanzania, Uganda, and eight other countries.

This reporting period, three in-country consultants researching the legal and political aspects of Kenya's FP/RH budgeting process delivered their report to HPI, which included the following:

- a) A review of Government of Kenya's (GOK) legal/budget directives and donor commitments that affect the level and distribution of central and subnational allocations for FP/RH and an evaluation of the extent to which the GOK's budget allocations for FP/RH meet legal/regulatory or budget directives.
- b) Mapping of the GOK budgetary process to identify how government and civil society actors influence budget allocations for FP/RH at the central and subnational levels.

- c) A 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 and evaluation of the extent to which these provisions are implemented in practice.

In addition to the above mentioned report, the report on the in-depth research of six study districts (Kisumu, Nyando, Koibatek, Nyambene, Kitui and Kajiado) contributed greatly to HPI's final report for this activity, which is undergoing internal review and will be completed in the next quarter.

**3.2 *The Cost of Increasing Modern Contraceptive Prevalence by One Percentage Point (FY07/08)***  
Activity Manager: John Stover

*Objective:* This activity is designed to support USAID Missions planning to meet the goal of a one percentage point annual increase in modern contraceptive prevalence rate (MCPR) by providing information on the cost of achieving this goal. Further, the activity will validate estimates of costs of various delivery methods. Costing activities are taking place in Ethiopia, Kenya, Jordan, and Mali.

*Summary of Major Activities:* The HPI team held costing workshops in Ethiopia and Kenya to explain the activity to stakeholders and solicit their support for data collection. HPI completed data collection in Ethiopia, Kenya, and Mali. (Jordan was completed in the last reporting period.) The initial analysis has been completed, showing the direct costs of providing FP services by method and type of provider. An analysis of barriers to expanded FP services has also been completed. The HPI team is drafting reports and policy briefs for Jordan and Mali.

**3.3 *Facilitating the Expansion of FP Service Provision in Nigeria's National Health Insurance Scheme (NHIS) (FY08)***  
Activity Manager: Brian Briscoombe

*Objective:* This activity aims to identify the barriers to and cost-effectiveness of expanding FP/RH services through Nigeria's NHIS. The scheme was established in 1999, and Nigeria launched the Formal Sector Health Insurance Program in 2005, covering participating public and private sector employees with a benefit package that aims to include FP services.

*Summary of Major Activities:* In August 2009, an HPI staff member traveled to Abuja to assess the extent to which the NHIS is already providing FP services and whether the scheme is reaching its target population of potential FP users. HPI was able to identify the NHIS' specific needs for technical assistance in the cost-benefit analysis of existing pilot programs in six Nigerian states. Following this trip, HPI received an official request for technical assistance to collect data from two pilot sites and to provide such a cost-benefit analysis.

HPI is planning a trip in October 2009 to collect data from two pilot NHIS sites and analyze the costs and benefits of MDG disbursements to this NHIS pilot. This information will feed into analysis that will be presented to the various stakeholders, including the Office of the President/MDG and NHIS, during a dissemination meeting tentatively scheduled for December 2009 or January 2010.

**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 Fahnstock

*Objective:* In many countries, the public sector has assumed a large role in the provision of FP products and services. In response to donor phaseout and to sustain FP program benefits achieved to date, many governments must now consider formulating strategies that foster collaboration with other providers of FP services, 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 in Rwanda. With both sectors at the table, HPI will foster the development of strategies that create an enabling environment for private sector participation in FP and identify ways for the public and private sectors to work together to ensure access to FP services for all.

*Summary of Major Activities:* In September 2009, the HPI team completed a literature review that summarizes private sector models for family planning in general and provides a description of private sector initiatives in Rwanda.

To supplement the literature review, HPI has engaged a local research firm to conduct a baseline assessment of private sector services for FP in Rwanda. Little information is available on the types of private sector services available for FP—aside from social marketing and services provided through the IPPF affiliate. The baseline assessment includes a review of key policies in Rwanda that affect private sector services for family planning and the types of private providers and facilities that currently provide FP services. This assessment will also identify challenges and policy barriers to increasing private sector provision of FP services in Rwanda.

The HPI team is still awaiting the finalization of the dataset for the 2007–2008 Rwanda Interim Demographic and Health Survey (DHS) to conduct a market segmentation analysis. The quantitative data from this analysis will supplement the activity’s qualitative research by providing data regarding where FP clients currently obtain contraceptives, among other information on wealth status, education level, and place of residence.

The literature review and the baseline assessment will inform the development of strategies to increase private sector involvement in FP services in Rwanda. Following completion of the baseline assessment in November 2009, the HPI team will conduct a high-level workshop to promote policy dialogue among key organizations in the private and public sectors in late 2009. The group will discuss the findings from the baseline assessment and the applicability of private sector models to FP services in Rwanda. During the

next quarter, the HPI team will collaborate with stakeholder organizations to design a national strategy 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: Myra Betron

*Objectives:* The goal of this activity is to develop a policy and regulatory framework for public-private sector collaboration in the provision and financing of FP/RH services for the poor in Peru. Specific objectives are to

- Assess the capacity of and current use of the private sector’s RH services;
- Define the legal, regulatory, and operational policy environment regarding the private sector’s role in FP procurement/provision and financing;
- Identify barriers to market entry for private sector entities;
- Conduct advocacy and policy dialogues to share successful public-private sector collaborations in other countries; and
- Develop a framework for the development and implementation of public-private partnerships for the provision of health services.

*Summary of Major Activities:* HPI has completed situational assessments to define the current political and normative environment for public-private collaboration in the provision of health services in Peru. At the national level, HPI has drafted a report summarizing existing laws and regulations and possible regulatory barriers to public-private partnerships. HPI has also drafted a report that assesses the current experiences and interest in public-private collaborations in healthcare in the regions of Cajamarca, La Libertad, Junín, San Martín, and Ancash. These assessments indicate that Peruvian government officials are interested in contracting out health services to the private sector. While there is a legal and regulatory framework for investing public funds in the private sector and public-private partnerships, actual examples of implementation in the health sector are limited. Globally, there are some successful experiences that may be adapted to the Peruvian context. The next step is to bring experts from Argentina, Brazil, and Mexico to Lima to share these experiences in a technical exchange workshop planned for late October.

### **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 creates 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.

#### **5.1 *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), encompassing more than 95 percent of the population of the developing world. Thirty-one features of program effort are being collected from national FP program experts, along with additional characteristics of FP activities in

the context of competing national objectives. A trend analysis of FPE scores from the 1982, 1989, 1994, 1999, 2004, and 2009 will validate scores. This activity is co-funded with the Hewlett Foundation.

*Summary of Major Activities:* In each country, the HPI team hired a consultant to identify 10–25 expert respondents who are knowledgeable of the national FP program. All respondents have completed the questionnaires, which were then sent to Washington for data entry and analysis. The HPI team updated the 2004 questionnaires for use in the different countries. Completed questionnaires have arrived from 81 countries, and data are now being analyzed. Trend analysis, as well as regional and country-specific analyses, is underway. Analytic methods include cross-tabulations with social setting, PATH analysis, and multivariate regression.

## 5.2 **RAPID in Africa (FY08)**

Activity Manager: Rachel Sanders

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

*Summary of Major Activities:*

*Malawi:* A full RAPID Model is now complete for Malawi. The benefits from declining fertility are spelled out for such key sectors as education, health, agriculture, and economic growth. These results have been presented and discussed with personnel at Futures/Washington, D.C., USAID/Malawi, the Malawi Ministry of Health, and the Malawi Ministry of Economic Planning and Development. HPI has trained a small number of key staff from these offices in the presentation of results to various audiences.

The RAPID Briefing Book that elaborates findings by sector is also complete. Both deliverables are under review and consideration by the Malawi Ministry of Economic Planning and Development, which will take on full ownership and disseminate them widely. Further, an attractive two-page flyer for the RAPID results will be part of the dissemination efforts. HPI will print the booklet and provide support in RAPID dissemination.

The resources described above served as helpful tools for a brief talk by the U.S. Ambassador to Malawi during a meeting with various Ambassadors to African countries. In addition, Dr. Chisale Mhango, Director of the Reproductive Health Unit in the MOH, recently testified before the cognizant Parliamentary Committee about the effect of population growth on health staffing needs and drew on the RAPID findings in other areas.

*Zambia:* HPI staff visited Zambia in early May to initiate the RAPID Model application. During this visit, the Social and Economic Unit, Ministry of Finance and National Planning (MOFNP) expressed interest in serving as the host institution for RAPID. This unit is the department designated to coordinate population policy matters in Zambia and led the revision of the National Population Policy (2007). During their visit, HPI staff also met with other partners and NGOs to help ensure that RAPID will be widely available as an advocacy tool. HPI engaged a senior demographer as its in-country consultant, who has made considerable progress in collecting data and building the first version of the model. Since then, the Social and Economic Unit has formalized its role as the host of RAPID in Zambia. This unit, together with the Reproductive Health Unit within the MOH, have reviewed and approved the draft RAPID PowerPoint. HPI is drafting the Zambia RAPID booklet.

*Kenya:* The National Coordinating Agency on Population and Development (NCAPD) has agreed to be the host organization for RAPID and related advocacy activities. As such, the NCAPD will carry RAPID forward after HPI has completed the activity. The HPI team completed the draft RAPID Model and

PowerPoint during this reporting period. A data review session and planning session also took place. During the planning session, stakeholders decided to launch RAPID as part of a meeting to prepare for the FP conference in Kampala. This meeting will take place on November 6. A final PowerPoint will be available at that time. On September 30, HPI organized a data review meeting at which participants from NCAPD, WHO, USAID, HS 20/20, GTZ/Options, UNICEF, Kenyatta University, and the University of Nairobi discussed the preliminary inputs and results and options for resolving questions or data gaps. The Hon. Ochien’g Mbeo, a former Parliamentarian, was selected to present RAPID at the November launch because of his prestige in Kenya, lack of complicating ties to ministries, commitment to population issues, and personal charisma.

### **5.3 *Spectrum Maintenance and Updates (FY08)***

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, HPI completed an analysis of DHS data on poverty and family planning for the 29 USAID PRH priority countries. The analysis looked at patterns by wealth quintile in knowledge of FP methods, contraceptive use, intent to use, unmet need, sources of FP services, demand for FP, and reasons for non-use. There were clear hierarchical relationships between wealth and the use of family planning and unmet need. However, there was not a clear relationship between wealth and the precursors of use that might be addressed by programs (knowledge, reasons for non-use, access). Thus, there would be little value in adding poverty to the FamPlan Model as it is currently structured. The analysis and conclusions are documented in the draft report: Patterns of Family Planning Knowledge, Use, and Intention by Wealth Quintile: An Exploratory Analysis to Consider Modeling Options. This report is under technical review.

HPI has also updated the language translations in Spectrum and added an EasyFamPlan feature. This new feature contains a database of FP data from DHS. Users can now automatically load the demographic and FP data for the chosen country when 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 Manager: Suneeta Sharma

*Objective:* This work is jointly funded under IR3 and the Poverty and Equity Working Group. HPI will enhance the development and implementation of strategies for improving access to FP/RH services among the poor by collaboratively identifying and addressing barriers to FP access, reviewing and revising existing policies/strategies, 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:* Previously, the HPI team collected data and analyzed the policy, operational, and financial issues affecting access to FP/RH services among the poor. The team 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.

In June 2009, the Division of Health Care Financing, Ministry of Medical Services and the Division of Reproductive Health, Ministry of Public Health and Sanitation organized a high-level policy seminar in Nairobi to review issues of equity and financing for provision of FP/RH services. The goal was to share initial results of three policy-related studies and obtain stakeholders' recommendations and inputs. On July 16, HPI organized a regional meeting in Mombasa to present the results from the focus group discussions on reaching the poor with family planning and develop strategies to address the identified barriers. The proposed strategies to address the access barriers identified in the coastal region include (a) promoting an FP component within the community health strategy; (b) developing and implementing guidelines for male engagement; (c) operationalizing the RH/HIV integration strategy; (d) generating awareness and mobilizing leadership support for FP through media, parliamentarians, and youth; and (e) designing and implementing strategies for targeting and pro-poor financing such as voucher schemes, social health insurance, and health sector funds.

These national, regional, and community-level meetings informed the development of the National Reproductive Health Strategy, effectively engaged the poor in policy dialogue, and generated policy options to better target services and resources to the poor. HPI is writing the final report for this activity.

**b) *Poverty & Equity Training (FY07)***

Activity Managers: Suneeta Sharma and 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 unaware 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 is designing a short training course that will introduce HPI and USAID staff to topics related to addressing RH in the context of poverty.

*Summary of Major Activities:* HPI has designed a draft two-day seminar on “Policy Approaches to EQUITY in Health” that includes videos, PowerPoint presentations, interactive exercises, facilitator's notes, and handouts. The overall aim of this seminar is to share effective approaches and proven methodologies for addressing population and health in the context of poverty and discuss how to incorporate them into relevant programs. The policy seminar materials are now under internal review.

**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. Since then, 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 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 (see IR1.1 on the PIAT activity). The study revealed barriers to equitable access to services, especially in underserved rural and hilly areas and urban slums. Challenges include lack of personnel in isolated, geographically challenging areas; high cost burdens on the poor; and limited capacity to equitably allocate and effectively use available funds. As a result, the

government of Uttarakhand requested assistance updating the state Health and Population Policy. HPI is facilitating the policy reform process, with the aim of helping the state to alleviate barriers identified by the PIAT application, addressing emerging health issues, and promoting evidence-based decisionmaking.

*Summary of Major Activities:* The Uttarakhand Health and Family Welfare Society (UHFWS) officially initiated revision of the policy, and the Principal Secretary, Health, and Family Welfare nominated the Executive Committee of the UHFWS to be the Policy Revision Coordination Committee. The committee is providing direction and oversight and participating in the consultative meetings with HPI. The committee will also be the policy unit or FP/RH unit at the state level to provide oversight to the policy's implementation and will continue to follow/track the actions of the policy document.

HPI prepared a concept note outlining the methodology for preparing an addendum/update of the 2002 policy, which was approved by USAID and the state government. The project also organized a series of one-on-one discussions, interviews, and consultative meetings during this period with key policymakers, senior state administrators, and civil society to gather further information on policy directions (in addition to the PIAT findings). HPI analyzed the latest survey data (2005-06 National Health and Family Welfare Survey-3 and 2007-08 District Level Household Survey-3) to prepare the current health and population situational analysis for the state. Using the DemProj and FamPlan models, HPI developed projections and goals for population and family planning with various options for timeframes. The project presented the projections and options to the Policy Revision Coordination Committee on August 12; through dialogue and discussion, the state selected policy goals to be achieved by 2017. Using 2017 as the timeframe, HPI prepared an outline of the addendum's content and presented it to the Policy Revision Coordination Committee for discussion and approval on September 14 at a meeting in Dehradun.

HPI is drafting the addendum, which will include a situational analysis of health and demographic indicators, review of strategies implemented since the policy's adoption in 2002, updated policy goals for 2017, and priority policy directions and strategies for the future. In particular, the proposed addendum emphasizes identifying and addressing inequities—between regions (rural/urban, hills/plains), among age groups (e.g., limited services for adolescents and the elderly), and for the poor (both in rural areas and the growing urban slums). The first draft will be presented to the state government for review and discussion in late October 2009. The timing of the policy addendum fits in well with the overall process of planning in the state, which will initiate the development of the next annual program implementation plan in November 2009 and will refer to strategies outlined in the addendum.

## **Stigma and Discrimination Working Group**

### ***Addressing Stigma and Discrimination 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 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:* After ensuring support from the national RH/HIV Integration Committee to prepare a training module on S&D in relation to RH needs of HIV-positive women, HPI held a meeting on April 30 to introduce the activity to a larger group of stakeholders. The meeting objectives were to

- Disseminate the findings of the pre-training assessment in Kirinyaga District;
- Agree on key messages to include in the S&D training module for service providers; and
- Nominate a task force to lead drafting of the S&D training module.

The meeting resulted in widespread support for the activity from a range of government agencies, partner organizations, and HIV-positive networks. The participants agreed on five key issues to include in the training module: definition of S&D, attitudes, ethical considerations, basic facts on RH and HIV, and strategies for reducing S&D. The meeting concluded with the creation of a task force to oversee the development of the training module under specified guidelines. Members were drawn from the RH/HIV Integration Committee and included other partner organizations that have worked on and are interested in S&D issues. After the meeting, the task force met and determined that a consultant should be hired to draft the training module.

The consultant completed an initial draft of the training module in July, based on the outline provided by HPI and the task force. From July 27–28, the team held a pre-test of the training module in Mombasa. Participants included a wide range of stakeholders, such as representatives from PLHIV networks and support groups, the Ministry of Health (National AIDS and STI Control Program and Division of Reproductive Health), healthcare providers, medical training school tutors, and task force members. To build on the pre-training assessment undertaken in Kirinyaga District (previously reported), representatives also included two healthcare providers—including one who also trains other providers—and PLHIV from Kirinyaga District. After completing the training, participants offered feedback on the module design and made suggestions for revisions. The consultant made these revisions and drafted a participant’s manual; both documents were reviewed by the task force.

The task force met on September 29 to discuss the revised version of the trainer’s manual and to determine the next steps. Overall, the task force endorsed the content of the module and expressed satisfaction with it. They suggested a few revisions to make, which will be done quickly. The task force also decided to extend the training from one day to two to allow sufficient time for each activity. They also determined that the training will be a stand-alone module that can be added onto existing RH or HIV trainings. In addition, facilitators would be able to pull out specific activities to integrate into existing trainings as needed. Once the last revisions are made, the task force will meet again to approve the module and discuss options for printing it. With this timeframe, the activity should be complete by December 2009.

### **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:* Over the past six months, the USAID COTR and associates have approved the use of Rapid Response funds to cover the following activities, which will take place in the next reporting period.

*WRA Meeting:* Population Rapid Response funding was approved for travel for Rachel Sanders to present two sessions during the White Ribbon Alliance’s Global Secretariat meeting from November 12–13, 2009, in Dar Es Salaam, Tanzania. The presentations, Data for Decision Making and How to Present

Evidence to Policymakers, will include examples from the RAPID and Spectrum models. There will be 150–200 WRA members from 15–20 countries at this meeting.

*Health Equity Forum:* Population Rapid Response was approved for travel for Suneeta Sharma to present a paper titled *Effective Policy Approaches to Address Inequities in Health: Jordan and Egypt Examples* at the international seminar, Social and Health Policies for Equity: Approaches and Strategies, to be held in London, November 2009. The paper presents Jordan and Egypt examples where well-targeted interventions improved use of FP services among the poor and increased use of public sector resources by the poor. In Jordan, 54 percent of the poorest women obtained their FP services and methods from the public sector in 2007, compared with only 38 percent in 1997. Similarly, the poorest women in Egypt increased their reliance on the public sector from 44 percent in 1995 to 75 percent in 2008. These impressive results and information will help policymakers study the approaches tried in these two countries, adapt them to local circumstances, measure their impact, and refine those that work.

### **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 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 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 supports the technical review, editing, and publication for project documents. This support includes working with graphic designers, translators, and print vendors. During the project's past year, the team reviewed, finalized, and/or disseminated 105 technical documents produced as part of the project's core, field, and communication activities. Of particular note during this reporting period, the QA team responded to an increased demand for production support in the field, helping to review, edit, and design high-level technical and government documents and presentations; and processed numerous branding approval requests. The team also compiled and produced the project's quarterly reports, the semi-annual report, country and project workplans, and other project materials. To further capture knowledge and lessons learned, the QA team also continues to assist country staff with writing end-of-project reports.

To improve the quality of HPI's written products, the QA team holds brown-bag lunches, workshops, and QA orientation to familiarize staff with branding requirements, technical review and report writing, editing and production, the Intranet, and presentation skills. In addition, during HPI's Leadership Development Workshop in May, the QA team conducted sessions on (1) branding requirements; (2) communication; and (3) quality assurance, communication, and publication services.

*M&E.* The M&E team continued to provide technical support, training, and assistance to project staff in all TO1 countries. As a result, the quality of HPI results submitted by country teams and core activity

managers continues to improve. Results rarely have to be reclassified, indicating that staff understand indicator definitions and are able to provide succinct, coherent explanations.

*Communication and Outreach.* 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 prepared a communication action plan that specifies goals and timelines for creating new materials and disseminating project information in the upcoming year.

*New Materials.* The Communication team prepared a new “Approaches that Work” brief on community-based distribution of injectables (April) and two new case studies called “Time to Deliver on Maternal Health and Family Planning Best Practices: White Ribbon Alliances in Asia and the Middle East Make It Happen” (July) and “Improving Reproductive Health: Health Policy Initiative Uses Evidence-based Advocacy to Foster an Enabling Policy Environment.” In an effort to document results and processes and to share best practices and lessons learned, the team also drafted final country reports and briefs for those country programs closing out under TO1. These materials included briefs and reports for Haiti, Kenya, Peru, South Africa, Tanzania, and WARP.

*Conferences.* To share the project’s best practices and lessons learned, the Communication team provided support to enhance HPI’s presence at the Population Association of America (PAA) Annual Meeting (April 30–May 2, 2009) and Global Health Council (GHC) (May 26–30, 2009) conference, as well as the upcoming American Public Health Association Annual Meeting (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; instituting an internal review process for all abstract submissions; and assisting in the preparation, editing, and review of posters and oral presentations. The project presented three FP/RH topics at PAA (one oral, two posters) and two at GHC (one oral, one poster). Preparations are underway for APHA (seven orals) and the International Conference on Family Planning (16 orals, five posters, one satellite, one roundtable discussion).

*Information Dissemination.* In April, HPI’s website was added to the RH Gateway, which searches the websites of 140+ organizations for FP/RH information. The Communication team continued to strengthen procedures for facilitating broader and more efficient distribution of key project materials. The team also prepared news items for the HPI website on the IGWG gender work in Mali (May), HPI’s role in hosting the GEN forum on “Mobilizing Financial Resources for Contraceptive Security” (June), the project’s participation in the “Country Ownership Strategies: Leadership Forum of Health Information Systems” (August), and the WomenLead training program (September).

The addition of HPI’s website to the RH Gateway has enhanced our ability to reach our target audience and has helped drive traffic to the project website. HPI staff continue to share our products through various technical listservs and websites and respond to requests for materials received through our online ordering system. The re-design of HPI’s website makes it easier for visitors to find and access publications. To complement these changes, the Communication team conducted an audit and reorganization of our publications database to ensure that all our products are easily accessible. Our dissemination efforts have also focused on enhancing our presence at international conferences by providing high-quality materials that focus attention on our technical approaches and lessons learned.

An analysis of website downloads gives some indication of demand for HPI publications as well as topics of interest. Topics that have been perennial favorites over the life of the project are poverty and equity, stigma and discrimination against PLHIV, GBV, HIV prevention, RH and HIV policies, private sector engagement, and RH training.

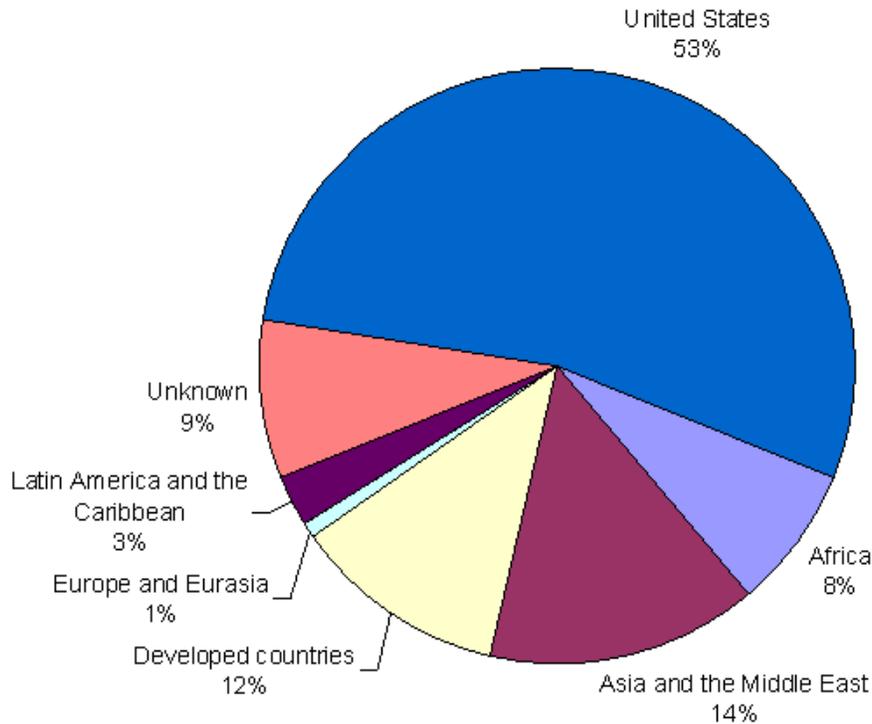
Box 1 shows the top 10 downloaded publications on population/reproductive health topics over the life of the project.

**Box 1. Top 10 Population/Reproductive Health Documents Downloaded, Life of Project (October 2005–September 2009)**

1. Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs into Poverty Reduction Strategy Papers
2. Kenya Adopts First National Reproductive Health Policy
3. Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs
4. Achieving the Millennium Development Goals (MDGs): The Contribution of Fulfilling the Unmet Need for Family Planning
5. The Family-Friendly Workplace Model: Helping Companies Analyze the Benefits of Family-Friendly Policies (Brief)
6. Adecuación cultural de la orientación / consejería en salud sexual y reproductiva: documento técnico (Cultural Adaptation of the Training/Counseling in Sexual and Reproductive Health/Peru)
7. Understanding Operational Barriers to Family Planning Services in Conflict-affected Countries: Experiences from Sierra Leone
8. Introduction to Population Projections: An E-learning Course
9. Políticas, prácticas, y opciones para la adquisición de insumos anticonceptivos: Ecuador (Policies, Practices, and Options for Contraceptive Procurement: Ecuador)
10. Men Matter: Scaling Up Approaches to Promote Constructive Men's Engagement in Reproductive Health and Gender Equity

*Website/Statistics.* The number of visitors to the HPI website continues to grow. During Year 4, the website had 107,808 visitors, nearly nine times the number of visitors during Year 3. More than half of the visitors in the past year came in by following a bookmark, link, or search engine result. During Year 4, the website had more than 300 entry pages, indicating the visitors were attracted by a wide variety of topics. Aside from the home page, the five most popular points of entry were the Spectrum software page, Publications, Maternal and Child Health, Crosscutting Issues, and Family Planning/Reproductive Health. More than half of the visitors who were referred by a search engine went directly into a publication; 91 percent of all search engine visitors came from Google.

Our international reach continues to grow. Visitors to the site this past year came from 186 countries, an increase of 20 countries over the past six months and 37 over the past year. Forty-four countries had 100 or more visitors, and 122 had more than 10, compared with 63 countries a year ago. In terms of visitors from specific countries, the top five countries were United States, China, South Africa, Kenya, and India (in descending order). These countries also weighted the regional totals for visitors, with the United States followed by Asia and the Middle East, other developed countries, Africa, Latin America and the Caribbean, and Europe and Eurasia (see Figure 4).

**Figure 4. Breakdown of Website Visitors by Region, Year Four**

HPI launched a re-design of its website in May, thereby improving the functionality and look of the site. In redesigning the website, HPI took into account that a small proportion of visitors use a much older browser, Netscape 4, which does not support many of the current common web features. The re-design made the website more accessible for those users. In the past six months, visitors using Netscape 4 have grown to 17 percent of users, and Netscape 4 has leapfrogged over Firefox to become the third most commonly used browser to surf HPI's website. Still, two-thirds of HPI's website visitors use versions of Internet Explorer.

*Youth-Policy.com*. Use of the Youth-Policy.com website continues to show strong growth. During Year 4, the number of visitors grew by 60 percent—from 47,400 last year to 77,564. Average visits per day increased from 129 to 213, and the average time spent on the site grew by more than one third. Visitors came from 180 countries—up from 169 during the previous year—and 35 of these countries now have more than 100 visitors. Visitors who were referred by a search engine jumped from 2,911 to 10,744, and those referred from another site from 7,385 to 18,644. The top three downloads were the Nigeria, India, and Ghana national plans. Other than the home page, the most visited pages were the RSS feed, the Photo Credits, and then a near tie between Browse Policies, the factsheet on Emergency Contraceptive Pills, and the Basic Search.

**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:* For external audiences, HPI has identified 27 videos on various aspects of HPI’s work. Pending USAID approval, HPI will post these videos on its website. Most of the videos show field staff at work, capturing their passion and dedication for their work. The video format will help to reach lay audiences and inform non-experts as well as health specialists about HPI’s work and its impact.

As part of HPI’s work on poverty and equity training, HPI’s video specialist collaborated with filmmakers in Kenya and HPI/Kenya to produce a 15-minute documentary video, “Increasing Equitable Access to Family Planning in Kenya.” The video combines interviews with people involved in or helped by HPI’s work and HPI/Kenya staff, as well as scenes from project areas. It will be used as part of the larger e-learning course on poverty and equity under development.

HPI’s video specialist completed a video on research review procedures and initiated work on two e-learning videos on preparing reports efficiently and reporting research results. The videos and PowerPoint presentations from HPI’s Leadership Training course for country directors in May are available for orienting new staff and providing refresher training.

**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/internally displaced persons, 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 (FY07-08)**

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 this reporting period, HPI submitted the Gender 101 module for posting on igwg.org, submitted the Gender 101 e-learning module to USAID for final review and approval, and updated the language in the CME module to synchronize it with other IGWG products as well as incorporate modifications based on the March 2009 IGWG CME workshop conducted in Ethiopia. HPI also worked with the USAID gender advisors to identify countries for the IGWG partnership initiative; identify staff and consultants to provide the technical assistance; and initiate work on a communication strategy for the initiative.

In addition, HPI facilitated a gender session at the USAID Mini-University, presenting its lessons learned on gender integration during the first four years of the project. HPI recruited IntraHealth staff to speak at

the session as well and present their experiences from the Capacity Project. Approximately 40 people participated in the session.

**Youth: *Youth-Policy.com* website (FY07)**

Activity Manager: Shetal Datta

*Objective:* The [www.youth-policy.com](http://www.youth-policy.com) website directly addresses the objectives of the Youth Global Leadership Program 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 strong policies, and real-life policy examples. The site contributes to creating an enabling environment for YRH.

*Summary of Major Activities:* HPI added new content, featuring the latest news and research regarding youth RH policy, including three policies; two case studies; four interviews; and seven other items such as articles, notes, weblinks, academic papers, and tools. The HPI team conducted and uploaded four new interviews with technical experts who are involved in the creation of a supportive YRH policy environment. During this reporting period, HPI finalized four factsheets on GBV, trafficking, sustainable livelihoods, poverty, and early marriage as they relate to YRH and uploaded the factsheets onto the website. In addition, HPI has been collaborating with the Knowledge for Health (K4H) team to help transfer the information from the Youth-Policy.com website to the K4H website. Collaborations are slated to continue until the site is fully housed under K4H.

Use of the Youth-Policy.com website continues to show strong growth. For the last year, visitors totaled 77,564—up from the previous year’s 47,400. Average visits per day increased from 129 to 213, and average time spent on the site grew by more than one-third. Total data transferred over the year more than tripled to 15 gigabytes, and the average data transferred per day almost quadrupled to 42.5 megabytes. Visitors came from 180 countries—up from 169—and 35 of these countries now have had more than 100 visitors. Visitors who were referred by a search engine jumped from 2,911 to 10,744 and those referred from another site rose from 7,385 to 18,644. The top three downloads were the Nigeria, India, and Ghana national plans. Other than the home page, the most visited pages were the RSS feed, the Browse Policies feature, the factsheet on Emergency Contraceptive Pills, and the Basic Search.

**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 helped to finalize the format for the inventory and a policy document synthesis report. By the end of March 2009, 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.

HPI engaged a regional consultant to finalize the inventory and summary of existing policy documents and legislation related to family planning and to prepare focus group questions as the next step in the work. In August, HPI delivered the draft review of existing policies affecting family planning. HPI's local consultant is currently in DRC (October 12–30) to support the PNSR FP focal point to carry out a series of three focus group discussions, including policymakers, service providers, and advocates from three provinces. The focus group findings will supplement the draft report. During this visit, the report will be finalized with the PNSR. HPI's activities are complementing plans for a forthcoming national meeting on repositioning family planning planned for December 2009, as well as other funders' advocacy and capacity-building work with the PNSR.

**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 by providing leadership, technical assistance, and data to support evidence-based decisionmaking.

*Summary of Major Activities:* HPI has been providing technical assistance to the field for developing the Costed Implementation Plan for Repositioning Family Planning (CIP). The MOH, USAID, CAs, and NGOs are working together to prepare the CIP. HPI has been tasked to lead the policy and advocacy component of the plan. In June 2009, project staff traveled to Tanzania to present preliminary results from a FamPlan application. HPI staff led discussions with key stakeholders and highlighted the importance of taking a regional approach to help reach national targets. A major outcome of these discussions was to implement a "bottom up" strategy, specifically tailored to the gaps and needs of each region in Tanzania. Since then, HPI staff have been conducting quantitative analysis and providing inputs to key documents to help lead the way to a regional approach to achieving national goals as laid out in the CIP.

### **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 Fahnestock

*Objective:* HPI is collaborating with USAID | DELIVER on an approach that would assist governments in assessing potential operational policy barriers to contraceptive security—specifically procuring and financing contraceptives. The approach consists 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. To date, HPI and DELIVER have piloted the approach in two countries (Madagascar and Malawi).

*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. The team is revising the final report for the Madagascar assessment and plans to have this document completed in the next quarter.

The Malawi policy barriers assessment concluded that districts may not wish to purchase injectable contraceptives in the future because of their expense to district budgets and competing priorities. In fact, this finding from the assessment has been validated: as of September 2009, Malawi's SWAp basket fund has stopped financing injectable contraceptives because districts were not purchasing them from the Central Medical Stores (and the government did not want unused product expiring in the warehouse). Malawi is now seeking assistance from USAID and UNFPA to purchase this popular commodity. Malawi's DELIVER team has been working with key stakeholders to consider implementing some of the recommendations from this assessment.

The team had been discussing plans for a third country application of the operational policy barriers assessment approach. Both Nepal and Pakistan were possible candidates for this third assessment; however, USAID did not think this possible because of the security situation in these countries.

In place of a third piloting of the assessment guide, the HPI and DELIVER team finalized the guide based on feedback from six technical experts. The team is also drafting policy briefs on the Malawi and Madagascar assessments to disseminate to key CS decisionmakers and organizations, such as the RHSC.

- 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:* In May 2009, at the request of LMS, HPI staff traveled to Mali and worked with the Mali office to design a questionnaire to assess the feasibility and demand for a leadership strengthening workshop with counterparts in Mali. HPI staff met with key stakeholders and worked closely with partners in Mali to identify the appropriate participants and agenda related to CS and leadership. HPI submitted a report to LMS and identified key dates, stakeholders, and a venue for the Mali workshop. This assistance was extremely important in order to understand current priorities and the stakeholders who would most likely be able to take a CS agenda forward in Mali. HPI staff helped to set the agenda and organize the workshop, which was conducted by LMS in June 2009.

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

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

- *Ceiling and time constraints limit opportunities for crucial follow-on TA.* The improved environment for family planning has created demand from USAID Global Leadership

Champions, Missions, and governments for technical assistance. Due to resource (ceiling) and time limitations, we are not able to fully respond to the demand for technical assistance. For example, using the RAPID and MDG analyses, we have built commitment for family planning among policymakers, but we do not have funding for follow-on activities such as (a) disseminating RAPID projections at the decentralized level and/or to specific target audiences, such as religious leaders, parliamentarians, the Ministry of Finance, the Ministry of Planning, and development partners; (b) broadening the base of advocates and increasing data use to reposition family planning in the region; (c) developing unmet need scenarios and applying the FamPlan Model and MDG analysis to inform policy dialogue and planning; (d) identifying promising opportunities to incorporate family planning into broader health and development agendas, such as PRSPs, SWAps, and GFATM; (e) facilitating the development of contraceptive security or RH strategic plans; and (f) reaching out to finance and planning ministries where funding decisions are made. To address this issue, we are leveraging funds from foundations (Gates, Packard, and Hewlett) to support limited new model development, provide assistance to convert political commitment into favorable actions, and conduct advocacy trainings.

- *Changes in SOW for POP activities.* We have faced several instances where the SOW has changed once an activity is approved and initial work begins in country, which has necessitated re-approval for some core activities. This causes delay in implementation as the new scope is articulated. For example, work in Ghana on CBD of injectables and two activities in India required new scopes of work, which caused delays in implementation.
- In this last year 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.

## IV. MH CORE-FUNDED ACTIVITIES

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### A. Overview

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

#### **White Ribbon Alliance**

Activity Manager: Betsy McCallon

*Objective:* The White Ribbon Alliance for Safe Motherhood (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 of more than 9,000 members in 142 countries.

The WRA's activity objectives under HPI for 2008–2009 are to

- Roll out the WRA Global Strategic Plan for 2009–2013;
- Provide targeted TA to WRA national alliances in support of the development and implementation of strategic plans at the country level; and
- Increase the global capacity of the WRA in terms of monitoring, evaluation, and reporting (ME&R) of advocacy activities and work carried out as an alliance.

*Summary of Major Activities:* The WRA's Global Strategic Plan for 2009–2013 focuses on seven key strategic areas:

- Raising Awareness
- Advocating for Policy Change
- Building “Champions” for Safe Motherhood
- Facilitating Local Solutions and Responses to Save Women's Lives
- Disseminating Lessons Learned and Best Practices
- Compelling Public Sector Accountability to the Fulfillment of Commitments and Investments
- Strengthening the Organizational Capacity of the WRA

In early 2009, the WRA Global Secretariat disseminated the WRA Global Strategic Plan to all WRA members via its listserv and website. During this reporting period, the WRA continued to roll out the strategic plan by drafting an ME&R framework and assisting two national alliances—Bangladesh and Burkina Faso—with strategic planning at the national level.

*Creation of the ME&R framework.* With HPI support, the WRA Global Secretariat drafted an ME&R framework to use for tracking, measuring, and reporting on the alliance's impact at the global and

national levels. This ME&R framework is structured around WRA's seven strategic areas and is designed to collect information on outputs and the effects of WRA activities. WRA national alliances provided input into the ME&R framework during the July 2008 WRA Annual General Membership Meeting and National Alliance Workshop held in Cape Town, South Africa. During the November 2009 WRA Annual General Membership Meeting and National Alliance Workshop, to be held in Dar Es Salaam, Tanzania, the WRA Global Secretariat will seek further feedback and approval of the ME&R framework from the WRA membership.

Once the framework has been finalized, the WRA will create an interactive web-based tool to enable national alliance leaders and WRA members to input data on activities and outcomes directly into the system.

*TA to WRA Bangladesh.* With HPI support, the WRA Global Secretariat assisted the WRA Bangladesh National Alliance with strengthening its capacity to work on policies related to maternal health, especially related to advocacy. Subsequently, the British Department of International Development's Bangladesh Policy Fund provided a one-year grant of £150,000 (approximately US\$238,500) to the WRA Global Secretariat. The grant, which was awarded in August 2009, supports continued capacity building for WRA Bangladesh and the development and implementation of an MNH advocacy agenda based on the WRA Global Strategic Plan.

*WRA Burkina Faso's strategic planning.* With technical support and facilitation provided by the WRA Global Secretariat in August 2009, WRA Burkina Faso convened a two-day strategic planning workshop. During this workshop, members of the Burkina Faso National Alliance evaluated the current status of the national alliance and the safe motherhood environment in Burkina Faso to establish a strategic direction for the alliance over the next five years. The resulting strategic plan emphasizes three focus areas:

1. *Information.* Increasing the level of knowledge and commitment of policymakers, communities, families, and individuals about safe motherhood through information, advocacy, and social mobilization.
2. *Quality of services.* Mobilizing policymakers, service providers, communities, families, and individuals to offer high-quality maternal and neonatal health services.
3. *Capacity.* Strengthening the organizational and operational capacity of the Burkina Faso National Alliance to play a leadership role in reducing maternal and neonatal mortality.

The district-level chapters of the Burkina Faso National Alliance are currently developing one-year action plans to initiate the strategy's implementation, with an emphasis on monitoring policy implementation through the provision of high-quality services.

*Expansion of WRA network.* With direct support provided by the WRA Global Secretariat, in part with HPI funds, two new WRA national alliances were formed in Kenya and in Sweden.

- *WRA Kenya.* Through early interest from HPI and other key stakeholders, Kenya formed a national alliance in early 2009. The WRA's Board of Directors approved WRA Kenya as an affiliated alliance in August 2009. Since its formation, the Kenya National Alliance membership has grown to more than 250 members. The alliance, being recognized nationally as a key player in the maternal health sector, has been officially recognized by the Ministry of Health and is a member of the Technical Working Group for Reproductive Health in Kenya. WRA Kenya will be officially launched in November 2009, with participation by national leaders and representation from the WRA Global Board of Directors.
- *WRA Sweden.* Sweden's National Alliance is the first officially affiliated WRA National Alliance in Europe. WRA Sweden will focus both on safe motherhood issues in Sweden and in serving as

a resource-generating alliance to provide support to its sister national alliances in developing countries.

With the addition of Kenya and Sweden, there are now 15 WRA national alliances in Africa, Asia, and Europe: Bangladesh, Burkina Faso, India, Indonesia, Kenya, Malawi, Nepal, Pakistan, Rwanda, Sweden, South Africa, Tanzania, Uganda, Yemen, and Zambia.

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

Because the 2009 WRA Annual General Membership Meeting and National Alliance Workshop take place late in the year, the ME&R framework will not be launched during the 2008/2009 project year but rather via the WRA website in early 2010—once relevant feedback from WRA members and national alliances has been incorporated.

## V. HIV/AIDS CORE-FUNDED ACTIVITIES

### A. Overview

HIV core activities are planned in close collaboration between the USAID and HPI technical teams 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 OHA’s primary mechanism for policy dialogue and implementation. HPI’s technical portfolio and teams are organized around the four broad thematic areas of HPI: (1) Economics, Models, and Planning; (2) Gender; (3) Stigma and Leadership; and (4) Orphans and Vulnerable Children (OVC). These teams serve as a key mechanism for cross-fertilization of ideas and solutions, applying lessons from the broad set of HPI activities and finding synergistic approaches among the HIV, PRH, and other sectors.

In its last year of implementation, HPI has concentrated on completing field work and producing final reports and deliverables. At the same time, ongoing adaptation and fine-tuning of its policy implementation approaches continues to promote sustainable, effective national and local responses and to reinforce the long-term outcomes of PEPFAR programs and strategies. The underlying theme of HPI activities has been to respond quickly to emerging health challenges with the broad set of tools and approaches under HPI’s “Policy to Action” continuum (see figure below).



In the area of **Economics, Models, and Planning**, the project continues to expand the application of its costing and data-based decisionmaking tools to ART, male circumcision, and national strategic planning processes in priority countries. HPI trained a cadre of southern Africa technical leaders in the latest costing and modeling techniques, thus creating a sustainable capacity for ongoing costing analysis in the participant countries, as well as a resource pool for training the next generation of health economists working with these tools. A very different opportunity presented itself when HPI was requested to support a pilot activity designed to promote *country ownership* of Health Information System (HIS) strengthening in eastern Africa, working closely with USAID, the World Health Organization (WHO), and the Centers for Disease Control and Prevention (CDC) technical teams. HPI designed and conducted an HIS assessment survey fielded in each of the participant countries, and contributed to the steering committee and facilitation of the regional forum for this activity held in Addis Ababa. This pilot is expected to be replicated in southern Africa during the next reporting period.

In the area of **Gender**, HPI continues to lead the way for integration of gender analysis in formal planning and program design and is expanding the exploration of ways to engage men more constructively in addressing gender-related challenges related to vulnerability, access and use of services, and in changing dominant cultural practices and beliefs. HPI also continues to expand the practical integration of gender

as a cross-cutting theme that requires accurate use of data for decisionmaking and for policy implementation. Ongoing work focused on gender-based violence as a policy and programmatic challenge, with the development of new analytical tools and specific program recommendations, such as the expansion of female police personnel to improve post-assault victim services as part of a three-pronged approach: 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 and 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 and has developed a broader framework for understanding the effects of gender equity on adherence to ART in Tanzania as a pilot project.

In the area of **OVC**, HPI continues to focus on building better understanding and more effective responses to issues of coordination, implementation barriers, and the measurement of OVC program impact. The OVC team has also continued to identify special opportunities for improving OVC service delivery where particular challenges have presented themselves, such as barriers to national OVC program implementation in Botswana or the expansion of pediatric ART in Ethiopia. HPI is breaking new ground with an analysis of PEPFAR-supported OVC programs within military camps in Zambia, helping to put a very human face on a sector often overlooked within HIV efforts.

The **Stigma and Leadership** efforts continue to focus on two strategies: (1) engaging and enabling civil society (especially for persons living with HIV and affected populations) to effectively participate in policy dialogue at the national level and (2) developing new tools that assist in identifying and addressing stigma and discrimination challenges at the program level. HPI continues its ongoing focus on engaging and *building community-level leadership* and champions among 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 established concrete partnerships with UNAIDS; WHO; other USG cooperating 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 FBOs. This reporting period has seen a focus on expanding the creation of citizen monitoring networks to ensure transparent resource use and the quality of health services at the community level, with a ground-breaking pilot program in Vietnam that also addresses stigma reduction in health service delivery by engaging local PLHIV, MSM, sex worker, and injecting drug user (IDU) networks in active program monitoring and feedback. The **MENA** region presents specific challenges for leadership development because of the relatively low prevalence and high stigma levels related to HIV. HPI has responded with a strategy to build local leadership and advocacy networks to support PLHIV in these countries and has designed a comprehensive TOT curriculum and subregional curriculum, supported with small grants and peer training, working directly with the often hidden but slowly emerging MARPs in this region.

While not a formal technical area for HPI, there have been several opportunities where HPI policy work is directly contributing to broader **health system strengthening** efforts. HPI is developing tools and analytical models to explore the value and benefits of *task shifting* to promote improved human resource use by redefining key roles between medical and nursing professionals. In another area, the project is examining policies that promote or hinder access to post-exposure prophylaxis (PEP) for victims of sexual violence and working with health teams and law enforcement agencies to improve the whole service continuum for this population. As priority countries begin to plan for the scaling up of male circumcision service delivery as a promising prevention strategy, HPI has developed a series of technical briefs to assist country teams in projecting the costs and planning this service expansion, in close collaboration with USAID, CDC, and UNAIDS technical teams collaborating in this area.

## B. By Intermediate Result

### 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 Managers: Priya Emmart (Botswana) and Britt Herstad (Ethiopia)

*Objective:* This multiyear activity aims to identify policy barriers that affect the achievement of PEPFAR targets. The FY05 component used 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 approved undertaking the policy implementation barriers analysis in two countries in Africa—**Botswana**, focusing on OVC service delivery, and **Ethiopia**, focusing on expansion of pediatric ART (p-ART) services.

#### *Summary of Major Activities:*

In Botswana, HPI will focus the PIBA approach to analyze two new national policies: the *National Guidelines on the Care of OVC* and the *Children's Bill*. These policies were approved within the last two years in response to assessments and recommendations made by stakeholder groups on the need to consolidate and strengthen the country's OVC policies and programs. Botswana is also reviewing and approving the proposed *National OVC Policy*. HPI will analyze this proposed policy for congruence and gaps in the context of the existing OVC policies mentioned above with the goal of informing the next phase of PEPFAR-funded activities in-country. Working with a network of NGOs focused on OVC service delivery (the Marang Network), HPI will assist in disseminating the newly approved policies, along with training Marang on conducting policy analysis on OVC issues. A consultant will undertake the policy analysis on the two new policies and the proposed *National OVC Policy*.

In Ethiopia, low rates of access to available p-ART treatment were identified as a significant problem even though availability of services has increased. As a first step, the HPI team completed a review of the policy environment for pediatric ART to serve as a background to the barriers analysis. Working closely with relevant stakeholders, HPI staff finalized the PIBA questionnaires to be administered to p-ART program managers and providers on the services they provide and the questionnaire for clients (parents/caregivers) on their experiences accessing p-ART services. Data collection awaits the approval of the Ethiopian Research Review Board, expected in November, with a final report in December 2009. The work is guided by an ad hoc committee consisting of HAPCO M&E staff, CDC, and USAID.

#### 1.2 *Informing Policy and Program Decisions for Male Circumcision (MC) Implementation and Scale-up (FY07, FY08)*

Activity Manager: Kip Beardsley

*Objective:* This activity aims to assist select countries with policy and program planning related to male circumcision by developing country-level decisionmaking tools and strategies. Specifically, HPI, in collaboration with UNAIDS and WHO, is developing and applying (1) the *Male Circumcision: Decision Makers' Program Planning Tool (DMPPT)* 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. HPI is using the DMPPT in four African countries.

*Summary of Major Activities:* HPI participated with implementing partners, funders, and technical experts in discussion of costing and impact measurement, clinical and programming experiences, and procurement strategies across countries that would benefit from scaled-up MC services.

The DMPPT application continues to move forward in Uganda. Data collection is complete and analysis and dissemination are underway.

HPI is continuing to coordinate with USAID, CDC, UNAIDS, and WHO in implementing the DMPPT in Kenya, South Africa, and Zimbabwe. Additional countries under consideration include Zambia and Rwanda. As part of HPI's commitment to building costing expertise in Africa (see 5.5 Regional Training on Costing), a formal collaboration with UNAIDS supports the participation of local costing experts in ongoing leadership and implementation roles in these country projects.

In addition, HPI completed 14 country briefs and a summary brief containing estimates of cost and impact of MC using the DMPPT. The briefs are ready for dissemination.

The DMPPT is filling a critical need in supporting data-driven decisionmaking at the country level. Nevertheless, there are significant cultural and political challenges to expansion of MC in all program countries. Activities underscore the importance of ongoing support and follow-up in decisionmaking and policy development for sustainable implementation of MC programs. HPI's experience and partner feedback indicate that a delay in thoughtful MC roll-out is a significant barrier to achieving the full HIV prevention impact that MC offers.

### **1.3 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 is reviewing current policies and the degree to which they are implemented and is conducting 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.

*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 this reporting period, HPI staff revised the assessment report several times based on comments from the National AIDS Program (CENSIDA). HPI staff have prepared a policy brief (in Spanish) on gender and PEP policies; it is currently under technical review.

As previously reported, the HPI team interviewed stakeholders and healthcare providers in the three project sites (Mexico City, the state of Mexico, and Puerto Vallarta). In December 2008, HPI organized a meeting for stakeholders to review and approve several potential interventions to remove gendered policy barriers to PEP. The interventions include training and reference materials for providers on gender and PEP to mediate barriers and increase gender equity in access to PEP. During this reporting period, the main project focus was on finalizing the training and reference materials, implementing the training, and

providing technical assistance to stakeholders and providers in the three sites to further ensure the provision of gender-equitable PEP services.

In terms of intervention materials, HPI finished a TOT manual on gender, sexuality, and PEP, as well as a sign and pamphlet on gender and PEP procedures. All of these materials are currently pending a revision and stamp of approval from CENSIDA before HPI can finalize and disseminate them. Per a request for technical assistance from CENSIDA, HPI is examining other strategies to promote the allocation of antiretrovirals for PEP to ensure the availability of these medications in situations where PEP is indicated.

Despite having high-level stakeholder buy-in for the training and reference materials on PEP, HPI encountered some barriers that slowed the implementation process, including (1) a new director at the National AIDS Program, who is requiring personal approval of all HIV materials; and (2) little to no availability of antiretroviral medicines for PEP due to drastic national health budget cuts as a result of the H1N1 influenza epidemic, which had a strong impact on the Mexican health sector.

To overcome these challenges, HPI included a section on PEP in trainings for healthcare workers and NGOs on HIV Prevention and Positive Prevention Strategies. These trainings were held on June 22 in the state of Mexico and July 5 in Veracruz with 17 and 30 health workers from government HIV/STI clinics, respectively; July 17 with 53 public functionaries in Mexico City; August 8 with 63 healthcare workers in Chiapas; and the August 12 with 32 civil society organization members in Sinaloa.

HPI staff have completed a policy review that examines PEPFAR focus country guidelines to determine whether and how PEP is provided for survivors of sexual assault. The policy review focuses on identifying potential gender barriers that countries need to address to provide PEP to sexual assault survivors. The report, which is entitled “Gender-related Barriers to HIV Prevention Methods: A Review of Post-Exposure Prophylaxis (PEP) Policies for Sexual Assault Survivors,” is currently being edited.

#### ***1.4 Citizen Monitoring for Stigma and Discrimination Reduction to Foster Policy Implementation (FY07)***

Activity Manager: Caroline Teter

*Objective:* PEPFAR has made great strides in meeting its prevention, treatment, and care and support goals. However, stigma and discrimination remain key barriers to effective implementation of PEPFAR HIV programs. Based on prior global experience of the POLICY Project (e.g., citizen surveillance committees in Peru and human rights monitoring in Cambodia) and other organizations, participatory monitoring mechanisms show tremendous promise to strengthen policy implementation through active engagement of affected communities and other key stakeholders in monitoring quality of services, care, and related reduction of barriers. HPI thus proposed to develop and implement a participatory monitoring model to improve access and quality of HIV-related treatment services and to reduce stigma and discrimination. This activity’s goal is to develop a model applicable to both concentrated and generalized HIV epidemics, with an accompanying process and lessons learned that facilitate the model’s adaptation to the variety of contexts (e.g., political, data collection systems and capacity, engagement of most affected groups, as well as the stage of the epidemic) that various countries face. Because of its concentrated epidemic, Vietnam was chosen to pilot-test a participatory citizen-monitoring model that works toward improved access and quality of HIV-related treatment services and the reduction of HIV-related stigma and discrimination barriers to effective treatment. The project includes information gathering and data analysis as well as a strong capacity-building component.

*Summary of Major Activities:* The Vietnamese Network of People living with HIV (VNP+) is gathering and analyzing information and preparing advocacy messages based on data gathered, with technical assistance from HPI. Similar to other participatory approaches, the *process* is a “product” in and of itself,

aimed at empowering people to construct a solid knowledge foundation based on more than anecdotal information and to provide input into health system delivery from the perspective of service users. With HPI technical and financial support, VNP+ trained more than 60 HIV+ individuals, including representatives from vulnerable groups such as IDUs, sex workers, and MSM to gather and analyze data, develop conclusions, and formulate advocacy messages. Participants identified specific indicators for the monitoring activity, which were linked to national monitoring plans and processes, particularly in the areas of access to high-quality HIV-related treatment and care, stigma and discrimination, and violations of the rights of people living with HIV. Through a participatory monitoring mechanism, VNP+ gathered self-reported information from its members. In addition, HPI is providing ongoing support to assist VNP+ in (1) analyzing data, in order to help its members to engage in policy dialogue and advocacy; (2) mentoring VNP+ on how to generate and package evidence for advocacy and social change, with a specific focus on the data gathered through this activity; and (3) building strategic partnerships aimed at implementing the above-mentioned activity to ensure sustainability after the pilot phase. Lessons learned from the pilot in Vietnam will be used in Mali. HPI will facilitate information sharing between the two networks of people living with HIV.

### ***1.5 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 (SSA) and Asia. In SSA, the health workforce crisis is further exacerbated by the HIV epidemic. Nearly two-thirds of the 95 percent of PLHIV residing in developing countries are in SSA; however, SSA has only 3 percent of the world's health workers. HIV and AIDS not only drive up the demand for health services, but also the disease has a direct impact on the health workforce. Poor working conditions and low pay, along with the risks of occupational transmission and stress add more pressures on the attrition rates with a combination of resignations and extended leave due to illness. As the epidemic reduces the available trained workforce, the shortage in turn is a major barrier to prevention and treatment efforts, fueling the epidemic even more. Increasing scarcity of trained medical and nursing personnel make it all the more important to use the existing labor force as efficiently as possible, while stepping up retention, recruitment, and training efforts.

Given the critical shortage of healthcare providers, donors and governments are exploring strategies to use *task shifting* to make optimum use of the time and skills of medical 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 to train and engage PLHIV and community health workers to provide lower-level services.

The objective of this activity is to assist the countries of Eastern, Central, and Southern Africa (ECSA) in task shifting 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. As such, HPI signed a subcontract with the ECSA Health Community–College of Nursing (ECSAHC-CON) to (1) prepare case studies on task shifting in the health sector in Swaziland and Uganda; (2) conduct a desk review of national policies on task shifting from the 10 ECSA countries; (3) engage in policy dialogue on

task shifting at conferences in the ECSA region; and (4) to prepare user-friendly materials for advocacy on task shifting in the region.

*Summary of Major Activities:* HPI contracted ECSA, a local technical organization, to engage two consultants to conduct the case studies in Swaziland and Uganda through focus group discussions (FGDs) with health providers and key informant interviews with policymakers. In May, the ECSA consultant conducted nine FGDs with 86 participants and 11 key informant interviews on task shifting in Swaziland. In late August and early September, the second ECSA consultant conducted eight FGDs and 34 key informant interviews in Uganda. Both draft case studies are under technical review. The consultants are also collecting data on national task shifting policies as part of the desk review.

As a follow-on to the Uganda case study work, HPI staff also began preparations for the application of the Capacity Module in Uganda. Staff began collecting data on time studies in health to get an estimate of the distribution of health personnel across facilities. The Goals Model and the Resource Needs Module applications in Uganda were used to set the Capacity Module up for Uganda. Finally, HPI staff developed a data collection spreadsheet that will be finalized based on the preliminary findings in the Uganda case study. It is anticipated that data collection for the Capacity Module application will begin in mid-October.

#### **1.6 Strategic Priorities for Male RH and Gender in National HIV/AIDS Programs (FY08)** Activity Manager: Omar Robles

*Objective:* Globally, community-level research has demonstrated that men are key partners in HIV prevention and RH programs. Despite this evidence, there is little formal or strategically coordinated guidance from national policymakers for engaging men in RH and HIV prevention. Specifically, leading health officials have not explicitly acknowledged men's role in achieving health and gender outcomes. Gender equity and stigma reduction, however, have become cornerstones of most national HIV/AIDS plans. These developments present an opportunity for national stakeholders to provide strategic guidance about how increased attention to gender issues and men's participation in health policies and programming can contribute to HIV prevention, mitigation, treatment, and care for women, children, men, families, and communities. Some senior health officials and policymakers in select countries are interested in increasing men's participation in programs focusing on HIV prevention, treatment, and care and support. This activity aims to align and develop strategic priorities for men's participation in the national response to HIV in Ethiopia. This activity 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 and the Men as Partners activities.

*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 three strategies for creating an enabling policy environment for an improved national response to HIV: (1) promotion of gender equity, (2) community mobilization and social transformation (creating comprehensive knowledge and behavioral change), and (3) effective leadership at national and regional levels. HPI staff assessed the targets assigned to these strategies before traveling to Ethiopia to meet with key stakeholders in June 2009 to assess options for technical assistance that would contribute to a coordinated, strategic framework to engage men in improving health and gender outcomes. The workplan developed from these initial meetings has three principal components that will help facilitate an enabling policy environment and guidance for men's participation: policy analysis, a network strengthening workshop, and a national stakeholders meeting.

*Policy analysis—a targeted and rapid assessment of the literature from Women in Development (WID) to Gender and Development (GAD).* During this reporting period, HPI completed an assessment of the

development of gender policies from WID to GAD. This rapid literature review outlines programmatic evidence published by researchers and public health officials about gender integration and constructive engagement and examines the policy-level dialogue at global and regional levels and in Ethiopia. In November 2009, HPI will complement this desk review with key informant interviews. The policy analysis will inform the network strengthening workshop and stakeholders meeting.

*Network development—strengthening community-level partnerships to better inform program implementation.* HPI is supporting Ethiopia-based international and local partners to form a network focused on men’s participation in improving health outcomes and achieving gender equity goals. HPI’s assistance focused on strategic planning, capacity building, and developing shared leadership of the network. A network strengthening workshop is scheduled for November 2009, with the goal of creating an action plan for the implementation of the national stakeholder meeting.

*Stakeholders meeting.* HPI will coordinate a key stakeholders meeting to facilitate policy dialogue between local organizations, implementing partners, and government officials at the regional and national levels focused on developing an integrated approach to engaging men to improve the health of Ethiopian women, children, and men. The nascent network partners will have the opportunity to present results from community-level research and define a strategy for ongoing policy dialogue, with the participation of academic leaders and policymakers, including HAPCO. A key product of this meeting will be to define strategic priorities for men’s participation and gender in Ethiopia’s national response to HIV.

### **1.7 Strategies to Increase Gender Equity Related to Treatment Adherence Programs (FY08)**

Activity Manager: Britt Herstad

*Objective:* One of the challenges facing PEPFAR-supported efforts to increase treatment access is the limited rates of involvement by HIV-positive women in many communities, their lack of preparation for treatment, and/or their inability to adhere appropriately to treatment. Little is known about the barriers (logistical, economic, socio-cultural, and others) to access and follow up once HIV+ women are engaged in critical services. To address this gap, HPI will identify and address HIV-positive women’s ability to adhere to HIV treatment in Tanzania as a pilot project with potential regional and global applications.

*Summary of Major Activities:* During this reporting period, HPI team members worked with in-country staff and partners to introduce and initiate the activity with PLHIV networks and USG partners. During this time, the team met with national and local PLHIV networks and other partners to discuss gender issues related to adherence to HIV treatment. To begin, the team met with the National Council of People Living with HIV/AIDS (NACOPHA) to introduce the activity and learn about the council and its members. The team then held discussions with representatives of six PLHIV networks (a total of approximately 44 people) in Dar es Salaam on women’s adherence to HIV treatment. Networks included Dar es Salaam Coalition of People Living with HIV/AIDS (DACOPHA); National Network of Tanzanian Women with HIV/AIDS (NETWO+); Network of Young People Living with HIV/AIDS (NYP+); Service, Health, and Development for People Living Positively with HIV/AIDS (SHDEPHA+); Tanzania National Network of People Living with HIV/AIDS (TANEPHA); and Tanzanian Network of Women Living with HIV/AIDS (TNW+).

The team also met with USG partner International Center for AIDS Care and Treatment Programs (ICAP) to introduce the activity and discuss its knowledge and experience related to adherence through its peer education program and M&E of its treatment programs. ICAP staff agreed to share data on discontinuation—and to disaggregate it by sex—to further assist in examining gender issues, along with sharing their peer education training materials to see how gender may be integrated.

Based on these discussions, the team signed an activity to work with NETWO+ to integrate gender into its existing treatment literacy training program, slated for implementation in separate trainings for men and women in the Morogoro region. After 3–4 months, participants will be consulted for feedback and follow-up. In the end, the activity team will have successfully adapted existing treatment literacy training materials to include consideration of gender issues, piloted the training, and revised it based on feedback. These training materials will then be available for use with treatment service providers in Tanzania and will be shared with other countries interested in addressing gender issues related to adherence. Globally, numerous PLHIV networks provide treatment literacy trainings to support PLHIV in their ability to understand and successfully maintain antiretroviral treatment. These training materials will be applicable to countries where research documents that HIV-positive women face difficulties in adherence and where PLHIV networks support addressing these issues.

HPI has created a detailed workplan for the activity, including a conceptual framework, timeline, staffing, contractual needs, and deliverables. Training implementation plans are underway, with the identification of local training resources and contract agreements with NETWO+ in place.

## **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:* A key lesson from the global HIV response is that sustainable progress can only be made if those directly affected by HIV have a role in policy dialogue and program implementation and in building 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 has been co-funded with ANE Bureau field-support funds.

*Summary of Major Activities:* Since June 2008, all training has been completed and documentation is being finished. HPI has received technical feedback on the TOT curriculum, titled “*Training-of-Trainers Curriculum: Building the Training Skills of HIV-Positive People in the Middle East and North Africa Region Investing in MENA Series—Volume I*” and the updated subregional curriculum, titled *Investing in People Living with HIV Leadership in the Middle East and North Africa Region: Subregional Curriculum*. USAID has provided comments on both curricula. The final versions will be translated into Arabic, published, and disseminated to the TOT participants. HPI staff also wrote a paper titled “*Paths to PLHIV Leadership in the Middle East and North Africa Region*,” which documents the cumulative experience of the Investing in MENA activity from 2005 to the present. The document is being updated to address technical comments and will soon be final.

### **2.2 The Role of Religious Communities in Ending Gender-based Violence (FY06)** Activity Manager: Britt Herstad

*Objective:* 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, (2) enhance faith-based advocacy on GBV, and (3)

equip religious communities with tools to deepen awareness and understanding of GBV. Religions for Peace was initially a key partner in this activity.

*Summary of Major Activities:* This activity was finalized during this reporting period, with the production of (1) the GBV and HIV training manual piloted in the regional training; (2) an advocacy guide designed to inspire and assist religious leaders in addressing GBV in their communities; and (3) a final activity report.

Overall, this activity has been successful in drawing religious leaders' and their communities' attention to the issue of GBV and its links to HIV. As 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 practices can also affect women's vulnerability to HIV.

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 FGC in communities. Female traditional practitioners are now engaged in dialogue with religious leaders and healthcare providers about ending FGC. In May 2009, HPI and Religions for Peace exhibited a poster, titled *Engaging Religious Leaders as Policy Champions against Gender-Based Violence*, at the Global Health Council's annual conference.

This activity has shown that religious leaders and women of faith are enthusiastic about addressing GBV and HIV in their communities and that awareness raising and training can be an effective set of activities to identify and engage community-level champions for sustained outreach and leadership.

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 tool to aid PEPFAR in the design of economic livelihood programs based on a review of best practices and lessons from a range of programs, including microfinance, conditional cash transfers, vocational skills training, scholarship programs, financial literacy, and life skills training. Recent evaluations have generated increasing evidence that adolescent girls have very different livelihood needs depending on various socioeconomic and cultural factors (e.g., age, gender, religion, marital status, residence, school attendance, employment, ownership of assets, and educational attainment) that shape the contexts in which they live, which in turn influence the sexual and reproductive decisions they make.

*Summary of Major Activities:* As previously reported, HPI has created a programming design tool and a guide for decisionmakers based on an extensive literature review of best practices and promising interventions. Based on feedback from experts at the Office of the Global AIDS Coordinator and USAID/Namibia, the original tool was simplified to create guide for decisionmakers that does not require additional data collection or analysis. Instead, the guide provides a description of possible livelihood programming that is appropriate for adolescent girls of varying socio-cultural profiles. In Botswana, an HPI consultant met with nine local organizations working in HIV and adolescent livelihoods as well as the PEPFAR team to collect feedback on the tools. In Namibia, HPI consulted with six organizations doing relevant work. The final tool and guide been validated through partner consultations, and a graphic designer is making the guide more user-friendly before final review, approval and dissemination. The programming design tool and guide for decisionmakers will help program designers and donors, respectively, to develop livelihood interventions that are appropriate for adolescent girls of varying socio-cultural and economic profiles.

### **3.2 *Equity of Access to ART (FY07/08)***

Activity Manager: Rachel Sanders

*Objective:* A significant accomplishment in the global response to HIV has been the swift scale up of ART over the last five years. The health systems in many countries have faced an increasing demand for ART commodities, trained personnel, and funding to maintain and expand programs. As international donors transition from an emergency response to long-term program sustainability, costs for these programs need to be estimated to identify realistic resource needs. This activity is designed to meet those information needs at the global and national levels.

*Summary of Major Activities:* There are two primary activities under the ART Costing banner. The first is to support global decisionmaking around ARV regimens and eligibility thresholds for ART. WHO is considering changes to its guidelines for ART in low-income settings regarding when to start treatment, what regimens to recommend for first- and second-line therapies, as well as other related issues. As part of the preparations for these deliberations, a working group is considering the impact and cost of potential changes in service delivery and program design. HPI prepared a model to highlight the impact of possible changes and assist with decisionmaking. It will be used as part of deliberations at the WHO Guidelines review meeting on October 14–15.

This activity is also supporting countries to collect and analyze information on the local costs of ART provision. In Rwanda, HPI developed ART cost estimates under six scenarios, including variations in ARV regimen and rate of transition to second line drugs. The findings are summarized in “The Projected Cost of HIV Care and Treatment in Rwanda (2009–2015)” and were presented to the Rwandan PEPFAR team and the Ministry of Health. USAID wants to use the findings for COP planning in October and to feed into decisionmaking around Rwanda’s ART guidelines.

## **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 and up-to-date information for policy, planning, and resource mobilization. As an extension of the RAPID Model developed originally by Futures Group in the 1980s, the Spectrum suite of tools has expanded this projection model for application to a broad range of health challenges. As strategic planning for HIV has become more comprehensive at the country level, this approach has been refined to assist country programs in projecting HIV/AIDS-related service delivery costs.

*Summary of Major Activities:* UNAIDS used the updated Spectrum suite to conduct regional training sessions in West Africa, Asia, Latin America, and Eastern Europe. Overall, the training sessions included about 400 participants from developing countries.

HPI has added new features to Spectrum to assist UNAIDS in the preparation of the global estimates and forecasts. These new features include Aggregate Uncertainty (to estimate the uncertainty bounds around regional and global estimates) and Scenario Analysis (which is used to estimate the number of deaths averted by ART scale-up).

The Spectrum models and the new country projection files prepared by the training workshop participants have been used to prepare regional and global estimates of the need for ART and impact of ART for the WHO Universal Access report released on September 30, 2009, and for the UNAIDS Global Epidemic Update to be released in November.

HPI has added Goals as a new module to Spectrum and has applied Goals in Lesotho. The results were used to feed into the mid-term review of the Lesotho's National Strategic Plan for HIV/AIDS. Also, USAID is using the results as part of its Partnership Framework planning.

## **5.2 *Costs of Key PEPFAR Interventions (FY06)***

Activity Manager: Steven Forsythe

*Objective:* This activity will enhance the ability of three PEPFAR countries (Ethiopia, Uganda, and South Africa) to meet their goals by providing skill-based training in costing approaches to key implementing partners in the target countries. Specific programmatic activities (abstinence promotion and community mobilization strategies) will be used in the costing exercises, with the goal of facilitating each country's ability to determine and review the current and future program costs and to assess and set priorities for future HIV programming.

*Summary of Major Activities:* HPI conducted workshops in all three PEPFAR countries to train consultants and implementing partners in estimating the cost of Abstinence/Be Faithful (AB) and Community Mobilization (CM) activities. Following each workshop, the consultants met with implementing partners to identify sites where costing of AB and CM interventions would be conducted. Data collection has been completed at most sites, and final reports from all three countries will be available during the next reporting period.

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

Activity Manager: Britt Herstad

*Objective:* The purpose of this activity is to analyze existing data sets from select sub-Saharan African countries to gain an understanding of the magnitude and demographic dynamics of sero-discordant married or stable couples as a distinguishable population and to formulate conclusions and policy recommendations related to HIV prevention and service strategies that may relate to this population.

*Summary of Major Activities:* During this period, the activity team identified a need to revise the scope of work as a result of the initial findings from the data analysis. There was insufficient variation between countries to warrant individual country briefs, while the common patterns between countries provide a more robust base for analysis and policy formulation. Existing DHS+ and AIDS Indicator Survey data sets from 10 countries (Cameroon, Côte d'Ivoire, Ghana, Kenya, Lesotho, Malawi, Rwanda, Swaziland,

Tanzania, and Zimbabwe) revealed significant findings that may have important implications for general prevention strategies:

- Sero-discordant couples represent between 2 percent and 16 percent of all marriages.
- In couples where HIV is present, the majority are sero-discordant.
- The proportion of sero-discordant couples where the wife is HIV positive and the husband is not is higher than expected.
- With the exception of Cameroon, the majority of sero-discordant couples live in rural areas.
- Most sero-discordant couples have not been tested for HIV and do not know their serostatus.
- Knowledge about how to prevent HIV transmission is low among sero-discordant couples.
- Condom use at last sex is extremely low within sero-discordant couples.

A parallel literature review from the AIDSTAR global project provides additional foundation and validation for conclusions from HPI's data analysis. Based on USAID technical team comments, HPI will submit the final report by December 2009, and this activity will then be complete.

**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:* The objective of this activity is to design a screening tool and accompanying training manual for health providers to identify GBV among most-at-risk-populations in the HIV service setting. Through the development and piloting of the tool in Mexico and Thailand, 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 affects 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 (1) understand prevalence and forms of GBV and S&D that influence vulnerability and risk behavior for MARP; (2) identify promising programs, including screening interventions, for GBV in the healthcare setting; (3) and assess provider openness to respond to GBV among MARPs. Based on findings from the literature review and field assessment, HPI designed a screening tool for detecting GBV among MARPs to be used in the HIV healthcare setting. The project team also developed 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 modules in HIV clinics and hospitals; in Thailand, community-based organizations that provide drop-in services and outreach to MARPs also piloted the screening tool. To evaluate the screening tool, HPI analyzed findings on prevalence and types of violence identified and referrals to other community services. HPI also interviewed providers who applied the tool, and in Thailand, clients who were screened. The final project report includes the findings and the revised screening tool. During the past six months, the final report, final screening tool, and training module have all undergone technical review and are ready for USAID review. The global literature review has been posted to HPI's website.

**5.5 *Regional Training on Costing (FY07)***  
Activity Manager: Stephen Forsythe

*Objective:* In sub-Saharan Africa, HPI is holding capacity-building workshops on costing to (1) improve the capacity to undertake costing of a variety of 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. Participants in the workshop will also apply a variety of costing models specific to HIV issues, such as prevention interventions, OVC mitigation, male circumcision, and treatment.

*Summary of Major Activities:* HPI conducted the first week-long costing workshop, mainly for members of the Southern and Eastern Africa regional Technical Support Facilities (TSFs) and HPI staff, in South Africa during July 6–10, 2009. The five faculty members and 25 participants included four participants from TSFs and six participants from HPI offices. The training covered several modeling tools, including Epidemiologic Projection Package (EPP), Spectrum, ART costing models, Male Circumcision: Decision Makers' Program Planning Tool, Resource Needs Model, and Goals. Following the first week-long workshop, faculty mentored the TSF participants to use the skills developed.

The second week-long workshop is planned for October 5–9, 2009 in South Africa. This workshop will address additional costing models, including models to evaluate OVC programs, operational plans, Global Fund applications, and provincial-level strategic plans. It is anticipated that the cohort trained will be available and able to assist regionally in costing and modeling activities as needs are identified. In response to demand for additional workshops, HPI will conduct an additional round of workshops for government employees in Southern and Eastern Africa. These workshops are scheduled for October 12–16 and November 30–December 4, 2009.

## **5.6 Reprogrammed OVC Activities (FY05/06/07)**

### **a) Department of Defense (DOD) OVC Profiles** Activity Manager: Anita Datar Garten

*Objective:* The purpose of this activity is to help USG agencies 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:* Following an increase in funding, and with USAID approval, the team expanded the scope of work to include primary data collection in Zambia. The team designed additional qualitative semi-structured interview guides as well as focus group discussion guides to be used with OVC and their caregivers, as well as an expanded research protocol. The team submitted these documents to the Institutional Review Board (IRB) in Lusaka, Zambia. The IRB in Lusaka provided preliminary comments in June, to which the team responded. Following IRB approval, next steps include scheduling interviews, collecting, and analyzing field-based data; developing a detailed research report inclusive of recommended next steps, and presenting the results at USAID. The expected date of completion for this activity is December 2009.

### **b) Global Fund OVC** Activity Manager: Amy Kay

*Objective:* The Global Fund (GFATM) is a major funder of OVC programs. Nearly 1.8 million people are projected to receive ART, 62 million people will be reached with VCT services; and 1 million orphans will be supported via medical services, education, and community care over the next five years with GFATM support.

The Global Fund has potential to provide greater funding and support to meet the needs of OVC. However, the proposal and implementation phases of the Global Fund process require further review to ensure OVC receive priority in country programming that effectively meets children's needs. To make the case for increased funding for OVC programs, data from accepted HIV proposals and reports require analysis to track any OVC activities, age and gender-specific targets related to OVC and M&E, related OVC budget allocations where specified, as well as subsequent implementation and M&E results from OVC-specific programming.

At the country level, analysis is needed to assess the equity of the review process within the Country Coordinating Mechanism (CCM). The analysis should involve OVC stakeholders both on the CCM and outside it and task forces/organizations working on the national response, including community and faith-based organizations that speak on behalf of OVC work at the community level. Further, there is a lack of information regarding allocated budgets, spending, implementation, and outputs specific to OVC GFATM awards, and how these might contribute to PEPFAR goals.

*Summary of Major Activities:* To meet these information needs, HPI conducted a desk review of Global Fund HIV proposals to track OVC-specific activities, OVC-related funding where specified, OVC-related age and gender specific activities and indicators, and GFATM processes and resources.

The HPI team developed indicators in consultation with USAID. The desk review of proposals, grant agreements, and grant performance reports for all HIV proposals targeted in this review is completed. A searchable database is being finalized where the initial data from this review will be inputted. The team completed a basic trend report to aid in-country selection for the in-country portion of this activity. USAID approved Kenya as the pilot country. Consultants have briefed USAID/Kenya on the activity and are vetting the interview guide with USAID. The HPI team in Kenya will conduct a review of GFATM-funded OVC activities, OVC stakeholders, and CCM processes on the ground to identify barriers and opportunities to access GFATM resources. HPI will generate recommendations based on findings to improve OVC participation in and access to Global Fund programs.

### **5.7 Country Ownership Strategies: Leadership Forum on Health Information Systems (FY08)** Activity Manager: Anita Datar Garten

*Objective:* USAID, in collaboration with WHO, World Bank, and other key UN agencies and implementing partners, hosted a high-level forum in Addis Ababa in August 2009. The overall aim of this forum was to strengthen and accelerate country-owned and -led strategies for managing Health Information Systems (HIS) in six focal countries in the Eastern Africa region (Ethiopia, Kenya, Malawi, Rwanda, Tanzania, and Uganda). Namibia and Sudan were also invited as observers.

Donors and national governments increasingly recognize that reliable and timely health information is essential for evidence-based decisionmaking for public health action and health systems strengthening. Health information systems that foster data collection, processing, and reporting and timely use of the information improve the quality of health service delivery at all levels of the health system. Strengthening HIS requires engaging all actors and institutions with a stake in health, including but not limited to the ministries of health, statistics, telecommunications, and finance. Historically, donor funding has been tied to specific diseases or health needs such as HIV and has therefore contributed to introducing vertical, parallel systems in countries. With duplication of efforts and increased inefficiencies in data collection,

analysis, reporting, and use, there is an identified need for a paradigm shift away from vertical structures, toward a horizontal approach to health systems strengthening. The HIS forum served as a venue for sharing approaches to HIS strengthening and linking countries with potential sources of technical and financial resources.

The specific objectives of the forum were to

- Develop an appreciation of other perspectives, challenges, and roles related to HIS by interacting with colleagues from other countries and sectors;
- Develop a shared awareness of the options and strategies for improving coordination of country HIS;
- Work together as country teams to promote ownership of HIS;
- Raise awareness of donors about new opportunities to strengthen country ownership of HIS; and
- Identify follow-on resources (information, finances and technical assistance) available through national and international partners committed to supporting country-level HIS strengthening.

The target audience for the forum included senior-level leaders and policymakers who play critical roles in promoting the improvement of national HIS. Delegations from the participant countries included decisionmaker representation from the Ministry of Health, Ministry of Finance, ministry responsible for telecommunications, HIV/AIDS Commission (or equivalent) and/or CCM, the national statistics institute, and the military medical services (if they provide significant health services). Country representatives were joined by other development partners, including a variety of donors.

*Summary of Major Activities:* The HPI team designed a semi-structured qualitative interview guide with input from USAID and co-sponsors from various UN agencies. Planning team members identified interviewees who were regarded as champions of HIS and represented the health, finance, telecommunications, statistics, or other allied sector. HPI conducted 15 telephone interviews; received written responses from four individuals; and conducted three on-site interviews in advance of the forum with participants from Tanzania, Malawi, and Ethiopia.

In addition to designing and fielding the survey, HPI also played a critical role in facilitating country and sector breakout groups. Members of the HPI team were responsible for working with the Kenya and Malawi country teams as well as the Telecommunications and Health sector breakout groups. As facilitators, the HPI team was responsible for leading the teams through a structured “learning and discovery” process with an end goal of planning an action plan. HPI’s partner organization, Project HS 20/20, is currently finalizing these action plans and will lead any additional follow-up efforts.

#### **5.8 Virtual Learning: Focus on Stigma (FY08)** Activity Managers: Liz Mallas/Nadia Carvalho

*Objective:* This activity builds on HPI’s mandate to provide assistance with the integration of cross-cutting issues into program design and development at the policy level, including stigma and discrimination, gender equity, and poverty. 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. Another module on gender issues will be part of this series and is under review.

*Summary of Major Activities:* In mid-May, HPI staff attended the course kick-off meeting with USAID and Johns Hopkins University (JHU) and identified the course development team and the technical reviewers. USAID also approved the workplan template and project timeline. In late May, two HPI staff underwent author training with JHU.

Technical reviewers are on standby to review the course module. The majority of the course content is online, and the remaining time until the technical review commences will be spent making minor revisions, including finalizing graphics and reference citations. The technical review will be completed during the next quarter, and the module will be posted online.

## C. Cross-cutting Activities

### **PEPFAR Initiative on GBV: Strengthening Services for Victims of Sexual Assault (FY07)**

Activity Manager: Myra Betron

*Objective:* The purpose of this activity is to assist the PEPFAR Sexual Violence (SV) Initiative in the definition of a package of comprehensive services, including PEP, for sexual assault victims in Rwanda and Uganda by

- Building capacity of implementing partners in the initiative to engage community members from various sectors and levels in order to identify barriers to sexual violence services and to design appropriate responses;
- Providing technical assistance to mobilize communities to make a multisectoral response to SV; and
- Assessing the achievements, challenges, lessons learned for future scale-up of services for sexual assault victims.

While rates of sexual assault are high in many sub-Saharan African countries, sexual violence victims often have difficulty accessing services to reduce their risk of acquiring HIV. These services should include counseling, testing, the availability and distribution of PEP, and possibly other components. In many countries, this is simply a lack of services. In other cases, services that do exist can be difficult to access or inadequate for a range of reasons: location, costs, lack of knowledge about services, fear of re-victimization and exposure to the community, fear of retaliation from the perpetrator or family, poor quality of services, and lack of understanding of the need for services. To respond to this increasingly recognized link between sexual violence and HIV, PEPFAR has launched an initiative to strengthen the delivery of comprehensive services to victims of sexual violence including HIV. HPI has played a key role in this initiative by providing technical assistance to partners on methods to engage and mobilize the community to respond to SV, and ultimately, access SV-related services.

*Summary of Major Activities:* In support of the objectives above, HPI and its Ugandan partner, Raising Voices, provided technical assistance to implementing partners to prepare them to conduct community awareness-raising and mobilization in relation to the initiative. Activities included

- One-day workshops in Uganda (June 2008) and Rwanda (August 2008) on conducting focus groups, mapping, and other tools to identify and develop SV referral networks in communities; and
- The design of draft information, education, and communication materials to be field-tested by PEPFAR implementing partners participating in the SV Initiative.

These activities build on an initial capacity-building and information exchange workshop that HPI and Raising Voices conducted on participatory methodologies to engage the community in a response to SV, which garnered a further request for technical assistance as partners gained recognition of the importance of community roles in responding to SV.

To continue this work, HPI will provide technical assistance to local partners on SV by facilitating an exchange at the community level so that partners can observe awareness raising and community mobilization in Ugandan communities; guiding partners in the design of agendas for partners' SV community activities; and assisting partners to document progress of SV referral networks established through initiative-related activities.

### **Rapid Response (FY07/08)**

Activity Manager: Tito Coleman

*Objective:* Rapid response funds enable HPI 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:* Rapid response funds were used judiciously this reporting period, with the expectation that they would be required to support emerging requests for costing work in priority countries. Two primary activities were supported in response to previously unforeseen opportunities:

- HPI supported additional travel for supplemental staff on the OVC DOD activity when a DOD counterpart was unable to participate on the team. HPI staff conducted field work in Zambia, as a result of shortages in the original budget for this activity.
- In August, two HPI staff briefed members of the PEPFAR PMTCT/Pediatric HIV TWG on the Spectrum software, with a focus on how it can be used for both PMTCT and Pediatric HIV modeling and costing as part of a broader discussion on what the modeling and costing needs for these two technical areas are and what work needs to be done.

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

Activity Manager: Nancy McGirr

*Objectives:* 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 USG reporting requirements and ensure their proper implementation in both core and field programs.

*Summary of Major Activities:*

*Quality Assurance.* The QA team coordinates the technical review and provides editing and publication support for project documents. This support includes working with graphic designers, translators, and print vendors. During the project's past year, the team reviewed, finalized, and/or disseminated 105 technical documents produced as part of the project's core, field, and communication activities. Of particular note during this reporting period, the QA team responded to an increased demand for production support in the field, helping to review, edit, and design translated, sensitive, or high-level technical and government documents and presentations and drafting branding approval requests. The team also compiled and produced the project's quarterly reports, the semi-annual report, country and project workplans, and other project materials. To further capture knowledge and lessons learned, the QA team also continues to assist country staff with writing end-of-project reports (e.g., Vietnam, Kenya, and Tanzania, most recently).

During HPI's Leadership Development Workshop in May, the QA team conducted sessions on (1) branding requirements; (2) communication; and (3) quality assurance, communication, and publication services. The communication session focused on communicating with Missions and writing success stories. The latter session covered technical review; reporting procedures and deadlines; the production of technical documents (including the editing, writing, and budgeting of reports); and appropriate mechanisms for dissemination.

*M&E:* The quality of HPI results submitted by TO1 country teams and core activity managers continues to improve. The M&E team continued to provide technical support, training, and assistance to project staff in all TO1 countries. In addition, in August 2009, the team provided onsite training in M&E and results reporting to HPI staff in two countries—Botswana and Swaziland.

The differences between HPI's Performance Monitoring Plan and the PEPFAR indicators used by PEPFAR country teams to monitor implementing partners have proved challenging. HPI uses qualitative indicators, which are designed to track progress throughout the policy process. PEPFAR indicators, on the other hand, uses output indicators to measure policy work—this difference makes it difficult to capture progress accurately. HPI reports are therefore a valuable resource for measuring the project's performance. Unfortunately, such reports are often overshadowed by the SAR and APR produced by the individual USG teams.

*Communication and Outreach.* The Communication team continued to provide assistance to improve knowledge sharing with key external audiences and among staff. To support this effort, the team has drafted 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 team finalized and launched the content management system and guidelines for other task order holders and worked with RTI to upload information on the task order for the Greater Mekong Region and China. The guidelines were also shared with Abt Associates, with a request for information on the Vietnam task order.

*Website and Database Support.* Visits to HPI's website have increased substantially in the past year. Three of the top five website downloads to date are 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. See Box 2 for a list of the top ten downloads since the beginning of the project.

*New Materials.* During this period, the Communication team prepared several new case studies for countries that are closing:

- Making Policies Work for People: HIV Legal Clinics and Hotlines in Vietnam Ensure that PLHIV Know and Exercise Their Rights
- On the Right Track: Vietnam Adopts Rights-based Policies for HIV Prevention, Treatment, and Care
- Positive Beginnings: Strong Networks in Vietnam Enable People Living with HIV to Take Charge of Their Futures
- Rising to the Challenge: Health Policy Initiative Helps HIV-positive Teachers Tackle Stigma and Discrimination in Kenya
- Investing Wisely: Health Policy Initiative Helps Kenya Improve Health Financing Policies and Systems
- Caregivers Come Together: HIV-positive Health Workers Form New Network in Kenya
- Finding Courage in Faith: Religious Leaders Challenge Stigma and Mobilize a Faith-based Response to HIV in Kenya
- Demanding Access: Health Policy Initiative Enhances Efforts of HIV Treatment Advocates
- Raising a Common Voice: Health Policy Initiative Helps NEPHAK Bring PLHIV Together to Pursue Shared Goals
- Islamic Leaders Become a Force for Change in Indonesia's HIV Response

**Box 2. Top 10 HIV/AIDS Documents Downloaded, Life of Project (October 2005–September 2009)**

1. Stigmatization and Discrimination of HIV-Positive People by Providers of General Medical Services in Ukraine
2. Gender-Based Violence in Tanzania: An Assessment of Policies, Services, and Promising Interventions
3. Reducing Adolescent Girls' Vulnerability to HIV Infection: Examining Microfinance and Sustainable Livelihood Approaches
4. Tanzania Adopts HIV Law (Success story)
5. A-Squared Advocacy Training Manual
6. Leading the Way: Health Policy Initiative Mobilizes Religious Leader Response to HIV (Success story)
7. Coverage of selected services for HIV/AIDS prevention, care, and treatment in low- and middle-income countries in 2005
8. Tanzanian Media Join HIV Response (Success story)
9. HIV Expenditure on MSM Programming in the Asia-Pacific Region
10. Bringing Hope From Bitterness (Kenya) (Success story)

*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 the GHC Conference (May 26–May 30, 2009); HIV Implementers Meeting in Windhoek (June 14–19, 2009); International Congress on AIDS in Asia and the Pacific (ICAAP) (August 9–13, 2009); and upcoming 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 for all abstract submissions; assisting in preparing posters and oral presentations; and assisting in drafting satellite session proposals and materials. The project presented HIV work at the GHC conference (one roundtable discussion, one poster) and HIV Implementers Meeting (three orals), as well as a satellite session on religious leaders at ICAAP.

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

In the final implementation year for HPI, the team is focused on finishing activities, harvesting and disseminating the rich set of lessons learned, and consolidating the set of tools and approaches that have been developed. Despite the significant progress reported in the sections above, some structural challenges and constraints that impede attainment of optimal performance remain.

- *Partnerships and collaboration.* HPI has placed a premium on strong and active collaboration with local and global partners, in the belief that shared agendas and resources are key to sustainable programs. These collaborations often take considerable time and often can cause delays in original projected timelines and completion of work. These collaborations include other 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 living with HIV, Global Forum on MSM, International Council of AIDS Service Organizations); and organizations from diverse sectors (faith-based, private, government, community leaders). 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.
- *Personnel changes.* Staff turnover in partner agencies, in USAID teams (at both field and global levels), and in our own offices can often cause delays as new staff are brought up to date on the project needs and decisions are delayed. While the staff turnover rate within HPI has been minimal in the past six months, a few key staff changes have caused delays in activity implementation.
- *Understanding that sustainable policy work requires intensive work at both front and back ends of the process.* The value of favorable policies and adequate policy frameworks to sustain long-term achievements of PEPFAR at the country level is not fully recognized by host-country decisionmakers or USG officials. The importance of policy can often be lost in the pressures of responding to the increasing reporting and planning processes of the PEPFAR and partnership frameworks and the pressure for quantitative results reporting. If policy work is perceived as a short, product-focused activity yielding a new policy document or report, the crucial role of ongoing stakeholder engagement throughout the policy process is lost.

## VI. COUNTRY ACTIVITIES

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### A. Overview

To date, Task Order 1 has received field support from 40 country and regional programs. During this reporting period, we report on work in 27 country and regional programs. Below, we present regional overviews of the country programs for Africa, Asia and the Middle East (AME), and Latin America and the Caribbean (LAC).

#### Africa Region

During this reporting period, HPI worked in 12 African countries and with two regional programs. While we finished HPI activities in the Democratic Republic of Congo, Madagascar, and Senegal, we also started up field support activities in Côte d'Ivoire and Ethiopia, with additional work planned for Cameroon, Ghana, and Malawi in the coming months.

The Africa field support portfolio focuses primarily on HIV/AIDS, but Kenya, Madagascar, Mali, Senegal, and Tanzania also have dedicated components and staff focusing on family planning issues, especially in efforts to reposition family planning higher on the political agendas in these countries. HPI has supplemented field-supported activities in Africa with core-funded activities. There is increased interest in using the RAPID Model to solidify support for FP efforts. Missions have increasingly provided field funds for RAPID applications, too, as in **Malawi**, **Senegal**, and **Tanzania**. To expand existing FP programs, HPI is also using core funds to examine the feasibility of strengthening CBD and LAPM services in several Africa countries, including **Malawi**, **Rwanda**, and **Ghana**. Core funds are also supporting several HIV-related activities, with Ethiopia and Kenya seeing the majority of the work. Costing of HIV-related services, particularly in the areas on OVC costing, ART, and MC, is a topic that is generating great interest.

African programs under HPI have received increased demand for assistance directly from governments as a result of proven and high-quality work. For example, **Mozambique** has asked for additional assistance in strategic information, the **Malian** High Commission for the Fight against AIDS (CNLS) has asked for more help in strategic planning, and **Swaziland** has requested additional assistance in MC costing and policy work.

USG and USAID Missions increasingly recognize the value that HPI tools and approaches bring to the policy process, and these tools are used at the highest levels with ambassadors, ministers, permanent secretaries, and heads of state. In addition, HPI is looked to for advocacy work and policy agenda setting earlier in the process. For example, **Ghana** has requested that HPI help in costing the National Strategic Framework (NSF) as it is developed, and **Côte d'Ivoire** has involved HPI in establishing the baseline of HIV policies as well as the HIV policy agenda for the country's Partnership Framework.

Policy is increasingly recognized as a critical part of the process, as is the work with non-traditional groups. Other CAs look to HPI for expertise in participatory methods in gender and in working with and building the capacity of religious and traditional leaders, PLHIV, MSM, and other marginalized groups. This is a key focus of our work in **Kenya**, **Mali**, and **Tanzania**.

## Asia and the Middle East (AME)

HPI carried out activities in five countries and with one regional program, and the portfolio has both an FP/RH and HIV focus. We completed remaining activities in Yemen and Vietnam, and our work in Indonesia is winding down over the next several months. We will also begin a new FP advocacy initiative in India in the coming months.

Our HIV/AIDS programs in the Middle East and in Indonesia highlight the benefits of investing in people living with HIV and religious leaders, respectively, to fight stigma and discrimination and increase access to prevention, treatment, and care. In the **MENA** region, where stigma is high and opportunities for information and training lags behind other regions with more advanced HIV epidemics, HPI's targeted support to engage HIV-positive men and women—often first-time opportunities—as leaders among peers has reached growing numbers of PLHIV with information and skills to live positively. Whether through networking, newsletters, peer-to-peer workshops, support groups, or dialogue with National AIDS Program officials, a new and growing cadre of HIV-positive leaders is emerging. To foster replicability of this burgeoning effort among other donors and organizations in the region, HPI has crafted a series of training and facilitation materials in English and Arabic. Similarly, in **Indonesia**, this year has seen a fast-paced institutionalization of educational curricula within a major Muslim organization in East Java. HPI engaged and provided technical support to a small number of Muslim leaders as champions in their own religious organizations. As a result, HIV prevention and stigma reduction topics have been integrated into the official curricula for scores of schools, and hundreds of teachers have been trained to deliver the material. The momentum in the province continues, and other provinces have noticed and asked to join in.

Investing in analyses for data-based decisions is the other side of the story in the region. The **Jordan** team is thoroughly assessing recent DHS data and consulting broadly to identify targeted policy actions that the Higher Population Council (HPC) and other trained advocates can bring to decisionmakers and program planners to overcome vexing barriers to reducing unmet need and discontinuation rates, and diversifying method mix. With a leveling contraceptive prevalence rate (CPR) after years of declining fertility, this concerted analysis and dialogue are critical to identifying next steps. With an eye to longer term political and cultural support for smaller family sizes, the HPC is taking up HPI's national and subnational RAPID analyses. The Prime Minister and others are listening—and acting—on the message of impacts of continued high population growth on Jordan's development goals. Likewise in **Indonesia**, the evidence-based call to invest national and subnational resources in HIV/AIDS is taking hold; just as the twinning of the Asian Epidemic and Goals models drove the national-level HIV budget planning process in the recent past, now national facilitation teams—trained by HPI—have the capability to work with provincial stakeholders to model and cost future needs and advocate for action plans funded by provincial coffers. Resource constraints at the national level demand this kind of action at provincial levels, and early indications in several provinces indicate that the evidence is convincing governors and others to act.

## Latin America and the Caribbean

HPI works in five LAC countries and regionally through the LAC Bureau Contraceptive Security Initiative. HPI continues strong policy programs in both HIV and FP/RH, implementing established approaches such as RH advocacy and policy change and private sector work in HIV, as well as innovative new strategies, such as cutting-edge pilot projects on MARPs and PEP in Mexico. Also, HPI is giving increased priority to equity in regional contraceptive security efforts.

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. HPI's work in Guatemala is being expanded to other countries in the Central America region, as the program transitions to its new home under the new PASCA task order. For example, in **Guatemala** and **Jamaica**, HPI assisted the business councils to

develop strategic plans, address technical and financial sustainability of the councils, undertake assessments and advocacy events, and identify key sectors to target their efforts. The project also sought to transfer skills and build capacity among other USAID partners in Guatemala, for example, by training CAs and local NGOs in the use of the Workplace PolicyBuilder (WPB) software, where staff from HPI's **Mexico** program facilitated the workshop and pilot-tested the latest WPB manual. 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, devoting its efforts to the full implementation of the GIPA (Greater Involvement of People living with AIDS) principles, including the involvement of MARPs and HIV-positive women in Mexico.

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 inequities seen throughout the region. HPI's regional contraceptive security team provided ongoing technical and financial assistance and training to the national CS committees and CSOs in the region to more effectively advocate for FP programs and laws, to incorporate poverty and equity into the national CS agenda, and to develop a virtual network of CS committees to facilitate south-to-south sharing of best practices. 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**, HPI has focused on creating an enabling policy environment for equitable, sustainable, and culturally appropriate FP services. HPI's work includes strengthening the capacity of civil society networks and indigenous women's organizations to engage in policy dialogue and monitoring the implementation of policies and programs.

## **B. Problems, Issues, Constraints**

Field programs are largely on track and continue to achieve numerous results. A particular focus as we move into this last year of project implementation will be to synthesize and document project achievements. In countries that are closing out, this has already begun. For example, we completed numerous case studies of key elements of our work in Kenya, Tanzania, and Vietnam. This will continue to be a major area of emphasis in the project's last year. Additional issues and constraints are presented below.

- The TO1 ceiling has been a constraint because many countries would have provided more field support if allowed. Some, like USAID/Botswana, are providing the maximum amount USAID/W is allowing in this last year of the project, but the Mission is also allocating funding to Futures Group through another contractual mechanism to carry out planned activities related to HPI's workplan, making extra work for USAID and HPI staff.
- In African PEPFAR countries, interagency rivalries between and among USG agencies with competing priorities and mandates in providing funding and support for HIV-related work has caused confusion for HPI staff (e.g., Botswana, Mozambique, and Zambia).
- As the contract winds down, we are faced with uncertainties for the future as Missions and host-country governments want to continue to plan policy work for coming years, but HPI is in its final year.
- In this last year, we received new funding in several country programs and are therefore faced with a short timeframe where we are starting up and have less than one year to complete the work and closeout (e.g., Cameroon, Ghana, and Malawi).

# AFRICA



## Africa Bureau (Regional)

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**Country Manager:** Priya Emmart/Anita Datar Garten

**Program Overview:** The Africa Bureau has asked the Health Policy Initiative (HPI), Task Order 1, to undertake a RAPID Model application in Ethiopia and to develop and test a tool to use OVC costing methodology to aid in the development of OVC action plans, strategies, and budgets at the point of service delivery.

The RAPID Model in Ethiopia will build an evidence base on the multisectoral impacts of population growth, particularly regarding food security and natural resource degradation, which place significant burdens on Ethiopia's households and communities in managing and recovering from periodic shocks. HPI will work closely with Ethiopian counterparts to analyze the cost implications of inaction or slow action in implementing FP programs. The project will develop a few scenarios with different fertility rates and show their future development and cost implications. Important partners include the Family Health Department and Planning and Programming Department of the Ministry of Health, the Ministry of Finance and Economic Development, the Family Planning Task Force, as well as collaborating agencies, including Pathfinder International, Abt Associates, John Snow, Inc., the Coalition of Reproductive Health Agencies (CORHA), and donors, including the David and Lucile Packard Foundation and United Nations organizations.

### Summary of Major HIV Activities:

*1. Update of the RAPID Model in Ethiopia.* Initial data collection started in February, with online review of data sources and in-person discussions USAID partners and the Mission. In April 2009, HPI staff met with the head of the Population Core Process (PCP), which will be the host organization for the activity. (Among other considerations, PCP will serve as secretariat for the newly formed National Population Council.) CORHA and the Population, Health and Environment Consortium also expressed considerable interest in RAPID, which will broaden its potential use. HPI met with USAID Food Security and Environment staff and with the Ethiopian Health and Nutrition Research Institute (ENHRI) in Addis Ababa, as well as key population and health implementing partners; HPI also obtained further data and information on the current context of the planned rapid expansion of FP services via health extension workers starting in September 2009.

The HPI team conducted a validation exercise for key stakeholders in September 2009. The HPI team developed population projections for the validation meeting, incorporating different fertility scenarios. The model incorporates recent evidence in Ethiopia on continued rapid growth in the contraceptive procurement rate from the Last 10K Project, the government's initiative to insert 3 million implants in 2009–2010, and the pattern of annual change in CPR in developing countries based on DHS data.

At the validation meeting, the model presented for the first time a cost/benefit analysis to enable stakeholders to view the impact on costs in their sectors, even with large investments in family planning. The RAPID Model in Ethiopia will feature particular sections on food availability and food entitlement, which allows stakeholders to examine population impacts on a key vulnerability of this country. In addition, the section on environment will use data on carbon emissions and fuel consumption to evaluate population impacts on this sector. A RAPID launch, planned for December 2009, is awaiting approval by the government and USAID/Ethiopia. Materials for advocacy and dissemination will include a booklet, wall chart, and PowerPoint presentation. PCP will use the advocacy materials to work with its regional counterparts to expand investments in female education, family planning, and female labor force

participation. In addition, the Ministry of Finance and Economic Development will use population projections for the new poverty reduction strategy.

2. *OVC Costing Methodology to Aid in the Development of OVC Action Plans.* The objective of this activity is to design and facilitate a simplified OVC-costing training for program managers and decisionmakers in Tanzania on how to use OVC costing methodology to aid in development of OVC action plans, strategies, and budgets at the point of service delivery.

The team is currently negotiating the scope of work and budget with the Africa Bureau. In the meantime, relevant HPI-Tanzania staff have begun participating in regular, in-country OVC costing discussions to help inform and guide this activity.

## Botswana

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**Country Director:** Boipelo Seithlamo

**Program Overview:** HPI in Botswana is strengthening 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 prevention, OVC support, and other policy analysis and systems strengthening, which in turn support implementation of Botswana’s National Strategic Framework for HIV/AIDS 2003–2009. HPI focuses its TA on three key organizations: (1) the national Marang Childcare Network to build the capacity of local organizations to provide high-quality services to OVC and to support network involvement in OVC program development; (2) the Society of Students against HIV/AIDS (SAHA) to strengthen the capacity of university students to raise HIV awareness and deliver prevention messages among students and the larger community; and (3) the National Association of Nurses (NAB) to provide support to health workers working in HIV/AIDS. In 2008, HPI started working with the Kgetsi ya Tsie (KYT), a rural women’s network with central headquarters in the Lerala district that integrates gender and HIV issues into microfinance activities.

### Summary of Major HIV Activities:

#### Prevention

*Support for the Society of Students against HIV/AIDS.* SAHA continues to strengthen the capacity of members to implement HIV prevention efforts among youth at the University of Botswana. On April 17, SAHA hosted a handover ceremony to introduce new student committee leaders for the upcoming academic year. The new committee will be responsible for the implementation of the current program activities. SAHA hosted several workshops and meetings over the reporting period, reaching hundreds of students.

- HIV awareness workshop in July (500 students)
- Evaluation meeting on HIV prevention programs in September
- Peer education workshop in September (60 students)

#### Support for OVC

*Development of guidelines for NGO implementation of early childhood care and education policy.* HPI assisted Marang in preparing user-friendly guidelines to help organizations comply with the Early Childhood Care and Education Policy in provision of daycare services. The guidelines aim to increase observance of the policy by community service providers to (1) ensure daycare provision in the best interest of OVC and (2) help mobilize and standardize quality care for OVC under seven years of age. Marang also participates in the task force responsible for organizing and running district NGO forums. The NGO district forum held July 27–31 included 24 officers representing 20 NGOs, as well as six government social welfare officers.

*Advocacy and promotion of a policy implementation training workshop.* With technical assistance from HPI, Marang held the training workshop on the topic of “Quality Childcare Service Delivery for OVCs through CBO Interventions.”

*Scaling up intervention for OVCs.* Marang builds the capabilities of local organizations in governance, leadership, and advocacy to reach more vulnerable children, given that community participation is often limited by inadequate knowledge, experience, and resources for intervention. HPI facilitated a meeting between the Department of Social Services and Marang on April 17 to determine successes and

challenges to date. The government of Botswana funded Marang to undertake additional training of new NGO board members and program officers. Despite training progress to date, Marang faces a shortage of administrative and technical capacity to implement its growing national mandate. This calls for the development of a resource mobilization strategy to strengthen Marang's secretariat to provide for the various needs of its members. HPI will continue to partner with government to support Marang's efforts to inform and mobilize community-based childcare projects on standards of care and licensing requirements.

*Strengthening partner M&E capabilities.* HPI supported Marang's M&E officer in assisting NAB in developing an M&E framework. A pilot test of the draft tool, developed within the constructs of the national M&E framework, will determine its effectiveness and improve the network's M&E system. Marang also developed the following for various partners under the HPI country program: an M&E reporting plan for NAB caregivers, five monitoring tools for the SAHA Mentoring Program, and recordkeeping tools for KYT HIV/AIDS and microfinance activities (described below).

*Support for the Botswana National Strategic Framework for HIV/AIDS, 2003–2009.* To support the national strategy, Botswana launched the National Guidelines for OVC Psychosocial Support, the OVC National Monitoring and Evaluation Framework, and the National Guidelines on the Care of OVC. HPI will work closely with the USG team and OVC partners to support DSS in making the OVC guidelines more user-friendly and disseminating the new OVC policies and guidelines next year.

### **Support for Health Workers**

*NAB.* Health workers are on the frontline in providing services and care for the prevention and treatment of HIV/AIDS. The work is physically, emotionally, and psychologically demanding. Health workers not only provide care and support to an increasing number of clients, but many are also affected by HIV personally, either by being infected themselves and/or caring for family affected members. With HPI support, NAB formed a support group for health workers affected by HIV and AIDS. Following the training, 35 facilitators established support groups at eight facilities to provide psychosocial support to 233 health workers.

### **Gender and HIV**

*Situational analysis.* HPI expanded its situational analysis of KYT. Challenges included inadequate governance and leadership structures, limited finance and business management skills, reliance on natural resources without a sustainability plan, limited knowledge on gender and HIV/AIDS, and insufficient resources. HPI and partners used these findings to provide training and support to KYT to revitalize its governance structure and help KYT become more familiar about gender and HIV.

*Broadening KYT partnerships with national and local government entities.* To foster collaboration and leverage resources to support KYT, HPI has been meeting with a variety of partners. Momentum also exists for involving new national government agencies to support KYT. HPI facilitated a meeting in Lerala between KYT and officials of the Ministry of Trade and Industry. The government representatives expressed interest in supporting KYT to strengthen its capacity to meet increased and high-quality market requirements. The Ministry of Trade and Industry also indicated it would join the partners' forum that is assisting KYT. HPI also facilitated a meeting on June 10 in Lerala between KYT members and village leaders to ensure success and ownership of KYT programs at the village level.

*KYT governance.* HPI technical assistance resulted in the filling of vacant KYT board positions, increased board membership, and more regular meetings. Eleven board members attended an HPI-facilitated capacity-building workshop to discuss KYT's mandate, the role of the executive board, financial

planning, organizational management, and management of volunteers. This training aimed to enhance KYT's governance to prepare the network better for community mobilization activities that integrate HIV and AIDS into microenterprise.

The KYT leadership developed criteria for training and microenterprise grants that involve community-based HIV and gender activities. Potential grantees are individuals who fully subscribe to the network, do not owe money from loans provided by previous donors, and have gotten involved in community activities.

In supporting network members to undertake community-level awareness-raising activities on gender, economic vulnerability, and HIV issues, KYT members identified three champions to plan and organize community forums, lead identification of policy gaps, and maintain records of community activities.

*Gender integration workshop.* With HPI support, KYT conducted an Integration of Gender and HIV into Microfinance Workshop for the network's south branch, attended by 55 participants from July 6–9. Participants discussed community-level activities to promote gender and HIV issues and microfinance recordkeeping, including profit and loss, accounts, sales records, and inventory.

## Democratic Republic of the Congo (DRC)

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**Country Manager:** Charles Pill

**Program Overview:** HPI 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.

### Summary of Major Activities:

#### HIV/AIDS

*OVC assessment and National OVC Action Plan.* HPI delivered the Rapid Country Assessment, Analysis, and Action Planning (RAAAP) synthesis report to MINAS, which is now posted on the work group site (<http://sites.google.com/site/oevrdc/>). HPI also completed drafting of the national OVC plan and worked with civil society and government members to identify implementation activities associated with the plan's five domains. In late June, HPI delivered the first draft National OVC Action Plan (*Plan d'Action National OEV*) to MINAS and the RAAAP Bureau. The RAAAP Bureau organized two days of key stakeholder review sessions in early July.

Following review sessions and a national validation/adoption meeting, stakeholders adopted the national OVC plan and gave the plan to MINAS's minister for implementation. In the beginning of the next quarter, HPI will work with USAID/DRC and MINAS to print the final version of the national OVC plan.

*Capacity building of MINAS.* HPI continued coaching, leadership, and capacity building with MINAS's OVC focal point, Erick Mpiana, who was promoted to the minister's cabinet and named as MINAS's children's advisor. HPI assistance focused on strategic issues related to increasing possibilities of DRC government funding and/or gaining commitment for initiating a national OVC program and increasing the ministry's leadership on OVC issues.

HPI also assisted Mr. Mpiana in planning and organizing an event for International OVC Day (May 7). The event was well attended and covered by the media. Radio OKAPI (the nationwide radio broadcaster) also prepared a 30-minute interview of key stakeholders (MINAS's minister, AMOCongo, UNICEF, and the national HIV/AIDS program), which presented data from the RAAAP synthesis report and discussed the OVC issue and work underway to improve the OVC situation. After the event, the Vice Prime Minister wrote a letter, copied to the President's Office, instructing MINAS's minister to begin engaging and informing the other key ministers on the forthcoming National OVC Action Plan.

In addition, HPI worked with Mr. Mpiana to advocate and prepare proposals for DRC's CCM for its ninth round application to the Global Fund. HPI's support for MINAS resulted in inclusion of about US\$7 million for OVC program support in the ninth round application and Ministry of Health acknowledgment of MINAS's leadership role on OVC issues. At the CCM approval meeting, the USAID Mission director, as one of the CCM principals, reiterated his concern for inclusion of OVC in the application.

HPI and Mr. Mpiana met with key ministerial staff to encourage further the ministries' engagement in prioritizing OVC programming in ministry policies and programs, including forthcoming revisions to the national poverty reduction strategy.

## Ethiopia

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**Country Manager:** Angeline Siparo

**Program Overview:** Task Order 1 of the Health Policy Initiative (HPI) supports policy development and implementation with the objective of improving the enabling environment for health—making it possible for men and women to obtain and use the information and services they need in the areas of FP/RH, HIV/AIDS, maternal health, and malaria.

HPI in Ethiopia generates an evidence base for decisionmaking by conducting population-based assessments and studies. As PEPFAR proceeds in the next five years, questions remain regarding the cost of prevention and care programs and implementation barriers to ART service scale-up. HPI has focused on six HIV-related activities to provide decisionmakers and program implementers with needed data to better shape the response to key questions. One activity, OVC costing, is funded with Ethiopia field support; the others are core funded.

### **Summary of HIV Activities:**

In Ethiopia, PEPFAR funds a wide variety of OVC interventions, but significant questions about the appropriate cost for an OVC program remain. Some interventions are expensive when comparing cost per child reached, but these programs may also offer more comprehensive and higher-quality services. Other programs may be relatively inexpensive by the same standard but may offer a minimum quality of services. Questions remain regarding how to maximize the quality of life for children receiving OVC services. To better understand these questions, USAID/Ethiopia provided funds to HPI to study the costs associated with OVC programs in Ethiopia. The objectives of the study are to (1) assess the range of unit costs of PEPFAR-supported OVC programs in Ethiopia (cost per OVC reached); (2) identify the costs of key services (e.g., educational support, food support, psychosocial support, etc.) within Ethiopia's OVC programs; and (3) create a discussion paper that assesses various strategies for allocating resources to achieve greater impact on Ethiopia's OVC (improved quality and/or improved coverage).

Data collection from 10 of the 20 OVC sites selected for the study has begun and will be completed by the end of October. Sites were selected based on the scale and diversity of services offered. Analysis of the data and report writing and dissemination of results will take place during the next period.

## Kenya

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**Country Director:** Dan Wendo

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

In HIV/AIDS, HPI supports PEPFAR, which in Kenya, aims to treat 250,000 HIV-positive people with ARVs, avert 1 million infections, and care for 1.25 million HIV-positive people, including OVC. HPI works in the palliative care, OVC, and policy analysis and systems strengthening program areas under PEPFAR 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 building the capacity of local institutions and PLHIV networks for more active policy engagement; protecting OVC and their access to basic services, with a focus on children's and women's rights; reducing S&D; strengthening policy analysis and implementation and addressing operational barriers that affect OVC and PLHIV networks; strategic planning, costing, and generating and analyzing data for evidence-based decisionmaking; and 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 Ministry of Health's ability to mobilize additional health resources and strengthen health policies and systems to improve planning, financing, and quality of FP/RH and HIV programs and services.

### Summary of Major Activities:

#### FP/RH

*Review and revision of the National RH Strategic Plan (1997–2010).* HPI provided the technical support for the review of the RH strategic plan to help align it with the National RH Policy by leading the process for the Reproductive Health Interagency Coordination Committee (RH-ICC) of the Department of Reproductive Health (DRH).<sup>1</sup> HPI facilitated a national stakeholder workshop in July that ratified the final draft and submitted it to the DRH of the Ministry of Public Health and Sanitation (MOPHS) for final endorsement by the ministry's National RH Steering Committee.

*Networking for advocacy and repositioning reproductive health.* HPI through the Coalition against Mismanagement of Mothers (CAMM) continued to mobilize traditional birth attendants as champions of safe motherhood. With Women Challenge to Challenge (WCC), HPI continued to advocate on RH needs for people with disabilities, focusing on the MOH and partners providing RH services. CAMM's draft end-of-grant report indicated that skilled attendants in Siaya District are indeed supervising increased deliveries. WCC also embarked on membership recruitment drives.

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<sup>1</sup> The MOH recently split into the Ministry of Public Health and Sanitation (MOPHS) and the Ministry of Medical Services. For convenience, we will use the term MOH unless there is a need to differentiate the ministries.

## **HIV/AIDS**

### ***OVC***

*Finalizing the OVC policy and legislative agenda and the National Plan of Action.* HPI printed this plan for the Ministry of Gender, Children, and Social Development to launch and disseminate to stakeholders.

Invited by the government, HPI supported and participated in World Orphans Day activities in May 2009, providing technical and financial support to mobilize communities for the event through the media. HPI contracted with Kenya Broadcasting Corporation to host a comedy on the plight of OVC and two talk shows on Kenya Television Network.

*Strengthening capacity of the Department of Children Services (DCS) in the Ministry of Gender, Children, and Social Development to ensure quality of services and social protection of OVC.* In April, HPI and DCS conducted training for 35 participants from the Coast Province on quality assurance and improvement. The goal of the training was to equip participants with skills in quality standards and improvements in OVC protection, care, and support and its application in programming for OVC activities in Kenya. The goal was also to foster participant understanding of the standards-based quality improvement framework for programs that provide OVC services, integration of the “child status index” into the quality assurance and improvement process, and policy advocacy for OVC rights and policy implementation. The participants will use the information to develop and implement quality standards for OVC services at different levels and undertake policy advocacy for the well-being of OVC.

In July, HPI provided inputs to the development of the facilitators’ guide for training on establishing high-quality service standards for OVC. The input enabled the Ministry of Gender, Children, and Social Development to fast track roll-out of OVC standards development.

*Strengthening networking and collaboration among OVC implementers in Kenya.* HPI supported the USAID/Kenya Mission on organizing and facilitating the annual OVC implementers meeting, which took place in July 2009, attended by 45 people. Organized in collaboration with the USAID OVC Unit, meeting attendees reviewed the semiannual program report; shared progress reports, experiences, and lessons learned by implementers; and shared the USG country operational plan and new generation indicators relating to OVC programming.

*Scaling up women’s property ownership and inheritance rights (WPOIR) with the Council of Elders.* HPI facilitated two one-day consultative forums for the two cultural groups in the WPOIR program: on May 28, for WPOIR-Meru for 35 participants and on June 30 for WPOIR Luo Council of Elders for 30 participants. The sessions were used to finalize the strategic plans and resource mobilization strategies for the two cultural groups. The consultative meetings were attended by CSOs, representatives from child charitable institutions, district children’s officers from Nyanza and Eastern Provinces, respectively, and other ongoing USAID-funded programs on OVC in the two provinces. Partners indicated interest in working with the cultural structures, although firm commitments will be made in follow-up meetings. In August, HPI supported the elders in identifying issues critical for peace and reconciliation for the care of OVC.

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

*Strengthening CSO high-level advocacy and policy engagement.* HPI convened and conducted high-level advocacy training for 35 CSOs, FBOs, and PLHIV networks in June to impart knowledge and skills on policy analysis in order to identify priority advocacy issues, develop advocacy messages and strategies to address the identified issues, generate an implementation plan, and develop an implementation commitment statement to move the advocacy agenda forward. In August, HPI conducted a meeting for the Organization of Health Workers against HIV/AIDS in Kenya, attended by 40 people, to review the

Public Sector HIV/AIDS Policy, decide on health issues that affect health workers, and integrate these decisions into a health sector HIV/AIDS workplace policy.

HPI conducted training for CSOs on advocacy for attaining national targets on universal access on prevention, treatment, care, and support. The June 2009 meeting was attended by 35 participants from CSOs and PLHIV networks. The participants discussed concepts of universal and equitable access to care and shared personal experiences, knowledge, and skills on community mobilization for testing as well as on access through referrals. Participants identified gaps in current programs and suggested necessary steps to address the gaps.

*Strengthening the capacity of CSOs in mobilization and equitable distribution of resources.* HPI organized and facilitated a national workshop in May for 40 participants from CSOs and PLHIV networks on resource mobilization strategies and response to proposal requests. The May 2009 workshop imparted skills on responding to various calls for proposals. Further support was given to the Kenya Treatment Access Movement to develop governance documents as part of the requirements for accessing funds of the Global AIDS Alliance.

*Strengthening PLHIV networks and collaborators to deliver palliative care through linkages and networking.* HPI provided TA in a workshop organized jointly by KENEPOTE, TSC, and APHIA II in July 2009 in Nairobi for community health workers and teachers managing support groups and providing HBC. HPI focused on psychosocial care and support and networking

*Strengthening the capacity of CSOs and PLHIV networks in advocating for government accountability using a citizen monitoring tool.* HPI developed a Kenya-specific citizen monitoring tool for stakeholders to gauge government accountability in offering high-quality and sustainable access to HIV/AIDS services. Forty participants from CSOs and PLHIV groups reviewed and revised the draft tool at a three-day forum in May 2009.

*Finalization of network lessons learned document.* HPI conducted a national meeting for 13 networks currently supported under HPI—at which 55 participants discussed lessons learned so far and identified best practices for further documentation. HPI has helped finalize the best practice document and case studies with networks.

*Review of Food Security and Nutrition Policy to mainstream HIV/AIDS issues.* In May and June, HPI conducted a review of the existing National Food Security and Nutrition Policy in order to identify policy, strategy, and program gaps related to HIV/AIDS. HPI facilitated a validation workshop for 39 participants drawn from the key ministries, research institutions, universities, and CSOs and including PLHIV representatives, held in June 2009 in Nairobi. The workshop generated key recommendations on how to integrate HIV/AIDS issues into existing policies.

*Support to partners.* In May and June, HPI facilitated two sessions on policy dialogue and advocacy for universal access for 60 CSO representatives from Eastern, Southern, and Central Africa (ECSA) during the 2009 World AIDS Campaign meeting in Nairobi. The meeting focused on ensuring accountability for promises made on achieving universal access to HIV prevention, treatment, care, and support, and non-discrimination for 2010 and beyond. The meeting generated advocacy priority issues and strategies and developed an 18-month action plan for each region. HPI continued to support the Kenyan campaign teams in finalizing, implementing, and monitoring the campaign targets and action plan. During the quarter, HPI provided TA to NACC during development and finalization of the new KANSP III. HPI engaged a consultant to package the M&E framework and facilitate the Pillar 3 consultative group.

*Advocacy and policy dialogue for promotion of male involvement in HIV/AIDS prevention, treatment, care, and support.* HPI conducted a four-day workshop in June 2009 for 45 participants, drawn from CSOs, FBOs and PLHIV networks, on strategies for enhancing male involvement in HIV/AIDS prevention, treatment, care, and support. The workshop led to development of a manual for use by the networks in enhancing male involvement activities and groups. The CSOs acquired skills, knowledge, and attitudes to enhance male involvement through mobilization, formation, and management of male support groups. Each CSO developed a draft plan for implementation.

To strengthen NACC's M&E framework, HPI engaged 10 data analysts for data entry, using the recently revised COBPAP forms. The data produced will be used to draft the 2009 NACC M&E first quarter report on planning and advocacy by stakeholders.

### **Core Package**

HPI conducts a number of core activities in Kenya that build on work HPI does there or explore extension of its work into new and promising areas.

*Eliminating operational barriers to the integration of RH and HIV services in Kenya.* During this reporting period, HPI facilitated review and planning sessions on the drafting of the National RH/HIV Integration Strategy by the Integration Steering Committee, set up by the DRH. A national forum of stakeholders finalized and ratified the draft after discussions it held in May 2009. The National Integration Committee, DRH, and NASCOP then approved the National RH/HIV Integration Strategy. HPI is in the process of printing 3,000 copies of the final strategy to be ready for its launch, dissemination, and implementation.

*Development of the S&D Manual.* In April, HPI facilitated a meeting to disseminate findings of an S&D assessment done in Nyeri and Kirinyaga Districts among PLHIV support group members, RH service providers, and national PLHIV network members. As a result, the members recommended developing an S&D training module for providers of FP/RH services to positive couples. A taskforce, jointly co-chaired by DRH and NASCOP, developed a draft training module; pilot tested it with RH trainers, service providers, tutors of medical training colleges, and PLHIV in July; and circulated a final draft in readiness for tabling before the Integration Committee by the end of this half year.

*Improving access to FP/RH services among the poor.* This activity aims to further the development and implementation of strategies for improving access to FP/RH services among the poor. In May, HPI presented preliminary findings of the assessment on access to FP/RH services by the poor to USAID/DC and the CTO. The second phase of the study in the Coast Province concluded, and a national stakeholders workshop convened in Nairobi in June to disseminate the findings and promote policy dialogue on the subject. HPI facilitated a regional workshop in July 2009 in Mombasa to present and share study findings in Coast Province districts.

*Ensuring equitable financing and resource allocation at the decentralized level.* The activity aims to improve adequacy and equity in resources allocated for FP/RH programs in the country. HPI completed follow-up visits to six study districts to bridge the data gaps. Jointly with the Divisions of Reproductive Health and Health Care Financing, HPI held a national stakeholders' workshop in Nairobi in June 2009 to share findings of the core activity and facilitate dialogue on the adequacy and equity of resources allocated for FP/RH programs in the country. The first draft final report is ready for review.

*FP costing (investment needed to increase family planning use by one percentage point).* HPI conducted further field interviews in Kisumu, Nyeri, Meru, Nakuru, Nyambene, and Kitui. HPI disseminated the findings at a one-day workshop in July 2009 in Nairobi and finalized the assessment report.

*Exploring task shifting strategies in scale-up of HIV care and support in ECSA.* Through a subcontract with the ECSA Regional Health Community–College of Nursing, HPI is implementing the task-shifting activity to make maximum use of the time and skills of healthcare providers in the scale-up of HIV/AIDS care and support. HPI obtained data from case studies for Swaziland and wrote a report. The Uganda study is still ongoing.

## **Madagascar**

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**Country Manager:** Brian Briscoombe

**Program Overview:** 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 FP/RH. Specifically, Madagascar requested HPI's assistance in preparing a PowerPoint presentation and brochures that highlight the successes of the country's FP program. These materials will be used as advocacy tools to orient policymakers on FP concepts.

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

HPI completed the French and English versions of the PowerPoint presentation titled "Family Planning and the National Vision in Madagascar," incorporating comments from the Mission and 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. The Ministry of Health and Family Planning, USAID, and SanteNet 2 will use the presentation to orient policymakers on FP concepts and the importance of population issues to Madagascar's development.

In September 2009, HPI completed and delivered both French and English versions of the same brochure, which provides an analysis of additional information on family planning successes in Madagascar. This activity is complete.

## Mali

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**Country Director:** Famory Fofana

**Program Overview:** 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. To achieve these objectives, HPI provides technical assistance to government lead agencies such as the Division of Reproductive Health (DSR) within the Ministry of Health, the Executive Secretary of the National High Council on AIDS (ES/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), the Islamic Network for Population Development (RIPOD), and the Islamic Network for Child Survival (RISE)—to strengthen the policymaking and advocacy role of national and regional Islamic leaders.

### Summary of Major Activities:

During this period, HPI/Mali's greatest achievements have been updating the RAPID and AIM models with new data from three datasets: the 2006 Mali Demographic and Health Survey (DHS), the Sentinel Surveillance of HIV and Syphilis among pregnant women, and the 2006 Integrated Survey on the Prevalence of STI/HIV/AIDS and Risk Behavior (ISBS) of high-risk groups for sexually transmitted infections. Updating these models and collaborating with key stakeholders in FP/RH and HIV sparked high-level commitment from Muslim and Christian religious leaders to disseminate the results of both models throughout the country. Training and policy dialogue sessions using RAPID and AIM results were attended by youth, media, decisionmakers, community service organizations, NGOs, the Ministry of Health, the Ministry of Education and Literacy, parliamentarians, networks of PLHIV, high-risk groups in mining areas, among others.

The HPI team launched new activities, including the development of a new advocacy tool on malaria, pregnancy, and Islam with high-quality input from Muslim religious leaders; an activity on constructive male engagement, including training two national NGOs as trainers (ASDAP and JIGI); and the involvement of Mali's national PLHIV network (RMAP+) in citizen monitoring.

### FP/RH

*Strengthening civil society groups in support of repositioning family planning.* To provide decisionmakers with accurate data on repositioning family planning, HPI participated in a press conference and presentation of the results of the RAPID Model to more than 2,000 people, including the Prime Minister. The Secretary General of the Ministry of Health, USAID, USAID implementing partners, civil society organizations, and other bilateral and multilateral development partners all participated in the press conference. The HPI/Mali team conducted several RAPID TOT and policy dialogue sessions with a variety of groups to disseminate data among peers at the most decentralized level and increase the number of champions discussing FP and population issues.

*Strengthening religious leaders' capacity.* Through HPI's technical and financial support, multiple religious leaders have contributed to repositioning family planning by implementing activities to encourage the involvement of men in reproductive health. The HPI team—in collaboration with networks of religious leaders such as RIPOD and UNAFEM—held policy dialogue sessions and trainings for religious leaders in different areas of the country, reaching more than 3,950 religious leaders and increasing the number of champions who speak openly about family planning and constructive male engagement.

*Supporting national efforts to reposition family planning.* To reduce unmet need for FP services, HPI—in collaboration with the DSR—initiated a quarterly situational analysis of the policy response to unmet need in Mali. HPI submitted the report to the DSR for validation by key FP/RH stakeholders. The results of this study will enable the DSR of the Ministry of Health to better target activities to reduce unmet need.

## **HIV/AIDS**

*Strengthening the national response.* HPI assisted representatives of the SE/HCNLS to distribute hard copies of the National Strategic Plan for HIV and AIDS to key implementers in the regions of Kayes, Mopti, and Sikasso. HPI took this opportunity to present the updated version of the AIDS Impact Model (AIM). In each region, HPI presented AIM results to approximately 50 key stakeholders. The HPI team provided the results of the AIM analysis to the national FP multisectoral working group, the regional Directors of Health, and decisionmakers of Koulikoro region (technical offices, NGOs, and the private sector). An HPI-trained deputy from RIPOD used data from the AIM analysis during a debate on AIDS on July 31 in front of 147 parliamentarians to raise awareness of HIV issues in Mali and will help Parliament initiate HIV activities for their constituents. In July and September 2009, HPI also trained youth leaders on presentation of AIM results to help develop their leadership role in the national response to HIV.

*Strengthening PLHIV networks' response.* As part of ongoing dialogue with PLHIV, HPI hosted several meetings and trainings with RMAP+ to discuss citizen monitoring of HIV services by PLHIV. In collaboration with RMAP+, HPI organized a policy dialogue with four associations of PLHIV in the region of Segou to disseminate the new AIM results.

*Strengthening religious leaders' response to HIV.* Religious leaders in six regions conducted training and policy dialogue activities using AIM results to inform Christian and Muslim religious leaders about the impact of HIV on Mali's population and development and the support needed for widows and orphans as well as for women's rights. HIV champions discussed their increased commitment to the response to HIV.

## **Malaria**

*Strengthening religious leaders' response to malaria.* HPI worked with religious leaders to increase their knowledge of malaria and pregnancy in Islam, encouraging more religious leaders to speak openly to their followers about pregnancy, as well as prevention, care, and treatment of HIV among pregnant women and children. To combat women's reluctance to discuss pregnancy openly, HPI created an advocacy tool in collaboration with Muslim religious leaders on pregnancy, malaria, and Islam, based on the Koran and Hadiths. This tool will enable religious leader networks to appropriately inform their followers on these issues. The Islamic Network for Child Survival (RISE) presented the new tool to several Muslim leaders in Bamako. Sessions led by religious leaders were also held in Sadiola, where they reached approximately 40 Muslim and Christian religious leaders, and in five towns—where the sessions reached more than 100 religious leaders in each location.

## Mozambique

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**Country Director:** Marcia Monjane

**Program overview:** HPI in Mozambique coordinates with collaborating partners to facilitate an enabling policy environment designed to strengthen the national response to HIV. HPI is providing technical assistance (TA) and building local capacity to promote a sustainable, multisectoral response to HIV in two specific areas: (1) increasing public and private sector leadership for HIV prevention and care through the development of workplace initiatives; and (2) improving the analysis, interpretation, and use of strategic information for evidenced-based decisionmaking.

HPI in Mozambique is the lead partner for the USG PEPFAR/Mozambique team with regard to private sector and workplace HIV/AIDS policy development and program implementation. Since 2006, the USG team in Mozambique has made working with the private sector to support the national response to HIV a high priority. HPI has been building the organizational capacity of the Business Forum Against AIDS, Malaria and TB (EcoSIDA) to support businesses in developing and implementing sustainable HIV/AIDS workplace policies and programs. In 2008, HPI and the National Confederation of Independent Trade Unions of Mozambique (CONSILMO) started a partnership to ensure that labor unions are also engaged in Mozambique's multisectoral response to HIV and AIDS.

HPI continues to strengthen Mozambican capacity to use strategic information (SI) to improve HIV programs. Specifically, HPI has provided training and technical assistance to the Multisectoral Technical Group (MTG). The MTG, established under the POLICY Project, is now recognized by government and civil society as a forum for discussion and as an official source of strategic information; providing provincial, regional, and national estimates of HIV prevalence rates and their impacts on economic, social, and health indicators. HPI has been instrumental in establishing and providing assistance to Provincial Technical Groups (PTGs), which stimulate the use of SI to inform decisionmaking at provincial and district levels. The MTG is composed of representatives from the National Statistics Institute (NSI); the ministries of Health (MOH), Planning and Development (MPD), Agriculture (MINAG), and Education and Culture (MEC); the National AIDS Council (CNCS); and the faculties of Medicine and Sciences and the Center for Studies and Policy Analysis at Eduardo Mondlane University (UEM).

### Summary of Major HIV Activities:

#### *Strategic Information (SI)*

*Support for strategic information activities.* After updating the HIV surveillance findings and impact projections for the UNAIDS Global Report sent to Geneva on June 18, HPI continued providing technical assistance to the MTG. These projections are being used to inform ongoing strategic planning processes, including the third National HIV and AIDS Strategic Plan (PEN III) and the third Poverty Reduction Strategic Paper (PRSP). On July 31 and August 20, the MTG met to discuss the (1) situation of HIV Surveillance Round 2009; (2) recommendations on analysis of HIV Surveillance Round 2009 and AIDS survey (INSIDA); and (3) dissemination of strategic information at the provincial levels and comparison of HIV projections from Spectrum versions 3.15 and 3.37. The analysis produced will inform the government, policymakers, program planners, and evaluators on how to best communicate about the 2010 surveillance round prior the launch of INSIDA data. The recommendations will be presented to the members of the board at the National AIDS Council (CNCS). The new HIV prevalence rate based on the recent surveillance round will be presented by the President of the Republic on December 1, 2009.

*Revitalization of Provincial Technical Groups (PTG).* SI activities also focused on revitalizing and strengthening the PTGs. In May, HPI revitalized the Niassa PTG by reconnecting its members, revising the group's terms of reference (TOR), and outlining an action plan for 2009. Preparatory meetings were held on June 5, followed by the dissemination of the 2007 surveillance findings and the updated HIV impact projections. The Ministry of Health designated the task force for the revitalization of PTGs as a focal point of MOH activities. MTG members visited Manica, with support from HPI, from August 3–7 to assist the MTG in its revitalization. Activities included information on how to disseminate HIV surveillance data for round 2007. Two meetings were held in Manica; MTG members led one to discuss the Manica MTG revitalization and revise the terms of reference. HPI will work toward strengthening one of the existing PTGs.

*Production and dissemination of strategic information.* In coordination with UNAIDS, HPI disseminated the 2007 Sentinel Surveillance Report, the Demographic Impact of HIV and AIDS based on the 2007 round, and the Manual of Basic Concepts and Terms on HIV and AIDS. The materials were disseminated in various settings, including civil society workshops for the preparation of PEN III and the Integrated Fair on Universal Access on HIV and AIDS in Maputo on June 13. HPI also updated the four local-language versions of the Manual of Basic Concepts. The CD on Demographic Impact of HIV and AIDS based on the 2007 round was finalized and delivered for approval to the National Statics Institute (INE) by the Vice President of INE, Dr Gaspar. HPI supported and coordinated all the MTG efforts that led to the CD final result. The CD contains HIV data from the 2007 round, WHO and UNAIDS studies on the epidemic, guidelines, and treatment protocols. The CD also includes recent material produced by the MTG members. INE will disseminate 500 CDs for information use in planning, evaluation, reporting, and research purposes.

*Trainings on surveillance data, analysis, and impact projections.* HPI facilitated two workshops on the Estimation and Projection Package (EPP) and Spectrum/AIM . HPI held the course from June 22–24 for the Statistics Department of the University of Eduardo Mondlane, the largest university in Mozambique. Twenty-five participants attended the three-day workshop, including lecturers and upper-level students from statistics, bio-statistics, biological sciences, economics, and agronomy. Participants received a course binder, sentinel surveillance and projections reports, and a CD-ROM with all the training materials. The Country Director also facilitated a training module on the EPP and Spectrum/AIM for civil society from August 24–26. The objective of the workshop was to promote civil society engagement in the process of elaboration of the HIV and AIDS Strategic Plan (PEN), Phase III. The workshop was organized by UNAIDS as part of preparatory process of PEN III. At the workshop, HPI disseminated Demographic Impact of HIV and AIDS and the Surveillance Report based on the 2007 round. This was the first time the surveillance data production, analysis, and impact projections were explained to members of civil society.

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

*Implementation of HIV guidelines into collective bargaining negotiations by CONSILMO.* With HPI assistance, CONSILMO had already approved and integrated the *Guidelines for the Integration of HIV/AIDS into Collective Bargaining for Workplace Conditions* into its standard collective bargaining procedures. The guidelines allow labor unions to assess workplace conditions regarding HIV/AIDS and to negotiate for the inclusion of HIV workplace policies and programs. In preparation for actual contract negotiations (which began in July 2009), the HPI technical workplace policy specialist visited four provinces to train 90 general secretaries in the use and application of the guidelines, checklist, and template agreement form. To date, the labor unions have applied the tool during negotiations with 136 companies. In addition to collecting data about current private sector workplace policies and programs, this activity has already provided CONSILMO with the information and tools necessary to negotiate for the inclusion of HIV workplace policy and programs into five annual collective bargaining agreements;

these legally binding agreements reference national HIV laws, help reduce stigma and discrimination, protect workers' rights, and support a healthier workforce.

*Facilitation of workplace policy development, direct technical assistance (TA).* From June 1–4, HPI facilitated a workshop to draft an HIV workplace policy with the Ministry of Planning and Development (MPD). HPI provided technical support during subsequent revisions. The MPD leadership is currently reviewing the latest draft and is scheduled to approve a policy soon. The MPD requested HPI to assist with policy implementation, including the development of an operational plan. Beginning in July, HPI collaborated with PSI/Programa SEDE and led a workshop to develop a HIV workplace policy for a leading private security company in Mozambique, G4S. Following this effort in September, HPI facilitated a training-of-trainers workshop designed to build PSI/Programa SEDE's organizational capacity to develop workplace policies using the Workplace Policy Builder (WPB) software. This workshop will fortify TA aimed at strengthening the private sector's response to HIV. HPI also provided ongoing direct TA to 12 other private sector companies in the development and implementation of workplace policies or programs, including drafting operational plans.

*Coordination of organizational capacity development within EcoSIDA.* HPI continues to support EcoSIDA to (1) build its institutional capacity in workplace policy development, implementation, and evaluation; (2) reactivate the private sector task force for business sector intervention in the fight against HIV/AIDS; and (3) complete a membership needs assessment to inform EcoSIDA for sustainable program implementation and donor support. HPI's staff member seconded to the coalition trained EcoSIDA and its M&E specialist on the use and implementation of the (WPB) software (June 22–24). The M&E specialist co-facilitated five real-life applications of WPB from July through September. In addition, 10 companies have approved workplace policies since June.

HPI partnered with EcoSIDA to coordinate three meetings of the private sector task force (April 28, May 28, and August 26). The purpose of these meetings was to strengthen multisectoral collaboration and align the private sector monitoring and evaluation system with the reporting system implemented by the National AIDS Council (CNCS). During this reporting period, the multisectoral task force approved an M&E manual. HPI completed a membership survey instrument designed to determine perceptions and knowledge about EcoSIDA's technical services and identify the most-desired and/or needed services. The survey results will inform EcoSIDA's 2009–2010 annual action plan and HPI's future technical assistance.

## Namibia

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**Country Manager:** Liz Mallas

**Program overview:** Augmenting previously funded HIV core activities on MC costing in Lesotho, Swaziland, and Zambia, HPI provides technical assistance in male circumcision costing and was tasked with preparing a country report on the costs, readiness, and impact of providing male circumcision in Namibia.

**Summary of Major HIV Activities:**

*Male Circumcision Costing.* HPI completed the titled *Estimating the Cost, Readiness, and Impact of Providing Voluntary Male Circumcision as Part of an HIV Prevention Strategy in Namibia*. Authors worked with modelers to use the most updated Male Circumcision Model to estimate costs. This cost analysis and provider and facility readiness assessment provide a more detailed examination of the costs and potential operational barriers associated with the scale-up of MC in Namibia. The findings are supplemented by insight on the process of consensus building, policy formulation, and implementation in the Namibian context provided by 15 interviews with key stakeholders and members of the Namibian Male Circumcision Task Force. The costing study, readiness, and policy assessments inform the planning and policy development process led by the Namibian Male Circumcision Task Force and highlight some of the potential operational barriers to formulating an implementation strategy for scale-up. This activity is now complete.

## **Regional HIV/AIDS Program (RHAP)/Southern Africa**

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**Country Manager:** Liz Mallas

**Program Overview:** The USAID Regional HIV/AIDS Program (RHAP) works in 10 Southern African countries—Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe—helping to ensure high-quality, effective HIV/AIDS programming. Under USAID/RHAP, Task Order 1 of HPI supports PEPFAR in the Other/Policy Analysis and Systems Strengthening program area. 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) to determine challenges in the roll-out of GFATM assistance, and assess how well HIV issues have been integrated into existing MOH programs and management structures and whether opportunities for more integration exist; (2) assessing the health system infrastructure in Lesotho; (3) preparing proposals for the Millennium Challenge Corporation (MCC) for health systems improvement in Lesotho; and (4) determining the cost and impact of providing male circumcision services in the region through quantitative data analyses based on key informant interviews in Lesotho, Swaziland, and Zambia to inform male circumcision policy and impact. Within RHAP, activities are identified throughout the project year as new needs arise based on RHAP/Pretoria’s priorities and activities. The most recent and final activity is documenting policy gaps, needs, barriers, and priority strategies related to HIV prevention in the Southern Africa region.

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

HPI implemented two of the three phases in the documenting prevention policies activity. The three phases include (1) a desk-based review of country-specific and regional policies related to HIV prevention; (2) key informant interviews in each RHAP country to identify policy gaps and barriers related to prevention; and (3) a report identifying policy gaps, barriers, and recommended policy initiatives in relation to HIV prevention programs and priorities in the region.

The HPI team documented the relevant prevention policies, gaps, and related guidelines. In addition, the team designed a questionnaire for implementation with field-based interviewees. The questionnaire was reviewed by an internal Futures Group committee to ensure the implementation of this activity does not constitute human subject research. In addition, the team completed key informant interviews in all of the Southern Africa countries. A draft report will be submitted to RHAP at the end of the calendar year.

## Rwanda

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**Country Manager:** Angeline Siparo

**Program Overview:** HPI in Rwanda works to enhance the enabling policy environment for family planning by repositioning family planning as a higher priority on the nation's agenda. To assist the Ministry of Health in Rwanda to reposition family planning, HPI will disseminate results of the RAPID Model and help develop a national policy and guidelines for country-wide implementation of a CBD program for contraceptives.

### Summary of Major FP/RH Activities:

*RAPID Model dissemination.* The RAPID Model for Rwanda was updated with the new demographic data available from the 2007–2008 Interim DHS. The new TFR estimate for Rwanda is 5.5 children per woman; this is a decrease from 6.1 children per woman found in the 2005 DHS. The new RAPID was presented to the U.S. Ambassador and health team in May. A slightly revised model was presented to a session including the Permanent Secretary of the MOH; district health and HIV officers representing 21 districts; and the Family Planning Coordinator. The following day, in a session organized by UNFPA, the model was presented to a parliamentary group attended by about 50 of Rwanda's 80 parliamentarians.

As part of the dissemination activities, HPI staff presented the RAPID to a group of mayors from the Kigali area, as well as mayors in Eastern Province. The project has also been asked to train mayors to use the RAPID Model for demographic projections. At the national level, discussions are underway about the possibility of disseminating RAPID in collaboration with the MiniCofin and the new population policy. As the RAPID presentation explains why Rwanda should care about population growth, and the population policy is part of the policy response for addressing population growth, HPI proposed using the RAPID presentation to help launch and disseminate the population policy. To achieve the project's objectives in disseminating the RAPID analysis widely at the district level, HPI is currently drafting a detailed dissemination plan. The plan will include specifications regarding the number of districts, objectives for dissemination sessions, target audiences, and proposed budget.

*CBD of injectable contraceptives.* After a change in the Minister of Health and the Permanent Secretary for Health, Rwanda's MOH's policy decision to allow community-based paraprofessionals to provide injectable contraceptives at the community level was in question. Though this decision has since been raised to high levels within the MOH, HPI realized that the government needed additional information to both assure policymakers about a CBD model for Rwanda and to develop policy and guidelines for program scale-up. Instead of first developing policy and guidelines for the CBD program, HPI has revised its strategy to conduct a stakeholder assessment of views, beliefs, and operational issues regarding implementation of a national CBD program for injectable contraceptives.

In August 2009, HPI conducted interviews with key stakeholders to assess their position on and beliefs about implementing a CBD program that would allow administration of injectable contraceptives directly in the community. These stakeholders included MOH officials, members of the FP Technical Working Group, regulatory agencies such as the medical and nursing councils, and the country's pharmacy regulatory authority. The stakeholders were generally favorable, and the results were accepted by the FP technical working group members. The next phase of implementation of a CBD program for injectables is to develop guidelines for the program. HPI plans to use some of its field funding to assist the MOH in developing these guidelines based on its previous experience in CBD guideline development in Malawi.

## Senegal

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**Country Manager:** Brian Briscoombe

**Program Overview:** HPI has helped the government of Senegal reposition family planning by updating the RAPID model analysis demonstrating the impact of rapid population growth on a country's economy and other social sectors. The Ministry of Health's Division of Reproductive Health applied RAPID at the national level to gain increased commitment to family planning. Government counterparts and other key stakeholders representing various sectors will use the RAPID to emphasize the importance of family planning to social and economic development and growth in Senegal.

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

In June, HPI staff, in collaboration with USAID/Senegal, the Division of Reproductive Health, and other members of the RAPID technical working group, finalized the Senegal RAPID analysis PowerPoint presentation and presented it to Senegal's new Minister of Health. In late June, HPI finalized a 30-page booklet that summarizes the analysis for distribution at the RAPID launch on July 8 as part of the national family planning week in Senegal. All deliverables for this activity are now complete.

HPI also trained a team from the *Centre de Formation et Recherche en Santé de la Reproduction* (CEFOREP) in July 2009 on the various components of the RAPID Model and how to present the analysis. CEFOREP is USAID/Senegal's primary partner for dissemination of the RAPID analysis to various policy- and decisionmakers.

## Swaziland

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**Country Manager:** Caroline Teter

**Program Overview:** Under Task Order 1, HPI supports the objectives of PEPFAR in Swaziland, which include helping the Ministry of Health and Social Welfare (MOHSW) scale up male circumcision. Specifically, HPI is supporting the Swaziland Male Circumcision Task Force and its affiliated organizations by (1) seconding a Male Circumcision Task Force Program Coordinator at the MOHSW and (2) providing 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:

*Recruit a resident, full-time MC Program Coordinator.* After a long search, Mr. Ayanda Nqeketo was seconded to the MOHSW in July 2009. He is working under the Deputy Director of Health Services-Clinical and will be based at the Swaziland National AIDS Program (SNAP).

*Assist with the development of the national MC strategy and implementation plan and foster operational scale-up of MC services.* In July 2009, Parliament adopted the Male Circumcision Policy. This document will be translated and printed in SiSwati and English. The four supporting implementation documents—the Clinical Protocol, the MC Communication Strategy, the M&E Strategy, and the Implementation Strategy—are near completion. With these key policy documents in place, the official Male Circumcision Policy launch is scheduled for November. Critical policies next to be addressed are task shifting, credentialing of international healthcare workers, and procurement and supply chain guidelines for MC equipment and commodities.

HPI is supporting the four technical subgroups to complete their strategies. A timeline for the completion of these documents was agreed on at the general technical meeting. The MC Task Force Coordinator is providing technical assistance to these subcommittees. Task shifting and task sharing has emerged as a major discussion theme, especially as international support for the MOVE model continues to broaden.

*Ensure Task Force and donor coordination and information sharing.* Beginning in October, the MC Task Force will meet on the last Thursday of every month. The MC Task Force Coordinator meets regularly with the Prevention Advisor for PEPFAR. The Deputy Director of Health Services-Clinical has agreed that greater information sharing and posting of the approved policies via the [malecircumcision.org](http://malecircumcision.org) website should take place. Lastly, the MC Task Force Coordinator has been coordinating the three-day MC Learning Visit in Kenya in October for the Swaziland team, which includes Dr. Magagula, Deputy Director of Health Services-Clinical; Jessica Greene, Technical Services Director, PSI; and Ayanda Nqeketo.

## Tanzania

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**Country Director:** Millicent Obaso

**Program Overview:** 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). HPI, using both field support and core funds, assists with the application of evidence-based models, such as RAPID and others, to strengthen support for contraceptive security and promote the expansion of FP services.

### Summary of Major Activities:

#### HIV/AIDS

*Launching of stigma and discrimination guidelines.* HPI assisted the Christian Council of Tanzania (CCT) with officially launching its stigma and discrimination guidelines developed in 2008. Held September 5, 2009, and officiated by the first lady, the launch included 562 participants (5 bishops, 50 pastors from CCT, and 507 invited guests from the church and other religious groups). The first lady urged Tanzanians to test for HIV and to avoid stigma and discrimination of people living with HIV and AIDS. The event fostered awareness of the existence and importance of the guidelines, leading to their adoption and use by various religious leaders and other organized groups.

#### FP/RH

*Development of the National Family Planning Costed Implementation Plan (NFPCIP).* HPI coordinated the development and writing of the Policy and Advocacy Strategic Action Area of the NFPCIP. The plan includes clearly defined and costed activities and targets to be implemented by various organizations and institutions to make high-quality FP services more accessible and equitable in Tanzania.

HPI also provided strategic and technical leadership for advocacy initiatives during the NFPCIP National FP Stakeholders Consensus Meeting, convened by the Ministry of Health and Social Welfare/Reproductive and Child Health Section in August 2009 to deliberate and agree on the plan's proposed strategic actions. The meeting included 68 representatives from various government departments, district and regional offices, development partners, and NGOs. In addition, HPI used the FamPlan component of the Spectrum Model to assess input and output needs for the NFPCIP. Using data from the Demographic Health Survey (DHS) 2004, HPI stratified the country based on contraceptive prevalence and unmet need for contraceptives. The analysis revealed that contraceptive prevalence varies by region, and therefore, different strategies and resource inputs are required to attain the desired national target of 60 percent coverage by 2015.

*Advocacy for increased resources for family planning.* In June 2009, in collaboration with the President's Office Planning Commission, HPI conducted a RAPID dissemination workshop for directors of policy and planning from central and sectoral ministries. The workshop's 15 participants made numerous recommendations, such as the need for the government to increase FP resources. The recommendations

have since been discussed at high-level advocacy meetings with members of Parliament and other government officials.

HPI subsequently organized an advocacy meeting in July 2009 with MPs to solicit more resources for family planning. Results from the RAPID Model application were disseminated, emphasizing the relationship between population and development. The meeting included 132 MPs and representatives of relevant government ministries, such as the Ministry of Health and Social Welfare (MOHSW), Ministry of Finance and Economic Affairs, and the President's Office Planning Commission. Twenty-five members of the Tanzania Parliamentary Association on Population and Development's Executive Committee were selected to follow up on the resource allocation. The materials HPI provided to the MPs were subsequently used in discussions about the MOHSW budget tabled on July 28, 2009. The materials highlighted the need to improve FP resource allocation. As a result of these efforts by HPI and other FP stakeholders, the Government of Tanzania has released Tsh 4.5b (about US\$3.4 million) for the procurement of contraceptives. Of this, Tsh 1.8b is from the Basket Fund and Tsh 2.7b is from the government's own sources.

*World Population Day Commemoration and other meetings.* HPI participated in the World Population Day Commemoration at the invitation of the President's Office Planning Commission. The Prime Minister officiated the final day in Shinyanga, which was attended by several national-level leaders. HPI helped to produce communication materials, such as T-shirts with theme of the event, which called for investing in women as a response to the global economic crisis. The Prime Minister spoke of the government's commitment to improve programs on population issues.

HPI also participated in the East, Central, and Southern African Health Community (ECSA-HC) and Directors' Joint Consultative Committee Meeting in Arusha in September 2009. The meeting brought together a multidisciplinary group of participants, including directors of health services, heads of health training institutions, heads of health research institutions, senior program managers from member states of the ECSA-HC, collaborating partners, and other key stakeholders involved in health programs in the region. The main theme for the forum was "Improving Access to Quality Healthcare to Achieve the Millennium Development Goals." HPI used this opportunity to share its advocacy experience, as well as learn from many best practices presented from across the region.

# ASIA AND THE MIDDLE EAST



## Middle East Bureau (Regional)

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**Activity Manager:** Shetal Datta

**Program Overview:** In February and September 2006, USAID’s Middle East Bureau funded two regional workshops (through the POLICY Project and Task Order 1 of HPI) to bring together Arab PLHIV. The workshops increased confidence, leadership, and networking skills among PLHIV and allowed select participants to build their skills to facilitate training sessions by and for PLHIV. In addition, HPI drafted a 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 of PLHIV to foster national and regional support networks; (2) increasing the number of people in the region with accurate and culturally appropriate HIV-related information; (3) strengthening participants’ ability to address HIV-related challenges within their countries—including human rights, gender, treatment access and stigma-related issues; (4) developing trainings, tools, and curricula that specifically address the knowledge and leadership capacity, needs, and potential of PLHIV; and (5) providing small grants for activities designed, implemented, and led by PLHIV in-country.

### Summary of Major HIV Activities:

From May 16–21, the HPI MENA team collaborated with the Association Tunisienne Lutte Contre les Maladies Sexuellement et le SIDA (ATL) and the International Community of Women Living with HIV/AIDS (ICW) to facilitate a five-day women-centered workshop in Tunisia. This was the first workshop for HIV-positive women to raise awareness about the feminization of HIV in the region and to address the challenges and barriers that they face related to HIV. The facilitators—an ICW member and two HPI consultants based in Egypt and Lebanon—used HPI’s draft curriculum, titled *Investing in MENA Series, Women’s Workshop Curriculum: Addressing HIV among Women and the Gender Dimensions of HIV in the MENA Region, Volume 3*. The curriculum specifically addresses gender-related issues that fuel the epidemic (e.g., access to HIV-related information that meets women’s needs, parent-to-child transmission, reproductive health, gender-based violence, and women’s empowerment), as well as priority issues for advocacy. Twenty-five HIV-positive women or women from sero-discordant couples from Algeria (1), Bahrain (2), Egypt (2), Jordan (2), Lebanon (3), Libya (3), Morocco (1), Palestine (1), Saudi Arabia (2), Tunisia (4), and Yemen (3) attended the workshop. HPI is now updating the curriculum based on the workshop and will submit a final version for USAID review in November.

Two HIV-positive HPI facilitators in the region are leading peer-to-peer workshops by and for PLHIV in the region. These workshops seek to increase awareness about HIV—especially among positive women living in remote areas who do not have access to information and services on HIV. In each country where these workshops are held, local PLHIV who previously attended HPI’s workshops are co-facilitating. To date, peer-to-peer workshops have been completed in Manama, Bahrain (June 29–July 3 for 27 participants); and in Beirut, Lebanon (September 11–14 for 12 participants). During both workshops, the facilitators helped to increase country-level support for HIV-related activities by partnering with National AIDS Program (NAP) managers, local NGOs, and support groups. In-country trainers have showcased their skills and have consequently received increased responsibility and leadership positions in the local HIV response. The next set of peer-to-peer workshops are scheduled to take place in Yemen (Aden, October 19–22 and Sana’a, October 26–29) and Muscat, Oman (November 8–12).

HPI also continued to monitor the disbursement and use of small grant in Jordan, Lebanon, and Yemen. The Jordan team has successfully completed its Round 1 grant activities and has begun planning a second round of grants. The team proposes to hold a stakeholder meeting to focus on better coordination among the Ministry of Health, VCT centers, and El-Hayat, the first PLHIV-led NGO in Jordan.

In Lebanon, HPI awarded a Round 1 small grant to an NGO to create a newsletter written by and for PLHIV to raise awareness about the HIV epidemic. The newsletter will also have articles written by healthcare providers who partner with and support PLHIV in Lebanon. Distribution points for the newsletter include VCT centers, hospitals, clinics, and ministries, and also places where MARPs and PLHIV meet—including local NGOs, support groups, clubs, and points of social contact. The newsletter is in the final stages of completion, as the NGO is awaiting an editorial contribution from its CEO before printing and distributing. The team in Lebanon is using a Round 2 small grant to fund a second edition of the newsletter that highlights articles written by and for PLHIV from the Lebanese community as well as the regional network.

As part of the second small grant awarded to Yemen, the team is planning a meeting to engage all stakeholders involved in the HIV response in Yemen. The meeting aims to reposition PLHIV as leaders rather than beneficiaries in the country's HIV response. The meeting will engage women to both address their concerns and serve as key leaders in the response. A local NGO, YemenAID, will be working closely with the Yemen NAP to coordinate the meeting. This meeting is tentatively scheduled to convene after the Yemen peer-to-peer workshops in October.

Since June 2008, all training in the MENA FY07 core-funded HIV workplan has been completed. HPI received CTO feedback on two curricula: the subregional curriculum, titled *Investing in People Living with HIV Leadership in the Middle East and North Africa Region: Sub-regional Curriculum* and the Training of Trainers (TOT) curriculum, titled *Training of Trainers Curriculum: Building the Training Skills of HIV-Positive People in the Middle East and North Africa Region Investing in MENA Series—Volume I*. Once updated and finalized, the curricula will be translated into Arabic, published, and disseminated. HPI has also written a paper titled *Paths to PLHIV Leadership in the Middle East and North Africa Region*, which documents the cumulative experience of the Investing in MENA activities from 2005 to the present. This document will be submitted to USAID for technical review within the next month.

## India

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**Program Coordinator:** Himani Sethi

**Program Overview:** HPI results are achieved through activities carried out with core and field support funds. The scope of work for the India program expanded with the India Mission obligating field support funds for developing an advocacy strategy and tools to increase awareness and action in the area of family planning. In addition, the India program for 2009–2010 includes implementation of three core-supported activities that provide leadership on policy issues, promote policy research and evaluation, and develop the tools and techniques for technical support to the field.

The HIV field support program supporting Uttar Pradesh State AIDS Control Society (UPSACS) with research and evidence building has been successfully completed, with all products and deliverables submitted. HPI has started the background work for rolling out the new FP/RH field support program and will formally begin the work in October 2009. The core-funded activities are described in the FP/RH core section of this report.

### Summary of Major HIV Activities:

The HIV field support program activities are complete. During this period, the remaining deliverables have been finalized and approved by UPSACS and the India Mission.

**Three discussion briefs.** HPI analyzed secondary HIV data for Uttar Pradesh (UP) from the National Family Health Survey III, the 2001 Census, the 55<sup>th</sup> round of the National Sample Survey, and Round Three of the District-Level Household Survey to develop three discussion briefs. The first brief makes a case for the scale-up of interactive channels of communication for sustained prevention and stigma reduction. The second brief makes a case for focused HIV interventions in migrant source areas in UP. The third brief analyses data to assess the overall health-seeking behavior in the state, with a focus on women. The India Mission appreciates the briefs as “high-quality discussion briefs.” HPI has also vetted the briefs with UPSACS and the National AIDS Control Organization (NACO). NACO is currently moderating discussions among stakeholders and civil societies to plan interventions with migrant communities in *source* areas. Under the NACO, interventions are currently implemented only in *destination* areas, and migrants in source areas are to be reached through community mobilizers. NACO is highlighting the migration brief as a good reference. HPI is disseminating the briefs among other relevant stakeholders for program planning.

**Needs assessments and District Action Plans (DAPs).** To facilitate the decentralized planning process and implementation of the HIV program in UP, HPI conducted needs assessments and facilitated a consultative process to draft DAPs in five category “A” districts consistent with the new national program directives and guidelines in 2008–2009 (Deoria, Mau, Etawah, Banda, and Allahabad). Primary field work found that (1) the level of knowledge about HIV has increased among general communities; (2) HIV program implementation at the district level is still at a nascent stage with a need to build capacity of the district implementers to understand, plan for, and execute the plan; (3) levels of stigma and discrimination, myths, and misconception are high and; (4) there are high levels of commitment from the NGOs that are implementing programs. UPSACS has approved the DAPs and is setting up the district AIDS Prevention Control Units that will be responsible for implementing the DAPs.

HPI anticipates that this activity will provide UPSACS with information for planning, resource allocation, and/or advocacy. Additionally, the needs assessment reports have been useful for NGOs working in the field—both for greater knowledge and for informing intervention planning.

**Summary of FP/RH Activities (FY09 Funds):**

HPI worked closely with the India Mission to prepare the scope of work for the upcoming FP field support funds. The objective of the program is to develop tools and facilitate dialogue and discussions to advocate for an increased focus on FP. Planned activities include conducting a rapid assessment to identify the ongoing advocacy initiatives funded by other donors and programs and identify gaps; preparing an inventory of tools and models for analyzing FP needs and impacts of high fertility; using RAPID and other models to develop high-quality projections; and working with partners to design and deliver effective advocacy messages to key decisionmakers at national and state levels to increase support for family planning. HPI has hired additional local staff and is finalizing a detailed workplan; the team is set to roll out the program beginning October 2009.

## Indonesia

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**Country Director:** Claudia Surjadjaja

**Program Overview:** 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 is raising awareness of Muslim leaders, men having sex with men, and positive women.

### Summary of Major HIV Activities:

During the past year, HPI has made a significant contribution to the HIV policy environment in Indonesia, especially among the Muslim community. HPI successfully obtained support from Muslim leaders, which is essential for policy formulation and program implementation, to increase awareness and facilitate the integration of existing HIV-related directives into action plans in mosques and Islamic-based middle and high schools. HPI's work to engage the Muslim community in Indonesia has been picked up by several Asian press reports, and both Global Health Council and the American Public Health Association accepted abstracts as oral presentations.

*Building the planning and advocacy capacity of the KPAN and KPAP/Ds.* At the national level, HPI provided technical assistance to build the planning and advocacy capacity of the KPAN. During the previous fiscal year, HPI and the KPAN formed and trained a national multisectoral costing team and advocacy facilitators. HPI assisted KPAN to apply an integrated planning model that linked the Asian Epidemic Model (AEM) and Goals Model; the government adopted this as the national methodology for HIV/AIDS planning. During this year, the KPAN continued to use the model to mobilize resources at the national level and lobbied local governments for its integration at the provincial level. With its own resources, and using the national team previously trained by HPI, the KPAN conducted advocacy training workshops and costing workshops for 33 provinces. HPI also developed a reference tool/guide to draft HIV/AIDS regulations at the provincial and district levels. The KPAPs and KPADs used the costed action plans and the HPI-developed guide as tools to advocate with their respective local governments for increased funds and to adopt comprehensive local regulations on cost-effective HIV/AIDS resource allocation.

At the KPAN's request, HPI will conduct a refresher training (scheduled in November) for national facilitators to update them on the latest version of the linked AEM and Goals Model. HPI will then help the KPAN to cost the National Strategic Planning (2010–2014).

*Supporting MSM&TG Working Group and Network.* As previously reported, HPI facilitated the establishment of the MSM&TG Working Group (May 29, 2008) at the KPAN. The aim of this group is to (1) assist the KPAN with formulating policies related to MSM&TG; (2) develop a national strategy for MSM&TG; (3) work with the relevant sectors to produce documents for MSM and TG program development; (4) mobilize the public sector, local governments, civil society, and the private sector to facilitate policy implementation; and (5) help monitor and evaluate policies and programs related to MSM&TG. During this year, HPI conducted a network mapping and situation/response assessment to examine the adequacy of the current environment for HIV/AIDS programs related to MSM&TG. The findings were presented and discussed at the Regional Consultation Meeting on MSM&TG in Insular

Southeast Asia August 4–6, 2009, organized by UNESCO. At the request of RDM/A and the Indonesia Mission, HPI supported three members from the Working Group to attend this regional meeting. The findings will be used to develop a strategy specially oriented to MSM&TG.

*Building the capacity of women PLHIV groups.* Earlier this fiscal year, HPI supported a training workshop for 40 HIV-positive women and HIV-positive female sex workers to improve their facilitation, public speaking, and peer advocacy skills. HPI helped to develop simple training materials, but the positive women themselves organized and conducted the workshop. Twelve participants were selected and given the opportunity to facilitate regular peer group meetings. HPI conducted a follow-up assessment in late April 2009, which revealed the need for additional trainings to empower positive women to speak publicly about their issues and to make informed and appropriate decisions. Creating a supportive environment also includes supporting human rights of PLHIV, including interventions to address HIV-related stigma and discrimination. As such, HPI will convene advanced trainings for positive women and community leaders on reducing stigma and discrimination (scheduled for late October or early November).

## Jordan

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**Country Director:** Basma Ishaqat

**Program Overview:** In response to USAID/Jordan’s objective to improve the health status of all Jordanians, HPI assists the government of Jordan (GOJ) and the Higher Population Council (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:

*Family planning barriers assessment.* The Jordan Population and Family Health Survey (JPFHS-2007) showed minimal change in the TFR, 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. During a stakeholders meeting conducted in November 2008, the project introduced preliminary findings of a market segmentation study, factors that affect the current discontinuation rate and method mix, and other country experiences. During this period, HPI finalized the market segmentation study and disseminated the main report among partners on August 20, 2009. The project will continue to build on the findings from the market segmentation study, with a special focus on understanding demand-side issues affecting the use of FP services, and deepening concrete steps to address and eliminate barriers (see below).

*Analysis of unmet need, method mix, and discontinuation.* In August, HPI and the HPC held several consultative meetings with USAID, CAs, MOH, and larger groups of key stakeholders to present the findings of HPI’s detailed analyses of DHS data related to discontinuation, unmet need, and method mix. The six major issues highlighted during these meetings included training, counseling, policy, research, advocates and allies, and empowering women. Participants identified potential program responses and initiatives to address these issues; HPI is currently assessing alternatives to propose a set of policy actions to vet with USAID, HPC, MOH, and key partners. A paper titled “Opportunities to Reduce TFR in Jordan” will present the analysis and suggested policy responses and interventions. In addition, HPI will prepare several policy briefs to present the evidence base and rationale for specific policy action. These policy briefs will serve as the basis for targeted advocacy plans to reach key decisionmakers.

*National study on the cost of increasing modern contraceptive prevalence by at least one percentage point per year.* Following the February preliminary dissemination meeting, HPI carefully reviewed the data and the methodology used in this assessment. The project team worked closely with the authors of the report to ensure that concerns from local counterparts were considered and incorporated into the report. HPI will finalize the report during the next quarter.

*Development and dissemination of national-level RAPID presentation.* HPI finalized the required population projections to ensure consistency between the RHAP II targets and the national agenda; the team updated the draft national-level RAPID presentation based on the revised projections. HPI provided the HPC with these projections, and HPC incorporated them into its Demographic Opportunity policy document. HPI also introduced the revised RAPID presentation to the HPC Secretary General and staff and finalized the RAPID presentation for use as an advocacy tool to gain support for FP policies. HPC used parts of the RAPID presentation in the World Population Day celebration on August 11, 2009, to raise awareness of the Demographic Opportunity paper and advocate for the Prime Minister’s approval. In addition to using the national-level RAPID presentation as an advocacy tool, HPI has produced a first

draft of a RAPID booklet for USAID and HPC review. During the next quarter, the project will finalize the RAPID booklet and will train HPC on effective use of this tool.

*Development and dissemination of governorate-level RAPID presentations.* On September 10, 2009, HPC and HPI arranged for a meeting in the governorate of Irbid to deliver the RAPID presentation to the Interior Ministry and high officials of Irbid and Amman governorates. The Development and Planning Unit in Irbid governorate agreed to collaborate with HPI to use the national-level RAPID analysis and presentation to develop a governorate-level presentation focusing on issues specific to the Irbid governorate. The project has begun work on the governorate-level projections; in addition to Irbid, HPI will work with partners on RAPID applications for Aqaba, Zarqa, and three other governorates during the coming year.

*Assistance for the HPC in conducting the third round of the Policy Environment Score (PES).* HPI finalized the PES report and shared it with the HPC. Next quarter, HPC will translate the report into Arabic, print, and disseminate it among the RHAP-II steering committee and other partners.

### **Other**

HPI participated in two USAID CA meetings. The first meeting was conducted on July 15, 2009, where HPI's Country Director presented the RAPID presentation and discussed with it CAs. In addition, the head of USAID/Jordan's Office of Population and Family Health delivered the presentation to the Mission Director. During the September CA meeting, HPI's Country Director presented the project's major achievements through 2008–2009 and introduced the activities in the October 2008–September 2010 workplan.

## Vietnam

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**Country Director:** Tran Tien Duc/Anne Jorgensen

**Program Overview:** HPI in Vietnam supported PEPFAR in achieving its targets of providing ARVs for 22,000 people and care for 110,000 people. HPI works to support the creation of an enabling policy environment for HIV that is evidence-based; participatory, especially involving those groups most at risk for HIV; and respectful of human rights. The two final activities under TO1 are 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 (HCMC); and support to the University of New South Wales (UNSW) in organizing and implementing the International Conference on Protecting the Rights to Human Health and Development. Using core funding, HPI 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 HPI-TO1 and transferring to the new HPI task order in Vietnam.* HPI-TO1 officially closed at the end of July 2009. The majority of activities ended last fall, and the remaining staff relocated to a smaller office, implementing only a few activities through the end of July. These activities are described in the text below. All field-supported activities have been completed.

### 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 to reduce stigma and discrimination. The Vietnam-specific pilot aims at improving the implementation of commitments by combining monitoring with effective advocacy for action, while building capacity among the most affected groups to carry out monitoring and engage in policy dialogue and advocacy based on the results.

### Other/Policy Analysis and Systems Strengthening

*Evaluating the methadone treatment pilot program.* HPI, Family Health International (FHI), and the WHO are helping the Vietnam Administration of AIDS Control (VAAC) to evaluate the first year of the methadone treatment pilot program at six sites in Hai Phong and HCMC. HPI's specific responsibility is to estimate the costs to establish and operate a methadone clinic. These findings will serve as baseline information for planning the future expansion of methadone clinics in Vietnam.

Based on a methodology developed by HPI and approved by VAAC, HPI supervised data collection conducted by two provincial AIDS committees (PACs). Data were collected and analyzed on public financial costs of operating methadone clinics, including the cost of drugs, tests and consumables; personnel; utilities and office supplies; the depreciation of investments in house renovations; and equipment.

After appropriate training, 1,141 cases were recorded focusing on the interaction time between health workers and patients (time in and time out for services such as reception, pharmacy, laboratory, examination/profile, individual counseling, and group counseling). Sixty health staff in six clinics completed a weekly working diary and provided estimates of time spent with each patient and the frequency of meeting one patient in a month, stratified by type of services and patients. Records of equipment and consumables, such as methadone and drug test kits for the clinic operation, monthly

salary and fringes for staff, housing upgrade costs, monthly recurrent costs, and training costs were all collected for the period of April 2008–March 2009. All data were computerized and cleaned for analysis. The economist consultant analyzed the data and summarized preliminary findings in a draft report that was shared with the VAAC on August 26. VAAC praised the draft report, saying that it fully addressed the VAAC’s concerns and it was concise. The results will be presented to a technical panel organized by the VAAC on October 10 to review the entire evaluation report, including FHI’s component on the evaluation of the implementation process and impact of methadone clinics. With this, HPI has completed its work on this report.

*Realizing the rights to human health and development.* This effort provides an international stage for further examination of the complex relationships among health, development, and human rights. UNSW’s Initiative for Health and Human Rights and the Vietnamese Communist Party’s Central Committee in Ideology and Propaganda and Education leads the effort, which includes three main activities: (1) a three-day capacity and skills development workshop to educate national participants about underlying theories of the conference; (2) a four-day international conference to bring 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.

Through a subcontract with UNSW, HPI-TO1 helped to fund the preparation and implementation of the “National Workshop on Realizing the Rights to Health and Development for All” from June 29–July 2 in Hanoi. The workshop was attended by 41 Vietnamese delegates from both governmental and non-governmental organizations. It aimed to generate and increase knowledge of the Vietnamese participants about the linkages between health, development, and human rights as a prelude to the “International Conference on Realizing the Rights to Health and Development for All.” As part of the subcontract (which ended July 31, 2009), funds were also used for planning the International Conference, scheduled for October 26–29, 2009.

## Yemen

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**Country Manager:** Imelda Z. Feranil

**Program Overview:** Beginning in November 2007, HPI has collaborated with USAID/W, the Mission, and UNFPA/Yemen to assist Republic of Yemen (ROY) government officials with advancing policy debate about the country's population and development challenges. HPI provided technical assistance to high-level officials of the Ministry of Planning and International Cooperation (MOPIC) and the National Population Council (NPC) to prepare a Yemen RAPID application and present the results during the Fourth National Population Conference held December 10–12, 2007. In March 2008, HPI conducted a RAPID training for senior technical staff from national and governorate health, population, and development agencies. Although the project completed the original scope of work, HPI obtained the Mission's permission in October 2008 to use savings from the Yemen MAARD to analyze how meeting the unmet need for family planning can help make the Millennium Development Goals (MDGs) more affordable to achieve in Yemen.

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

HPI analyzed the FP trends using Yemen's 1997 DHS and the 2003 Family Health Survey and prepared population projections using Spectrum. In addition, HPI updated the MDG model for the country. While a model was prepared in 2005, the earlier one was based on the 1997 survey. The update completed in July 2009 took into account the significant increase in unmet need for family planning between 1997 and 2003 and continuing high fertility levels. To summarize this analysis, HPI prepared an updated MDG policy brief for Yemen. The brief emphasizes that meeting the unmet need for family planning will place the country on track to achieving several MDGs. Recent MDG reviews prepared by Yemeni government officials reveal that Yemen will not be able to achieve several of its MDGs by 2015. Population growth and continuing high fertility exert great pressure on Yemen's scarce resources, in turn undermining the country's efforts to achieve its MDG goals. Increased contraceptive use can significantly reduce the costs of achieving selected MDGs and directly contribute to reductions in maternal and child mortality. HPI has submitted the MDG policy brief to the Mission, thereby closing out this activity.

# EUROPE AND EURASIA



## E&E Bureau

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**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 to 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, HPI initiated a Medication-Assisted Therapy 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. Details are given below.

### Summary of Major HIV Activities:

*Development of tools to assess and improve access to MAT for IDUs in the E&E region.* The project team finalized the Inventory to Compare Country Legislation, Policies, Regulations, Guidelines/Protocols with International Best Practices. Its goal is to provide a repository for written laws, policies, regulations, etc. Final changes were incorporated based on the feedback obtained from USG representatives and members of the International Advisory Group (IAG) in April. In May, USAID E&E Bureau and HPI staff discussed the up-coming pilot tests in selected countries. A regional partner, the East Europe Harm Reduction Network (EHRN), after appropriate training, provided logistical and administrative support to launch the activity's field work in eight selected countries: Albania, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. EHRN also assisted HPI with selecting national consultants to pilot the Inventory.

From July 13–14, HPI trained national consultants on piloting the Inventory. This two-day workshop was conducted with support from EHRN in Tbilisi, Georgia. The pilot-test started in early August and was finished in six countries—Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, and Tajikistan—at the end of September 2009. National consultants collected the available documents, filled in the Inventory electronically, and uploaded the collected documents to the websites created for each country. In October, the national consultants will complete a mapping of the network of national policymakers and program implementers critical to the delivery of MAT services. The results for two countries, Uzbekistan and Albania, are pending. The piloting in Uzbekistan was suspended because a National Security Council resolution stopped the Global Fund MAT pilot. Thus, the piloting is pending until the case is resolved. In Albania, piloting got a late start but began on September 21 and will be finished by the end of October.

The project team also finalized the MAT Policy Assessment Index (PAI). Its purpose is to (1) help advocates identify areas needing strengthening/intervention (baseline), and (2) assess change/improvement over time (follow-up). Two countries were selected for piloting the MAT PAI: Kyrgyzstan and Georgia.

The final product 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. The toolkit will include the Inventory and PAI. These tools can be used alone or in tandem.

*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 in the CAR region, HPI also coordinated with UNODC representatives and agreed to exchange relevant documents. In addition, HPI continues to collaborate with the joint Temple University and DFID three-year project, Access to Medicines Project for Palliative Care and Medication-Assisted Therapy (AtoM); the International AIDS Society (IAS); 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 2008. HPI will share the MAT tools with these organizations and ensure that HPI's work is aligned with best practices.

# LATIN AMERICA AND THE CARIBBEAN



## LAC Bureau (Regional CS)

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**Regional Coordinator:** María Rosa Gárate

**Program Overview:** 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 phase out, HPI is documenting the region’s CS-related experiences and conducting innovative work to promote informed policy decisionmaking on contraceptive funding. Within this context, HPI helps to consolidate and ensure the sustainability of the Regional Initiative on Contraceptive Security for Latin America and the Caribbean (LAC CS Initiative). The LAC CS Initiative has targeted activities in eight focus countries: Bolivia, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru.

As USAID continues to graduate LAC countries from FP assistance, key stakeholders need to continue establishing a multisectoral approach that ensures CS and addresses poverty and equity issues. Research suggests that income gaps and inequities in the majority of LAC countries have worsened in recent years, highlighting the importance of addressing unmet health needs for marginalized populations. While contraceptive prevalence in the LAC region has steadily increased, most countries have not secured the consistent financing needed to guarantee the delivery of high-quality supplies and services. It is not sufficient to have an adequate supply of contraceptives available at a low cost. Sustained political commitment, coordinated civil participation, and evidence-based strategies are also needed to equally inform all persons about their FP options, consistently deliver a desired method mix and establish reliable monitoring and evaluation systems. Thus, in addition to budget and supply issues, contraceptive security requires ongoing capacity building and sustained advocacy across several disciplines and sectors.

HPI continues to develop, implement, and evaluate evidence-based analytical frameworks that will improve the capacity of RH services to reach the most vulnerable populations. Throughout this reporting period, HPI partnered with national governments and collaborating partners to (1) to advocate for increased political commitment for FP/RH; (2) consider how the withdrawal of donor support may disproportionately affect marginalized groups; (3) develop coordinated strategies to avoid and mitigate any inequities in FP indicators such as contraceptive use, unmet need, and method mix; and (4) collaborate and share lessons learned among CS committees and key partners. Following the October 2008 Regional Conference Workshop on Contraceptive Security and Equity, HPI continues to focus its efforts on improving equity concerns in CS by partnering with governments, CS committees, civil society, and collaborating partners.

### Summary of Major FP/RH Activities:

*Small grants and technical assistance to support civil society advocacy activities and national participation in CS committee.* In January 2008, HPI evaluated advocacy activity plans developed by CS committee members during the Regional Conference-Workshop on Contraceptive Security and Equity (2007/2008 activity in Guatemala) to identify those plans with the most feasible objectives and specific strategies. HPI selected the CS committees in the Dominican Republic, El Salvador, and Guatemala as having the most potential for improving equity in family planning and assisted them in identifying local partners in each country that could support the objectives and strategies through their work. During this reporting period, HPI awarded small grants to local civil society organizations in all three countries. With HPI support, these civil society organizations—the Alliance for Sexual and Reproductive Health in El Salvador (ASSR), the Network of Women for Peace in Guatemala (REMUPAZ), and Aquelarre (CEAPA) in the Dominican Republic—are implementing advocacy activities that address existing inequities in FP/RH, leading evidence-based FP/FH advocacy efforts at the municipal level, and becoming key civil society representatives at national CS committee meetings.

In May 2009, HPI responded to a request from the Guatemala CS committee and collaborated with DELIVER and UNFPA to train 20 people, including representatives of the FP program in the Ministry of Health, Social Security, civil society, and women's organizations. Following the workshop, titled "Norms and Mechanisms for Contraceptive Acquisitions in Guatemala," the Ministry of Health launched a series of activities with the Financial Administrative Management to seek out alternatives for the acquisition of contraceptives. In keeping with its commitment to support civil society participation in CS, HPI awarded a small grant to the Guatemalan Association of Women Physicians (AGMM) to support advocacy activities that will help secure an assigned budget for contraceptive acquisitions. HPI is assisting the AGMM with action plan development and implementation, which includes engaging other key civil sector stakeholders, including the Reproductive Health Observatory, the Medical College, and the Association of Gynecology and Obstetrics.

*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 donor phaseout and how graduation strategies may disproportionately affect marginalized populations, HPI is developing an interactive policy dialogue tool that underscores the relationship between funding for FP services and the effect on current users, with a focus on vulnerable populations. HPI completed a literature review on donor and government funding for FP commodities in LAC. The literature review will inform the interactive analysis that relies heavily on DHS data and established assumptions about FP/RH attitudes and behaviors across adjusted urban vs. rural quintile groups.

Additionally, HPI began primary data collection for research on method mix and vulnerable populations in the Dominican Republic (DR), which is scheduled to graduate from USAID assistance for FP/RH in 2010. In September, HPI completed key informant interviews with decisionmakers and interviews and focus groups with FP providers and clients. This qualitative data around method use in the DR will serve to supplement existing literature and national-level quantitative data to identify policy and programming considerations designed to mitigate existing or potential inequities in family planning. As part of the research, HPI is conducting a background review of DHS, national and regional health programs, and academic and programmatic research to consolidate information and identify in-country successes achieved in FP/RH. A forthcoming report will ensure that CS committees and civil society organizations in the DR have the evidence-based information needed to continually advocate for equitable FP programs and services post-graduation.

HPI participated in the DELIVER Project's conference on contraceptive acquisition from September 22–14 in Cartagena, Colombia. At the conference, HPI staff facilitated a panel on ensuring political support in the acquisition process—during which an HPI consultant presented Guatemala's experience with the topic. The HPI team also provided technical assistance to various country team working groups throughout the conference.

HPI continues to plan a regional policy conference scheduled for June 2010. The conference is 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, (2) contribute to evidence-based decisionmaking in FP by country governments and international donors, and (3) assist LAC countries in ensuring political will surrounding CS in their respective countries. During this reporting period, HPI drafted a participant list—including representatives from the eight countries with active CS committees in the LAC region—and conferred with key partners to finalize conference details, including the location and dates. HPI is drafting a conference agenda based on feedback received during the convening of many of the same actors at the Cartagena conference.

*Virtual communication network (webpage) to facilitate communication and information sharing across CS committees.* During the October 2008 conference workshop and the CS regional workshop coordinated by DELIVER in September 2009, stakeholders expressed a specific need to help countries build a virtual communication network around the theme of contraceptive security. During this reporting period, in collaboration with DELIVER and the USAID Allnet Alliance Network (Allnet), HPI helped develop a web-based discussion forum. The network promotes the exchange of information among CS committee members in two ways: (1) as a central place to share and seek information on best practices about various subjects including logistics, procurement, financing, and resource mobilization, and (2) as a forum to share advocacy experiences and civil society efforts around reducing inequities. HPI is currently launching the trial site. With Allnet's technical support, HPI plans to monitor and evaluate user feedback to improve the virtual communication network and promote sustainable dialogue across CS committees.

*Support for regional training to promote knowledge transfer and capacity building for provincial representatives.* In June 2009, HPI funded the participation of four representatives from the Peruvian Regional Health Directorates of Ucayali, Huánuco, and Ayacucho to attend an international course on "Contraceptive Security: Principles and Practices." These four representatives serve in a regional office with significant vulnerable populations. During the four-day course, representatives and coordinators of reproductive health programs from Nicaragua, Panamá, Paraguay, and Peru reviewed logistical and political processes required to ensure CS in their respective countries. The Asociación Benéfica PRISMA of Perú facilitated the training and DELIVER sponsored the event.

## Dominican Republic

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**Country Manager:** Hannah Fortune-Greeley

**Program Overview:** HPI in the Dominican Republic (DR) supports FP/RH, HIV/AIDS, and related health advocacy and strengthens local capacity to carry out this work.

### Summary of Major FP/RH Activities:

*REDIN network activities.* On April 2, 14 members of the National Family Planning and Sexual and Reproductive Health Advocacy (REDIN) network came together in Santo Domingo for a day-long workshop to better define the network's areas of intervention, define member roles, and create an action plan and timeline. At the workshop, the network also (1) selected CEPROSH and Aquelarre as the umbrella organizations to receive minigrants (one sponsored with field support funds and the other with regional LAC CS funds); (2) defined the scope of work for those grants; and (3) chose CIMUDIS and CENSEL to serve as monitors for the minigrant work.

On June 23, REDIN member organization PROMUS hosted the official network launch event in Barahona, which included a declaration of REDIN's commitment to work on the link between local development and family planning. Twelve member organizations participated in the launch and signed the official launch agreement, including six executive directors. Local authorities and NGOs attended the event, and it received local and digital press coverage. The launch was the culmination of several months of work by many network member organizations, who engaged in planning and message development for the event, as well as strategic dialogue activities within the organizations themselves and with local and national authorities and media. The launch was one of only three events that received coverage in that week's Mission update to the LAC Bureau.

In addition to the workshop and launch, the network also convened for two monthly plenary meetings (May 6 and June 10) to monitor progress on the action plan and provide updates on the different work committees.

*Minigrants.* In April and May, local consultant Jeannette Tineo assisted CEPROSH and Aquelarre in preparing minigrant applications for the network based on the scope of work the group defined at the April workshop. The CEPROSH minigrant (financed with field support funds) covers capacity-building activities, public relations events, and internal management expenses for the network, including the official launch event.

From August 28–30 in Puerto Plata, as part of this minigrant, CEPROSH hosted a network-strengthening workshop for 20 members of REDIN. Also serving as the monthly plenary meeting, the workshop focused on participatory budgeting, gender integration in municipal policies, and strategic planning for the network to position family planning as a priority topic of local governments.

The Aquelarre minigrant (financed with LAC CS regional funds) focuses on the link between local development and family planning—specifically on the application of article 21 of the Law #176-07 on municipalities, which indicates that 4 percent of Ayuntamiento (town council) funds should be applied to programming in gender and health through a participatory budgeting process.

During the reporting period, REDIN representatives, supported by HPI staff, held policy dialogue meetings with the Federation of Municipalities (FEDOMU), UNMUNDO, and other municipal mechanisms to set up the work in the selected four municipalities.

*Technical assistance to REDIN advocacy network members.* In addition to network-wide activities, local consultant Jeannette Tineo worked to strengthen the capacity of several member organizations and helped identify potential sources of funding and write corresponding fundraising proposals.

As a first step in building the capacity of individual organizations within REDIN, HPI conducted 12 individual meetings to identify each organization's main technical assistance needs, including the strengthening of advocacy and policy dialogue skills, how to integrate gender into public policies and programs, how to monitor advocacy strategies, and how to incorporate FP into their organization's strategic plans. To address these needs, HPI has created a series of training blocks for technical staff of REDIN member organizations on topics such as gender integration in project design, advocacy and policy dialogue, family planning and women's health, among others.

HPI also conducted training activities for five member organizations (ASOLSIDA, CENSEL, CIMUDIS, the National Youth Network, and MODEMU) through 10 workshops with 15–20 people each. This training will continue with at least four other member organizations interested in capacity building.

This attention to institutional strengthening for REDIN members will (1) generate sustainability of the network through increased capacity to design programs and solicit funds for the network; (2) broaden the advocacy skill set of the network; and (3) foment the inclusion of family planning as primary theme in network members' institutional work.

*Collaboration with the CS Committee (DAIA).* HPI assisted network members ASOLSIDA and CIMUDIS with preparing for their participation in DAIA committee plenary meetings. HPI also sponsored the participation of Ingrid Breton from Grupo Paloma in a three-day DAIA leadership workshop run by Management Science for Health and the DELIVER Project. Jeannette Tineo and HPI staff member Hannah Fortune-Greeley both participated in the workshop, helping the DAIA to identify challenges in its short-term work and prepare action plans to address these issues. From September 20–24 in Cartagena, Colombia, Fortune-Greeley provided technical assistance to the Dominican delegation at DELIVER's conference on contraceptive acquisitions and assisted the team with drawing up an advocacy plan to ensure political will for its contraceptive supplies acquisition. HPI continues to collaborate with DELIVER on CS work at the national and regional levels through information sharing and coordinated efforts.

## El Salvador

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**Country Manager:** Mary Kincaid

**Program Overview:** 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 by providing support to the secretariat of the CCM. This support has been crucial to the operation of the CCM and to the implementation of activities supported by the Global Fund.

### Summary of Major HIV Activities:

HPI provided logistical and technical assistance to the CCM by guaranteeing the execution of effective and transparent proposals to the Global Fund on the prevention, care, control, and mitigation of impact of HIV/AIDS and TB in El Salvador. Activities included coordinating with the Global Fund's Portfolio Manager to impart knowledge on the fund to members of the CCM (April 27 and 29); coordinating a workshop in July on negotiation techniques supported with funds from UNAIDS; and developing processes for the formulation of national and regional proposals on HIV, TB, and malaria to be presented to the Global Fund. HPI coordinated and provided TA for the Round 9 proposal for the TB component and submitted the proposal to the Global Fund on July 7, 2009. HPI is also preparing a proposal to be submitted in October 2009 to the Global Fund for the Subcommittee on Finance, where activities will commence in 2010.

In conjunction with the Subcommittee on Sustainability, HPI worked on a proposal for the sustainability of the CCM for 2008–2014, which received approval. Additionally, HPI has managed resources through USAID | PASCA, PAHO, UNDP, and UNAIDS.

To ensure that all activities subsidized by the Global Fund and other CAs in El Salvador are transparent as well as effective, HPI assisted the CCM with coordinating and implementing M&E actions, including the supervision of field activities, which has been documented and housed by the M&E Commission; coordinating requests to principal recipients for monthly program activity reports; and developing templates for report submissions and approval requests. HPI coordinated monthly meetings and presented reports to the plenary of the CCM and is currently coordinating a meeting with the rest of the subcommittee for evaluating progress made in the workplan. To strengthen the ongoing process of capacity building for optimal functioning and performance of the CCM, HPI supported four workshops on (1) strengthening the function of the CCM, (2) board management, (3) negotiation techniques, and (4) M&E of Global Fund indicators.

HPI also provided support in creating transparent, participatory, and equity-based mechanisms for the CCM to guarantee effective execution of projects financed by the Global Fund. To complete the workplan prepared in the first trimester, HPI carried out informative meetings with the following types of organizations: national and international NGOs; government; and academic, religious, and international agencies. HPI informed the plenary of informational meetings; completed, developed, and circulated the 6<sup>th</sup> and 7<sup>th</sup> CCM informative bulletin; in collaboration USAID | PASCA, reached out to the private sector; completed the process of electing a new committee structure; and assisted in reviewing the CCM webpage to update its visual format and structure.

Other HPI-supported activities during the period included the following:

- Meetings with the MOH, including with the minister and vice-minister
- 12 plenary meetings of the CCM between April and September, with an average of 20 participants each

- Paid per diem for representatives of COFEVI and People Affected by TB
- Monthly meetings with the six permanent subcommittees (in the case of the TB subcommittee, the permanently scheduled meeting was used to prepare the aforementioned Round 9 proposal to the Global Fund)

The CCM received visits by Dr. Julio Garay, Director of the National TB program; Celina Miranda of EU/UNDP; Dr. Ana Estela Parade of REDCARD; Dr. Mariano Mendoza of Sanidad Militar; Lic. Haydee Lainez and Mrs. Consuelo Raymundo of RESTRASEX; Dr. Francisco Gonzalez of UNICEF; Lic. Gerardo Laro and Lic. Megan Galas of USAID | Pan American Social Marketing Organization (PASMO); and Lic. Patricia Mira of CCElab.

## Guatemala (FP/RH and MCH)

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**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, community-based organizations, 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 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 and MCH Activities:

*Advocacy and support for the adoption and implementation of policies and laws.* Through financial and technical assistance, HPI has strengthened multisectoral structures such as the Contraceptive Security Committee (DAIA in Spanish), by assisting them in monitoring government funding for contraceptives, the acquisition of supplies, and the provision of family planning. Because internal regulations complicate fund transfers, the government doubts it will be able to continue to purchase FP supplies via international organizations that provide low-cost, high-quality supplies. The committee has filed an appeal regarding the constitutionality of the regulations to remove these barriers. HPI also provided the First Lady's Social Works Secretariat (SOSEP) with guidance and training, and SOSEP adopted a plan to integrate FP/RH issues into its programs to improve beneficiaries' access to information and services—which SOSEP has already begun to implement in three departments.

HPI provided capacity building and financial assistance to ensure compliance with the legal RH framework via three different mechanisms: (1) the reproductive health observatories (OSARs)—the national OSAR, created in Guatemala City in March 2008, and four departmental OSARs from January–July 2009; (2) the National Alliance of Indigenous Women's RH Organizations (National Alliance); and (3) departmental networks of indigenous women's RH organizations.

HPI also provided tools, and financial assistance to strengthen the capacity of the national OSAR (structure, operations, and additional funding from other sources) and strengthened the strategic alliance among CSOs, academic institutions, and Congress—all of which are represented in the observatory. This coalition has facilitated the auditing of Executive Branch actions regarding its compliance with the RH legal framework. In addition, OSAR has conducted advocacy on (1) the prevention of teen pregnancy; (2) the impact of MOH budget cuts on RH programs (Q375 million was cut in April 2009); (3) fundraising and establishment a better mechanism for purchasing contraceptive supplies, vaccines, and antiretroviral medication; and (4) the surveillance and monitoring of RH-related services, such as FP coverage and maternal mortality. The OSARs also lobbied the Constitutional Court to reject challenges to the Universal Family Planning Access Law, working with the National Alliance of Indigenous Women's Organizations, the President's Office on Women's Affairs (SEPREM), the Technical CS Commission, and the Network of Women for Peace Building (REMUPAZ). As a result of this effort, the challenges to the law were dismissed on May 28, 2009, after a two-year process. However, approval of the regulations related to the Universal FP Access Law is still pending while the Ministry of Education evaluates the regulations. The OSARs are systematically monitoring this process.

In addition, HPI continues to assist the departmental OSARs. The organizations that are part of the OSARs have lobbied departmental development councils (CODEDEs)<sup>2</sup> to include RH issues in their political and financial planning as well as to secure additional funding for the MOH for maternal mortality prevention activities. HPI also assists the OSARs with advocacy to municipalities with high levels of maternal mortality to raise their awareness on the issue and encourage them to allocate funding to reproductive health. The OSARs, with HPI, have managed to convince some CODEDEs to issue resolutions directed to the President of the Republic and the ministers of finance and health, requesting that they repeal the budget cuts made in the health offices in their jurisdiction. Never before had these councils intervened in issues related to reproductive health. Several OSARs also convinced the CODEDEs in their departments to reactivate the CODEDEs' health commissions. The Sololá OSAR was invited to participate in the departmental CODEDE and in the CODEDE's Commission on Health, which led to another cooperation agency funding a healthy maternity information, education, and communication project. This CODEDE declared healthy maternity a departmental priority. HPI will facilitate the development of operational policies for the CODEDE's Commission on Health, via the local OSAR.

Finally, the OSARs, with training, tools and information provided by HPI, have engaged in social, cultural, and political advocacy in favor of FP and healthy motherhood at both the national and departmental levels. Prior to these experiences, the majority of OSAR organizations had not been involved in any systematic advocacy efforts to lobby the state to comply with its obligations regarding RH rights. As a result of these efforts, the MOH has had to provide information on its RH programs, FP services, and the maternal mortality situation to the Congressional Board of Directors, as well as to distinct congressional commissions. The OSARs have also strengthened civil society by implementing RH policy and program monitoring, supervisory, and accountability activities—making democratic participation possible. The MOH and CODEDE have provided information on RH budget allotments and execution, as well as national and departmental RH-related indicators.

*Technical assistance for policy monitoring and evaluation.* HPI, after signing an agreement with the President's Planning and Programming Secretariat (SEGEPLAN), funded, supported, and coordinated the development of RH indicators and strategic objectives for public policies. The objectives and indicators serve as the basis for an online updating and publishing tool, which facilitates coordination and communication among government institutions. HPI sponsored the technical assistance of Dr. Douglas Jarquín, an expert in healthy maternity, who participated in discussions with OSAR Guatemala, OSAR Alta Verapaz, representatives of professional medical associations, and the MOH.

*Strengthening the capacity of civil society networks and indigenous leaders/organizations.* HPI continued to provide training on advocacy and political dialogue, as well as financial support to leaders of indigenous organizations that are part of the National Alliance of Indigenous Women. During a public event, with HPI support, the National Alliance publically denounced poor service quality due to a lack of culturally relevant care in public services, as well as inequalities in access to those services. HPI supported the National Alliance in establishing a dialogue with MOH decisionmakers, including with the minister himself, to discuss the official recognition of the Mayan health system and its relationship with the state's western care model. As a result of the dialogue, the MOH submitted an implementation action plan related to FP and MCH services that responds to the needs identified by the alliance, which the Board of Directors and National Alliance members are reviewing. In response, the MOH drafted a

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<sup>2</sup> The development council system is a mechanism established by national legislation (Decree 11-2002), which ensures citizen participation in state decisionmaking at all levels: community, municipal, departmental, and national. In addition, the councils are the most influential entities at the departmental level. Of all the national social funds, the CODEDEs administer the largest, which is a little more than 1,400 million Quetzals per year (around \$175 million).

ministerial agreement to create the Indigenous and Intercultural Health Care Program, which the MOH's legal department is reviewing. The National Alliance is playing a key role in integrating cultural relevancy into state healthcare services, and its demands have received national press coverage.

Finally, the six departmental networks of indigenous women's organizations have engaged in policy dialogue and advocacy activities to educate local authorities about the RH situation of indigenous women from rural areas—denouncing the racism, exclusion, and lack of respect that they are subjected to at healthcare points of service. In response, local authorities are preparing plans to address the demand for culturally relevant services. These plans will help the networks monitor compliance with commitments made by local authorities. The departmental networks of indigenous women have also joined efforts with the corresponding departmental OSAR to intensify advocacy efforts in favor of reproductive rights. As part of this effort, HPI awarded mini-grants to indigenous organizations from Chimaltenango (Pop Jay and Maya To'onik) to strengthen their institutional capacities and help them publically demand culturally relevant FP/RH/MH services.

*Use of data and models for decisionmaking.* HPI provided technical and financial assistance for forums, panels, press conferences, and discussions organized by OSAR, the National Alliance, and departmental networks. These events have resulted in a social movement to address issues that have rarely been a part of public discussion, such as the need for culturally relevant FP and MCH services for indigenous populations and the demand for a resolution to issues surrounding the MOH budget cuts. These events have also engaged the media in the effort, encouraging them to keep FP/RH/MNH issues on the public agenda and raise public awareness.

HPI has disseminated informational factsheets, posters, and bulletins. In addition, the project has conducted research on “The Social Impact of Maternal Mortality” and “The National RH Budget Allotment/Execution and National Procedures for Acquiring Contraception Supplies.” This information has raised awareness on RH issues and helped the OSARs promote and support processes related to decentralization and modernization and is contributing to the creation of a democratic society with extensive citizen participation. In addition, HPI funded the National Micronutrient Survey—for which results will be available in December 2009.

Further, to improve decisionmaking, HPI coordinated and funded an exchange trip to El Salvador for officials from the MOH and Congress to learn about their maternal mortality surveillance systems. As a result of this visit, health authorities from Alta Verapaz are finalizing official commitments to engage in maternal mortality reduction activities. Also, to assist Congressional members with their legislative duties, HPI organized an exchange to Peru for female Congresswomen from different political parties to see examples of culturally relevant services for indigenous women and conditional cash transfer programs that include reproductive health. The trip received high praise from the participants, who have already requested to receive more training from Peruvian specialists. This trip is expected to stimulate the formation of alliances to ensure that the Healthy Maternity Law has backing from the political parties.

## Guatemala (HIV/AIDS)

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**Country Director:** Lucía Merino

**Program Overview:** The HIV component of HPI's work in Guatemala focuses on achieving two main objectives:

- 1) Increasing participation of the business sector in HIV policy and planning procedures leading to an improved policy environment for HIV.
- 2) Mitigating the impact of HIV 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:

*Technical assistance and training in the workplace: HIV policy development.* HPI reconvened the members of the Foundation of Entrepreneurs Committed to HIV (*Fundación de Empresarios Comprometidos en HIV* or FUNDEC-HIV) to assist them with preparing a strategic plan focused on technical sustainability and the positioning of HIV policies in Guatemala's business sector. Furthermore, HPI finished the first draft of a manual on the private sector's response to HIV/AIDS. The manual will summarize and document HPI's experience with Guatemala's private sector so that it can then be applied to the Central American Region via the USAID | PASCA Project. HPI, in alliance with INCAE Business School, coordinated the development of a situational assessment on involving the Guatemalan business sector in the response to HIV.

*Collaboration with USAID partners.* On May 3 and 4, HPI trained 15 participants (10 men, 5 women) from NGOs and USAID partners to disseminate tools for the formation of HIV workplace policies. USAID's partners and other participants learned how to use the Workplace Policy Builder software in various settings to formulate HIV workplace policies.

HPI met with the main business sector organization in Guatemala—the Coordinating Committee of Agricultural, Commercial, Industrial and Finance in Guatemala (CACIF)—to build an alliance and organize a forum for Central American countries to share their experiences of business sector involvement in the drafting and implementation of HIV workplace policies.

## Jamaica

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**Country Manager:** Kathy McClure

**Program Overview:** HPI in Jamaica focuses on increasing the role of the private sector in the national response to HIV. The project has accomplished this by providing the sector with technical support in the design, launch, and further development of 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, eradicating HIV-related stigma and discrimination at the workplace and contributing to the eradication of HIV in Jamaica.” JaBCHA’s mandate focuses on coordinating the response of the private sector, providing the sector with a clearinghouse of information on HIV and its impact on business, while facilitating the adoption of policies, as well as prevention and treatment strategies relevant to the workplace. JaBCHA was launched in September 2006 with 21 members and now has 38 members on its charter.

With USAID funding and seed funding from the Merck Foundation, HPI worked with local partners in the private and public sectors to design an effective response relevant to the needs of the local business community. Based on a series of interventions with the working group, HPI drafted a Constitution and the guidelines that established JaBCHA in 2006, recruited members, and set up sustainable systems governed by an elected executive. During 2007, HPI’s support focused on strengthening systems, providing training and technical assistance on workplace policies, and provided the council with technical support in seeking sources of funding to carry out its activities.

Although the project’s support was scheduled to end on March 31, 2008, the JaBCHA Executive requested HPI’s continued assistance to meet some of the pressing needs that would help to solidify its role in the tripartite strategic response alongside the public and non-profit sectors. This assistance included providing the necessary support and materials to attract a wider membership base and increase the visibility of the council in its advocacy role; and putting in place the formal, legal, and accounting structures that will allow the council to seek and manage its own funding. This will include the design and launch of a website linking JaBCHA to its members and to the wider community within the national, regional, and global response. The current scope of work will end on December 31, 2009.

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

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

HPI assisted the council’s executive with identifying the council’s key value as a leadership advocacy organization (not one focused solely on workplace policy development). In concert with the executive, HPI identified the key sectors that are either particularly vulnerable to HIV-related stigma, or those that can have an impact on the response, and has developed strategies to address those sectors in a meaningful way. The sectors of primary interest to date are insurance, food and food handling, tourism and hospitality, sports, and entertainment. The approach will be to (1) hold a closed business-to-business session with members that have interests or their core business in these key areas to identify the issues of concern or opportunities for engagement by the companies and to address them in a meaningful way; (2) hold a media briefing to identify the council’s findings and how council leadership and members will address the key issues; and (3) hold a public event to allow wider dialogue and invite broader membership from the sector of interest.

The council tested this approach with a focus on the insurance sector, which has proven to be highly effective.

*Business-to-Business.* With HPI support, the council convened a meeting with the two major life insurance companies, representing the areas of life underwriting, claims, group life, group health, actuarial, and internal auditing. These discussions yielded (1) a commitment to review the practices around pre- and post-test counseling, where HIV testing is required for provision of life insurance coverage; and (2) a commitment to design a product that would provide term life coverage to PLHIV, with payouts at pre-determined intervals. In addition to providing needed support to the PLHIV community, this would, over time, provide a body of information to the actuarial community around life insurance coverage for PLHIV and a basis for pricing the risk for products geared to PLHIV.

This has further yielded discussions among the National Program, the National AIDS Committee, and JaBCHA around creating a National AIDS Foundation, which could potentially be a repository for assets to carry any associated risks of providing such insurance coverage. While these discussions are in their infancy, the dialogue among the three sectors is a critical step forward.

*Editors' Forum.* With HPI support, the council participated in an Editors' Forum with the Gleaner Company—one of Jamaica's leading daily newspapers and also a council member—and received extensive coverage in both the print and broadcast media. HPI also participated in the forum discussions to ensure linkage to the overall mandate of addressing stigma and discrimination and to underscore the context for the approach and the importance of increasing the private sector's role in addressing the epidemic.

*Fourth Pan Caribbean Business Council Forum.* JaBCHA took a lead role in planning the fourth Pan Caribbean Business Council Forum, held in Kingston at the Mona Visitors' Lodge & Conference Centre, University of the West Indies, on June 11, 2009. This semi-annual meeting of the Regional Pan Caribbean Business Forum allowed JaBCHA to once again highlight the importance of addressing insurance and HIV. Additionally, the business councils regionally have begun to focus on the insurance sector and are seeking their own commitments from the companies in their relevant countries.

*Registration.* As part of its current scope of work, HPI is overseeing registration of the council, as a nonprofit organization limited by guarantee, to allow the organization to seek its own funding and provide tax credits to its donors. In addition, the council has undertaken a detailed assessment of its accounting framework and is having an accounting system designed to be in line with the organization's mandate and with needs of the donor community.

*Advocacy Materials.* HPI is assisting the council with producing materials to foster broader membership in JaBCHA and address some of the identified sectoral issues. The materials, including a style guide and templates for use with various media, will promote JaBCHA's corporate visibility and encourage co-branding by its members. HPI is also promoting several methodologies for company involvement in the HIV response. The methodologies will be detailed within the World AIDS Day manual, which will highlight effective ways for companies to collaborate with JaBCHA.

*Website.* With HPI financial and technical support, a website is currently under development to broaden access to the business community and provide council members with ready access to resources available for developing HIV-related policies and programs—including the National Program's template and the Workplace Policy Builder software developed by Futures and modified for use in Jamaica. The website will also provide links to national, regional, and international agencies providing support in the HIV response and will include previously developed advocacy materials for use by members. Resources, including access to membership application information, will also be available for non-members.

*World AIDS Day 2009.* HPI, providing financial and technical assistance, is collaborating with the National HIV Program and the National AIDS Committee to coordinate the private sector's

commemoration of World AIDS Day. Several events are being organized singly and collectively, including the 2<sup>nd</sup> Annual *Touch of Red* Fundraising Dinner (being planned by a subcommittee of the JaBCHA Executive). The intention or strategic approach is to highlight the leadership that has occurred within the council during the year and to increase membership by highlighting the work undertaken by the various sectors and visibly recognizing their commitment.

As part of the approach, HPI developed the previously mentioned World AIDS Day manual, in addition to advocacy materials that highlight ways for the business community to register their support and become active in the response. The manual has been designed to accommodate annual updates as a way to demonstrate the private sector's increasing commitment to addressing HIV.

This strategic approach is designed to clearly elaborate the private sector response, which

- Identifies the business community's needs in relation to HIV at the workplace, as it affects employees as well as consumers;
- Addresses the information and service gaps that exist through engagement with the public and NGO sectors;
- Registers private sector commitment in a meaningful way through extensive involvement around World AIDS Day activities, as a culmination and recognition of their investments throughout the year; and
- Sets the stage for a new round of activities and increased membership, based on a high level of corporate leadership and visibility.

## Mexico

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**Country Director:** Mirka Negroni

**Program Overview:** 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 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 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.* HPI continues to assist business councils on HIV-related work and has received repeated commendations from the Secretary of Health. HPI assisted a private-sector initiatives working group in Latin America to organize regional private enterprise events related to regional HIV conferences in Peru and Costa Rica (Foro 2009 and Concasida 2010). The group is sponsored by UNAIDS.

*Public-private partnerships.* From June 3–4 in Guatemala City, Mirka Negroni and other HPI staff facilitated a workshop on the use and implementation of the Workplace Policy Builder (WPB) software. The software assists companies with designing, implementing, and evaluating HIV policies through a participatory process. The workshop also included pilot testing the latest training manual, *Guia para el Desarrollo de Politicas Laborales Sobre VIH* (Guide for the Development of Workplace Policies on HIV). Mexico is seen throughout the region as an innovator in private sector involvement in the HIV response.

*Cross-border initiatives.* On June 6, at a binational event in Ciudad Juarez titled “The Position of Various Sectors of Society Regarding Diversity,” HPI consultant Anuar Luna gave the keynote speech titled “Stigma and Discrimination as Precursors to HIV Vulnerability.” One hundred and three participants from various civil society and governmental organizations attended the event sponsored by the Ciudad Juarez CAPASITS (specialized HIV clinic), two local NGOs, and HPI/Mexico. The event received extensive coverage in the local press and included topics such as indigenous rights.

HPI’s continued presence on the border has helped to make Tamaulipas a regional leader in HIV. The State AIDS Program assists neighboring states and works closely with colleagues on the U.S. border to ensure quality of care for HIV patients on both sides of the border. As part of its ongoing activities to support strengthening the delivery of HIV services in the border state of Tamaulipas and at the request of the State AIDS Program, HPI conducted a gender, violence and HIV workshop for MARPs from the state. Twenty-three participants engaged in the three-day training in mid-August to build the capacity of MARPs to work alongside service delivery personnel to ensure target HIV prevention and attention for these often underserved but highly vulnerable populations.

*Technical assistance.* HPI consultant Guillermo Egremy provided ongoing technical assistance to the working group for the enactment of the Ministerial Agreement signed by ministers of health and education from Latin America. As a result of this agreement to provide scientific sexual education,

Egremy supported the development of training materials for teacher education programs regarding HIV prevention and sexuality. HPI has been instrumental in preparing the curricula necessary to ensure that teachers have the skills to include HIV prevention in Mexican classrooms and has trained Ministry of Education personnel from Zacatecas and continuing education professors from all 32 states.

At the National HIV/AIDS Program's request, HPI developed a framework for relaunching and refocusing the National HIV Prevention Plan. On April 22, Mirka Negroni and HPI consultant Julio Gadsden presented a draft of the framework to 84 state AIDS program directors and CAPASITS (Specialized HIV and STI Clinic) Directors. On July 21, they presented the plan to 31 civil society organizations. HPI staff are currently working on a final document to include all input to date. The new framework will be launched at the national AIDS conference in November.

In support of reducing stigma and discrimination, HPI staff assisted various working groups of the National Council to Prevent Discrimination (CONAPRED) to help them outline the council's policy implications and workplan for the coming year. CONAPRED's role in reducing discrimination of PLHIV is vital, as it is the only government body with authority to investigate cases of discrimination—whereas other agencies can only act when the person who is discriminating is a government official.

In addition, during June, HPI consultant Anuar Luna worked with the Mexican Network of People living with HIV to develop its implementation plan for the Internal Stigma Index. This tool will eventually be used to promote policy changes within Mexico to ensure discrimination-free services.

*Women and HIV—building leadership and ensuring inclusion.* HPI consultant Sonia Gonzalez provided ongoing technical assistance as a member of the Country Coordinating Committee for the Mexico Global Fund proposal. As part of this work, the consultant traveled to all five CAPASITS in Tamaulipas to encourage HIV-positive women to join her efforts to improve policies for women throughout the state.

On April 24–26, HPI, along with the Ford Foundation and the Mexican Network for People Living with HIV, trained 13 women (from Aguascalientes, Baja California Norte, Chiapas, Chihuahua, Nuevo León, Jalisco, Quintana Roo, Sinaloa, Tamaulipas, and Veracruz) on women's sexual and reproductive rights and HIV. The training enabled positive women to interact and learn from positive women leaders from Central America who also participated in the training.

As part of its effort to increase the presence of HIV-positive women, HPI sponsored a strategic planning meeting in May for Mexicanas Positivas. The four founding members of the organization attended the meeting and drafted their Strategic Plan for 2010. As part of their workplan, 16 women from throughout the country met in Mexico City in July to discuss the participation of women in the national conference, with the goal of increasing the visibility of HIV-positive women.

In July, HPI consultant Hilda Esquivel traveled to Tijuana and Mexicali in Baja California to reactivate the network of women with HIV in that border state. Aside from training more than 60 healthcare workers on issues of concern to women living with HIV, Ms. Esquivel met with HIV-positive women from each CAPASITS in the state and with the State AIDS Director. In August, Esquivel traveled to Quintana Roo to assist the ICW Latina chapter in that state. During her visit, she met with the State AIDS Program, gave policy training to 20 women living with HIV, met with the Quintana Roo Institute for Women, and participated in a radio show about women and HIV. She was able to secure the participation and funding of the State AIDS Program and the State Institute for Women for the printing and distribution of a special HIV treatment adherence brochure developed by and for women. The State Institute for Women will also distribute a special issue of its newsletter dedicated to sexual and reproductive health for HIV-positive women. HPI's work with women is ensuring their presence in various policy-making bodies both nationally and at the state level. The work that Hilda and Sonia are engaged in is part of a two-year

strategy to ensure that there are trained policy champions among women living with HIV in each of the 32 states in the country.

*Capacity building.* As part of the Diploma for HIV and Sexual Diversity sponsored by the Autonomous University of the City of Mexico, Mirka Negroni taught a four-hour module on public policy. The course will soon be available online and will be published in book form. While in Culiacan from August 13–15, HPI staff facilitated a workshop on prevention strategies and HIV policy formulation for 35 participants from seven CSOs.

In early September in Chiapas, as part of the efforts to give the community forum at the national conference a stronger focus on health policy, HPI convened all the host NGOs to design a conference agenda focused on policy results. During the meeting, the organizations also responded to efforts to criminalize HIV transmission in the state, which was a result of HPI's efforts in capacity building to ensure that policy champions are ready to respond quickly to challenges in HIV legislation.

Finally, as part of the Mexico City Decalogue on Diversity, HPI continues to train Mexican City officials from all branches of government to promote discrimination-free services citywide.

### **Strategic Information**

*Operations research (core-funded).* As part of the post-exposure prophylaxis (PEP) activity, Guillermo Egremy finalized (1) the outline for a training manual on PEP for providers, (2) an informational brochure on PEP, and (3) a poster that will contain a detailed flowchart on how to administer PEP. The National HIV/AIDS Program is currently reviewing the materials and, during the next reporting period, will also review a draft policy brief on the current state of PEP policies in Mexico. Despite these efforts, implementation of the materials will be hampered by the decrease in funding for antiretrovirals (resulting from the influenza epidemic). In this reporting period, Egremy and other HPI staff also completed the MARP research project final technical report.

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

*Training of healthcare personnel.* As part of its strategy to improve treatment and care for PLHIV, HPI conducted trainings with healthcare personnel in Ciudad Juarez, the state of Mexico, Xalapa, Veracruz, Mazatlan and Culiacan, Sinaloa, Tampico, and Chiapas on topics such as non-discrimination in HIV services, gender-based violence and its impact on uptake of services, PEP, positive prevention, and creating high-quality healthcare settings for HIV. In the case of Chiapas, all the participants received continuing education credits for the training.

## APPENDIX

**Table A1. HPI Project Management**

<b>HPI PROJECT MANAGEMENT (AS OF 9/30/09)</b>	
<b>Project Leadership</b>	
TO1 Director	Sarah Clark
Senior Deputy Director	Nancy McGirr
Deputy Director – FP/RH & ANE	Suneeta Sharma
Deputy Director – HIV & LAC	Tito Coleman
Deputy Director – Other Health & AFR	Elizabeth McDavid
<b>Regional Management</b>	
Africa	Elizabeth McDavid
West Africa	Margot Fahnestock
East Africa	Angeline Siparo
Southern Africa	Liz Mallas
AME	Anne Jorgensen
Europe and Eurasia (E&E)	Philippa Lawson
LAC	Mary Kincaid
<b>Technical Team Management</b>	
Advocacy and Resource Mobilization for RFP	Tanvi Pandit-Rajani
HIV Economics, Modeling, and Planning	Rachel Sanders
Gender	Mary Kincaid
Leadership, Stigma, and Discrimination	Caroline Teter
Maternal Health	Bridget McHenry
Orphans and Vulnerable Children	Amy Kay
Poverty and Equity	Brian Briscoombe
<b>Operations Management</b>	
Program Finance Manager	Jay Mathias
Program Operations Managers	Cheri Brown and Martine Laney (AFR)
	Alice Weinstein (LAC)
	Asli Bener (AME and E&E)
	Shreejana Ranjitkar (India, AME Bureau, core activities)

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

HPI CORE-FUNDED ACTIVITY MANAGERS (AS OF 9/30/09)		
	Activity Manager	Deputy Director FY Funds
<b>SO1 (POP) Core Funds</b>		<b>Suneeta Sharma</b>
<b>IAs</b>		
IA2. Expand Availability of Contraceptives through Community-Based Distributors (Rwanda)	Priya Emmart	FY07
<b>IR1</b>		
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
<b>IR2</b>		
2.1 Advocacy Capacity for Resource Mobilization (RHSC)	Tanvi Pandit-Rajani	FY08
2.2 FP Strategy for Urban and Rural Poor in India	Suneeta Sharma	FY 07
<b>IR3</b>		
3.1 Finance and Equity at Decentralized Level	Brian Briscoombe	FY07
3.2 Cost of Increasing CPR 1 Percentage Point	John Stover	FY07/08
3.3 Nigeria National Health Insurance Scheme	Brian Briscoombe	FY08
<b>IR4</b>		
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	Myra Betron	FY08
<b>IR5</b>		
5.1 Update of the Family Planning Effort Scores	Ellen Smith	FY08
5.2 RAPID in Africa	Rachel Sanders	FY08
5.3 Spectrum Updates and Adding Poverty	John Stover	FY08

<b>Working Groups</b>		
Poverty and Equity Working Group: a) Pro-poor Financing in Kenya b) P&E Training c) Influencing Policy Reforms in Uttarakhand, India	Suneeta Sharma Brian Briscoombe Anita Bhuyan	FY05/06 FY07 FY08
Addressing S&D in Meeting FP/RH Needs of HIV+ Women	Britt Herstad	FY07
<b>Other</b>		
Rapid Response	Suneeta Sharma	FY07/08
QA, M&E, and Communication	Nancy McGirr	FY07/08
Virtual Training	Cynthia Green	FY07/08
<b>USAID Technical Priorities</b>		
Gender	Mary Kincaid	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
<b>SO2 Core Funds</b>		<b>Bess McDavid</b>
WRA	Betsy McCallon	FY08
<b>SO4 (HIV) Core Funds</b>		<b>Tito Coleman</b>
<b>IR1</b>		
1.1 Improving Emergency Plan Effectiveness: Operational Barriers to Implementation	Priya Emmart	FY07
1.2 MC Costing and Policy; Engaging Private Sector	Kip Beardsley	FY07/08
1.3 GBV, HIV, and PEP Policy Review and Implementation	Hannah Fortune-Greeley	FY07
1.4 Citizen Monitoring Groups for S&D Reduction	Caroline Teter	FY07
1.5 Task Shifting: Policy Implementation Opportunities and Challenges	Nadia Carvalho	FY07
1.6 Strategic Priorities for Male RH and Gender in National AIDS Programs	Omar Robles	FY08
1.7 Strategies to Increase Gender Equity in Treatment Adherence Programs	Britt Herstad	FY08

<b>IR2</b>		
2.1 Investing in PLHIV Leadership in MENA	Shetal Datta	FY07
2.2 Religious Communities and GBV	Britt Herstad	FY06
<b>IR3</b>		
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
<b>IR4</b>		
<b>IR5</b>		
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 a) DOD b) 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	Nadia Carvalho	FY08
<b>Other</b>		
OGAC: PEPFAR Initiative on GBV—Strengthening Services for Victims of Sexual Assault	Myra Betron	FY07
Rapid Response	Tito Coleman	FY07/08
QA, M&E, Communication	Nancy McGirr	FY08

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

MANAGERS FOR REGIONAL AND COUNTRY PROGRAMS (AS OF 9/30/09)		
Region/Country	Country Manager/Director	Regional Manager
<b>Africa</b>		
AFR Bureau	Priya Emmart	Elizabeth McDavid
Botswana	Boipelo Seithlamo	Liz Mallas
Côte d'Ivoire	Caroline Teter	Margot Fahnestock
*Dem. Rep. of Congo	Charles Pill	Margot Fahnestock
Ethiopia	Priya Emmart	Angeline Siparo
Kenya	Priya Emmart	Angeline Siparo
*Madagascar	Brian Briscombe	Margot Fahnestock
Mali	Modibo Maiga	Margot Fahnestock
Mozambique	Marcia Monjane	Liz Mallas
Namibia	Liz Mallas	Liz Mallas
RHAP	Liz Mallas	Liz Mallas
Rwanda	Margot Fahnestock	Angeline Siparo
*Senegal	Brian Briscombe	Margot Fahnestock
Swaziland	Caroline Teter	Liz Mallas
Tanzania	Millicent Obaso	Angeline Siparo
<b>AME</b>		
ME Bureau/MENA	Shetal Datta	Anne Jorgensen
India	Himani Sethi	
Indonesia	Claudia Surjadjaja	
Jordan	Basma Ishaqat	
*Vietnam	Tran Tien Duc	
*Yemen	Imelda (Inday) Feranil	
<b>Europe and Eurasia</b>		
E&E Bureau	Philippa Lawson	Philippa Lawson
<b>LAC</b>		
LAC Bureau/CS	Omar Robles	Mary Kincaid
Dominican Republic	Hannah Fortune-Greeley	
El Salvador	Mary Kincaid	
Guatemala (FP/RH)	Telma Duarte	
Guatemala (HIV)	Lucia Merino	
Jamaica	Liz Mallas	
Mexico	Mirka Negroni	

\*Closed or closing

**Table A4. List of Completed Products****FP/RH Core-funded Products**

- The Health and Population Policy of Uttarakhand: A Review—Application of the Policy Implementation Assessment Tool (August 2009)
- Female Genital Circumcision (PowerPoint Presentation—Mali) (November 2009)
- Mutilations Génitales Féminines/Excision (PowerPoint Presentation—Mali) (August 2009)
- Islam and Female Genital Circumcision (PowerPoint Presentation) (August 2009)
- Islam et Excision (PowerPoint Presentation) (August 2009)
- Policy, Innovations, and Experiences in Uttarakhand: High-level Policy Dialogue Seminar Proceedings, Dehradun, November 19, 2008 (May 2009)
- The RAPID Model: An Evidence-based Advocacy Tool to Help Renew Commitment to Family Planning Programs (Best Practices paper) (July 2009)
- Using the RAPID Model to Make the Case for Renewed Attention to Family Planning in Sub-Saharan Africa: Focus on Tanzania (September 2009)
- Sustaining Policy Change: Health Policy Initiative Helps Foster an Enabling Environment for Reproductive Health in Kenya (October 2009)
- Jordan's Reproductive Health Policy Environment Score: Measuring the Degree to Which the Policy Environment in Jordan Supports Effective Policies and Programs for Reproductive Health (September 2009)

**MH Core-funded Products**

- Time to Deliver on Maternal Health and Family Planning Best Practices: White Ribbon Alliances in Asia and the Middle East Make It Happen (July 2009)

**HIV/AIDS Core-funded Products**

- The Role of Religious Communities in Addressing Gender-based Violence and HIV (August 2009)
- Reducing Adolescent Girls' Vulnerability to HIV Infection: Examining Microfinance and Sustainable Livelihood Approaches (July 2008)
- Labor Unions in Mozambique Join the National Response to HIV (October 2009)
- Screening Reveals the Role of Violence in Increasing HIV Vulnerability among MSM and Transgenders (October 2009)
- Caregivers Come Together: HIV-positive Health Workers Form New Network in Kenya (October 2009)
- Demanding Access: Health Policy Initiative Enhances Efforts of HIV Treatment Advocates in Kenya (October 2009)
- Finding Courage in Faith: Religious Leaders Challenge Stigma and Mobilize a Faith-based Response to HIV in Kenya (October 2009)
- Investing Wisely: Health Policy Initiative Helps Kenya Improve Health Financing Policies and Systems (October 2009)
- Raising a Common Voice: Health Policy Initiative Helps NEPHAK Bring PLHIV Together to Pursue Shared Goals (October 2009)
- Rising to the Challenge: Health Policy Initiative Helps HIV-positive Teachers Tackle Stigma and Discrimination in Kenya (October 2009)

## Country Reports

### Guatemala

- *Guatemala: Political and Legal Framework Regarding National and International Reproductive Health Commitments.* (May 2009)
- *SOSEP Is Contributing to Improved Reproductive Health and HIV Prevention in Guatemala.* (June 2009)
- *International Population Day: Family Planning Benefits.* (July 2009)
- *International Day of the World's Indigenous Peoples: Reproductive Health Demands of Indigenous Women.* (August 2009)

### India

- *From Awareness to Knowledge: Scaling Up Interactive Channels of Communication for HIV Prevention and Stigma Reduction in Uttar Pradesh* (Discussion Brief) (August 2009)
- *Health-seeking Behavior in Rural Uttar Pradesh: Implications for HIV Prevention, Care, and Treatment* (Discussion Brief) (August 2009)
- *Reaching Out at the Source: Making the Case for Focused HIV Interventions in Migrant Source Areas in Uttar Pradesh* (Discussion Brief) (August 2009)
- *Five District Action Plans* (Deoria, Mau, Etawah, Banda, and Allahabad) (August 2009)

### Indonesia

- Three Curricula (Bahasa Indonesian only):
  - *Physical Education: Life Skills-based Education for HIV and AIDS Prevention*
  - *Social Studies: Life Skills-based Education for HIV and AIDS Prevention*
  - *Al-Islam: Life Skills-based Education for HIV and AIDS Prevention*
- *Engaging Islamic Leaders as Agents of Change in the HIV Response* (Flyer)

### Jordan

- *A Trend Analysis of the Family Planning Market in Jordan: Informing Policy and Program Planning* (May 2009)
- National-level RAPID PowerPoint Presentation (September 2009)

### Mali

- PowerPoint Presentation: *Islam, Malaria, and Pregnancy Based on the Koran and Hadiths* (August 2009)

### Mozambique

- *Guidelines for the Integration of HIV/AIDS into Collective Bargaining for Workplace Conditions*
- Monitoring and Evaluation Manual for EcoSIDA
- *Toolkit para Implementação de Atividades: Cuadro de M&A* (March 2007)
- *Criteria for the Selection of Companies*
- Mapping list of peer educators and health facilities (November 2007)
- Training Module
- Workplace Policy implementation and monitoring plans

- Workplace Policies
- Strategic Information Matrix
- Updates by sector to report on the Demographic Impact of HIV/AIDS in Mozambique, written in collaboration with INE, MISAU, CNCS, Ministry of Planning and Development, Center for Population Studies (now Center for Policies Analysis), and Faculty of Medicine of Eduardo Mondlane University.
- *Impacto Demográfico do HIV/SIDA em Moçambique* (June 2008)
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#### *Namibia*

- *Estimating the Cost, Readiness, and Impact of Providing Voluntary Male Circumcision as Part of an HIV Prevention Strategy in Namibia* (Technical Report ) (2009)

#### *Senegal*

- *Sénégal: Population, Planification Familiale et Développement* (RAPID PowerPoint Presentation and Booklet in French) (September 2009)

#### *Yemen*

- *Achieving the MDGs: The Contribution of Family Planning in Yemen* (Policy Brief) (July 2009)

#### *Madagascar*

- PowerPoint presentation and Brochure (English): *Family Planning and the National Vision in Madagascar*
- PowerPoint presentation and Brochure (French): *La planification familiale et la vision nationale au Madagascar*

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