USAID FROM THE AMERICAN PEOPLE | HEALTH POLICY INITIATIVE

Semi-Annual Report, Task Order 1

October 1, 2009–March 31, 2010
Contract No. GPO-I-01-05-00040-00

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Semi-Annual Report, Task Order 1

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Contract No. GPO-I-01-05-00040-00

USAID Task Order No.	GPO-I-01-05-00040-00
Location	Washington, DC
Title	USAID | Health Policy Initiative, Task Order 1
Activity Description	The purpose of this task order is to exercise global leadership and provide field-level programming in policy development and implementation. The assistance provided under this procurement is expected to foster an enabling environment for health, especially in the areas of family planning and reproductive health, maternal health, and HIV/AIDS.
Achievements	Task Order 1 implements a comprehensive and challenging set of core activities with funding from the Office of Population and Reproductive Health; Office of HIV/AIDS; and the Office of Health, Infectious Diseases, and Nutrition. In addition, the project has received field support funds from 36 country or regional programs. The bureaus for Africa, Asia and the 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 October 1, 2009 to March 31, 2010, we report 56 results in 16 country and regional programs.
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ABBREVIATIONS

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

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

I. Project Description: Health Policy Initiative

The project's overarching objective is to foster an *improved enabling environment for health, especially family planning/reproductive health (FP/RH), maternal health, and HIV/AIDS*. Task Order 1 uses five primary approaches to achieve its objective:

1. Assisting countries to adopt and put into ***practice*** policies that improve equitable and affordable access to high-quality services and information

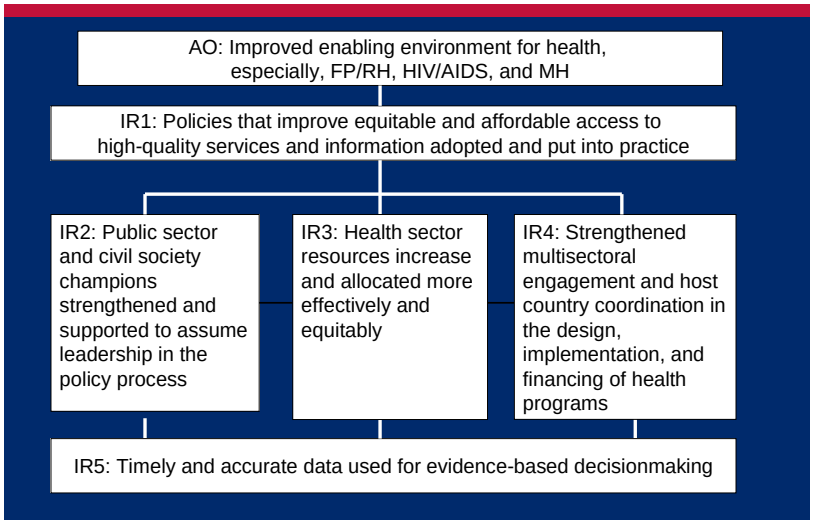
2. Strengthening the capacity of ***people*** from the public sector (e.g., national leaders, parliamentarians, ministry staff, and district officials) and new partners/civil society (e.g., faith-based organizations, women's groups, businesses, and networks of people living with HIV) to assume leadership roles in the policy process

3. Enhancing effective and equitable allocation of ***resources*** of various types (e.g., human, financial) and from different sectors (e.g., public, private, civil society, donor, in-country)

4. Facilitating multisectoral engagement and in-country ***coordination*** in the design, implementation, and financing of health programs

5. Fostering ***knowledge*** by building in-country capacity to collect, analyze, and use data for evidence-based decisionmaking and monitoring of progress toward achieving results

HPI Results Framework



HPI is an indefinite quantity contract (IQC) funded by the U.S. Agency for International Development under Contract No. GPO-I-00-05-00040-00. On September 30, 2005, USAID awarded Task Order 1 (TO1) of the Health Policy Initiative IQC (GPO-I-01-05-00040-00) to a consortium led by Futures Group 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 and a half years of its expected five-year project cycle.

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

This report summarizes HPI-TO1's main activities and achievements for the period from October 1, 2009 to March 31, 2010. In recognition of the diverse funding streams for TO1, this semi-annual report is organized according to the source of funds. Following a presentation of the project's results during this reporting period, the remainder of the report includes descriptions of core-funded activities pertaining to FP/RH, maternal health (MH), and HIV; and summaries of country and regional activities carried out with field support.

II. Achievements and Results

A. Overview of Project Achievements

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

For achievements during this reporting period, we present 56 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 41 countries or regional programs. This reporting period, we supported activities in 25 country or regional programs.

On the population side of the portfolio, HPI addresses major policy concerns of the Office of Population and Reproductive Health (OPRH), such as repositioning family planning in Africa; ensuring that a full range of contraceptives continues to be available to all who need and want them; improving equitable access to and uptake of services, especially for the poor and other disadvantaged groups; and increasing gender equity. We have made considerable headway in designing new tools and approaches in support of HPI's key areas of emphasis and are pilot-testing them in OPRH's priority countries. Country leaders have been especially interested in using RAPID to explore the implications of rapid population growth. HPI continues to address the project's cross-cutting issues of gender; poverty and equity; and human rights, stigma, and discrimination in core and field activities. These activities cover a wide range of issues, including gender-based violence (GBV), female genital cutting (FGC), and provision of FP/RH care to HIV-positive women.

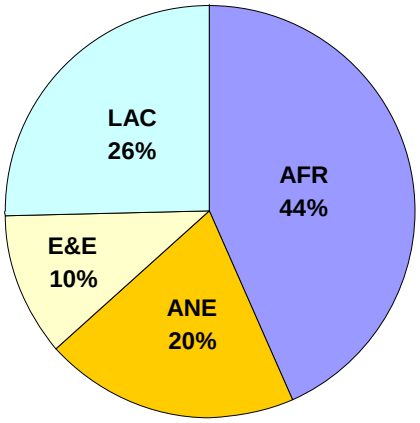
Maternal health core funds are being used to help countries increase access to high-quality, affordable, and comprehensive maternal health services for all women. The White Ribbon Alliance assists its country alliances by providing technical information and technical assistance (TA) and holding regional 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 this reporting period, the number of downloads from HPI's website have doubled, compared with the previous six month. HPI staff have completed e-learning courses on Gender 101 and stigma and discrimination and have compiled a curriculum on poverty and equity. We are also sharing information and approaches with the broader IQC and cooperating agency (CA) community through our technical website, presentations at professional meetings, and dissemination of key technical documents.

The majority of HPI programming is implemented through field programs (field-support and core funding amounts to 67% and 33%, respectively). Figure 1 below shows the distribution of funding by field programs to date.

Figure 1. Distribution of Funding by Field Programs to Date (as of 3/31/10)



B. Cumulative Project Results (as of March 31, 2010)

Since the project's inception, HPI has achieved 439 results across its Activity Objective (AO) and five Intermediate Results (IRs) in the 41 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 March 31, 2010

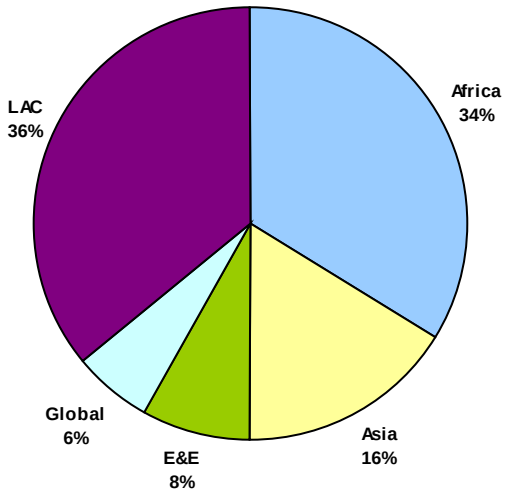
Country	AO	IR1	IR2	IR3	IR4	IR5	Total
Africa							
Africa Bureau							
Botswana		2	3	3	2	1	11
Cameroon							
Côte d'Ivoire							
DR Congo		1	1	1	1		4
Ethiopia			1				1
Ghana						1	1
Kenya	2	11	14	9	4	3	43
Madagascar							
Malawi							
Mali	1	5	8	2	2	5	23
Mozambique		20	1		2	2	25
Namibia							
RHAP						1	1
Rwanda						2	2
Senegal							
South Africa	1	3	3	2	1	3	13
Tanzania		3	11	3		1	18
Uganda						1	1
West Africa Region		4				1	5
Asia and the Middle East							
Middle East Bureau (MENA)		1	2	2		2	7
China	1	1	3	4		2	11
Egypt							
India		2				1	3
Indonesia	1	1	2	1	1	1	7
Jordan	2	3	1	4	3	3	16
Mekong Region			1	1		3	5
Nepal			1				1
Vietnam	3	5	5	4	2	1	20
Yemen			1			1	2

Europe and Eurasia							
E&E Bureau							
Ukraine	1	19	5	1	6	5	37
Latin America and the Caribbean							
Dominican Rep.			3				3
El Salvador							
G/CAP		6	3	1	4		14
Guatemala	1	17	26	1	7	4	56
Haiti							*
Jamaica			4	3			7
LAC Bureau			1	3	2		6
Mexico	2	14	19	7	3		45
Peru	1	9	3	4	4	4	25
Global		1	13	8		4	26
Total Results	**16**	**128**	**136**	**64**	**44**	**51**	**439**
Total Countries	**11**	**20**	**26**	**20**	**15**	**23**	**31**

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

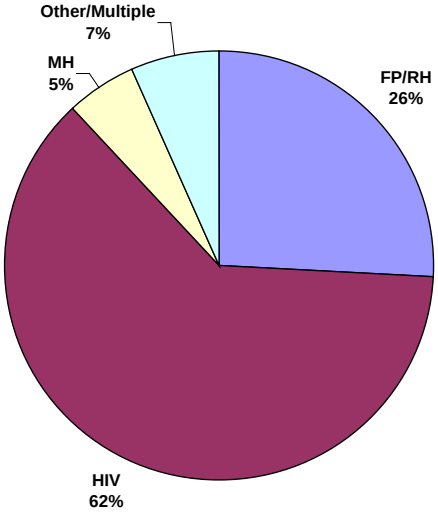
Regionally, Latin America and the Caribbean (LAC) and Africa each contributed roughly one-third of the results, with 36 percent and 34 percent, respectively. Asia and the Middle East contributed 16 percent of the results, 8 percent were from Europe and Eurasia (Ukraine only), and 6 percent emanated from global activities (see Figure 2).

Figure 2. Distribution of Results by Region as of March 31, 2010



HIV activities have accounted for 62 percent of Task Order 1 results, FP/RH for 26 percent, maternal health for 5 percent, and other health intervention areas for 7 percent (see Figure 3).

Figure 3. Distribution of Results by Topic Area as of March 31, 2010



Task Order 1 has mobilized more than US$186 million in new or increased resources for health. Approximately 76 percent of resources mobilized through TO1 have been devoted to HIV, and HIV activities have yielded 62 percent of project results. While FP/RH accounts for 26 percent of the project's results, only 3 percent of the resources mobilized have gone exclusively to FP/RH programs. Maternal health, with 5 percent of the project's results, has garnered 2 percent of mobilized resources. The final 7 percent of results are either a combination of topic areas or relate to other infectious diseases such as tuberculosis (TB) and malaria. Approximately 19 percent of the resources mobilized through TO1 were mobilized to support efforts to fight TB in Ukraine.

Since HPI's inception, 95 policies have been adopted: 61 in Africa, 26 in LAC, 5 in Eastern Europe (Ukraine), 2 in Asia and the Middle East, and one globally. More than half of these policies (52) were HIV workplace policies and agreements formulated by the private sector, nongovernmental organizations (NGOs), and governmental bodies. Governments also developed laws and decrees (20) and strategic plans or guidelines (23). More than four-fifths (82%) of these policies, strategic plans, or guidelines focused on HIV prevention and control; 11 percent pertained to FP/RH, and the remaining 7 percent addressed other health programs, such as MH, TB, and general health.

Table 2 shows HPI's progress toward achieving contractual targets for results. Of the 13 targets, 11 have 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 around financing issues. 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 March 31, 2010)

Level	# of Indicators Required	Target	Achieved	Target Met/Exceeded
AO3	4 of 5 IRs	8 countries	11 countries	√
IR1	At least 1	2 countries	20 countries	√
	At least 2	10 countries	14 countries	√
	At least 3	5 countries	10 countries	√
IR2	At least 1	12 countries	25 countries	√
	At least 2	10 countries	15 countries	√
	At least 3	5 countries	10 countries	√
IR3	At least 1	12 countries	20 countries	√
	At least 2	10 countries	7 countries	
	At least 3	5 countries	2 countries	
IR4	At least 1	12 countries	15 countries	√
IR5	Tool applied (5.1)	5 countries	12 countries	√
	Data used (5.2)	12 countries	17 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

Eleven countries 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. Two countries—Jordan and Vietnam—have achieved the indicator for AO2, by achieving policy implementation, resource allocation, and evidence of resource use, all in relation to the same policy.

Table 3. Countries Achieving AO Results

Country	AO1	AO2	AO3	Total
China: HIV			1	1
Guatemala: FP/RH			1	1
Indonesia: HIV			1	1
Jordan: FP/RH		1	1	2
Kenya: HIV	1		1	2
Mali: FP/RH			1	1
Mexico: HIV	1		1	2
Peru: FP/RH			1	1
South Africa: HIV			1	1
Ukraine: HIV			1	1
Vietnam: HIV	1	1	1	3
Total	**3**	**2**	**11**	**16**

Four additional countries—Botswana, Democratic Republic of the 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 and MENA programs, but it would be difficult to make a case for a strengthened regional policy environment with so few results across all the countries in the regional program.

C. SAR Results (October 1, 2009, to March 31, 2010)

For the period from October 1, 2009 to March 31, 2010, HPI achieved 56 results in 16 country or regional programs; 28 of these results were in the area of HIV, 22 pertain to FP/RH, one relates to maternal health, and five relate to other/multiple health topics.

Table 4. SAR Results by Country, October 1, 2009 to March 31, 2010

Country	AO	IR1	IR2	IR3	IR4	IR5	Total
Africa							
Botswana			1				1
Ethiopia			1				1
Kenya		7	6	2	1		16*
Mali				1		2	3
Mozambique		4					4
Tanzania						1	1*
Uganda						1	1
Asia and the Near East							
AME Bureau (MENA)				1			1
India		2					2
Indonesia	1	1		1			3
Jordan	1	1				1	3
Yemen			1				1
Latin America and the Caribbean							
Guatemala		3	3		3		9
Mexico		1		1	1		3
Peru					1		1
Global			**2**	**1**		**3**	6
Total Results	**2**	**19**	**14**	**7**	**6**	**8**	**56**
Total Countries	**2**	**7**	**6**	**5**	**4**	**4**	**16**

*These additional results were identified during the course of drafting final project reports.

The following pages present the results for October 1, 2009 to March 31, 2010, 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.

A0.2 # of instances of policies implemented, resources allocated, and evidence of resources used in relation to the same policy

- **The government of Jordan has adopted its second Reproductive Health Action Plan, has more than doubled the budget for the plan, and has begun implementing the plan.** Cultural norms that encourage women to have several children in rapid succession and insufficient access to and use of high-quality FP services and information contribute to **Jordan's** high fertility rate. HPI strengthened the policy environment for family planning in Jordan by supporting the design and implementation of Jordan's second Reproductive Health Action Plan (RHAP-II), which lays out the country's strategy for increasing use of FP methods and reducing the total fertility rate (TFR). The government of Jordan launched RHAP-II in November 2008. HPI provided technical and financial support to Jordan's Higher Population Council (HPC) to design the evidence-based action plan. RHAP-II was developed by a multisectoral taskforce with support from HPI, which trained taskforce members in policy design, advocacy, and monitoring and evaluation (M&E). HPI also helped several youth become policy champions advocating for youth-related issues and promoting the inclusion of youth-specific objectives and activities in RHAP-II. As a result, for the first time, youth participated in designing a national-level health policy. HPI also helped HPC draft a detailed M&E plan for RHAP-II (a component missing from the original RHAP), including a logical framework, indicators, and methodologies for data collection and use. HPC established and staffed an M&E unit to carry out the plan and built the unit's capacity in key M&E competencies. As a result, HPC is now able to produce quarterly M&E reports detailing progress in implementing RHAP-II. HPI also estimated the cost of implementing RHAP-II, which led the Ministry of Planning to allocate the required US$800,000 for the first 18 months of the plan. By comparison, the government allocated US$810,000 for four years for implementing RHAP-I, indicating that the government's commitment to FP had strengthened. Quarterly progress reports from implementing partners and HPC demonstrate that these resources are being used to implement RHAP-II activities as planned. RHAP-II implementation will improve access to FP services and information in Jordan, which will support increased demand for FP services and help to achieve Jordan's long-term goal of reducing fertility rates and slowing population growth.

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

- **The enabling environment for HIV/AIDS in Indonesia has been improved by several initiatives: addressing barriers to condom use among at-risk groups, identifying policy champions, strengthening PLHIV networks and linking them with a key policymaking body, and allocating increased funding for HIV/AIDS programs.** HIV prevalence in **Indonesia** has dramatically increased during the past decade, and the country is at a crucial crossroad in the epidemic. Indonesia's HIV epidemic remains concentrated among most-at-risk populations (MARPs), including injection drug users (IDUs), sex workers and their partners, transgenders (TG), and men who have sex with men (MSM). HPI achieved its overall objective of an improved policy environment to support implementation of Indonesia's National HIV/AIDS strategy, as demonstrated by achieving results across all five intermediate result areas. HPI's work with HIV-positive women's groups and HIV-positive female sex workers revealed several barriers to implementation of Indonesia's 100% condom use policy (CUP). After identifying these barriers, HPI worked with the district AIDS commission in Denpasar to address one of the key implementation barriers—sex workers' fear of being arrested if found carrying condoms. In addition, HPI supported a growing number of policy champions within the leadership of the East Java Muslim community to articulate how generally agreed Islamic principles can be adapted and used by communities in their fight against HIV. HPI also worked to create a supportive environment by strengthening the advocacy skills of vulnerable groups such as MSM/TG and HIV-positive women and by preparing the community to accept PLHIV through efforts to reduce stigma and discrimination. As a result, an

MSM&TG Working Group was created within the National AIDS Commission (KPAN). The working group is a legally recognized body with power to influence policymaking. It also provides a platform for MSM/TG, which will hopefully increase access to services, reduce stigma and discrimination, and decrease HIV prevalence among this vulnerable population. HPI also helped KPAN to develop a costed National HIV/AIDS Action Plan (2007–2010) using the Resource Needs Module (RNM) of the Goals Model. As a result, KPAN was able to set priorities and develop a more realistic national plan for implementation. HPI also developed guidelines and a training module for HIV program planning and resource allocation using the RNM, which were used to support planning, resource mobilization, and advocacy at the provincial level. As a result four provinces have increased their HIV budgets following advocacy by provincial officials using the cost modeling; adding a total of US$11,030,000 to their budgets. HPI's contributions in policy formulation and implementation; engagement of policy champions; mobilization of resources; multisectoral engagement; and evidence-based decisionmaking have improved Indonesia's HIV policy environment at an important crossroads and will help to stem the epidemic's spread.

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

- **Kenya has adopted National GIPA Guidelines**. Despite the large number of PLHIV in **Kenya**, meaningful involvement of PLHIV in the national HIV response has been relatively weak. One of HPI's areas of focus in Kenya has been to improve implementation of greater involvement of PLHIV (GIPA) principles. In May 2009, following technical assistance provided by HPI, the National AIDS Control Council (NACC) adopted National GIPA Guidelines. HPI helped NACC engage a team of consultants to develop the guidelines and assisted in drafting them. NACC printed the guidelines in November 2009 in preparation for the launch in early 2010. NACC also facilitated trainings and pilot testing of the guidelines down to the constituency level. Prior to the adoption of the new guidelines, GIPA principles had not been incorporated into key policy documents.

- **By adopting the National Gender-Based Violence Reduction Framework, Kenya paves the way for further actions to curb GBV**. HPI has worked extensively to mainstream gender into **Kenya's** national HIV response and to use policy approaches to reduce the incidence of gender-based violence (GBV). In April 2009, the National Gender Commission Task Force adopted the National Gender-Based Violence Reduction Framework. The National Framework is the first policy specifically focused on GBV ever to be adopted in Kenya. It calls for additional policies and legal provisions to curb the prevalence of GBV and address the needs of survivors of GBV. The document recognizes the need for institutional strengthening in health centers to improve their capacity to deal with GBV, as well as improved linkages between health and legal services. The document also includes an inventory of organizations responding to GBV, including details on the organizations' activities, which will serve as a useful resource for implementers and help increase referrals. Implementation of the GBV Reduction Framework will be supported by Vision 2030, a long-term strategy to build a better society, which includes explicit provisions to curb the prevalence of GBV and work toward greater gender equality and equity. HPI is represented on the task force that drafted the national framework. The project also facilitated stakeholder consultations and helped to prepare and finalize the document.

- **To ensure that gender issues are addressed in its HIV/AIDS programs, Kenya has adopted the National Gender Mainstreaming Guidelines**. Nearly half of Kenyan women have experienced some form of violence, according to the 2003 **Kenya** Demographic and Health Survey. The

country's high levels of GBV negatively affect Kenya's ability to respond effectively to the HIV epidemic. HPI has supported efforts to mainstream gender into Kenya's national HIV response and to more effectively address GBV at the national and community levels. In July 2009, NACC adopted National Gender Mainstreaming Guidelines. The new guidelines address emerging prevention issues incorporated in the third Kenya National HIV/AIDS Strategic Plan (KNASP III), such as the increase in new HIV infections among married couples and young women. The guidelines were drafted by NACC with technical assistance from HPI. HPI enhanced the capacity of the NACC to address gender issues through extensive technical support to the NACC's Gender Mainstreaming Technical Committee.

- **In Mozambique, four companies have adopted HIV workplace policies to protect workers' rights and reduce HIV-related stigma and discrimination**. In February 2002, the government of **Mozambique** adopted Law 5/2002, which prohibits discrimination in the hiring, retention, training, and promotion of employees on the basis of their HIV status. Since that time, additional laws (Labor Law of 2007 and HIV Law of 2009) have been passed to further support the original law. Despite this, only a small number of companies have developed and implemented HIV workplace policies. Between August and December 2009, four companies—SAL & CALDEIRA, Solmoz Tecnologia e Soluções, PROCREDIT, and WOODMART—adopted HIV workplace policies after receiving technical assistance from HPI. The policies ensure that workers will be informed of their legal rights and call for a reduction of stigma and discrimination in the workplace. In coordination with EcoSIDA (the Business Coalition against HIV and AIDS in Mozambique), HPI selected companies using several criteria, including willingness to draft HIV workplace policies and total number of employees. HPI trained selected companies in using the Workplace Policy Builder (WPB) software to support creation of the workplace policies. The new policies adopted by these four companies will raise workers' awareness of their rights under Mozambique's new HIV laws, help reduce HIV-related stigma and discrimination in the workplace, and contribute to HIV prevention.

- **A labor union confederation in Mozambique developed guidelines for collective bargaining related to HIV and AIDS and used them in negotiations with a large construction company.** The National Confederation of Free and Independent Labor Unions of **Mozambique** (CONSILMO), which represents workers engaged in construction, mining, transportation, and tourism, is composed of four labor unions and has 106,000 members. HPI has been collaborating with CONSILMO since September 2008 with the aim of increasing its engagement in the country's multisectoral HIV response. With HPI support, CONSILMO developed and approved the *Guidelines for Collective Workplace Bargaining, Labor Conflicts and HIV and AIDS*, a tool CONSILMO uses to negotiate for the inclusion of HIV workplace policies in its annual collective bargaining framework with member companies. On November 2, 2009 BGP International, a construction company in Inhambane Province, agreed to the collective bargaining negotiations with CONSILMO. During the negotiation sessions, BGP International and CONSILMO used the guidelines to formulate a Collective Bargaining Agreement. This legally binding document includes a clause committing BGP International to fund HIV policy implementation and programs within the company. The purpose of the new guidelines is to help CONSILMO ensure that employers comply with existing HIV labor laws (Law No. 5/2002 of February 2002 and Law No. 12/2009 of March 2009), thereby protecting workers' rights and promoting workplace HIV programs that facilitate HIV prevention, treatment, and care and support, and enhancing the effectiveness of Mozambique's overall national HIV response.

- **Guatemala's Ministry of Health created a unit to address the health needs of indigenous women**. RH policies and programs in **Guatemala** have often given priority to urban populations to the detriment of rural and indigenous groups. The lack of culturally appropriate healthcare services often discourages indigenous women, especially those from rural areas, from seeking RH services

from the public sector. The majority of indigenous women in Guatemala deliver at home, contributing to high maternal mortality. In 2008, the National Alliance of Indigenous Women's Organizations for Reproductive Health together with other civil society groups and several departmental Reproductive Health Observatories (OSARs) began calling on the MOH to provide culturally appropriate FP/RH services and information to indigenous populations. On June 16, 2009, the National Alliance publicly submitted a written request to the Vice Minister (now the Minister of Health) to improve the quality of RH services provided to indigenous women. On November 17, 2009, as a result of the groups' advocacy efforts, the MOH approved Ministerial Accord 1632-2009 calling for the creation of an intercultural healthcare unit for indigenous populations within the governmental structure. The unit, which will report directly to the Minister of Health, will be responsible for designing and implementing programs, policies, guidelines, and strategies designed to improve the health of indigenous populations. HPI trained indigenous women's organizations in advocacy, facilitated numerous workshops to help identify the RH needs of indigenous women, and created opportunities for the National Alliance to engage in dialogue with the MOH. The Intercultural Health Care Unit for Indigenous Populations will help improve the health of indigenous populations by making public health services more accessible, improving the quality and cultural appropriateness of those services, and integrating indigenous health practices and methods into public services.

- **Women's organizations and other advocates succeeded in overturning challenges that had blocked implementation of a new law guaranteeing universal access to free FP services. Guatemala** passed the Law on Universal Access to Sexual and Reproductive Health in April 2006. However, several interest groups contested the constitutionality of the law, including the President of the Republic and a former Attorney General. Enforcement of the law was delayed pending resolution of these legal challenges. On June 10, 2009, the Constitutional Court issued a resolution dismissing the constitutional challenges and upholding the law. Civil society organizations (CSOs) and women's groups had been lobbying the Constitutional Court to dismiss the challenges for several years without success. Finally, in 2009, REMUPAZ, Instancia Salud Mujer (Instance Health Women), five departmental OSARs, and the National Alliance of Indigenous Women for Reproductive Health carried out systematic and continuous advocacy activities to lobby Congress, the Constitutional Court, the President of the Republic, and other senior policymakers. As a result of their efforts, a congresswoman joined several marchers when they called for dismissing the challenges. The advocates also organized numerous forums with journalists, which helped keep the issue on the public agenda. HPI provided guidance, funding, and information to several Mayan women's organizations for conducting advocacy activities. The project awarded small grants to four CSOs to build the skills of staff in conducting advocacy campaigns. The court's dismissal of the challenges to the law obligates the government to implement the FP law guaranteeing universal access to free FP services. Under the law, sexual and reproductive health education can now be provided in public schools and adolescents can access FP services and information without parental consent. In the long term, the law will reduce the number of unwanted pregnancies and sexually transmitted infections, promote effective child spacing, and reduce maternal and infant mortality.

- **Kenya has adopted a national reproductive health strategy that aims to address the needs of the poor and other vulnerable populations**. Poor women in **Kenya** have the highest unmet need for FP and highest intention to use FP in the future. Poor women and their families need to be reached with FP information, services, and affordable options. Often, however, public sector resources in Kenya are being used by high socioeconomic status groups. In July 2009, national stakeholders in Kenya, including the Reproductive Health-Interagency Coordinating Committee (RH-ICC) and provincial-level health ministry personnel, endorsed the National Reproductive Health Strategy, 2009–2015. It has subsequently been approved by the Principal Secretaries of Kenya's Ministry of Public Health and Sanitation (MOPHS) and Ministry of Medical Services (MOMS) and

was launched on April 22, 2010, in Nairobi. Since mid-2007, HPI has provided technical assistance to Kenya's Health Financing Task Force and Division of Reproductive Health to carry out a multifaceted pro-poor approach specifically designed to improve access to FP/RH services for the poor. The health ministry, with the project's technical assistance, formed a Working Group on Poverty and Access in June 2007 to guide the activity. The strategy formulation process was guided by the project's EQUITY Framework and aimed to engage the poor in policy dialogue. As a result, for the first time ever, the strategy includes quantifiable, equity objectives and strategies. Specifically, it calls for addressing the special RH needs of the poor, hard-to-reach, and other vulnerable populations and includes a time-bound indicator: to increase modern CPR among the poor by 20 percentage points by 2015 (up from 12% in 2003). It also outlines pro-poor strategies, such as reviewing policies to ensure they facilitate equitable access to FP services and shifting resources to areas of extreme poverty. The strategy will provide guidance on pro-poor interventions to be adopted and will be monitored and measured over time, increasing the likelihood that the government will be held accountable for increasing equity.

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

- **Local organizations in Kenya are developing programs based on the National Plan of Action for Orphans and Vulnerable Children, especially the minimum package for OVC care and support**. The HIV epidemic in **Kenya** has left a growing number of children orphaned and vulnerable. In June 2009, the Ministry of Home Affairs (MOHA) finalized and approved a National Plan of Action (NPA) for Orphans and Vulnerable Children (OVC). The NPA is designed to ensure effective implementation of Kenya's OVC policy. The NPA includes a costed minimum package for OVC care and support, which can form the basis of improved quality standards for OVC care and support services in Kenya. HPI and the United Nations Children's Fund (UNICEF) worked together to support MOHA in the drafting and costing of the NPA for OVC. HPI also used its OVC Costing Model to determine the level of resources needed to implement the plan and supported printing of the action plan. The NPA is currently being used as a framework for implementation by many stakeholders working on OVC issues. Implementation of the framework—particularly the minimum package for OVC care and support—has already resulted in the development and implementation of a cash transfer program, development of a social protection policy for OVC, and creation of national standards for the care and protection of OVC.

- **In India's Uttar Pradesh state, five districts developed action plans based on the state HIV implementation plan**. Factors such as high migration, low literacy, poverty, low status of women, and significant presence of most at-risk populations render **India's** Uttar Pradesh (UP) state highly vulnerable to the increased spread of HIV. Under the framework of the National AIDS Control Program (NACP), the UP State AIDS Control Society (UPSACS) drafted a state HIV implementation plan to halt and reverse the epidemic's spread by integrating programs for prevention, care, support, and treatment and increasing linkages with other health services. To strengthen UP's decentralized response, five districts with HIV prevalence above 1 percent drafted District AIDS Action Plans (DAP). The DAPs define each district's goals and objectives, identify available resources, and define district-specific strategies and multisectoral coordination and M&E mechanisms. The DAPs were drafted in a participatory process drawing on the latest available data and were validated through a series of consultations. In August 2008, HPI conducted a needs assessment in the five selected districts (Allahabad, Banda, Mau, Deoria, and Etawah) to provide data to support the drafting process. Following the needs assessment, HPI facilitated a series of consultations with a wide range of stakeholders to garner information, identify available resources, and define strategies. The DAPs that emerged from these meetings were finalized at a March 30, 2009, meeting with UPSACS and other key stakeholders and partners. Drafting and adoption of the

DAPs highlights UPSACS' commitment to strengthen the state HIV response and ensure more effective implementation of the state's AIDS control strategy.

- **To promote enforcement of laws regarding HIV in the workplace, the Mozambique Ministry of Public Affairs developed a strategic plan to be implemented for all government workers.** In **Mozambique**, reducing HIV in the workplace is one of the government's top priorities. In 2002, the government passed Law 5/2002, which prohibits discrimination in hiring, retention, and training and encourages employers to provide HIV prevention services and information. Additional legal decrees have been passed since then, including the Labor Law of 2007 and the HIV Law of 2009. Enforcement of these laws, however, continues to remain a challenge. On December 1, 2009, the Ministry of Public Affairs, which represents all employees engaged in the public sector, adopted the *National Strategic Plan to Fight against HIV & AIDS for Government Workers (2009-2013)* by passing resolution 44/2009. The resolution calls for the public sector to develop and implement HIV workplace policies. HPI provided technical support to the Ministry of Public Affairs by reviewing existing labor laws and preparing the draft strategic plan. The *National Strategic Plan to Fight against HIV & AIDS for Government Workers (2009-2013)* will be used to assist public institutions in assessing workplace conditions related to HIV and draft HIV workplace policies.

- **Guatemala has issued guidelines to implement a law guaranteeing universal access to family planning services. Guatemala**'s Law on Universal Access to Sexual and Reproductive Health was published in April 2006. Enforcement of the law was delayed by legal challenges to the law's constitutionality and by the government's failure to adopt operational regulations, which were developed in 2006. As a result of sustained advocacy efforts, the legal challenges to the law were resolved in June 2009. On October 30, 2009, the government issued accord 279-2009, approving operational regulations for the FP law. The FP regulations provide guidance for operationalizing the law, which guarantees access to FP services including information, guidance, and care based on free and informed choice for both men and women. The regulations use gender and culturally appropriate approaches and emphasize access for rural, remote areas. HPI provided technical and financial support to develop the FP regulations, held monthly meetings with the National Commission to Assure Contraceptive Use (CNAA) to advocate for the endorsement of the regulations, and provided assistance to OSARs and civil society advocates to lobby the MOH and other government bodies to approve and publish the FP regulations.

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

- **To provide high-quality care for PLHIV, Kenya has adopted a Home- and Community-based Care Implementation Framework**. Beginning in August 2007, HPI helped **Kenya**'s National AIDS/STD Control Program (NASCOP) review implementation of the Home-based Care (HBC) Policy and guidelines and design a new Home- and Community-based Care (HCBC) Implementation Framework. NASCOP adopted and launched the framework in February 2009. The aim of the framework is to expand the provision of high-quality care for PLHIV and other chronically ill people in their homes and communities. The HCBC Framework is an integral part of the MOH's community strategy to enable service providers to respond to the needs of clients, families, and communities in a more comprehensive manner. The framework will enable the provision of a comprehensive care package that responds to entire families and communities. This stands in contrast to the previous HBC policy and guidelines, which focused more on the individual patient. The framework incorporates OVC, ART, nutrition, and pediatric HIV care issues, as well as systems strengthening. It also redefines the roles of all stakeholders involved in providing the HCBC comprehensive care and minimum service package.

- **Kenya has promulgated its National GIPA Guidelines by distributing printed copies and training staff responsible for implementing them**. One of HPI's areas of focus in **Kenya** has been to improve implementation of GIPA principles. In May 2009, following technical assistance provided by HPI, NACC adopted the National GIPA Guidelines. Since formally adopting the guidelines, NACC has made important progress in implementing them. In November 2009, NACC printed the guidelines and facilitated trainings and pilot testing of the guidelines down to the constituency level. Failure to disseminate new policies and train implementers is one of the largest challenges to effective policy implementation in Kenya. The dissemination, training, and testing carried out by the NACC are important signs that the GIPA guidelines are being implemented and that the NACC remains committed to carrying them forward.

- **Five districts in India's Uttar Pradesh state have created District AIDS Prevention and Control Units**. While HIV prevalence in Uttar Pradesh, **India**, is low, vulnerability factors—such as high migration and high poverty—require careful surveillance and monitoring and a strong state response. To strengthen the state's response and facilitate decentralized planning and implementation of the state's AIDS control strategy, districts are categorized according to both HIV prevalence and vulnerability. UPSACS developed a state implementation plan, in accordance with India's third National AIDS Control Program. This was followed by the development of distinct action plans (DAPs) for five high-priority districts in March 2009. In December 2009, UP made further progress in implementing the state AIDS control strategy when it established District AIDS Prevention and Control Units (DAPCUs) in each of the those districts. The DAPCUs will implement the activities laid out in the DAPs and facilitate coordination among relevant stakeholders, including service providers and civil society. HPI was instrumental in formulating the state and district action plans and worked closely with UPSACS to establish the DAPCUs. The creation of these units was a crucial step toward decentralizing HIV planning and program implementation and will ultimately strengthen the state's HIV response.

- **Mexico City's legal decree condemning discrimination based on sexual identity has been publicized through training for government workers and representatives of affected groups and information dissemination**. Stigma and discrimination of lesbians, gays, transgenders, transvestites, transsexuals, and intersexuals (LGBTTTI) is high in **Mexico**. A 2005 nationwide survey revealed that half of those surveyed think it is acceptable to discriminate against non-heterosexuals. An important milestone in reducing stigmatization of these vulnerable groups was achieved on October 23, 2008, when the Mexico City government passed a legal decree, called the Sexual Diversity Decalogue, which discourages discrimination against LGBTTTIs and mandates that all public servants must honor the rights of these groups when providing them with services. Since then, Mexico City has taken various steps to implement the decree, for example, by training government workers from various departments in stigma and discrimination and implementation of the Decalogue. Between July and October 2009, HPI trained 57 participants who are members of the Network for the Care of the LGBTTT Community in Mexico City. With some minor HPI financial and technical assistance, the trainees subsequently trained an additional 682 individuals, designed and distributed 3,000 brochures to 27 government agencies, sent out 100 emails on non-discrimination, and created a blog to exchange information. As a result of the trainings, Mexico City government officials can now better implement the non-discrimination laws and can provide more effective and friendly services to most vulnerable populations.

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

- **Jordan has set up an M&E system to support its National RH Action Plan and has collected information from 10 implementing partners**. To curb rapid population growth, the government of **Jordan** has emphasized the importance of FP. In response, HPC and other stakeholders designed the country's second National RH Action Plan (RHAP-II). In addition, HPC took several steps to strengthen the existing mechanism used for monitoring and evaluating the implementation of RHAP II. HPC drafted a separate M&E plan, including a strategic framework, performance indicators, and approaches for data collection and use. In addition, HPC established a separate unit at the council, hired an M&E team, and built their M&E capacity. Since then, HPC's M&E unit has been collecting information from 10 major implementing partners on progress in RHAP-related activities according to indicators and methodologies defined in the M&E plan. HPI provided technical assistance to HPC in drafting the M&E plan and training HPC staff and other stakeholders in M&E. HPI also assisted HPC in the hiring of qualified M&E staff. The new M&E plan and the M&E unit will enhance monitoring of RHAP-II implementation, contributing to achievement of Jordan's FP and population goals and to improved quality of FP services and continuity of FP programs.

- **In Mozambique, the Private Sector Task Force for Monitoring and Evaluation has developed an M&E system to collect information on the private sector's response to HIV. Mozambique's** private sector workplace is highly affected by the HIV epidemic, and reducing HIV in the workplace is one of the Mozambican government's priorities. Unfortunately, the private sector response to HIV has been hampered by lack of a unified approach to addressing HIV and insufficient coordination and harmonization with the public sector HIV response. To help remedy this situation, in January 2010, HPI partnered with EcoSIDA to launch a Private Sector Task Force for Monitoring and Evaluation (PSTF). Composed of representatives from EcoSIDA, the National AIDS Council (CNCS), the International Labor Organization, UNAIDS, HPI, and Population Services International, the PSTF is designed to act as a mechanism to coordinate the private sector's response to HIV and strengthen multisectoral collaboration by creating a private sector M&E subsystem and aligning it with CNCS's national HIV reporting system. The M&E subsystem, which is based on the national system, is divided into four areas: (1) program monitoring, (2) evaluation of program effectiveness and efficiency, (3) impact evaluation, and (4) allocation of financial resources. PSTF will use the new subsystem to monitor the workplace response to HIV and harmonize indicators for inclusion in the country's national M&E database. Through the subsystem, the PSTF will be able to collect data from implementing partners, compile the information, and report to CNCS. The subsystem will help PSTF increase efficient use of resources and reduce duplication of effort in the private sector HIV response. The PSTF began piloting the M&E subsystem in January 2010 by collecting data from EcoSIDA members in five provinces. HPI participated in meetings to design the new subsystem and is also designing a database for EcoSIDA that will complement the subsystem by strengthening EcoSIDA's capacity to use information for strategic planning and impact evaluation.

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

- **In Indonesia, the provincial HIV commission brokered an agreement that sex workers would no longer be arrested for condom possession**. One of the key prevention strategies in **Indonesia's** national HIV response is the 100% Condom Use Policy (CUP). Unfortunately, there are numerous challenges to its implementation. The sex industry in Indonesia is a multimillion-dollar business, and promotion of condom use in high-risk sex is often viewed as a moral rather than a public health issue. When brothels are raided by police, female sex workers (FSWs) are routinely charged if they are in possession of condoms. HPI's work with HIV-positive women's groups and HIV-positive

FSWs revealed several barriers to the use of condoms during sex. FSWs did not want to carry condoms for fear of being arrested or detained by police. Law enforcement did not endorse the CUP because they felt it encouraged sex work. In addition, policymakers and implementers who endorsed the policy feared that their support would be seen as admitting sex work exists and thereby endorsing infidelity. These factors have limited implementation of the CUP. In December 2009, at the request of the provincial HIV commission, HPI facilitated a meeting with 180 brothel owners, pimps, village heads, and legal enforcement officers to discuss barriers preventing implementation of the CUP. Participants were able to reach consensus that law enforcement should take a social-health approach to condom use, instead of a legal approach. Law enforcement officials at the meeting agreed that, although prostitution is illegal, they would not charge FSWs if they can show a valid health record, which the sex workers can obtain from a health center or PLHIV group (Yayasan Kesehatan Perempuan) clinic. FSWs will therefore no longer have to hide when law enforcement officials inspect brothel facilities. The participants at the meeting also agreed that all brothels in the province should have a condom policy.

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

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

- **In Guatemala, a health provider has become actively involved in advocating for increased funding for maternal and neonatal health and culturally appropriate RH services**. Reproductive health remains a contentious issue in **Guatemala**, and its endorsement requires the active engagement of policy champions to create policy change and keep RH issues on the political agenda. Through participation in the Quetzaltenango Reproductive Health Observatory (OSAR), Dr. Brenda Yes has become such a champion. Dr. Yes manages general health programs at Project HOPE (Health Opportunities for People Everywhere), an international NGO that provides medical training, health education, and humanitarian assistance and had not previously focused on FP/RH or maternal and neonatal health issues in Guatemala. The OSAR is a multisectoral body that monitors implementation of FP policies. Prior to joining the Quetzaltenango OSAR, Dr. Yes had not shown any interest in FP/RH issues. Since joining the OSAR, Dr. Yes has requested that HOPE become part of the Departmental Network of Indigenous Women's RH Organizations and has urged health officials to support RH policies, increase the budget for maternal and neonatal health, and make RH services more culturally-appropriate. She also met with Quetzaltenango health officials to advocate that midwives be allowed to accompany pregnant women to the hospital and remain with them through delivery. HPI (which helped establish Guatemala's OSARs), trained Dr. Yes on the FP/RH legal framework and advocacy and gave her information and statistics about the disparity in maternal health and access to RH services between indigenous and non-indigenous women.

- **An indigenous woman who is a member of Congress in Guatemala has sponsored a bill on maternal health and has advocated for increased access for RH services for indigenous and rural women**. Effective implementation of the RH law in **Guatemala** requires continued advocacy by civil society groups and government officials as reproductive health remains a controversial topic. Otilia Lux, an indigenous member of congress and former Minister of Culture, has become a dynamic and effective policy champion supporting women's reproductive health. Until recently, Lux's reservations about advocating for RH, and FP in particular, prevented her from actively supporting implementation of RH laws and policies. As a result of HPI's outreach through the national OSAR, Lux's outlook changed dramatically, and she has become strongly engaged in policy dialogue related to RH issues, particularly those concerning indigenous women. Together with other female members of Congress, Lux summoned the Minister of Health to discuss the delivery of

healthcare services to indigenous women. At a public event organized by the Quiché OSAR, Lux encouraged Quiché residents to demand recognition of indigenous people's rights, including the right to RH services. She persuaded Nobel Peace Prize winner Rigoberta Menchú to participate in a similar public event organized by OSAR Sololá and advocate for upholding the RH rights of indigenous women. Lux is also one of the sponsors of the Healthy Maternity bill, which is currently in its second reading in Congress. Through the national OSAR, HPI provided Lux with information on inequities of access to RH services experienced by indigenous and rural women in Guatemala, as well as data showing disparities in maternal mortality by ethnic group and place of origin. The project also organized a study trip to Peru for several members of Congress, including Lux. Through her advocacy efforts, Lux is helping enforce compliance with RH policies, and her actions will serve as a model for other indigenous women seeking to uphold their RH rights.

- **In Botswana, advocates have raised the issue of marital rape in a community meeting and have led discussions on gender and HIV**. Married women in **Botswana** who are raped within the context of their marriage are denied access to post-exposure prophylaxis (PEP). Bringing issues such as this into policy dialogue at the community level can build awareness to support revision of PEP policies to provide access to married women. In December 2009, one of the members of Kgetsi ya Tsie, a CSO, raised the issue of marital rape in a community meeting in Ramokgonami—publicly bringing the issue to the attention of the local Councilor, who promised to table the issue for discussion in the full council meeting. Local councils in Botswana have legal authority over decisions and budgets at the community level, and councilors are highly respected figures, with both legal and traditional authority. By persuading the local councilor to bring the issue of marital rape before the council, the KYT champion set in motion the process of addressing the issue within the Ramokgnoami community. Kgetsi ya Tsie is a community organization in Botswana that provides microfinancing to its members, with an emphasis on strengthening the economic capacity of women. With technical and financial support from HPI, KYT has integrated HIV and gender issues into its microfinance program. HPI has also trained KYT champions and provided technical and financial support for KYT's community mobilization activities. Five KYT members trained by HPI in advocacy, business management, and HIV-gender issues, including the one described above, have used their training to engage communities in dialogue on issues related to gender and HIV, including raising awareness of current policies and helping identify advocacy issues.

- **Ministry of Health officials in Ethiopia organized a meeting to encourage other officials to initiate programs to engage men in RH and HIV programs**. Globally, many countries are beginning to focus on constructive men's engagement (CME). This attention, however, is often occurring in the absence of an enabling environment for structured dialogue to align CME programming with national priorities. CME promotes gender equity with regard to RH, increases men's support for women's RH and children's well-being, and advances the RH of both men and women. It includes viewing men as partners supportive of meeting their spouses' health needs, as agents of social change, and as individual clients of health services. On March 6, 2010, during the International Women's Day Celebration in **Ethiopia**, Yamrot Andualem, Head of the Women's Affairs Office of the Federal Ministry of Health (FMOH), called for increased dialogue and community-level programming around partnering with men and boys, particularly youth programs. Andualem's commitment to increased attention to male involvement was echoed by Ahmed Emano, Director of the Public Relations Directorate, FMOH, who emphasized the importance of male involvement in the new FMOH health worker extension program. HPI supported FMOH to host the event to draw attention to the importance of engaging men in RH and HIV programs and plans and to facilitate dialogue around engaging men and boys to promote gender equity and improve health outcomes. Andualem's public acknowledgment of the importance of CME opens a dialogue that decisionmakers across several ministries can use to begin developing strategic priorities for community-level programming. [HIV CORE]

- **Women trained as RH advocates have improved access to FP services, reduced the cost of FP commodities, garnered support for youth education, and spread information**. The health, education, and economic outcomes of families are directly linked to women's ability to control their fertility. When FP services and commodities are lacking, women feel the consequences most immediately and most severely. Women often make the best policy champions for FP/RH issues because they can articulate these felt needs and consequences most passionately and accurately. HPI designed and carried out the intensive three-week WomenLead in Repositioning Reproductive Health workshop in September 2009. Designed to train a cadre of confident and highly skilled women who can act as policy champions on RH issues, the workshop trained 26 women champions from eight countries. Following the workshop, these women used their new skills to engage in advocacy in their home countries. Five participants took steps to address barriers to services, and 13 met with public, private, and community leaders to advocate for increased support for FP/RH. Illustrative examples include the following:
    - One champion from Nigeria pioneered the creation of a contraceptive security revolving fund and oversight committee within the Usmano Danfodiyo University Teaching Hospital and sits as first chair of the committee.
    - In Uganda, a champion successfully advocated to reduce the cost of injectable contraceptives from 80 Ksh to 50 Ksh.
    - In Pakistan, a champion led efforts to sign MoUs with officials from the youth, health, and population ministries to collaborate on a school advocacy campaign for improving youth sexual and reproductive health.
    - In India, a champion designed, secured funding for, and organized the "Repositioning FP for India's Future" roundtable, which was inaugurated by the Joint Secretary of Family Planning and attended by more than 40 people from international and national NGOs, donors, and cooperating agencies.
    - In Pakistan, one champion participated in a nationally televised program with Islamic leaders to debate the issue of including sexual and reproductive health (SRH) education in schools. By the end of the program, the religious leaders reversed their initial position and stated that there is no Islamic tenet barring the provision of SRH information and services to youth.
    - In Tanzania, the heads of medical and nursing institutions and the Reproductive and Child Health Section agreed to include healthy timing and spacing of pregnancy in their training curricula. [POP CORE]

- **Activists in Kenya blocked a measure that would have restricted access to generic medicines, including ARVs**. Several measures with the potential to restrict access to generic medicines, including ARVs, have been introduced in **Kenya** in recent years. HPI has helped build the capacity of local organizations and networks that have, in turn, successfully engaged to thwart adoption of these measures and protect access to generic medicines. In 2008, following training from HPI, KETAM played a leading role in mobilizing and sensitizing other advocacy groups and networks to fend off a threat to the availability of generic medicines by securing amendment of the Anti-Counterfeit Bill to protect access to generic medicines. KETAM worked closely with another HPI partner, the Kenya National Commission for Human Rights, as well as with the Kenya, Legal, and Ethical Issues Network (KELIN) to spearhead the advocacy campaign, hold media briefings, and organize breakfast meetings with media and parliamentarians. KETAM trained 70 people drawn from stakeholder organizations such as NASCOP, independent consultants, HERAF, and the media on the HIV Act, Anti-Counterfeit Bill, and the Global Fund. As a result, the media gave wide coverage of the Anti-Counterfeit Bill, which helped the groups achieve their goal of amending the measure to ensure the continued accessibility of generic medicines.

- **In Kenya, a network of women living with disabilities educated communities on the rights and RH needs of women and girls living with disabilities and expanded its membership**. Despite the fact that nearly 2 million **Kenyans** live with some kind of disability, health policies and programs have failed to address the specialized needs of those living with disabilities. The RH needs of women living with disabilities have been a particularly neglected area. Formed in 2000, Women Challenged to Challenge (WCC) is a network of women living with disabilities who work to bring attention to issues related to gender and disability. HPI trained WCC members in advocacy and awarded the network a small grant to support awareness raising, demand creation, and advocacy on the RH needs of women living with disabilities. WCC used the grant to launch an advocacy project in two regions—Western and Central—to create awareness about the RH needs and rights of women and girls living with disabilities among policymakers, service providers, community members, and people living with disabilities themselves. WCC conducted community-level workshops in which women and girls could share their experiences. Following the workshops, WCC documented existing laws, policies, and international commitments related to the RH of people living with disabilities. In April 2009, in partnership with the MOH, Ministry of Gender, Ministry of Home Affairs, and National Council on Persons with Disability, WCC disseminated the findings from the policy review and the workshops to local leaders, community members, and community-based organizations in the Central and Western regions. As a result of WCC's outreach activities, eight disability support groups with 353 members have been formed in the Western and Central provinces to champion the rights and RH needs of women and girls living with disabilities. In addition to supporting WCC's activities at the grassroots level, HPI also built the organization's advocacy skills and helped it gain access to policy dialogue at the national level. WCC representatives were involved in the working group that drafted the RH strategy—the first time that people living with disabilities had been involved in the policymaking process at such a high level.

- **In Kenya, a consortium of PLHIV networks and other allied groups has engaged in high-level advocacy and has led campaigns to combat stigma and discrimination**. The National Empowerment Network of People Living with HIV and AIDS in **Kenya** (NEPHAK) is a national network that unites PLHIV networks, support groups, CBOs, and individuals into a national and formidable force to counter the impact of HIV and AIDS on their lives and their families. Officially registered in July 2003 and launched in September 2004, NEPHAK's mission is to promote greater involvement of PLHIV at all levels of HIV prevention, care, and support. HPI's support has enabled NEPHAK to become a strong and effective advocate on behalf of PLHIV. The network has engaged in high-level advocacy and policy dialogue in a variety of ways. NEPHAK has gained representation in policymaking bodies such as the HIV/AIDS Inter-agency Coordinating Committee (ICC) at NACC, Constituency AIDS Control Committees (CACCs), JAPR, and the Country Coordinating Mechanism (CCM). NEPHAK participated in the development of the Kenya National AIDS Strategic Plan (KNASP) 2006–2010 and in the drafting of the HIV and AIDS Prevention and Control Bill. NEPHAK has also used advocacy to raise the visibility of PLHIV by exercising leadership in demonstrations and media campaigns to combat stigma and discrimination. For example, when a restaurant (Home Park Caterers) dismissed a female employee because she was HIV positive, NEPHAK initiated legal action and advocacy efforts targeting the management. The campaign led to Home Park Caterers putting in place a workplace policy that recognizes the rights of PLHIV. HPI helped NEPHAK develop a five-year strategic plan and trained the network's board members and management staff on policy development, governance, advocacy, and networking. NEPHAK members also participated in HPI trainings on resource mobilization, capacity assessment, and palliative care. HPI's support helped strengthen NEPHAK as an organization and gave its leaders and members the skills they needed to become effective advocates.

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

- **Networks of indigenous women's RH organizations have formed in four departments of Guatemala and have joined the National Alliance of Indigenous Women**. Indigenous people make up about 40 percent of **Guatemala's** population. Social inequalities between indigenous and non-indigenous groups, however, are considerable, with the former ranking lowest in the national development index. Although there are several indigenous organizations fighting to improve the economic, social, and health conditions of indigenous groups, these organizations frequently have limited capacity in advocacy and engaging in policy dialogue. HPI has addressed this gap by training indigenous organizations in advocating for improved RH policies and provided them with ongoing technical and financial support to conduct advocacy activities. In 2009 and 2010, several indigenous organizations came together to form departmental networks of indigenous women's RH organizations (Quetzaltenango, Sololá, Alta Verapaz, Quiché and, in 2010, Chimaltenango). By February 2010, these networks had increased their membership and taken several steps to formalize and strengthen the networks, including establishing internal regulations and developing workplans to guide their FP/RH and maternal and neonatal health activities. Members of the networks signed an agreement to ratify their commitment to advocate for RH rights and the elimination of health-related inequalities. Each network also selected two members to represent the networks in the National Alliance of Indigenous Women and thereby gain a larger voice in the public policy arena. HPI trained the networks in the country's legal RH framework and advocacy, provided them with financial support to conduct advocacy events, and supported them with technical assistance and information.

- **A Kenyan network of women living with disabilities has expanded its membership nationally and in two provinces**. In **Kenya**, Women Challenged to Challenge (WCC) is a network of women living with disabilities who work to bring attention to issues related to gender and disability. HPI trained WCC members in advocacy and awarded the network a small grant to support awareness raising, demand creation, and advocacy on the RH needs of women living with disabilities. The project's support has enabled WCC to expand its membership. In 2009, WCC formed eight new disability support groups with a total membership of 353 individuals in the Western and Central provinces. The aim of the groups is to champion the rights and RH needs of women and girls living with disabilities. The national membership of WCC has also increased from 200 to 400.

- **A Kenyan network of associations of people living with disabilities has become stronger and more visible, enabling it to advocate at the national and community levels on HIV care, support, and treatment as well as support for OVC**. The United Disabled Persons of **Kenya** (UDPK) was started in 1989 with a mission to unite associations of people living with disabilities and empower them to advocate for the rights of people living with disabilities (PWD). Since 2004, when POLICY project helped UDPK launch a program on HIV for PWD, both POLICY and later HPI, have helped UDPK become a stronger organization and a more effective advocate on behalf of PWD. As a result, UDPK has engaged in advocacy and policy dialogue at both the national and community levels. For example, UDPK participated in the formulation and review of the Special Needs Education Policy, the National Disability Policy, National VCT Guidelines, the Youth Policy and the Older People's Policy. UDPK used its involvement to advocate for the integration of issues concerning disability into each of the policies and sensitized policymakers on the unique needs of PWD. The project's support for UDPK has also helped PWD gain representation—often for the first time—in policymaking bodies such as the Youth Committee of the NACC. At the community level, UDPK support groups have gained representation in local district committees. HPI also strengthened UDPK's institutional capacity, helping it to gain recognition and engage more effectively in the policy process. As a result of the project's support, UDPK drafted an operations manual and a

constitution, and staff members have been trained on the network capacity needs assessment tool, which is used for assessing internal capacity. HPI's support also enabled UDPK to hire a chief executive officer and program officer and expand and its network of support groups. For example, since 2006, the Thika Support group has grown from five to 37 members, including 15 men, and has made great strides in accessing the Comprehensive Care Center (CCC) at the district hospital. Group members receive a waiver for medical services for both inpatient and outpatient services. HPI helped UDPK support groups launch HIV activities and strengthened the groups' capacity for community mobilization on HIV care, support, and treatment. UDPK support groups have also begun activities to provide material and psychosocial support to OVC in their communities. With support from the project, UDPK organized training workshops for board members and the secretariat. UDPK has trained 359 members on community mobilization and stigma and discrimination reduction. UDPK has also expanded through the formation of new support group in Kitui.

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

- **After receiving training on HIV advocacy, partner agencies have trained others, who have gone on to conduct advocacy on stigma and discrimination reduction and universal access to ARVs and TB care**. Building the advocacy capacity of local champions is one of HPI's most important approaches. In **Kenya**, HPI has trained a variety of local networks and individual champions on numerous topics related to HIV advocacy. As a result, several of the project's partners have gone on to train others in advocacy. For example, NEPHAK used skills gained in HPI trainings to train TB Ambassadors, who in turn have gone on to conduct TB advocacy. One TB Ambassador, Lucy Cheshire, is now a member of the Global Campaign to eradicate TB in Africa. UDPK used skills acquired in HPI trainings to conduct trainings on advocacy and stigma and discrimination reduction with support from HANDICAP International. KENEPOTE partnered with the Teachers Service Commission and other NGOs in Coast Province to conduct trainings on networking, stigma and discrimination reduction, and positive living. KETAM has also gone on to train other networks and CSOs on treatment literacy and adherence, with a focus on advocating for universal access to ARVs and TB care.

- **Women leaders trained in advocacy replicated this training with youth volunteers, community members, and district health managers**. The WomenLead in Repositioning FP/RH workshop, a global workshop carried out by HPI, was designed to foster greater and more meaningful involvement of women in defining and advocating for responsive, gender-sensitive FP/RH policies. Following the workshop, 10 participants reported training other organizations or individuals in advocacy on their own. Illustrative examples include the following: a WomenLead champion from Pakistan, Advocacy Director of Rahnuma FPAP, trained 30 youth volunteers to participate in an advocacy campaign and engage with media on youth sexual and reproductive health issues. Following the training, the youth volunteers met with groups of parents, media representatives, and religious leaders, respectively, in three interactive workshops to advocate for comprehensive SRH education in schools. A champion from Nigeria conducted two workshops for 36 participants from community organizations in two Local Government Areas to develop advocacy campaigns for free tuition fees for OVC. She also incorporated training on advocacy and leadership into her organization's training program. In Pakistan, another WomenLead champion trained district health managers in RH and advocacy. [POP CORE]

- **In Yemen, PLHIV conducted two peer-to-peer workshops and persuaded National AIDS Program managers to support more AIDS awareness activities**. HIV awareness in **Yemen** is low, and there are high levels of stigma and discrimination toward PLHIV trying to access basic services such as treatment and basic healthcare. Furthermore, PLHIV in rural, low-income areas do not have

the information needed to advocate for others who are infected or affected by the disease. Some preliminary steps were taken to meet this information gap, when, on October 19–29, 2009, two female PLHIV consultants, and three Yemeni PLHIV, trained previously by HPI, implemented two consecutive peer-to-peer workshops in Sana and Aden. The facilitators used the training materials designed by the USAID-funded project, Investing in PLHIV Leadership in the MENA Region. The purpose of the workshops was to increase knowledge about the HIV epidemic in the MENA region and to engage PLHIV and National AIDS program managers residing in the more hard-to-reach areas of the country to develop action plans for creating a more supportive policy environment for PLHIV in Yemen. Subsequent to the workshop, the National AIDS Program managers agreed to develop and implement more HIV awareness activities in Yemen and that these trainings would be held for and led by PLHIV. The two training workshops held in Yemen have enabled PLHIV for the first time to train their peers and motivate them to take action.

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

- **In Indonesia, four provinces made substantial increases in their budget for HIV/AIDS programs based on cost estimates to implement provincial action plans**. The National AIDS Commission of **Indonesia** (KPAN) is the principal agency responsible for the development and implementation of the country's national HIV strategy (2007–2010). In September 2006, KPAN requested HPI's assistance to develop a costed action plan, which encompasses all HIV activities from all partners (KPAN; Global Fund to fight AIDS, Tuberculosis and Malaria; UNAIDS; USAID; and AusAID). To initiate the process, HPI created a costing team composed of KPAN staff and trained the team in applying the Resource Needs Model (RNM) to estimate the resources required to implement an HIV program. HPI also prepared guidelines and training materials for program planning and resource allocation using the RNM. These guidelines were used to support planning, resource mobilization, and advocacy at the provincial level. To support the devolution of planning and resource mobilization at the provincial level, HPI and the KPAN Costing Team piloted a subnational version of the RNM in three provinces and then used to train all 33 provinces. HPI also trained a KPAN advocacy team to build the capacity of provincial stakeholders to advocate for increased resources for provincial action plans. As a result, several provincial departments in Indonesia increased the amount of financial resources allocated to HIV/AIDS program implementation: West Java province increased its budget from US$10,000 per year to US$1 million per year; Aceh Province increased its budget from no funding to US$30,000 per year; Banten Province increased its budget from US$30,000 in 2008 to US$10 million in 2010; and East Kalimantan Province increased its budget from US$40,000 in 2008 to US$80,000 in 2010.

- **Mali received US$155 million from the Global Fund for its national HIV/AIDS program**. **Mali**'s previous attempts to seek funding from the Global Fund were unsuccessful until 2005, when the country was awarded US$52.3 million for the period July 2005 to June 2010 in Round 4 for HIV/AIDS. The Executive Secretary of the National High Council on AIDS Control (SE/HCNLS) requested HPI's technical assistance in drafting a proposal for Round 8 to ensure that the national HIV/AIDS program will continue to receive funding after Round 4 ends. Mali's proposal was approved by the Global Fund on November 2, 2009, thereby ensuring new funding of US$155 million. The Round 8 funds will support strengthened civil society involvement, address stigmatization and discrimination through increased PLHIV involvement, and help women living with HIV develop income-generating activities to reduce the economic impact of HIV. HPI provided

technical assistance throughout the drafting process, including identifying the consultant who drafted the proposal in partnership with HCNLS and local stakeholders.

- **The International HIV/AIDS Alliance allocated US$80,500 to support HPI's work with PLHIV in the Middle East and North Africa**. Investing in PLHIV Leadership is a USAID-funded project implemented by HPI in the Middle East and North Africa Region (**MENA**) since 2006. Because HPI will be ending in September 2010, the continued existence of the project was uncertain until the International HIV/AIDS Alliance, when an NGO based in the UK, agreed in March 2010 to partner with Futures Group to continue the work and keep the project sustainable. In addition, the organization agreed to contribute US$80,500 to the project. These funds will be used to conduct training workshops in treatment advocacy, networking, and resource development in Hammamet, Tunisia, from April 29–May 6, 2010. HPI will be designing the curricula and facilitating the workshops in partnership with the HIV/AIDS Alliance.

- **The Kenya national White Ribbon Alliance received a five-year grant from the UK Department for International Development**. 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 12,000 members in 148 countries. With the support of HPI and the WRA Global Secretariat, the Kenya national alliance leveraged 700,000 GBP from DFID over five years to strengthen the Alliance to play a leading role in maternal health advocacy. WRA Global Secretariat staff, with funding through HPI, provided direct, on-site support to the Kenya national alliance in the development of the proposal and logframe for the DFID funds. WRA national alliances have made significant policy contributions in a number of countries—from successfully advocating for increased budgetary allocations for maternal health to using social watch to successfully pressure governments to change HR recruitment and retention policies. [MH CORE]

- **Kenya increased its funding for HIV programs from 5 percent of the government's budget in 2008 to 8 percent in 2009**. Kenya's Medium Term Expenditure Framework (MTEF) process determines the allocation of government funds to all ministries and departments. In the past, inadequate information and data, poor planning, and lack of or poorly-timed advocacy in the MTEF process prevented adequate allocations for HIV. In partnership with the Ministry of Planning and National Development and the Ministry of Finance, HPI provided technical and financial support to strengthen NACC, AIDS Control Units, and Central Planning Units to mainstream HIV program funding into the MTEF planning and budgeting process. In part as a result of the mainstreaming of HIV, the government increased resource allocations for HIV from 5 percent of the total exchequer budget in 2008 to 8 percent of the total budget in 2009.

3.5 # of instances in which mechanisms to increase equity of resource allocation are implemented

- **After the Government of Kenya implemented new cost-sharing guidelines defining eligibility for free services, the number of poor people using health services increased sharply. Kenya** uses a system of waivers and exemptions to ensure access to health services for its poorest residents. However, in practice, the waiver and exemption system has been hindered by a lack of clear guidelines and implementation of the system has been poor, leading to restricted access to health services for the poor. HPI has helped to strengthen the systems for waivers and exemptions in public hospitals. The project helped the government write several key cost-sharing guidelines that clearly define eligibility criteria and procedures for accessing services under the scheme. The project also

enhanced the capacity of health facility managers to implement the guidelines. As a result, the provision of waivers and exemptions rose significantly. In facilities that received support, the relative share of waivers and exemptions rose from only 3 percent of total collection in 2002 to 17 percent in 2004 and 18 percent in 2008. Related occupied bed days rose from 250,023 to 275,536 over the same period. The new cost-sharing guidelines and strengthened implementation of the waiver and exemption system improves access to health services for the poor.

- **Mexico opened its first clinic for transgender individuals, who can now access high-quality HIV services**. In **Mexico**, transgender individuals are regarded as a bridging population facilitating HIV transmission between MARPs and the general population. Despite this, their access to services is limited, primarily because of high levels of stigma and discrimination. Research recently conducted by HPI revealed the need for more equitable provision of services to transgender communities. Clinica Condesa in Mexico City is the largest HIV care center in Mexico and one of the largest in Latin America. On December 1, 2009, it opened the country's first clinic for transgender individuals. The new clinic aims to provide a homophobia-free environment for transgender individuals where they can receive high-quality HIV services and information. The clinic's opening is in direct response to earlier research conducted by HPI on GBV and subsequent interventions by Colectivo Sol, a local NGO advocating the rights of transgender groups (which HPI has also trained and supported).

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

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

- **In response to advocacy by a multisectoral monitoring group, the Chimaltenango department in Guatemala created a Health Commission that drafted an action plan and operational guidelines related to FP/RH/MCH services**. Decentralization in **Guatemala** is viewed as having the potential to strengthen democracy and the capacity of the government to attend to the needs of the population. Several norms and laws dealing with decentralization have subsequently been passed over the past couple of years. One of these acts created local development councils to increase participation of community groups in the development of local investment priorities. These development councils exist at all five administrative levels: national, regional, departmental (CODEDE), municipal, and community. On August 14, 2009, the Chimaltenango CODEDE created a Health Commission to advocate for better health, increased funding for local RH policies and programs, and support compliance with RH laws and policies at the local level. The Health Commission was established as a result of advocacy efforts by the department's OSAR, a multisectoral monitoring group, which increased the awareness of policymakers about maternal mortality and the disparities in health services among indigenous and non-indigenous populations. Shortly after its creation, the Health Commission conducted a situational analysis of FP/RH/MCH issues in Chimaltenango. Based on this analysis, the commission drafted an action plan and operational guidelines. HPI supported the creation of Guatemala's national OSAR in 2007 and continues to support creation of local-level OSARs. In Chimaltenango, HPI trained OSAR members in advocacy, provided up-to-date information on RH, and supported OSAR in promoting the creation of a health commission within CODEDE. The creation of the Health Commission will ensure that compliance with the RH legal framework is monitored appropriately and that sufficient resources are allocated to the design, implementation, and evaluation of RH programs. This, in turn, will directly contribute to reducing disparities in RH services between indigenous and non-indigenous populations, increase access to culturally-relevant RH services, and ultimately reduce maternal mortality in Chimaltengango.

- **Peru's Ministry of Health formed a national Promoter Group for Public-Private Partnership to increase private sector participation and commitment to health financing and service delivery**. While **Peru's** public sector plays the largest role in the provision of FP products and services, recent evidence demonstrates an increasing national demand for FP that could overwhelm the market if it is not supplemented by private counterparts. While there is a history of public-private partnerships (PPPs) in other sectors in Peru, experiences are limited and nascent in the health sector. Perceptions of an unfavorable policy environment, in combination with programmatic and operational differences between public and private actors in the health sector, have acted as barriers to effective partnership. To ensure that unmet need for FP/RH is satisfied, there is an urgent need to identify and seek complementary private and NGO partnerships and to increase public sector commitment to such partnerships. On January 22, 2010, through Resolution 058-210, the Ministry of Health (MINSA) formed a national Promoter Group for Public-Private Partnership (PPP) to address barriers to PPP and engage the private sector in the policy process. Composed of MINSA representatives, parliamentarians, and private sector stakeholders, the Promoter Group aims to increase private sector participation and commitment to health financing and service delivery through targeted advocacy and policy dialogue. The group will advocate for PPP in health, encourage private sector participation at the national and regional levels, and include the private sector in the health policy process. By supporting conditions for multisectoral participation, the Promoter Group will effectively expand and strengthen Peru's health provider network and encourage opportunities for increased public-private financing of FP/RH services, particularly for regionally isolated and poorer groups. The group will also encourage public and private sectors to share experiences and lessons learned from PPP implementation in the field and discuss potential opportunities in health. Poverty and equity issues are central to the Promoter Group's mission, and one of the group's fundamental motivations for encouraging PPP and including the private sector in the policy process is to more effectively meet increasing demand for health services (in particular, FP/RH and MCH services) among poorer, regionally isolated, and vulnerable populations. HPI and USAID/Peru provided technical assistance to MINSA in conceptualizing the Promoter Group and outlining its functions and responsibilities. HPI also organized technical workshops and regional stakeholder meetings to promote PPP as an effective approach, while generating consensus among policymakers about the specific roles of the public and commercial sectors. [POP CORE]

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

- **In two departments of Guatemala, multisectoral groups called observatories have been formed to track compliance with RH policies and monitor the quality and equity of health services**. Maternal mortality is high in **Guatemala**, especially among indigenous women. In Chimaltenango, one of the country's departments, about 127 deaths per 100,000 live births occur every year while in Escuintla, another department, the maternal mortality ratio (MMR) is 147 per 100,000 live births. The majority of these deaths are preventable. As in the rest of Guatemala, home delivery among indigenous groups is high in both departments (35% in Escuintla and more than 50% in Chimaltenango). Despite these disconcerting statistics, until recently there were no citizen monitoring groups to track compliance with RH norms and guidelines or advocate for improved policies. In 2009, OSARs were created and launched in both Chimaltenanco (July 28) and Escuintla (November 5). The two observatories are composed of representatives from government agencies, CSOs, academic institutions, and professional associations. They are multisectoral mechanisms designed to monitor the observance of national laws and policies related to RH and the RH-related rights of indigenous and non-indigenous women. They will also monitor the quality and equity of health services. HPI promoted the creation of Guatemala's national OSAR in 2007 and since that time has supported creation of departmental OSARs by raising awareness of departmental governors and other relevant stakeholders. The project also trained CODEDE members in the legal RH

framework and organized a workshop to develop a consensus among CSOs about the need to create a multisectoral monitoring mechanism.

- **Reproductive Health Observatory groups in four departments of Guatemala have expanded their membership and strengthened their capacity to implement citizen surveillance plans and advocate regarding RH and the needs of indigenous groups and women**. In 2007, HPI supported establishment of **Guatemala's** national Reproductive Health Observatory (OSAR) to monitor implementation of the country's reproductive health policy and other regulations pertaining to FP/RH. Since that time, several regions and departments have created OSARs to monitor RH policy implementation at the local level. OSARs are multisectoral bodies composed of a variety of government and civil society representatives, including representatives of academic institutions. With HPI's support, four OSARs, located in Sololá, Quiché, Chimaltenango, and Escuintla, respectively, were established in 2009. Since that time, the observatories have expanded and demonstrated strengthened institutional and advocacy capacity. The four OSARs have drafted and implemented operational plans and internal regulations, as well as workplans for observatory commissions. The observatories also designed and carried out citizen surveillance and monitoring plans that include cross-cutting issues such as gender and multiculturalism, as well as goals and indicators to be monitored through citizen surveillance strategies. The observatories have gained prestige and recognition, which have attracted new organizations to become members, including the Solola Association of Attorneys and Notaries, the Kaca Naoj Integral Development Association in Chimalteenango, and the Catholic Ministry of Women's Affairs in Quiche. The OSARs have also shown their growing capacity as advocates—organizing public forums to raise awareness about RH, indigenous, and women's issues and holding press conferences to place FP/RH/MCH issues on local agendas. The OSARs' efforts have led to increased accountability, as the MOH has begun providing information on the implementation of RH programs and services. In addition, departmental development councils (CODEDEs) have established health commissions and integrated RH issues into their political and financial agendas. HPI was instrumental in the creation and strengthening of the OSARs. The project trained OSAR members in advocacy and provided them with ongoing technical assistance; tools for drafting internal regulations, monitoring and surveillance plans, and operational plans; and support for advocacy events. By holding the government accountable for implementation of the country's RH policies and by demanding culturally appropriate RH services, the OSARs are helping to reduce inequalities in access to services between indigenous and non-indigenous populations.

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

- **In Kenya, the Private Health Providers Consortium was formed to give private providers a unified voice on policy issues, advocate for health reforms, and coordinate services with the public sector**. The voice of the private sector—particularly the for-profit sector—has long been absent from the policymaking process in **Kenya**. In September 2008, HPI and GTZ helped launch the Private Health Providers Consortium (PHEPCON) to bring providers together, enable them to speak with a unified voice on policy issues, advocate for health reforms to support Vision 2030, and harmonize public and private health sector operations. By coming together, they have gained entry into the policy dialogue process for the first time. The top leadership of the MOH has already met with the group and they are being included in key decisionmaking processes. For example, the consortium is now a member of Kenya's Global Fund Country Coordinating Mechanism (CCM); Kenya National Economic & Social Council (NESC); Kenya Medical Research Institute (KEMRI); Kenya Health Sector Coordinating Committee (HSCC); and the Public Private Partnership Health Kenya. The consortium is also a Kenya Health Sector-wide Approach Strategy Implementing Partner. The inclusion of the private sector in such high-level health policy dialogues is an important

step forward in ensuring a comprehensive and sustainable response to health challenges in Kenya, including the HIV epidemic.

- **In Mexico, the National Business Council on HIV/AIDS has become a voting member of the National AIDS Council Governing Board**. **Mexico's** National Business Council on HIV/AIDS (CONAES) was launched on February 15, 2005, to enable employers in Mexico to join together, share information, and adopt effective workplace policies that will protect their employees from stigma and discrimination. CONAES has grown considerably since 2005 and almost all of its members now have HIV workplace policies in place. A sound national response to the epidemic, however, requires the public sector to be actively engaged in public policymaking. Considerable progress was made in this area when, in October 2009, CONAES was invited to become a voting member of the National AIDS Council Governing Board (CONASIDA). HPI was instrumental in the creation of CONAES and has continued to provide technical support to the council. CONAES's participation in CONASIDA will ensure that the business community has an active voice in national policymaking.

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

- **The USAID-funded Health Services Support Project in Afghanistan used HPI's Gender Integration Index to assess the level of gender integration in its activities, policies, and procedures**. As a result of USAID's commitment to foster gender equity in all of its work, part of the HPI's mandate is to integrate gender into its activities. To measure gender integration—from office policies and procedures to project activities—HPI created a Gender Integration Index. Experience and evidence show that health and gender equity improve when an organization commits to gender integration and (1) incorporates gender-equitable internal policies and procedures, along with staff's technical competency related to gender integration; (2) pays attention to gender differences, constraints, and opportunities in the design and implementation of project activities; and (3) measures the impact of activities on gender equality and health outcomes. The index measures these three components and helps answer a common question of activity designers and managers new to gender integration: What do elements of gender integration look like? The USAID-funded Health Services Support Project (HSSP) in Afghanistan used HPI's Gender Integration Index to assess the level of gender integration in HSSP activities, policies, and procedures. As a result, HSSP was able to bring its workplace policies and practices into alignment with its program objectives by offering mothers on staff access to an on-site breastfeeding area.

- **In Mali, the Islamic Network for Child Survival created a sermon on the prevention and treatment of malaria; the sermon has been used by religious leaders and disseminated through radio and other media**. Malaria is a major public health issue in **Mali**. It affects all segments of society and is a major cause of morbidity and mortality, particularly among pregnant women and children younger than age 5. Promoting early care and dialogue around pregnancy will reduce the incidence of severe and fatal cases of malaria. On December 15, 2009, a *Khutuba* (Sermon) on the prevention and treatment of malaria based on the Koran and the Hadiths was finalized and validated. The tool was created by the Islamic Network for Child Survival (RISE) with the other religious leader's networks based on the verses of the Koran and the Hadiths. It emphasizes the importance of prevention and treatment in Islam. The tool is being used by Imams, preachers, and *madrasa* teachers through CDs, audio cassettes, and radio broadcasts. HPI provided technical assistance to RISE for creation of the *Khutuba*. The *Sermon* on malaria will encourage dialogue in the religious community through its dissemination in mosques on Fridays, at other gathering ceremonies, and on

radios. This will encourage the use of effective malaria prevention and treatment methods for pregnant women and children and reduce morbidity and mortality.

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

- **The Higher Population Council in Jordan used the findings from the RAPID analysis to inform senior policymakers, including the Prime Minister, on the importance of slowing population growth**. Many policymakers and the general public in **Jordan** remain unaware of the impact of rapid population growth on the country's economic and political future. HPC, the government body responsible for coordinating the implementation of the country's second Reproductive Health Action Plan (RHAP II) has taken several steps to improve awareness and establish a sense of urgency among politicians. One of the tools HPC used for this purpose was RAPID, an advocacy tool used to demonstrate the impact of population growth. In January 2010, HPC used data from the RAPID analysis to advocate to the country's senior policymakers about the need to accelerate multisectoral efforts in FP to take advantage of the demographic opportunity. HPI worked with HPC and other stakeholders to carry out the RAPID application. The project assisted the HPC with developing the population projections, preparing the RAPID presentation, and strengthening the presentation skills of several HPC staff. The RAPID analysis was used to produce a document on the demographic opportunity that was widely disseminated to key stakeholders, including parliamentarians. At one event, held in January 2010, the Prime Minister voiced his commitment to supporting the recommendations laid out in the demographic opportunity document. Following through on this commitment, the Prime Minister requested HPC, with HPI's support, to expand the RAPID analysis—conducting specific analyses for individual sectors, including education and health, and for six governorates.

- **Mali's National High Council on AIDS Control used maps of areas at high risk for HIV to raise awareness among government officials, regional governors, and managers of economic growth areas and the need for HIV prevention programs**. In **Mali**, the National High Council on AIDS Control (HCNLS) holds its annual session in December to discuss achievements of the past year, best practices, and strategies for the new year. On December 3, 2009, HPI-produced maps of high-risk HIV areas in Mali were presented by SE/HCNLS staff during the annual HCNLS session. The session was led by the President, who, in his final speech, declared the importance of the maps and called ministries and governors to action. The Executive Secretary of HCNLS (ES/HCNLS) asked HPI to produce these maps to show the risk of HIV infection in economic growth areas such as mining areas, industrial (cotton and rice production) areas, and tourist sites. The SE/HCNLS wanted the maps to raise awareness within government about the potential of these economic growth areas to attract groups at heightened risk of HIV infection, such as commercial sex workers, who currently have the highest HIV prevalence rate in Mali (35.3%). To create the maps, SE/HCNLS, in collaboration with HPI, created a committee composed of representatives from HCNLS, the Contract Management Agency, and the Sectoral Cell of the Fight against AIDS within the MOH. The committee collected information and defined criteria used to identify the high-risk areas. HPI provided financial and technical support, including hiring a consultant to produce the maps. The maps will enable ministries, regional governors, managers of the economic growth areas, and all stakeholders to better plan and target prevention activities.

- **In Uganda, the Population Secretariat used the RAPID analysis to discuss the importance of population growth and FP during a national dialogue meeting and a series of meetings with district leaders**. In **Uganda**, the high rate of population growth constrains the country's ability to meet its development goals. Unmet need for FP is high in Uganda (41%), and political support for

FP is limited. Nonetheless, many observers believe that opportunities exist for significant gains in family planning in coming years. To realize potential gains, it is vital to strengthen commitment and support for FP expansion among leaders and planners. The Population Secretariat used the RAPID analysis to discuss the importance of population growth and FP to Ugandan development and policy and programmatic needs during a series of regional planning meetings with district leaders between October and November 2009 and at a National Dialogue Meeting in November 2009. HPI is providing assistance to the Population Secretariat, Ministry of Finance, Planning and Economic Development to disseminate a RAPID presentation created with HPI's support and to train counterparts to make RAPID presentations. In the long run, this activity will contribute to policy dialogue to help achieve important gains in FP in Uganda in coming years. [POP CORE]

- **In its review of Antiretroviral Treatment Guidelines, the World Health Organization reviewed data on the cost implications of the proposed changes to ensure that the new treatment protocol would be financially feasible for lower resource countries**. With so many people being treated for HIV, changes in the type of care received has significant budget implications. In October 2009, the WHO held a meeting to examine proposed changes to their Antiretroviral Treatment (ART) Guidelines. These guidelines are used by many lower resource countries to define their treatment protocols. As part of the deliberations, HPI presented data on the cost implications of the proposed changes to ensure that cost factors were considered in the decisionmaking process. HPI developed a model that incorporated Spectrum output, assumptions around survival rates, testing and care schedules, testing yields, and unit cost information to examine the impact of proposed guideline changes on five countries. Data on cost implications of proposed care and treatment changes were presented for five countries to allow participants in the guideline review process to examine both health outcome and cost considerations in the decisionmaking process. The data were intended to ensure that the new guidelines propose a treatment protocol that is financially feasible for lower resource countries and for the donors working with them to provide treatment. In the long run, this activity will contribute to dialogue to help achieve economically feasible scale-up in HIV care and treatment. [HIV CORE]

- **The International Planned Parenthood Federation has used HPI's MDG briefs to advocate for increased budget support for FP in Nicaragua, Tanzania, and Uganda**. Achieving the Millennium Development Goals (MDGs) will be a major challenge for many developing countries that are not "on track" to meet the development goals by the target date of 2015. HPI drafted a series of briefs to show how meeting the need for family planning can reduce population growth and make achieving the MDGs more affordable, in addition to directly contributing to the goals of reducing child mortality and improving maternal health. The International Planned Parenthood Federation (IPPF) has used these MDG briefs to advocate for increased budget support for FP in Nicaragua, Tanzania, and Uganda. Nicaragua and Tanzania used the sheets as part of their evidence base. In Tanzania, UMATI (IPPF's Member Association in Tanzania) used the briefs to develop messages about how investing in FP would reduce maternal mortality and reduce the cost of meeting the MDGs. They used these messages in their advocacy efforts to influence national decisionmakers, including parliamentarians, the media, and ministries of health and finance to increase the FY2009/10 budget for FP supplies. In part as a result of these advocacy efforts, the government committed to increase budget support for FP supplies to 9.6 billion Tanzania shillings. In Nicaragua, IPPF, through Profamilia, has also worked to increase government expenditures for FP, especially in the context of phase-out of USAID funding. Profamilia used text and graphs from the MDG briefs as part of its advocacy campaign. According to an IPPF representative, "the MDG factsheets were an incredibly useful advocacy tool" in support of efforts to increase and improve the effectiveness of government funding for FP. [POP CORE]

- **In Tanzania, the President's Office, Planning Commission has incorporated population and FP indicators into the draft version of the country's Poverty Reduction Strategy Paper**. In **Tanzania**, low contraceptive prevalence and high fertility are driving rapid population growth, putting a strain on the country's resources and making it more difficult to attain development and poverty-reduction goals. HPI applied the FamPlan and RAPID models in Tanzania to support efforts to raise the profile of FP/RH issues on the national agenda and mobilize increased resources to support FP/RH programs. Following application of the models and dissemination of the results, FamPlan and RAPID were used extensively in high-level policy dialogue and advocacy on FP/RH issues, including dialogue around the new Poverty Reduction Strategy Paper (PRSP), the development of costing scenarios for the national FP program's costed implementation plan, and dialogue leading to increased resource allocation for contraceptive procurement. In September 2009, the President's Office, Planning Commission confirmed that population and FP indicators were integrated into the draft version of Tanzania's PRSP (MKUKUTA II).

III. FP/RH CORE-FUNDED ACTIVITIES

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 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, the United Nations Population Fund (UNFPA), and large foundations are placing greater emphasis on family planning, as exhibited by increased funding levels for FP programs. Broad-based advocacy was advanced 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 is now 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 gained even greater momentum at the International Conference on Family Planning in Uganda, where 1,200 family planning advocates, researchers, and program implementers enjoyed the opportunity to exchange information and disseminate best practices in the field. The conference, held in November 2009, reinforced efforts to put family planning back on national agendas, particularly in sub-Saharan Africa.

HPI supports family planning advocacy 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) are generating policy-level impacts in Ethiopia, India, Kenya, Malawi, Rwanda, Senegal, Tanzania, Uganda, and Zambia. HPI is using RAPID to raise awareness and increase commitment to family planning in these and other 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 across sectors, 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 helped 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) **E**ngaging and empowering the poor; (2) **Q**uantifying the level of inequality in healthcare use and health status; (3) **U**nderstanding the barriers to access; (4) **I**ntegrating equity goals and approaches in policies, plans, and agendas; (5) **T**argeting resources and efforts to the poor; and (6) **Y**ielding 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.

Currently, HPI is involved in organizing public-private dialogues and designing strategies for greater private sector participation to meet 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 gain a greater understanding of how to incorporate equity in their country programs as mandated by the new poverty/equity guidelines for Missions issued by USAID/Washington.

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:

HPI and its partners presented more than 20 presentations and posters at the International Conference on Family Planning in Kampala, Uganda, in November 2009. This includes 16 orals, five posters, one satellite session (on models), and one roundtable discussion. The project's presentations highlighted lessons learned and achievements for three key themes: (1) FP/RH and Equity; (2) Models for Policy and Advocacy; and (3) FP/RH Policy Implementation. In addition, the project supported Dr. Chisale Mhango, Malawi's Director of Reproductive Health Services, to present the RAPID Malawi findings at the "Senior Policymaker Seminar on Financing the Health-related MDGs" during the conference. Dr. Mhango was subsequently quoted in the online IRIN News, which used projections from the RAPID Model. The story was also distributed through the Kaiser Family Foundation's coverage of the conference.

Other major accomplishments during this reporting period include:

Resource mobilization

- Finalizing and seeking approval for CBD guidelines and costed action plan by the Maternal and Child Health Division of the MiniSante, Rwanda

- 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 in the National Health Insurance Scheme in Nigeria

Policy assessment and planning

- Disseminating the Policy Implementation Assessment Tool via oral presentations through several venues: the HIV Implementers Meeting in Windhoek, Namibia (June 2009); Global Health Mini-University in Washington, DC (October 2009); 137th Meeting of the American Public Health Association in Philadelphia, PA (November 2009), and International Conference on Family Planning in Kampala, Uganda (November 2009)
- Reaching high-level audiences to reposition family planning in eight African countries using RAPID print and audiovisual materials
- Using the FamPlan Model in Tanzania to foster policy dialogue and inform the MOH's approach to the costed implementation plan for family planning
- Conducting trend analysis and multivariate regression to analyze the Family Planning Effort (FPE) scores for 82 countries and specific regions (LAC graduating countries, LAC non-graduating countries, PEPFAR countries, and USAID priority countries)
- Working closely with the Directorate for Health and Family Welfare in India in finalizing the 2010 Health and Population Policy addendum to expand and strengthen FP/RH/MCH services for the poor
- Organizing consultation meetings with a multisectoral task force in Jharkhand to develop realistic goals and strategy for family planning
- Finalizing and seeking approval for the Kenya's National Reproductive Health Strategy 2009–2015

Public-private partnerships

- Establishing the Investment and Development Group (*grupo impulsor*) for Public-private Partnership (PPP) in Health in Peru and producing the first roadmap for implementing sustainable PPPs in health

Women's leadership and advocacy

- Designing Women's RAPID using life cycle and macro-economic approaches to address the specific concerns of women and provide an evidence base for women leaders to advocate for improved programming that targets women's unique needs
- Designing and implementing a women's leadership and advocacy workshop that included cutting-edge technical updates; training on leadership, advocacy, and strategic communication; and opportunities for the women to add their voices to the public dialogue on FP/RH.

Tools updates

- Updating Spectrum to the Delphi 2010 programming language to take advantage of new features and facilitate program maintenance
- Designing interactive FP tools focusing on population momentum, FPE scores, and proximate determinants of fertility

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 activity 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 (FPTWG) endorsed the recommendations, including the formation of a subgroup to incorporate these findings into an action plan for national CBD rollout 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 supported the subgroup in completing policy guidelines and a costed action plan. The report was presented to the Minister of Health at the Senior Management Meeting in October 2009 for formal approval of CBD of injectables in Rwanda.

In November 2009, the Maternal and Child Health Division of the MiniSante approved the HPI-supported guidelines report and costed action plan. The Head of the MCH Department thanked HPI for its technical assistance and for the quality and timeliness of the reports. On the basis of HPI's work, including the recommendation to pursue a pilot as opposed to a national rollout, the MCH Department through the FPTWG organized a CBD pilot launch in December 2009. After this meeting, the Community Health Desk identified the community health workers in the pilot districts for training beginning in January 2010.

The CBD activity was completed in December 2009, and the final report is under internal review.

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 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 includes 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: Based on the lessons learned from the FP/RH Guatemala pilot-test and Uttarakhand validation application (as well as the field-supported Guatemala and El Salvador HIV applications), HPI finalized the PIAT guide, questionnaires, data collection spreadsheets, and policy analysis guiding questions, which are currently under COTR review. While the final tools and guide have been under development, HPI has shared the draft materials with other organizations upon request. As a result, the PASCA task order has applied the tool in Panama and Costa Rica to assess national HIV policies and plans; findings are being compiled. In early 2010, the USAID-funded Targeted States High Impact Project (TSHIP) in Nigeria applied PIAT to provide a baseline assessment of the policy environment for FP/RH, maternal health, and child survival in two states, Bauchi and Sokoto. The findings identified potential policy gaps and barriers and helped to inform the development of TSHIP's workplan. The findings will also be shared with state-level stakeholders.

As part of dissemination efforts, HPI has presented the tool via oral presentations through several venues: the HIV Implementers Meeting in Windhoek, Namibia (June 2009); Global Health Mini-University in Washington, DC (October 2009); 137th Meeting of the American Public Health Association in Philadelphia, PA (November 2009), and International Conference on Family Planning in Kampala, Uganda (November 2009). During the next quarter, the tool will be presented as an oral presentation at the 37th International Conference on Global Health in Washington, DC (June 2010), and as a poster at the XVIII International AIDS Conference in Vienna, Austria (July 2010).
Pending USAID approval and printing and dissemination of final deliverables, this activity is complete.

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: Elizabeth Doggett 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 female genital cutting (FGC) by (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 activity team had planned to hold a meeting to present the FGC advocacy tools to parliamentarians. However, controversy caused by the near-passage of a new Family Code—which would have given men and women equal rights in marriage—caused changes in the policy environment that made it difficult to talk about gender-related issues. HPI/Mali staff and key stakeholders

involved in the development of the advocacy tools advised the activity team against publicly launching the advocacy tools until the controversy has ebbed.

In November, a member of the activity team in Washington traveled to Mali to fully document the process of developing and implementing the advocacy tools. The team drafted the final activity report, titled "Policy and Advocacy Initiatives to Support Elimination of Female Genital Cutting in Mali; and a policy brief titled "Supporting Advocacy to Abolish Female Genital Cutting in Mali." These publications explain the policy-related issues related to FGC in Mali and describe the process of working with a large group of stakeholders, including religious leaders, to develop the FGC advocacy presentations. Both publications are currently under USAID review.

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 injectable contraceptives. 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.

Summary of Major Activities: During this reporting period, it became clear that HPI could not pursue its work on community-based provision of injectables in Ghana due to opposition from key government officials. In consultation with USAID, HPI staff decided to use the funds to prepare an advocacy guide on CBD of injectables. The purpose of the guide is to assist stakeholders from public and private agencies to plan and implement advocacy initiatives. The guide is intended to complement the implementation handbook issued by Family Health International, titled "Provision of Injectable Contraceptive Services through Community-based Distribution" (Weil et al., 2007). The advocacy guide will discuss the importance of developing a policy framework to institutionalize and scale up CBD of injectables. Involvement of a large and diverse group of stakeholders is also key to continued support. The advocacy guide will be completed during the next quarter.

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 (a country where long-acting method use is high) and Tanzania (a country where long-acting methods are underused).

Summary of Major Activities: In March 2010, HPI staff traveled to Ghana to continue work with Ghana Health Services on next steps for LAPM in national health insurance and addressing other key barriers. HPI staff met with USAID/Ghana Senior RH Advisor, Susan Wright and discussed changes in the current environment, including strong advocacy efforts to include FP in national health insurance, the access

barriers to LAPM, and the role of internally generated funds in slowing contraceptive logistics. HPI held detailed discussions with the senior staff of the Family Health Department (FHD) of Ghana Health Service (GHS) and agreed that HPI will assist GHS in operationalizing the strategy to "Reposition Family Planning" 2006–2010. Based on discussions, HPI staff prepared a summary document identifying the key elements of the repositioning strategy for consideration by stakeholders. In addition, GHS requested HPI to update the FamPlan projections, based on data from the 2008 Demographic and Health Survey (DHS), and to train staff from GHS and the National Population Council in using FamPlan for future projections. At the request of GHS, HPI staff attended the annual review meeting of the Family Health Department in Koforidua, conducted a survey of all regional participants seeking their feedback on key barriers and elements to reposition family planning, and provided survey results to the 50 participants and FHD management. These results will be used in conjunction with data analysis conducted by HPI on the demand side for LAPM and stakeholder interviews in a larger interagency forum to prepare for next steps in removing key barriers to LAPM. HPI staff will work closely with the USAID | Deliver Project and the National Population Council to update the FamPlan projections and prepare for a stakeholder meeting in late May for priority setting and operationalizing key elements of Ghana's Repositioning Strategy.

Based on discussions with USAID/Tanzania, the HPI team concluded that work in LAPM policy barriers in Tanzania was not required at this time.

1.5 FP/RH and HIV Integration in India: Addressing Barriers and Sharing Lessons Learned Across States (FY08)

Activity Manager: Carol Shepherd

Objective: HPI will facilitate the process of integration initiated under the National AIDS Control Program (NACP-III), by building on existing data and best practices and undertaking primary research to document and develop integration models for two settings. It will include (1) documentation of a successful integration model in high and low HIV prevalence settings; and (2) development of a model of FP/RH and HIV integration for low prevalence, highly vulnerable, and high fertility settings.

Summary of Major Activities: The Uttar Pradesh State AIDS Control Society (UPSACS), in keeping with the National Rural Health Mission (NRHM) framework for integration, is currently developing an appropriate model for integrating HIV and RCH services in the state. HPI is working with UPSACS to develop the model. The activity involves a literature review of the best practices on integration internationally and nationally, documentation of integration work in the state of Karnataka, a primary assessment in Uttar Pradesh, and facilitation of the process to develop the model for Uttar Pradesh.

During this reporting period, HPI documented the Karnataka integration model and reviewed international and national best practice documents. The report has been reviewed and approved by the government of Karnataka and USAID/India.

On December 29, the Principal Secretary constituted the taskforce with eight members representing the Department of Health and Family Welfare and UPSACS to prepare operational guidelines and a micro plan for integration of RCH-HIV in the state of UP. The task force will meet on April 8 to take this work forward. The HPI team conducted in-depth interviews and discussions with the task force members to identify possible entry points and components for the model in UP.

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 Managers: Tanvi Pandit-Rajani and Brian Briscombe

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 help mobilize resources for family planning.

Summary of Major Activities: HPI staff developed 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 designed a tool for country use, based on the FamPlan Model. In February 2010, HPI staff attended the RMA working group meeting in Brussels, Belgium, to present preliminary results from analyses for Ethiopia, Jordan, Kenya, and Mali, describing the RH resource gaps in those countries. John Skibiak, Director of the RHSC, was extremely enthusiastic about the new tool, citing the analysis for the global resource gap for commodities has been the most effective advocacy tool for the RHSC to mobilize resources. RMA members expressed a preference for the tool to be Excel-based. The working group also asked HPI to use the RMA listserve to solicit feedback on a prototype of the tool when the next draft is complete. The new prototype is currently under development and, if approved, will be presented at the next RHSC meeting in May.

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 can be partially 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. The HPI team will facilitate a multisectoral, evidence-based approach to improve access to FP services among the urban and rural poor. The HPI team 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: The HPI team analyzed 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 helped 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 conducted 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 designed 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. Using the interview guides, the team conducted 99 interviews with policymakers, implementers, managers, service providers, frontline workers, community leaders, and clients.

The Government of Jharkhand (GoJH) has set up an FP taskforce including development partners, civil society, and government officials. The task force will provide oversight for the development, implementation, and monitoring of the FP program. HPI is working closely with the FP task force and the Innovations in Family Planning Project to facilitate the process of developing the Family Planning Strategy for the state with specific emphasis on reaching the poor. On February 19, the team presented findings of the qualitative assessment during a task force meeting chaired by Mission Director NRHM. On March 9, 2010, HPI organized a consultation meeting with FP task force members to prioritize issues and develop strategic options. On March 10, 2010, the HPI team met with the Mission Director for National Rural Health Mission to discuss various population projection scenarios and FP goals. Based on these discussions, the state has set 2025 as a timeframe for achieving the FP goals; this is realistic and yet demands robust implementation of the strategy.

In line with the findings and above consultations, the HPI team prepared the first draft of the FP strategy, which will be submitted to the government of Jharkhand for review and comments in April. The government plans to organize another round of consultations with implementers to obtain their buy-in.

2.3 ***WomenLead*** **in Repositioning Family Planning and Reproductive Health (FY09)**

Activity Manager: Anne Jorgensen

Objective: To develop a cadre of confident, highly skilled women to assume greater and stronger leadership to advocate for effective reproductive health policies and programs and increased funding streams.

Summary of Major Activities: The *WomenLead* in Repositioning Family Planning and Reproductive Health Workshop was conducted on September 7–25, 2009, to strengthen the capacity of women leaders to reinvigorate FP/RH programs, funding, and policies within their communities and countries. HPI designed and implemented the three-week women's leadership and advocacy workshop that included cutting-edge technical updates; training on leadership, advocacy, and strategic communication; and opportunities for the women to add their voices to the public dialogue on FP/RH. Twenty-six women leaders, representing local and international NGOs and public sector institutions in eight countries participated. The women returned home with advocacy plans to address policy challenges such as the inclusion of a family planning line item in the national health budget, sexuality education in secondary schools, increased funding for contraceptive commodities at the district level, and cross training of health workers for integrated FP/RH/HIV and AIDS service delivery.

In this reporting period, a video featuring *WomenLead* participants, which was prepared by the United Nations Foundation, was featured at Secretary Hillary Clinton's speech marking ICPD+15.

The team prepared and disseminated a follow-up workshop evaluation survey to *WomenLead* participants; the quantitative and qualitative data were collected and summarized from 19 surveys, and four follow-up telephone interviews were conducted. Based on the responses, the team has drafted a summary brief,

which will be finalized and disseminated at the HPI seminar on *WomenLead* scheduled for June 8 at USAID as part of the series of end-of-project seminars.

In April, two *WomenLead* champions will join CEDPA (with other donor funds) in a tour to four major U.S. cities to highlight the importance of global reproductive health and share their stories. HPI will produce a short video based on an interview with one of the women.

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 Briscombe

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 Latin America 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. Three in-country consultants researched the legal and political aspects of Kenya's FP/RH budgeting process and contributed their analysis to this report. This included in-depth examination of six study districts (Kisumu, Nyando, Koibatek, Nyambene, Kitui, and Kajiado). From this information, the HPI team formulated several recommendations to be implemented by the Kenya Ministries of Health and Finance. These recommendations include: (1) formalizing their resource allocation budgetary processes so that districts can hold the national government accountable for its promises and procedures; (2) increasing the share of resource allocation that is determined by using needs-based formulas; and (3) improving budgetary data collection along with sub-national capacity to plan and manage resources. The draft report, "Improving Health Resource Allocation in Kenya," was submitted for USAID review in early March. Once this report is finalized, this activity will be complete.

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.

Summary of Major Activities: The HPI team has completed costing analysis for four countries—Jordan, Ethiopia, Kenya, and Mali—and has prepared six-page user-friendly briefs for each country. Each brief summarizes recent data on fertility, contraceptive prevalence, unmet need, and providers of modern methods; provides data on commodity and personnel costs for provision of modern FP methods in public and private facilities; and estimates the costs entailed in reaching the country's goals for increasing contraceptive prevalence. The brief titled The Cost of Family Planning in Ethiopia is completed. Briefs

for the other three countries are under USAID review. Once these reports are finalized, this activity will be complete.

3.3 Global Resource Requirements to Expand Family Planning Services (FY08)

Activity Manager: John Stover

Objective: Building on the work to estimate the costs of increasing modern contraceptive prevalence by one percentage point in selected countries, this activity is designed to use this updated information to estimate the resources needed globally to expand FP services through 2015. The HPI team will estimate the number of FP users, by method and region, requiring public support, using data on (1) the current and projected number of women of reproductive age in low- and middle-income countries; (2) available information on contraceptive prevalence, method mix, and unmet need; and (3) the sources of FP services. Building on these estimates, the HPI team will determine the resources needed to support public FP services, including the resources needed to expand contraceptive prevalence, including policy and advocacy activities, communication, training, logistics, and research. This information will be disseminated widely to high-level audiences to generate greater donor support for FP services.

Summary of Major Activities: The HPI team has begun work on preparing an analysis of global resource needs. The team has contacted each of the major USAID family planning cooperating agencies to obtain their estimates of the support costs (policy, logistics, communication, etc.) for national FP programs. The HPI team has developed a spreadsheet model to estimate the total costs for a national program, including commodities, service delivery, and indirect costs for public, NGO, and private providers plus the program support costs. The HPI team presented the model and provided technical assistance at the USAID-sponsored "Meeting the Family Planning Demand to Achieve MDGs: Vision 2015" held March 21–26 in Kigali.

Once the global resource requirements estimates are available, the HPI team will disseminate them through an advocacy brief and a conference presentation..

3.4 Facilitating the Expansion of FP Service Provision in Nigeria's National Health Insurance Scheme (NHIS) (FY08)

Activity Manager: Brian Briscombe

Objective: This activity aims to identify the barriers to and cost-effectiveness of expanding FP/RH services through Nigeria's NHIS. The general 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. The NHIS also runs a pilot project in six states that taps World Bank Highly Indebted Poor Country (HIPC) funds to improve MCH. It is called "The NHIS/MDG Maternal and Child Health Project" and is hereafter referred to as "the MCH Project."

Summary of Major Activities: In October 2009, an HPI staff member traveled to Abuja, Niger State, Oyo State, and Lagos to collect costing and qualitative information on the MCH Project. HPI had received an official request for technical assistance to collect data from two pilot sites—Oyo and Niger—and to provide a cost-benefit analysis. During the trip, HPI was also able to piece together the policy context surrounding the MCH Project through interviews with various development partners, government of Nigeria officials, health service providers, health management organizations, and NGOs.

On February 1, 2010, HPI completed the final report for this activity and submitted it to the Nigerian NHIS and interested development partners. The report stated that the benefits resulting from the MCH

Project far outweighed its costs; it presented six recommendations on how to improve and scale up the MCH Project.

At the request of the CEO of the NHIS, two HPI senior economists will present the findings and recommendations of HPI's analysis at the National Dialogue Conference to be held in Abuja, Nigeria, on May 20, 2010. The meeting will bring together all government and health-sector entities that have the power to improve the NHIS/MDG Maternal and Child Health Project. The meeting shows great promise to turn our recommendations into concrete actions that will improve the design and expand the scope of the MCH Project. Expected policy modifications could improve equity in the distribution of health sector resources within the MCH Project. For example, if the GON agrees to one of HPI's primary recommendations—the introduction of FP services into the Project's MCH package—then this activity could leverage existing funds for FP and thus help expand programmatic reach and reduce unmet need for FP. This activity will close in May.

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

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

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

Activity Manager: Margot Fahnestock

Objective and Background: In many countries, the public sector has assumed a large role in the provision of FP products and services. In response to donor phaseout, however, and to sustain FP program benefits achieved to date, many governments must now consider formulating strategies that foster collaboration with other providers of 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.

This activity is to support national-level public-private dialogue around legal, regulatory, and operational policy barriers to increased private sector participation in FP provision. With both sectors at the table, 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 October 2009, the HPI team finalized a literature review that summarizes private sector models for FP and provides a general description of private sector initiatives in Rwanda. This literature review will be the basis of models for collaboration between the public and private sectors proposed during a policy dialogue roundtable in the second quarter of 2010.

Due to delays in the finalization of the dataset for the 2007–2008 interim DHS, the HPI team conducted a market segmentation analysis for Rwanda using previous DHS datasets. The quantitative data from this analysis will supplement the activity's qualitative research by revealing where FP clients currently obtain

contraceptives, depending on clients' wealth status, education level, and place of residence. Where appropriate, the HPI team will cite contraceptive use data from the 2007–2008 interim DHS report.

SMART Consultancy completed the baseline assessment of private sector services for family planning in December 2009. The baseline assessment includes a review of key policies in Rwanda that affect private sector services for FP and an assessment of the types of private providers and facilities that currently provide FP services. This assessment also identifies challenges and policy barriers to increasing private sector provision of FP services.

The team is currently drafting a final report that will summarize the findings from the literature review, baseline assessment, and market segmentation analysis. The report will propose appropriate approaches to or models for public-private partnerships for family planning based on the assessment of current private sector capabilities and current use of private sector services. As the final step in this activity, the HPI team plans to conduct a high-level workshop to present the final report and promote policy dialogue among key organizations in the private and public sectors.

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

Activity Manager: Mahesh Karra

Objectives: This activity researches and promotes the private sector's role and participation in the provision of health services, particularly FP/RH and MCH services in Peru. The public-private partnership (PPP) framework is examined as a viable and effective vehicle to increase access and availability of FP/RH services, particularly for vulnerable populations in rural areas and remote regions. A fundamental goal of this activity is to identify and seek complementary private, commercial, and NGO alliances with current public health service providers to ensure that unmet need for FP/RH services is satisfied.

Summary of Major Activities: HPI first conducted a literature review to identify and assess past and ongoing public-private partnership initiatives, focusing on health service delivery and financing. Next, a market segmentation analysis using data from several Peru DHS helped HPI to assess trends in use of public and private providers and the level of access to FP methods and services, particularly among poorer clients. Country case studies, along with consultation with regional stakeholders and health sector professionals, helped to elucidate the legal and operational policy environment affecting the private sector's role in health/FP service provision and financing. HPI facilitated public-private dialogues with selected stakeholders to identify some of the barriers to private sector participation, particularly in the provision and financing of healthcare services.

After examining the research, stakeholders from government, NGOs, and the private sector acknowledged the need for extensive review of the legal framework and recommended that the project team focus on public-private implementation at the local and regional levels. Stakeholder workshops and policy dialogue between key members from the Peru Ministry of Health (MINSA), NGOs, and commercial service providers helped to clarify the objectives of public-private partnerships, explicitly define the contractual models used (specifically the types of mechanisms implemented and the long-run returns on investment), and demarcate the operational scope for both public and private sectors.

Based on the stakeholder recommendations, HPI constructed diagnostic tools and regional surveys to further understand the legal and policy framework in the Peruvian public health system. In October 2009, HPI held a regional workshop on PPP; participants included high-profile public sector and regional government health providers, including MINSA, representatives from the Agency for Promotion of Private Investment (Proinversión), and EsSalud, the Peruvian agency for Social Security and Investment.

Keynote speakers and public-private partnership experts from Argentina, Brazil, and Mexico shared their assessments of the legal and political framework affecting partnership and health systems financing.

The proposals from the October meeting and other regional workshops guided the establishment of the Investment and Development Group (*grupo impulsor*) for PPP in Health. The *grupo impulsor*, with technical assistance from HPI, produced Peru's first roadmap for implementing sustainable PPPs in health. MINSA officially approved and endorsed this initiative in January 2010. Using the roadmap and regional diagnostic results, HPI collaborated with MINSA and regional health directorates from the Cajamarca and Trujillo districts to begin designing PPP implementation activities for the establishment of health services at the subnational level.

Given the positive responses from MINSA and other key participants, the project team sponsored a second technical meeting in January 2010. The purpose of the second workshop was to continue to foster public-private dialogue, share additional lessons learned from regional experiences, and mobilize key private sector providers, NGOs, and other CAs. The meeting concluded with the official launch of USAID/Peru's PPP website.

The activity's final report, titled *Fostering Public-Private Partnerships to Reduce Health Inequities in Peru*, is under USAID review. This activity is now completed.

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 (from those with more than one million people), embracing more than 95 percent of the developing world population. Thirty-one indicators of program effort were measured, along with additional characteristics of family planning activities in the context of competing national objectives. HPI conducted trend analysis using family planning program effort scores from 1982, 1989, 1994, 1999, 2004, and 2009. Additional co-funding for this activity comes from the William and Flora Hewlett Foundation.

Summary of Major Activities: Data have been collected and tabulated from 84 countries. All data were returned to the local consultant, who coordinated responses from local experts, for local dissemination. Regional and global scores have been computed and analyzed in comparison with previous years' scores. The HPI team presented the analysis at the November 2009 Family Planning Conference in Uganda and at the USAID Office of Population and Reproductive Health in January 2010. The team will also present it to the Hewlett Foundation in May 2010.

A general comparative report has been completed, as well as a more in-depth article that has been submitted to a peer-reviewed journal. A general PowerPoint has also been completed, as well as a second one that focuses on USAID's interests. The final report is under USAID review. This activity is complete.

5.2 RAPID in Africa (FY08)

Activity Manager: Rachel Sanders

Objective: The purpose of this activity is to apply the RAPID Model in four countries in Africa (Kenya, Malawi, Uganda, and Zambia) to contribute to FP repositioning and advocacy efforts. Work in Zambia under this core-funded activity has been completed.

Summary of Major Activities:

Kenya: During this reporting period, the HPI team focused on training a former parliamentarian to present the RAPID findings, sponsoring a public event to publicize the RAPID findings, and conducting a series of follow-on events for dissemination. The public event, hosted by the National Coordinating Agency for Population and Development (NCAPD) took place on November 6. An article in the *Daily Nation* summarized the key RAPID findings, focusing on the implications for education. In addition, three subsequent dissemination events have been held for the media, budget officers from various ministries, and parliamentarians. Each event was well-attended and resulted in press coverage in national newspapers. The HPI team also prepared a booklet and brief that have been approved by NCAPD.

Malawi: During October 2009, HPI staff worked closely with USAID/Malawi to finalize the workplan. The key strategies agreed upon are to (1) interview 20 key stakeholders to inform a national advocacy strategy for slowing population growth; (2) coordinate the development of a national advocacy strategy; (3) further the dialogue regarding the impact of population growth on socioeconomic development at the district-level; and (4) work with the media on improving their capacity to report data and information on population issues. During this reporting period, HPI fostered continued dialogue between the Reproductive Health Unit of the Ministry of Health and the Population Unit of the Ministry of Development Planning and Cooperation, facilitated a public meeting to report the key findings of the RAPID analysis, and coordinated with the Population Reference Bureau/BRIDGE Project to engage the media.

HPI used core funds to conduct the RAPID analysis, with inputs from family planning stakeholders and the Population Unit. While the Population Unit has been involved with the validation of the analysis, the Reproductive Health Unit has taken ownership of the analysis and its message. The Director of the Reproductive Health Unit, Dr. Chisale Mhango, presented RAPID at the International Conference on Family Planning (Uganda, November 2009) at a special invitation-only meeting attended mainly by high-level decisionmakers such as ministers of finance. Following this meeting, USAID/Malawi asked HPI to obtain greater commitment from the Population Unit to use the analysis as part of its awareness-raising efforts.

To increase the commitment of the Population Unit to use data for awareness raising and decisionmaking, HPI staff and the local consultant communicated regularly with the Population Unit. HPI continued to consult with the Reproductive Health Unit and facilitated three meetings between the two units.

The Population Unit hosted the official launch of the RAPID analysis in February 2010. The Minister of Development Planning and Cooperation presented the RAPID findings. The RAPID launch formed part of a three-day workshop with media organized by the BRIDGE Project. HPI's local consultant provided input into the portion of the training covering population issues. HPI distributed a 31-page booklet summarizing the RAPID findings to all the participants at the RAPID launch, including the journalists. Three national newspapers reported on the RAPID findings.

Uganda: HPI is currently providing assistance to the Population Secretariat, Ministry of Finance, Planning and Economic Development to develop and disseminate a RAPID presentation in Uganda. The

team developed the projections and the analysis and prepared a PowerPoint presentation and a summary briefing document. During October–November 2009, various trained spokespersons made numerous presentations to influential audiences:

- Teams from Population Secretariat, National Planning Authority, and UNFPA made RAPID presentations to leaders from 72 of the (then) 80 districts in a series of regional planning meetings around the country.
- Dr. Wilfred Ochan from UNFPA presented RAPID to about 30 people at a donors meeting at the World Bank.
- The Population Secretariat presented RAPID to about 200 people at a National Dialogue Meeting held in Kampala.
- The Honorable Dr. Chris Baryomunsi presented RAPID at a luncheon attended by about 25 people, including eight parliamentarians.
- Honorable Baryomunsi also made a RAPID presentation to about 200 people at a district leaders meeting held in conjunction with the International Conference on Family Planning in Kampala.

Subsequently, HPI staff helped to transform the summary briefing document into a more formal four-page brief, which is now at the printer.

HPI staff will visit Uganda in April to conduct a four-day RAPID presenter training session. Participants will include 10–12 staff from the Population Secretariat, Ministry of Health, Reproductive Health Uganda, Partners in Population and Development, Center for Communication Programs, and other organizations. A major goal is to integrate RAPID into the broader Advance Family Planning advocacy initiative to maximize the usefulness of RAPID and to help ensure its use as a major advocacy tool for the next several years.

Zambia: RAPID activities are continuing, using field support funds to extend dissemination efforts. See the country section for a full report of recent activities.

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: Spectrum has been updated to the Delphi 2010 programming language to take advantage of new features and facilitate program maintenance. Several new ease-of-use features have been added, including tabbed output tables and an updated interface design.

5.4 Family Planning Tools for Policy Dialogue and Planning

Activity Manager: John Stover

Objective: These interactive tools will contribute a suite of simple, interactive computer models that illustrate key points relating to population dynamics and FP program management. These models will take advantage of advances in computer tools, including flash technology.

Summary of Major Activities: The HPI team has developed initial concepts for six potential interactive models. HPI staff reviewed them in March and selected three as the first models to be fully developed. They are (1) an interactive display of population pyramids for two countries that can be used to compare the changes in age structure over time or to see the effects of population momentum on age structure; (2) an interactive display focusing on the rate of growth in modern method CPR by showing historical rates

of growth compared with Family Planning Effort Scores and showing how faster rates of growth might be achieved by improving family planning effort in key areas; and (3) a model of the proximate determinants of fertility with a focus on method mix changes.

5.5 Urban/Rural DHS Analysis for Strategy Development (FY09)

Activity Manager: Karen Foreit

Objective: Current equity analyses typically rely on wealth information for the country as a whole. However, such aggregation can obscure subnational patterns. Disaggregating wealth data into urban and rural wealth indices provides more insight into health service use, thereby allowing countries to target more effective strategies to address inequities and accurately track their progress toward achieving goals.

This activity investigates techniques and methods of analyses used to disaggregate country survey data by place of residence. Primary objectives are to

- Effectively disaggregate and evaluate selected health indicators by place of residence (urban vs. rural) and by relative wealth distribution via wealth quintile segmentation;
- Evaluate key variable tabulations (e.g., method use, antenatal care, location of last birth) by urban and rural residence to determine underlying health outcome trends and distributions in health service delivery and procurement, focusing on the urban poor; and
- Assess health indicators within national and cross-country comparative contexts for 16 priority countries to determine whether given health statuses and poverty-related inequalities are more prominent within specific wealth quintile groups, regardless of nationality.

Summary of Major Activities: Using DHS survey data from 16 selected countries, the HPI team compared national wealth quintiles and re-ranked urban-rural wealth quintiles, focusing on women of reproductive age. The team constructed national, urban, and rural quintiles within the women of reproductive age survey recode file.

Following quintile construction, HPI selected and tabulated several health outcome variables and indicators

- Contraceptive method mix and modern method use
- Sources for FP/RH services
- Number of antenatal care visits (for the last birth)
- Child birth weight (for the last birth)
- Location of last birth (medical facility, residence, etc.)

The HPI team is currently analyzing urban-rural trends and inequities (particularly among the poorer urban quintiles), comparative differences in health status across countries and geographic regions, and additional correlations between the selected indicators and relative wealth. This analysis will inform the development of potential strategic options for addressing access issues in urban and rural areas. The final report will outline possible strategies for improving access to FP services among the urban poor.

5.6 Women's RAPID Model (FY10)

Activity Manager: Mary Kincaid

Objective: As the newest addition to the Spectrum suite of models, the Women's RAPID Model will address the specific concerns of women and provide an evidence base for women leaders to advocate for improved programming that targets women's unique needs. The new, women-focused model will incorporate the known and measured effects of high fertility and rapid population growth on women's issues and status as well as maternal and child mortality. The model will be used to raise awareness and

commitment among women's groups and parliamentary leaders on ways that family planning could contribute to improving women's status and achieving national health and development goals, thereby improving gender equity and enhancing socioeconomic development through increased use of family planning.

Summary of Major Activities: In January 2010, HPI convened a technical advisory group (TAG) meeting to obtain inputs from experts in the field of gender and development into development of the model. Insights from the TAG meeting will inform model development. The first stage of model development—creating a conceptual framework—has been completed. The conceptual framework has been vetted internally and will be validated by a literature review. A second literature review will be conducted to glean inputs from gender-related data sources. The prototype model will be vetted in a second TAG meeting proposed for early June. The HPI team will use feedback from the meeting to revise the model and prepare a version to test in two countries. Final revisions will be made based on field-testing, and the model will be available as a tool for women policy champions.

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: HPI collaborated with in-country partners, including the Health Financing Task Force and Division of Reproductive Health (DRH), to carry out this multifaceted activity designed to improve access to FP/RH services for the poor. The activity included three major components: (1) researching policy, operational, and financial issues affecting access to services among the poor; (2) engaging the poor in policy dialogue and advocacy; and (3) collaborating with partners, under the leadership of the government, to create appropriate FP/RH policy strategies to improve access among the poor. This work drew on the Health Policy Initiative's EQUITY Framework and Policy Approach. The EQUITY Framework involves

- Engaging and empowering the poor;
- Quantifying the level of inequalities in healthcare access and health status;
- Understanding the barriers to service access and use;
- Integrating equity goals into policies, plans, and strategies;
- Targeting resources and efforts to reach the poor; and
- Yielding public-private partnerships for equity.

HPI and in-country partners organized dialogues at the national, regional, and community levels. The first national dialogue event, in December 2008, provided an opportunity to share the preliminary findings of the five analyses (poverty, policy, market, financing, and barriers analyses) and engender commitment on potential equity goals and strategies to include in the national RH strategy. Next, the HPI team

disseminated key findings at the provincial levels and community to gather reactions from local health authorities, program implementers, service providers, and members of poor communities. The project organized a second national-level meeting in July 2009 to share this feedback with decisionmakers.

The equity-related analyses and policy dialogue at the national, provincial, and community levels informed the design of the new 2009 *National RH Strategy*. As a result, the strategy includes quantifiable equity goals and strategies for the first time. Specifically, it calls for increasing "equitable access to reproductive health services" and includes time-bound goals to (1) reduce unmet FP need among the poor by 20 percent by 2015 and (2) increase modern CPR among the poor by 20 percentage points by 2015 (up from 12% in 2003). Integrating equity goals and pro-poor interventions into Kenya's national strategy is a positive step forward and one that must be followed up with implementation, resources, and monitoring mechanisms.

The team has completed the final report and submitted it for COTR review. This activity is now completed.

b) Poverty & Equity Training (FY07)
Activity Manager: Brian Briscombe

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 has designed 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 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 COTR review. This activity is completed.

c) Influencing Policy Reforms in Uttarakhand, India (FY08)
Activity Manager: Anita Bhuyan

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 prepare a policy addendum to alleviate barriers identified by the PIAT application, address emerging health issues, and promote evidence-based decisionmaking.

Summary of Major Activities: HPI prepared an outline of the policy addendum's content and presented it to the Executive Committee of the State Health and Family Welfare for discussion and approval on September 14, 2009, at a meeting in Dehradun. Over the next five months—based on the PIAT assessment, analysis of latest available survey data for the state, a review of innovative approaches, consultations with in-state stakeholders, and feedback from the committee—HPI compiled the draft policy addendum. The addendum seeks to address barriers to full implementation of the original policy, provide additional policy guidance on new thrust areas and service delivery mechanisms, and address emerging priority health needs. Using 2017 as the next milestone, the updated goals in the addendum now include specific objectives for maternal and child health and health systems strengthening. The addendum also places emphasis on identifying and reducing 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).

On February 19, 2010, the project presented the addendum to the Executive Committee, which is chaired by the Principal Secretary. The committee endorsed the addendum with minor changes and suggestions, which the project incorporated into the draft. On March 30, 2010, the state government formally approved the *Health and Population Policy of Uttarakhand: Addendum to the Policy*. During the next quarter, the government, with HPI technical assistance, plans to disseminate the revised objectives and new strategic directions to the implementers and providers at various levels.

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 designed a pilot activity specifically targeted to reducing S&D in the context of FP/RH services for positive women. The activity, which was pilot-tested in Kenya, involves training FP service providers on reducing S&D and collaboration 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 worked with a task force to complete this activity. 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.

HPI distributed the training manual and accompanying participant's guide to the national RH/HIV Integration Committee members in January 2010 for their final review. On January 27, 2010, the committee held a meeting to discuss final revisions to the documents, which were minor. Upon further review in March, additional changes were suggested. Pending these changes and the approval of the government of Kenya, the documents will be finalized and printed for dissemination, and this activity will be complete. The final report of this activity is under COTR review.

Rapid Response (FY09)
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:

Health Equity Forum: USAID approved travel funds 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," held in London in 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.

Family Planning Efforts Scores: John Ross conducted further analysis of FPE Scores for selected countries:

- Those in Asia and the Middle East that have graduated from USAID support (i.e., Indonesia, Morocco, Thailand, Tunisia, Turkey, and Sri Lanka);
- LAC graduated/graduating countries (i.e., all Latin American countries except Bolivia, Guatemala, and Haiti);
- Non-graduating LAC countries (i.e., Bolivia, Guatemala, and Haiti); and
- Sub-Saharan Africa, with a separate analysis of the PEPFAR focus countries within sub-Saharan Africa.

Quality Assurance, Monitoring and Evaluation, and Communication Support (FY09)
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 this reporting period, the team reviewed, finalized, and/or disseminated 94 technical products as part of the project's core, field, and communication activities. Of particular note, the QA team drafted, designed, and printed a series of high-profile RAPID population and development booklets and briefs, which were well received in-country and received local media attention. The team also compiled and produced the

project's quarterly reports, project workplans, and other internal project materials. To further capture knowledge and lessons learned, the QA team continues to assist technical staff with 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. During this reporting period, the team conducted mandatory sessions on the QA technical review and editing processes, clarifying roles and responsibilities and highlighting areas for improvement.

M&E. The M&E team continued to provide technical support, training, and assistance to project staff in TO1 countries. To ensure that results to date had been captured, the M&E team reviewed all results submitted since the project's inception and perused each country's latest workplan to identify results that may have been missed and not reported.

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 prepared a communication action plan that specifies goals and timelines for creating new materials and disseminating project information in the final year of the project. The Communication team also provided support to enhance HPI's presence at the American Public Health Association (APHA) Annual Meeting (November 7–11, 2009) and the 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 six FP/RH oral presentations at APHA.

HPI has also gained visibility in international venues. The project also presented 16 orals, five posters, one satellite session, and one roundtable discussion at the International Conference on Family Planning, held in Uganda in November 2009. In addition, HPI staff made a major presentation on the impact of contraceptive use on maternal mortality at the conference on Reconvening Bangkok: 2007 to 2010—Progress Made and Lessons Learned in Scaling-up FP-MNCH Best Practices in the Asia and Middle East (AME) Region, held in Bangkok on March 6–11. This presentation was based on the article titled "How Increased Contraceptive Use has Reduced Maternal Mortality," by John Stover and John Ross, which was published in the *Journal of Maternal and Child Health* in July 2009.

Information Dissemination. The Communication team continued to strengthen procedures for facilitating broader and more efficient distribution of key project materials. In November 2009, the team created a page for HPI on the Population and Health InfoShare website and has uploaded more than 180 documents to date, resulting in nearly 9,000 views of our materials.

The team wrote and disseminated three versions of "Publication Highlights," an e-newsletter featuring new HPI-TO1 products. The team's dissemination efforts yielded excellent results. During this reporting period, HPI products were featured six times in the Global Health Council weekly digest and on the GHC website. The C-Change project selected numerous HPI products for posting on the Communication Initiative website and featured several in its monthly e-newsletter, "C-Change Picks." Also, HPI's work on constructive male engagement was highlighted in an Interagency Gender Working Group (IGWG) brief and several products were featured on the IGWG listserv. The DemProj e-learning module was included in the January edition of the Woodrow Wilson International Center for Scholars' *ECSP News*. HPI products were also included in a wide variety of other listservs and websites, including the Implementing Best Practices (IBP) Knowledge Gateway e-newsletter; UNIFEM; HIPNet; Global Exchange Network; POPLine; Soul Beat Africa; Drum Beat; FP Success; Eldis; and Zunia.org.

The project's work also attracted positive media coverage in developing countries. In Guatemala, HPI's work with indigenous women's groups made the evening news on television. In India, more than a dozen Hindi and English newspapers in several cities printed articles summarizing the key findings from the RAPID analysis. In Kenya, a newspaper provided detailed data from the RAPID analysis and quoted the head of the National Coordinating Agency for Population and Development. In Malawi, three newspapers published articles based on the RAPID analysis report, which was presented by the Minister of Development Planning and Cooperation.

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–March 2010)

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. Family Planning and the MDGs: Saving Lives, Saving Resources
4. 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)
5. Understanding Operational Barriers to Family Planning Services in Conflict-affected Countries: Experiences from Sierra Leone
6. Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs
7. Constructive Men's Engagement in Reproductive Health: A Training of Trainers' Manual
8. The Family-Friendly Workplace Model: Helping Companies Analyze the Benefits of Family-Friendly Policies
9. Achieving the Millennium Development Goals (MDGs): The Contribution of Fulfilling the Unmet Need for Family Planning
10. Políticas, prácticas, y opciones para la adquisición de insumos anticonceptivos: Ecuador (Policies, Practices, and Options for Contraceptive Procurement: Ecuador)

Six Spanish-language publications and one French publication on FP/RH topics were among the top 50 file downloads since project inception.

Website/Statistics. During this reporting period, the number of visitors to HPI's website increased by 33 percent, and total file downloads doubled from 84,715 in the previous six-month period to 171,544. Increasingly, website visitors are entering the site from bookmarks and search engines rather than via the Home page. For example, 17 percent of all entry pages were for a specific publication. Visitors used 17 search engines to access the website, although nearly all visitors (97%) came from Google.

HPI's promotion of RAPID materials paid off: it was the second most popular search phrase resulting in a visit to the site. The most popular search phrase was a variant of the project name (Health Policy Initiative). During this reporting period, the most popular themes for file downloads were family planning and the MDGs, RH policy, the RAPID and FamPlan models, poverty and equity, and constructive male engagement.

Our international reach continues to grow. Visitors to the website this reporting period came from 190 countries. Forty-eight countries had 100 or more visitors, and 126 had more than 10. The top five countries for visitors were United States, China, United Kingdom, 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.

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: A highlight of this reporting period was the posting on HPI's website of 23 videos covering HPI's work and in-country results. The videos were produced over the past three years and feature many HPI country staff members. HPI staff also completed four new videos.

Additional videos are under production. In Mali, HPI's video specialist filmed interviews with policy experts, political leaders, and about a dozen religious leaders who are educating communities on HIV. After the interviews have been translated from Bambara (the local language), the raw footage will be edited, and English subtitles will be added. This work is funded by Mali field support. During the next quarter, video materials from core-funded activities in Tanzania will be edited for international and local audiences.

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: IGWG Partnership Initiative (FY09)
Activity Manager: Mary Kincaid

Objective: HPI has led the training activities of the IGWG for many years, implementing gender training and TA workshops in the United States and overseas, as well as developing training materials on relevant topics. During 2009 and early 2010, HPI and the IGWG piloted a new approach to gender training and technical assistance, launching the partnership program with selected USAID Missions to promote a sustainable approach to gender-integrated programming in the health sector. The program aims to help Missions achieve broader, more effective and sustainable results through gender integration. The IGWG will concentrate its efforts on a few key partners and demonstrate impact over time.

With support from the USAID Women in Development (WID) office, HPI's gender team worked with USAID gender staff, Mission personnel, and local partners to build Mission and in-country capacity to design and implement gender-integrated programs, promote gender-integrated programming more broadly in the country, and monitor and evaluate the impact of addressing gender issues. As a result of these efforts, we expect increased integration of gender issues in health portfolios in two Missions and an

improved understanding of how best to promote full implementation of gender-related policies in the Bureau for Global Health's field operations.

Summary of Major Activities: The partnership initiative was implemented in three countries: Bangladesh, Egypt, and India. HPI staff worked with Mission staff and local consultants to identify training and TA needs for gender integration in the health sector, develop a plan to meet those training and TA needs, and help the Mission document the impact of the partnership over a one-year period.

In India, HPI consultant Meg Greene, Debbie Caro from Cultural Practice, and local consultants Roshmi Goswami and Vasudha Pangare conducted a multisectoral gender assessment. The costs were shared between the IGWG and the WID Office. The goals of the assessment were to identify critical gender-based constraints to equitable participation and access to USAID/India programs, provide specific recommendations on strategies for increasing accessibility and equity of USAID programs, identify key gender issues outside the Mission's current set of activities and investments, assess the institutional context supporting gender mainstreaming in the Mission and in India, provide recommendations to improve the Mission's and partners' operational practices and programmatic mechanisms in support of gender equality, and propose indicators for measuring gender-related impacts. The report on this assessment is now complete.

In Bangladesh, Dr. Nasrin Jahan worked in coordination with USAID/Bangladesh and the WID office to conduct a gender assessment to inform and guide the design and formulation of the Mission's five-year strategy and activities under that strategy, ensuring gender integration throughout project planning and implementation. The assessment provided a set of practical recommendations in the form of an action plan that includes immediate, medium, and long-term steps the Mission can take to effectively integrate gender into its program.

In Egypt, Debbie Caro worked with a local consultant to address the Mission's request to better address the needs of women in USAID programming. The goals of the assessment included conducting a gender analysis of existing projects to identify ways to better integrate gender in those programs, as well as help the Mission identify new areas for gender-related programming in its upcoming five-year strategy.

Youth: *Youth-Policy.com website* (FY07)
Activity Manager: Shetal Datta

Objective: The www.youth-policy.com website 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: During this reporting period, use of the Youth-Policy.com website rose sharply. The website had nearly 66,000 visitors—a 48 percent increase over the previous six-month period. Website visits per day averaged 362—a 50 percent increase. File downloads rose to an average of 289 per day—a 61 percent increase. Visitors came from 183 countries, with wider representation from countries other than the U.S. The top three downloads were the Kenya, Nigeria, and Ghana national plans.

In December 2009, HPI collaborated with colleagues from Family Health International's youth team and Johns Hopkins University Center for Communication Programs to transfer, manage, and maintain the information from the youth-policy website. However, this transfer has not yet taken place; the website continues to be hosted on HPI's server. The content from the website will be used by the Knowledge for

Health Project in a youth policy toolkit. The website will remain active until the new youth policy toolkit becomes active online. This activity is now complete.

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 focused on improving the implementation of FP/RH policies. Outputs included (1) an inventory of existing policies, laws, and operational guidance; and (2) a summary of focus group discussions and in-depth interviews with decisionmakers, service providers, and civil society advocates about FP/RH policy development, dissemination, and implementation practices.

Summary of Major Activities: HPI worked with three local consultants to finalize identification and preparation of summaries of existing policies, directives, and other documents and legislation related to family planning. In October 2009, HPI staff and a senior regional-based consultant assisted the National Program for Reproductive Health of the Ministry of Health to complete the summaries of policies and to plan, conduct, and summarize three focus group discussions from three of DRC's provinces.

HPI delivered the draft review of existing policies affecting family planning and the results from the focus group discussions in early November 2009. The final draft report was used as input for DRC's National Repositioning Family Planning Conference held in December 2009. This activity is completed.

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

Objective: The purpose of this activity is to support the USAID/Tanzania's ongoing efforts to reposition family planning 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). 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. 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. The Minister of Health and Social Welfare launched the CIP in late March 2010. Analysis from FamPlan and the regional qualitative analysis were key inputs to the CIP and helped shaped the strategy for a regional approach to reposition family planning. This activity is now complete.

Contraceptive Security

Operational policy barriers analysis is a major activity that falls under the Contraceptive Security (CS) technical priority. This activity makes use of tools and assessments to facilitate implementation of CS strategies and increase commitment to contraceptive security at the country level.

Operational Policy Barriers Analysis (FY07)
Activity Manager: Margot Fahnestock

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

HPI is collaborating with the USAID | Deliver Project to develop an approach that would assist governments in assessing potential operational policy barriers to contraceptive security—specifically procuring and financing contraceptives. The approach 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. HPI and Deliver have piloted the approach in two countries—Madagascar and Malawi.

Summary of Major Activities: In March 2010, HPI and the Deliver Project finalized the report for the Madagascar application of the operational policy assessment guide.

The results of the 2007 assessment in Malawi have proved to be particularly relevant. As of September 2009, Malawi's sector-wide approach (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. A group of advocates, including the local office of the Deliver Project, have used the assessment findings to propose that the Treasury fund the procurement of injectable contraceptives and provide them free to districts. This group has argued that providing the most popular contraceptive method free to districts would demonstrate the country's strong commitment to family planning and even to reducing maternal mortality.

The HPI team is currently finalizing a case study on the Malawi experience to disseminate to key contraceptive security decisionmakers and organizations, such as the RHSC. The operational policy assessment guide is currently in the final editing phase. The guide will be printed and available for distribution in the second quarter of 2010.

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

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

- *Synthesizing key approaches and achievements:* In the final six months of the project, we are focusing 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. This requires brainstorming sessions and meetings to come up with end-of-project publications that highlight our key approaches and achievements. We have to balance our need to finalize the project deliverables and also develop end-of-project products.

- *Cumbersome process of in–country review and approval of policies, plans, guidelines, and training modules:* We are following a tight timeline for completing and submitting our Pop/FP/RH core deliverables. While we recognize the importance of country ownership, meeting the contract deadlines is challenging in situations where products/deliverables require in-country review by partners and Missions. For example, the Stigma and Discrimination training modules were reviewed twice by the RH/HIV Integration Committee in Kenya. RAPID materials have undergone review and approval processes in Kenya, Malawi, Uganda, and Zambia. The Karnataka government and India Mission reviewed the Karnataka integration model case study. It is also time consuming to obtain the text and signatures of policymakers to prepare the foreword for policies, plans, guidelines, and training modules. We are monitoring the deliverables tracking sheet very closely, but delays may occur due to reasons beyond our control.

- *Ceiling and time constraints limit opportunities for crucial follow-on TA.* Due to resource (ceiling) and time limitations, we are not able to fully respond to the demand for technical assistance. Examples of the activities that cannot be supported due to resource and time constraints are the Peru public-private partnership activity, the FamPlan application in Uganda, and operationalization of Rwanda's private sector strategy under Vision 2020.

IV. MH CORE-FUNDED ACTIVITIES

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: 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 12,000 members in 148 countries—up from 9,000 members in 142 countries at the end of September 2009.

The WRA's activity objectives under HPI for 2009–2010 are:

- Promotion of MH service delivery in the global advocacy arena
- Catalytic dissemination of MH accountability models
- Expansion of social watch activities for government accountability for maternal services

Summary of Major Activities:

Promotion of MH service delivery in the global advocacy arena. HPI supported the November 2009 WRA Annual General Membership meeting, at which WRA members from 21 countries convened to set the direction for the WRA's global maternal health advocacy agenda. This meeting also set the goals for the 2010 Maternal Mortality Campaign, an unbranded maternal health advocacy campaign, primarily supported by the Gates Foundation and coordinated by WRA. The campaign champions the need for increased skilled birth attendance and health systems strengthening, increased political and financial commitment to maternal health, and the need for community voices to be included in the global maternal health discourse. HPI support for this meeting enabled the voices from WRA members from around the world to help shape the policy direction of the global advocacy campaign.

Catalytic dissemination of MH accountability models. To encourage WRA national alliances to adapt and replicate successful models implemented by other national alliances, representatives from the India and Tanzania national alliances described their social watch activities to members of the other 13 WRA national alliances during the HPI-supported WRA National Alliance Workshop, held in November 2009 in Dar es Salaam. To follow up this south-to-south sharing of successful models, the WRA Global Secretariat has engaged a consultant to produce case studies and a policy brief based on the initiatives of the India and Tanzania national alliances. Also, using HPI funds, the WRA Global Secretariat will award

a catalytic grant for social watch activities to the Indonesia national alliance to initiate a social watch/accountability project.

TA and Support of the Kenya National Alliance. In Kenya, a WRA national alliance was formed in August 2009. HPI, through the WRA Global Secretariat, has continued to provide ongoing support to this fledgling alliance both at-a-distance and through on-site TA. With this support and the ongoing efforts of the WRA Kenya members, this national alliance has grown significantly over the reporting period and has achieved some significant milestones, including

- Engagement of a major champion—the Prime Minister's wife—and use of her political influence and public profile to advocate for increased resources to be allocated to maternal health;
- Leveraging of funding from DFID for the strengthening and expansion of the Kenya national alliance; and
- Membership growth from 109 members in October 2009 to approximately 370 members more.

B. Problems, Issues, and Constraints (MH)

The WRA Global Secretariat has identified several "emerging national alliances." Coalitions in Australia, Fiji, Nigeria, Sudan, and Zimbabwe have expressed interest in forming WRA national alliances. Often emerging national alliances, in their enthusiasm to contribute to and be a part of the global safe motherhood movement, are eager to affiliate with the WRA as soon as possible. The role of the Global Secretariat is to support these emerging alliances through the steps of establishing a multisectoral stakeholder base, contextually appropriate mission, and autonomous decisionmaking structure, with recognition that each WRA national alliance is unique. There is no cookie-cutter structure for WRA national alliances, since each is formed in response to the realities of the maternal and newborn health issues in each country and shaped by the political environment. Given these requirements, the process of establishing a new national alliance and officially affiliating with the global WRA can be time consuming.

While the WRA Global Secretariat recognizes that forming new networks generates project results for HPI, the process cannot be accelerated because WRA has to ensure that the national alliances formed and affiliated with the Global Alliance are sustainable and consistent with WRA's mission, vision, and principles. Accordingly, WRA did not form any new national alliances during this reporting period, despite increased demand.

V. HIV/AIDS CORE-FUNDED ACTIVITIES

A. Overview

HIV core activities are planned in close collaboration the USAID, other US government agencies, 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. 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 continues to focus on completing its approved activities and disseminating results. During this reporting period, HPI has worked to remove the barriers to completion, collaborating closely with USAID Mission teams to finalize scopes of work on several earmarked activity areas (especially in the area of cost modeling) and with the USAID COTR team to reprogram a few activities in response to changing priorities and emerging opportunities. A series of brown bag presentations for USAID and OGAC personnel is underway to highlight specific activities and products. Finalization and production of end-of-activity reports and briefing sheets continues.

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. The regional trainings in South Africa were completed during this reporting period. They have revealed a growing demand for these tools as well as solid potential for building regional cadres of technical expertise to apply the costing and planning models at country level that can be expanded to other regions. Plans for a second Country Ownership HIS Forum are underway for the southern Africa region, and the HPI team has been asked to continue support for this meeting by implementing an HIS assessment survey in 11 selected countries, working closely with technical teams from USAID, the World Health Organization (WHO), and the Centers for Disease Control and Prevention (CDC). The male circumcision (MC) costing work continues to expand with support for application of the MC Decision Makers' Program Planning Tool (DMPPT) in Uganda. HPI is also working closely with UNAIDS, WHO and CDC teams as part of the USAID contribution to this global effort in Kenya, South Africa, Zambia, and Zimbabwe.

In the area of **Gender**, HPI activities focused on constructive male engagement. The integration of gender analysis into HIV-related service delivery leads to more emphasis on gender in formal planning and program design and engaging men more constructively in addressing gender-related challenges related to vulnerability, access and use of services, and 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 policy implementation. Ongoing work has focused on gender-based violence as a policy and programmatic challenge and 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 CBO 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 design of tools that help USAID Missions and other funders and service delivery agencies to integrate relevant livelihood activities for young girls in 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 helping to address challenges, such as barriers to national OVC program implementation in Botswana. Due to a series of delays, the PIBA implementation in Ethiopia focusing on pediatric ART services has been reprogrammed and will support an expanded scope of work on the Botswana activity. The planned activity to develop a resource on OVC programming within the partnership framework has been cancelled at OGAC's request; the funds have been reprogrammed to support EOP activities. The PEPFAR-supported research on OVC programs within military camps in Zambia completed its field work and will be ready for presentation in the coming quarter.

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. During this reporting period, major field work was completed in Mali on the citizen monitoring activity; this work promises valuable lessons in engaging citizens to promote increased transparency in HIV program implementation. A planned resource guide for integrating stigma into the partnership framework process has been cancelled and reprogrammed to support additional work on Citizen Monitoring identified during the initial field work. The **MENA** regional project completed its work under core support; it is now reported with field support funds for its next phase of activities.

Outside of the formal working group structure, HPI has initiated several exploratory activities that show promise for future programming. On task shifting, HPI has completed its analysis of 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 has completed its examination of policies that promote or hinder access to post-exposure prophylaxis (PEP) for victims of sexual violence and is working with health teams and law enforcement agencies to improve the whole service continuum for this population.

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 proposed in December 2009 to use remaining core funds to conduct an abbreviated policy implementation barriers analysis on two new policies—the 2009 Children's Welfare Act and the 2008 National OVC Guidelines—and by interviewing primarily the technical staff of the Department of Social Services (DSS) and the local Marang child care provider network. When HPI staff visited Botswana in February 2010, USAID OVC specialist Mosarwa Segwabe stressed that the complete PIBA activity would be more useful and asked for it to be undertaken together with related field support-funded activities. In addition to identifying barriers to OVC services and potential policy actions to address barriers, the PIBA activity would be an opportunity to train Marang members and DSS technical staff on barriers analysis. After HPI consultations with the DSS and the Health Research Unit (HRU) of the Ministry of Health, it was agreed that HPI will apply in early April 2010 for approval to conduct the PIBA study. HRU also agreed to request the MOH Reference Group to expedite the process so that the PIBA interviews can start in May.

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. While the questionnaires were approved by both an Ethiopian and American Research Review Board, data collection could not be completed due to a combination of country registration challenges and the difficulty of doing field data collection during an election season. Given the timing of the work to be completed, and proximity of the end of HPI, it was agreed to explore alternative mechanisms.

1.2 Informing Policy and Program Decisions for Male Circumcision (MC) Implementation and Scale-up (FY07, FY08, FY09)

Activity Manager: Kip Beardsley

Objective: This activity aims to assist select countries with policy and program planning related to MC by developing country-level decisionmaking tools and strategies. Specifically, HPI, in collaboration with UNAIDS and WHO is applying the *Male Circumcision: Decision Makers' Program Planning Tool* (DMPPT) to estimate the cost and impact of MC scale-up in Kenya, South Africa, Uganda, Zambia, and Zimbabwe.

Summary of Major Activities: HPI participated in the UNAIDS PEPFAR Southern and Eastern Africa Regional Male Circumcision Costing and Impact Meeting in Johannesburg in January 2010. During this meeting, countries shared their experiences using the DMPPT and discussed expectations for technical support for costing the impact of male circumcision.

HPI also finalized the report "Estimating the Potential Cost, Readiness, and Impact of Expanding Male Circumcision in Namibia." The analysis shows that MC is a cost-effective intervention for HIV

prevention that yields multiple benefits through scale up because the protective effect of MC increases as critical mass is reached, and its effects are permanent. The provider and facility assessment revealed that a possible MC scale-up in Namibia would face operational challenges on many fronts that will require careful attention at the planning stage. This report has been sent to USAID/Namibia and USAID/Washington for approval.

The DMPPT application continues to move forward in Uganda. Data collection is complete and analysis and dissemination are underway. This report has been accepted as an oral presentation at the International AIDS Conference, to be held in Vienna in July.

HPI continues to coordinate with USAID, CDC, UNAIDS, and WHO in implementing the DMPPT in Kenya, South Africa, Zambia, and Zimbabwe. In this implementation process, HPI continues to use local expert capacity built through the project in progressively more senior leadership roles, moving from a direct implementation model to one of minimal technical assistance. In addition, HPI has been able to garner more than US$150,000 of UNAIDS support for these activities. Also, HPI has established an ongoing collaborative relationship with the UNAIDS and CDC teams, which will be useful as new countries undertake accelerated MC initiatives.

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. It is also 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. HPI will pilot-test an assessment methodology and corrective intervention to address operational barriers to PEP policies, particularly barriers related to gender.

Summary of Major Activities: HPI staff finished the peer-review and revisions of the final project report, "Gender, Sexual Violence, and Operational Barriers to Post-Exposure Prophylaxis for HIV in Mexico," which is currently under internal review. The report details project activities in Mexico, including the initial assessment of PEP policies, the PEP implementation in Mexico, the gender barriers identified, interventions developed, and final assessment interviews.

HPI staff completed the report "Gender-related Barriers to HIV Prevention Methods: A Review of Post-Exposure Prophylaxis (PEP) Policies for Sexual Assault." The policy review document examines PEPFAR focus country guidelines to determine whether and how PEP is provided for survivors of sexual assault and focuses on identifying potential gender barriers that countries need to address to provide PEP to sexual assault survivors. This activity is now completed.

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 design and implement a participatory monitoring

model to improve access and quality of HIV-related treatment services and 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 that various countries face (e.g., political, data collection systems and capacity, engagement of most affected groups, as well as the stage of the epidemic). 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+) completed data collection and data entry in November 2009. The HPI team cleaned and analyzed the data. The HPI team discussed the findings with VNP+ and together identified interesting results and data trends. Based on the findings, VNP+ will conduct a stakeholder meeting in early April to discuss the results and begin engaging the stakeholders in policy dialogue. VNP+ will build key partnerships with these stakeholders to take the results of the monitoring activity and develop advocacy messages and plans.

Lessons learned from the citizen monitoring pilot in Vietnam were transferred to the Mali team. HPI hired Dr. Fousennei Kone as a consultant to liaise and provide technical support to RMAP+, the national network of people living with HIV. With HPI support, RMAP+ drafted the initial questionnaire. Technical experts modified the questionnaire according to quality of care domains and developed a low literacy rating scale to match the questions. The HPI team piloted the low literacy questionnaire with RMAP+. In March, HPI conducted a workshop to train the data collectors and validate the questionnaire. With RMAP+, HPI finalized the data collection tools and prepared the materials for submission to the Malian Ethical Review Committee. Once approved, the materials will be translated and submitted to the IRB in the United States. RMAP+ will enter the data using an online data entry tool. The online tool mirrors the data collection form, which should minimize data entry errors. Although the data will be analyzed at HPI/Washington, simple data analysis methods will continue to be emphasized during the regular technical meetings. RMAP+ will collect the data in April and May and then analyze it. In May and June, RMAP+ will develop advocacy messages for use during a meeting with key stakeholders in July.

In March, HPI was selected to present "Improving HIV Programs Using Participatory Monitoring; Expanding the Capacity of PLHIV Networks to Gather, Analyze, and Use Evidence to Engage in Policy Dialogue" in a poster exhibition at the XVIII International AIDS Conference in Vienna in July 2010.

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 optimal 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. For this work, 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) prepare user-friendly materials for advocacy on task shifting in the region.

Summary of Major Activities: As part of the ECSAHC-CON subcontract, ECSA recruited two consultants to conduct the case studies in Swaziland and Uganda through focus group discussions with health providers and key informant interviews with policymakers. The Swaziland and Uganda case studies were finalized in early February 2010. In mid January 2010, HPI applied the Capacity Module in Uganda to estimate the training needs and costs associated with implementing HIV prevention and care in Uganda.

Both case studies and preliminary results from the Capacity Module application were shared at the Health Ministers' Conference in Kampala, Uganda, in February. Ms. Sheillah Matinhure (from ECSA-CON) presented the findings from the case studies. In both countries, task shifting was well understood and ongoing due to shortages in human resources for health (HRH), and there was general enthusiasm for moving task shifting forward through formal policies and regulations. Challenges identified included

- The lack of policy and regulations on task shifting, which makes tasks shifted to date unregulated with no legal protection for those undertaking the additional tasks;
- The lack of preparedness, monitoring, and supervision for those to whom additional tasks have been shifted;
- The continued overburdened workload of nurses;
- The issue of professional boundaries and protectionism; and
- At the community level, prevalent stigma and discrimination that might hamper the acceptability of community health workers to provide HIV-related care.

Also at the Health Ministers' Conference, Dr. Dan Wendo, HPI/Kenya Country Director, presented the findings from the Capacity Module and on the policy implications of task shifting in the ECSA region. The presentations were well received and elicited much discussion about the need for task shifting to be regulated and the importance of the Capacity Module in helping countries determine shortfalls in training and efforts to expand task shifting. The policy implications presentation particularly resulted in debate about the increased role of non-traditional health workers (i.e., community-based volunteers/workers), the importance of task shifting in hard-to-serve areas, the urgent need for regulatory mechanisms for task

shifting to be put in place, and discussion of the increased burden facing nurses as a result of certain task shifting.

This activity will end during the next quarter, when the task shifting summary report and brief on the capacity module are finalized.

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 constructively engaging men in HIV prevention and RH programs can improve health outcomes and promote gender equity. 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. The activity is designed to contribute to a coordinated, strategic framework to engage men in improving health and gender outcomes.

Summary of Major Activities: In consultation with key in-country partners, HPI developed a workplan with three principal components that will facilitate an enabling policy environment and guidance for men's participation:

1. *Policy analysis—a targeted, rapid assessment of the literature from Women in Development (WID) to Gender and Development (GAD).* In September 2009, the HPI team 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 globally, regionally, and in Ethiopia. During this reporting period, the HPI team complemented this desk review with key informant interviews and a rapid assessment of strategic plans across several ministries. The literature review and rapid assessment helped inform the network strengthening workshop and the national stakeholders meeting.
2. *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. In November 2009, HPI facilitated a two-day network strengthening workshop. HPI collaborated with network co-chairs to draft a pre-workshop questionnaire to inform the workshop design. The workshop objectives included sharing principles and foundations of building and maintaining successful networks; reaching consensus on key components of the network's terms of reference; and drafting a short-term action plan. Participants drafted a mission statement, outlined key programmatic goals for a network that *"will be a leading technical group—a Center of Excellence—on the constructive role of boys and men in promoting the well being of women, children, and men in Ethiopia."* This network was launched during its first stakeholder meeting in Addis Ababa in March 2010.

3. *Stakeholders meeting.* On March 6, 2010, HPI supported the Women's Affairs Office of the Federal Ministry of Health (FMOH) to commemorate International Women's Day and facilitate dialogue around engaging men and boys to promote gender equity and improve health outcomes. More than 80 representatives from government ministries, civil society organizations, USAID, and implementing partners attended the consultative meeting. Civil society organizations and implementing partners presented programmatic evidence that confirms it is possible to change men's attitudes and practices. During the meeting, Dr. Medhin Zewdu, Director General, Office of the Minister of Health, affirmed the government's commitment to promoting gender equity, and Yamrot Andualem, Head of the Women's Affairs Office (FMOH), called for increased dialogue and community-level programming around partnering with men and boys.

Pending the May 2010 election results, HPI is scheduled to collaborate with the Women's Affairs Office at the FMOH, to organize a follow-on meeting with representatives from the Ministry of Education, Ministry of Women's Affairs and Ministry of Adolescents, Youth and Sports. The purpose of this meeting is to build upon the consensus regarding the need to jointly engage male and female youth to improve health outcomes and promote gender equality for all Ethiopians.

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 number of HIV-positive women on treatment, 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.

Initial discussions with PLHIV networks in Dar es Salaam resulted in a partnership with the National Network of Tanzanian Women with HIV/AIDS (NETWO+) to raise network members' awareness of gender issues and ways that they can influence adherence to treatment. The team decided to integrate gender issues into their existing treatment literacy training program and to pilot it with one group of women and one group of men. The training would include assisting participants in developing local-level action plans to address identified gender issues that affect adherence to treatment. NETWO+ identified a particular need to involve men in such programs to raise their awareness of the importance of knowing their own status and seek appropriate treatment. The training manual will be available for use with PLHIV support groups and networks in Tanzania and other countries interested in addressing gender issues related to treatment adherence.

Summary of Major Activities: The HPI team designed the training manual based on formative work with local network partners and piloted the manual in a series of trainings with NETWO+ partners. On March 10–13, 2010, HPI and NETWO+ conducted a four-day pilot training on *Community Treatment Literacy: Gender Issues in Relation to HIV Treatment Adherence* for 15 female participants from five districts of the Morogoro region. Based on this workshop, the HPI team revised the training plan to cover three days. On March 17–19, 2010, the team held a three-day training with 15 male participants from four districts of the Morogoro region. Participants reported that the training was useful and easy to understand. The trainings were covered by the media, with an article in the *Mwananchi* daily newspaper, a story on the local television channel ITV, and a story on BBC radio in Tanzania.

As a result of the pilot trainings, the HPI team identified new topics for inclusion in the training manual, such as disclosure and HIV prevention (including PMTCT and serodiscordancy, particularly issues

related to positive prevention). HPI and NETWO+ also made plans for follow-up with the training participants in approximately two months to assess initial impact.

To integrate the HPI TO1 activity outcomes and materials into the TO5 workplan, HPI staff met with TO5 team members in Tanzania. In discussing ways to carry TO1 work forward, the group identified three activities that fit within TO5's mandate: creating a training manual on disclosure to implement with PLHIV networks, conducting GBV trainings for HIV-positive men, and supporting formation of an HIV-positive men's network.

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

2.1 PLHIV and Positive Prevention (FY09)

Activity Manager: Ken Morrison

Objective: The purpose of this activity is to develop a strategic framework for *Positive Health, Dignity and Prevention* that highlights the rationale, components, principles, and outcomes sought from putting the concept into practice. The framework is based on international consultation with networks of PLHIV and key partners around defining what "positive prevention" meant to PLHIV. The concept of Positive Health, Dignity, and Prevention links HIV treatment, care, and support with prevention, within a broader human rights framework and universal access. It emphasizes the importance of placing the person living with HIV at the center of addressing his/her health and well-being within the socio-cultural, legal, and community context in which he/she lives. PLHIV need to assume leadership in addressing policy and legal barriers as well as participating in programming and in driving the agenda forward.

Summary of Major Activities: HPI has undertaken a desk review to gather key information from international consultations on positive prevention (drawing primarily on steps leading to the International Technical Consultation April 2009 and activities and documents since then). HPI has come to an agreement with our key partners—Global Network of People Living with HIV (GNP+) and UNAIDS—on how to move forward in order to have a strategic framework ready for presentation at the International AIDS Conference in Vienna in July, as well as draft operational guidelines to guide programmatic action and policy development on Positive Health, Dignity and Prevention at the country-level. It has identified the people to work on the project and developed a workplan and process for the development and consultation. The operational guidelines are intended to be used as a discussion document at events before and during the conference and designed specifically to promote dialogue on this important issue among PLHIV and partners.

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: Elizabeth Doggett

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 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. The guide provides a description of possible livelihood programming that is appropriate for adolescent girls of varying socio-cultural profiles. The tool offers a menu of livelihood strategies that may contribute to overcoming the identified socioeconomic constraints or utilizing the identified opportunities to strengthen adolescent girls' power to make and act on decisions that protect them from HIV infection. The final programming design tool and guide for decisionmakers were validated through partner consultations in Botswana and Namibia. These products will help program designers and donors, respectively, to develop livelihood interventions that are appropriate for adolescent girls of varying socio-cultural and economic profiles.

In this reporting period, USAID reviewed and commented on the final versions of the tool and guide. The team addressed the comments and finalized the documents with the assistance of a graphic designer to make them more user-friendly. The tool and guide have been disseminated through gender and HIV listservs and websites. This activity is now complete.

3.2 Equity of Access to ART (FY07/08)

Activity Manager: Rachel Sanders

Objective: Scale-up of ART in Ethiopia has not progressed as quickly as anticipated. To contribute to the success of the Ethiopian ART program, this activity will identify barriers to accessing and/or adhering to ART and examine how those barriers affect people differently. This information could then be used to improve access and adherence to ART through improved service delivery and information and satellite programs such as nutritional support and transport subsidies, depending on the findings of the research.

Summary of Major Activities: The HPI team has completed data collection, including focus group discussions with community members, clients, and former clients; key informant interviews with providers; record review; and existing policy analysis. The team has also analyzed the data collected, drafted a report, and presented the results to USAID/Ethiopia. Next steps include a technical review by HAPCO, the national HIV/AIDS program, and dissemination of the results.

Three separate poster presentations on this study have been accepted by the International AIDS Conference organizing committee. The final report will be completed in the next quarter.

3.3 ART Costing (FY09)

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: The ART costing portfolio covers both global (support for the WHO Guidelines Review process) and country-specific (Rwanda and Ghana) activities. The HPI team prepared a model that reflected the cost implications of proposed changes in the WHO Guidelines for HIV Care and Treatment. This model was used as part of deliberations at the WHO Guidelines Review meeting on

October 14–15, 2009. The HPI team analyzed the cost outcomes of changing the recommended first-line regimens and CD4 thresholds.

Country Activities: During this reporting period, the HPI team finalized the Rwanda report on projected costs of HIV care and treatment and submitted it for USAID review. The HPI team also made an initial visit to Ghana to define the methodology for the facility-level costing and to pilot-test data collection tools. Stakeholders, including the Ghana AIDS Commission and the National AIDS Control Program, have reviewed and approved the methodology and tools. HPI has hired a local economist to complete the data collection process. The internal review board of Futures Group has reviewed the research protocol, and the HPI team has addressed their comments. Data collection is now underway, with findings expected in July.

3.4 Costing of National Strategic Plans (FY09)

Activity Manager: Ellen Smith

Objective: This activity aims to analyze the impacts of possible decreases in donor funding on Namibia's national HIV/AIDS program. This analysis will consist of modeling different funding levels and mixes of program activity using the Goals Model. This activity will be conducted in coordination with the UNAIDS financial sustainability task force and Namibia's Ministry of Health and Social Services (MOHSS), thereby ensuring that MOHSS staff will be able to use the Goals Model in the future.

Summary of Major Activities: USAID/Namibia has approved the scope of work for this activity. The HPI team has identified a consultant and data collection and key informant interviews are scheduled for April 2010. HPI anticipates participating in a senior-level model expert meeting with the UNAIDS task force in June 2010. This activity is expected to be completed in August 2010.

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 policy modules 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: During this reporting period, the HPI team updated the AIDS Impact Model (AIM) in Spectrum to include a new procedure to estimate the number of children eligible for ART according to age, CD4 percent, and CD4 count in order to respond to new WHO guidelines. The updated model was distributed to 140 countries participating in UNAIDS' update of the global estimates. All countries are to return their updated estimates by April 9.

In January 2010, principal designer John Stover participated in a meeting of the UNAIDS Reference Group on Estimates, Models, and Projections in London to develop a plan for the AIM updates needed for late 2010.

5.2 Costs of Key PEPFAR Interventions (FY06)

Activity Manager: Steven Forsythe

Objective: This activity will enhance the ability of three PEPFAR countries (Ethiopia, South Africa, and Uganda) 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: The HPI team has completed data collection in Ethiopia and Uganda. Reports for both countries are under internal review. In South Africa, data from three sites have been collected, but the consultant has so far failed to provide the required summary report. During the next reporting period, the HPI team will finalize and disseminate the summary report. In addition, the country reports will be shared with country decisionmakers, stakeholders, and donors.

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

Activity Manager: Britt Herstad

Objective: The purpose of this activity is to analyze existing datasets 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: The HPI team revised and finalized the report, based on USAID and Futures Group reviewers' comments. The key finding from the data analysis was that, except for their HIV status, serodiscordant couples are similar to the general population in many ways. Like the general population, most serodiscordant couples have not been tested for HIV and do not know their status; few serodiscordant couples have comprehensive knowledge on preventing HIV transmission; and condom use is low among serodiscordant couples. Without strategies aimed at preventing intra-couple transmission, serodiscordant couples will continue to be a significant source of new infections. However, because they are not a readily identifiable population, approaches to prevent intra-couple transmission must first aim to get couples tested to learn their status, then provide serodiscordant couples with services to promote and maintain appropriate risk-reduction behaviors. This report was finalized and published in February 2010. It has been disseminated to USAID and through websites and listservs. This activity is now complete.

5.4 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: In June 2009, the HPI team conducted the first of four costing workshops, mainly for members of the Southern and Eastern Africa regional Technical Support Facilities (TSFs) and HPI staff, in South Africa. The five-day training, which had 23 participants, 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 this workshop, faculty mentored the TSF participants to use the skills they had developed.

The HPI team then held a follow-up five-day costing workshop that was attended by the same 23 participants from the first workshop. This second workshop for TSF staff was conducted in October 2009 in South Africa. It covered additional costing models, including models to evaluate OVC programs, operational plans, Global Fund applications, and provincial-level strategic plans.

In response to requests for additional workshops, the HPI team conducted two five-day workshops with content similar to the two previous costing workshops for TSF staff. The 30 participants in the second set of two workshops were government employees and TSF consultants in Southern and Eastern Africa as well as HPI and MEASURE project staff. These workshops were held in South Africa during October 12–16 and November 30–December 4, 2009. The final activity report will be submitted during the next reporting period.

5.5 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: After several months of delays, first from the Institutional Review Board (IRB) in Zambia and then from the Zambia Defense Force, the team successfully completed primary data collection with OVC and caregivers. Given the dearth of documented information regarding this subset of highly vulnerable children, this report will help inform future military OVC programs.

The HPI team is finalizing a 20-page report that documents the experiences of military OVC, identifies successes and gaps in service delivery, and presents stakeholders' recommendations for OVC program strengthening. The target audience for this report includes donors that provide financial support to OVC programs, as well as implementing partners that design and deliver technical support. The HPI team plans to present the key findings to USAID staff and to present a poster at the International AIDS Conference in July.

b) Global Fund OVC

Activity Manager: Amy Kay

Objective: The Global Fund (GFATM) is a major funder of OVC programs. To date, its grants have provided basic care and support for 3.2 million orphans and vulnerable children. The Global Fund has

potential to provide greater financing and support to meet the needs of OVC. However, the Global Fund process needs to be reviewed and recommendations made to ensure that OVC programs are given priority in-country and that programming 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.

Summary of Major Activities: To meet these information needs, the HPI team 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. In consultation with USAID, the HPI team developed indicators and search parameters. HPI revised the search parameters at USAID's request, following a report of trends found in the first 117 grants reviewed. The desk review of proposals, grant agreements, amended grant agreements, grant performance reports, grand score cards, disbursement requests and rolling continuation channel proposals for all 261 HIV grants targeted in this review is completed. The searchable database is finalized, and initial OVC data from all grants reviewed has been inputted. Drafts of the report of the Global Fund desk review and the programming review are under internal review.

USAID approved Kenya as the pilot country for the in-country portion of the review. HPI consultants have briefed USAID/Kenya on the activity and vetted the interview guide and interviewee list with USAID. The HPI team in Kenya conducted a review of GFATM-funded OVC activities, OVC stakeholders and CCM processes on the ground to identify barriers and opportunities to access GFATM processes and resources.

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

Activity Manager: Anita Datar Garten

Objective: The purpose of this activity is to collaborate with USAID implementing partners (AIM and MSH), UN agencies (WHO e-health cluster, Informatics, UNITU), and the Health Metrics Network (HMN) to host a Southern Africa regional forum that encourages participating countries to strengthen and accelerate nationally owned and led strategies for managing Health Information Systems in 11 focal countries; share approaches and best practices; and link countries with potential sources of technical and financial resources for strengthening Health Information Systems (HIS).

This activity is a follow-on to the first HIS forum, which was held in August 2009 in Addis Ababa. For that meeting, HPI's specific contribution was to design and implement a pre-forum survey of participants regarding the status of their current Health Information System. The conference organizers incorporated the interview data into country HIS profiles. The data also contributed to the overall design of the forum as well as the development of case studies for plenary and group exercises.

Summary of Major Activities: Following the first HIS forum, the HPI team submitted a final report and received approval to close out the HIS Forum activity for Ethiopia. During this reporting period, USAID and partners convened planning sessions to design and roll out the second HIS Forum in Southern Africa. At the request of the planning team, HPI will play the same role with respect to design and implementation of a pre-forum survey. At this stage, a date and location have not been determined. In the

interim, the HPI team continues to participate in planning sessions and gather names and contact information for potential survey participants.

5.7 Virtual Learning: Focus on Stigma (FY08)

Activity Manager: 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 aims to 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," is designed to contribute to a greater understanding of HIV-related stigma and discrimination and 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 fills 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 is part of this series.

Summary of Major Activities: The course author at HPI completed all technical content of the course in October 2009. The technical reviewers consisted of leading experts in the field of HIV-related stigma and discrimination, including two USAID staff members, one staff member from the International Center for Research on Women, two HPI specialists, and two stigma consultants. The technical review was done in November and December 2009. Based on the comments from technical reviewers, the course author revised the course and wrote the course Summary Report. These products were approved by the COTRs in January 2010.

The course is undergoing quality assurance testing by JHU/CCP, which manages all of the courses on the GHeL website. Pending USAID's final approval, the course will go live on the GHeL website. This activity is complete.

5.8 Packaging and Disseminating Tools (FY09)

Activity Manager: Nadia Carvalho

Objective: HPI has developed several HIV modeling tools that countries can use for various HIV and AIDS policy development and implementation exercises. These include Excel or Spectrum-based models, and policy implementation monitoring tools. The objective of this activity is to package the HPI HIV modeling tools and briefs on their use together for user-friendly and more thorough dissemination.

Summary of Major Activities: The HPI team conducted an audit of all existing HIV costing models and their related material (reports, case studies, etc.) and their country applications. A draft design and list of all material to be developed and packaged together will be completed in the next quarter. Packaged material will include a CD ROM for individuals who might not have fast internet connections but who need access to various HIV costing models and software. The packages will be ready for dissemination at the International AIDS Conference in July.

5.9 Goals Model Validation (FY09)
Activity Manager: Stephen Forsythe

Objective: The objectives of the Goals validation exercise are to (1) assess the validity of Goals projections by identifying the relationship between coverage of prevention services and subsequent changes in behavior; (2) compare Goals projections in Ethiopia, identifying common results and challenges; and (3) identify any suggested changes in the model needed to improve the validity of the projections.

Summary of Major Activities: The initial Goals Model application had been completed in Ethiopia in 2006. The HPI team completed data collection for an updated version of the model in 2009. HPI completed the updated report and submitted it for COTR review in March 2010. This report summarizes the key findings from the latest model and reports on several key scenarios that were requested by USAID/Ethiopia. The information from this update was also used as part of Ethiopia's Strategic Plan for Intensifying Multisectoral HIV and AIDS Response in Ethiopia (SPM II), 2010–2014. This activity is complete.

5.10 Validating and Packaging Provider Stigma Index
Activity Manager: Caroline Teter

Program Overview: Despite awareness of the effect of HIV-related stigma and the development of highly effective stigma reduction strategies, stigma remains a somewhat nebulous but key obstacle to effective HIV prevention, treatment, care and support. The development of a provider-level stigma index grew out of the need of the global stigma community to develop indicators or proxy measures for stigma. Building on the work of the POLICY Project, HPI has taken the lead on developing a provider-level stigma index. Results from this activity will inform the development of program-level stigma indicators and support the creation of parallel indicators with the DHS and PLHIV stigma index.

Summary of Major Activities: In November 2009, HPI stigma experts participated in a stigma measurement workshop with other global leaders in stigma. The HPI team used the lessons learned from this meeting to develop the final set of questions to be validated. Questions will be validated globally using a web-based questionnaire: http://www.healthpolicyinitiative.com/survey/hpqSurvey.cfm.

HPI plans to present a draft provider stigma index at a USAID brown bag presentation in June. The final stigma index guide will be produced by September 2010 and distributed in electronic and print formats through HPI's website, listservs, partner agencies, and conferences. The FY09 funds support the packaging and dissemination of the earlier field work on the stigma index to ensure that it is more readily accessible to the broader global community.

C. Cross-cutting Activities

PEPFAR Initiative on GBV: Strengthening Services for Victims of Sexual Assault (FY07)
Activity Manager: Elizabeth Doggett

Objective: The purpose of this activity is to assist the PEPFAR Sexual Violence (SV) Initiative with defining 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, and 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, there are no services for victims of sexual violence. In other cases, the services that do exist can be difficult to access or are inadequate for various 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, to access SV-related services.

Summary of Major Activities: During this reporting period, the HPI team and its Ugandan partner, Raising Voices, continued to provide technical assistance to implementing partners to prepare them to conduct community awareness-raising and mobilization in relation to the initiative. Specifically, HPI and Raising Voices worked with the partners to develop, field test, and finalize the content of four information, education, and communication posters. Two posters are designed for use in the partners' clinics to provide information on the availability of PEP services and two posters are designed to raise awareness about GBV in the community. Initially, the partners in both countries intended to use the same posters, but the Rwandan partners later requested that the illustrations be adapted to the Rwandan context. Thus, the materials are final and ready for use in Uganda but are currently under revision by the illustrator for the Rwandan context.

In November 2009, the HPI team facilitated an exchange at the community level in which the Rwandan partners observed awareness raising and community mobilization in Raising Voices' own project communities. Raising Voices also provided training to the Rwandan partners on facilitation and mentoring skills, monitoring and evaluation for GBV prevention activities, and communication strategies emphasizing the benefits of nonviolence.

Gender Activities

a) Gender Integration Index (FY09)
Activity Manager: Britt Herstad

Objective: The Gender Working Group (GWG) has provided technical assistance and trained HPI staff to enhance their ability to address gender in their activities through training workshops, dissemination of best practices, and technical assistance to integrate gender in workplans. To better track the extent of gender integration in HPI program design, implementation, and reporting, the GWG developed the Gender Integration Index and collected a baseline measurement during winter 2007/08. During the project's last year, the GWG will implement the second round of the Gender Integration Index and assess progress over time within the country and U.S.-based offices.

Summary of Major Activities: The Gender Integration Index has been revised based on feedback and experiences in the baseline implementation during the first year of the project. In early March, this modified version was sent out to field offices that participated in the first application of the index. These offices are HPI/Washington, Guatemala, Mali, Mexico, Mozambique, South Africa, and Tanzania. HPI task order holder Research Triangle Institute will also implement the index in China.

The index is currently being translated into Portuguese, and the French and Spanish versions have been updated to reflect the revised English version.

b) IGWG Gender and HIV/AIDS Training Module Update (FY09)
Activity Manager: Elizabeth Doggett

Objectives: This activity aims to

1. Substantially revise the existing IGWG gender and HIV training module, updating it to reflect the PEPFAR II policy guidance and lessons learned during PEPFAR I, as well as broadening its focus to include all USG partners involved in the response (not just USAID). In addition, the activity will create and integrate a component that addresses the issues of sexuality and HIV prevention. The module will be piloted and revised according to feedback from the pilot workshop.
2. Prepare appropriate HIV examples and mini-case studies to include in current IGWG modules, such as Constructive Male Engagement, Gender-based Violence, and Gender 101. All modules will be posted to the IGWG and HPI websites.

Summary of Major Activities: Upon the recommendation of the COTR, the team began on this activity by conducting a scan of existing training materials, toolkits, and information briefs on gender and HIV. The scan helped to determine specific gaps in existing resources, to inform the revision of the IGWG training on gender and HIV.

Based on COTR feedback, the team developed an outline for a new HIV training module, based on the framework of the Gender 101 training. The new module will make the Gender 101 language more specific to HIV and will add new exercises on gender, sexuality, and HIV prevention, as well as a checklist for program managers to apply gender integration principles to their programs. The module will also include a packet of resources on specific gender and HIV issues for trainers to address specific audiences, populations, or programmatic approaches.

Rapid Response (FY09)
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: One Rapid Response activity was requested this period. At USAID's request, Dra. Luisa Hidalgo from the HPI/Peru team gave a presentation at the Human Resources for Health working group meeting held in January 2010 in Amsterdam. The presentation focused on innovations implemented in Peru to convert MOH recruitment, training and supervision to a competency-based system supported by the national medical professional organizations.

Quality Assurance, Monitoring and Evaluation, and Communication Support (FY09)
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.

New Materials. HPI prepared five new HIV success stories during this period. USAID featured HPI's story, "Islamic Schools in Indonesia Adopt HIV Curricula," on its World AIDS 2009 webpage: http://www.usaid.gov/our_work/global_health/home/News/enewsletter/index.html. The project also prepared a brief on GBV resources in recognition of the 16 Days of Activism Against Gender Violence (November 2009), a flyer on the project's World AIDS Day activities (December 2009), and a news item on the DMPPT (February 2010).

Dissemination. USAID's HIV WebSource page featured HPI's report *Promising Practices in the Care and Treatment of HIV-Positive IDUs in Three ASEAN Member States: Indonesia, Malaysia, and Viet Nam*. HPI's work on the Côte d'Ivoire partnership framework was featured at the OHA partners' meeting in January 2010 and was presented at a seminar for USAID staff the previous week.

As previously mentioned in the FP/RH section, HPI products have been featured on various listservs and websites covering health issues, including AIDSTAR-One.

Box 2 shows the top 10 downloaded publications on HIV-related topics over the life of the project.

Box 2. Top 10 HIV Documents Downloaded, Life of Project (October 2005–March 2010)

1. A-Squared Advocacy Training Manual
2. Reducing Adolescent Girls' Vulnerability to HIV Infection: Examining Microfinance and Sustainable Livelihood Approaches
3. Gender-Based Violence in Tanzania: An Assessment of Policies, Services, and Promising Interventions
4. Tanzania Adopts HIV Law (Success story)
5. Stigmatization and Discrimination of HIV-Positive People by Providers of General Medical Services in Ukraine
6. Coverage of selected services for HIV/AIDS prevention, care, and treatment in low- and middle-income countries in 2005
7. Leading the Way: Health Policy Initiative Mobilizes Religious Leader Response to HIV (Success story)
8. DPSA Technical Assistance Report: HIV and AIDS Workplace Program (South Africa)
9. Implementing 100% Condom Use Policies in Indonesia: A Case Study of Two Districts in Jakarta
10. Costing Male Circumcision in Lesotho, Swaziland, and Zambia: Implications for the Cost-Effectiveness of Circumcision as an HIV Intervention

Website and Database Support. In November 2009, HPI's website was added to the searchable HIV/AIDS Gateway database that is accessible via the Knowledge for Health website; in February 2010, the website was also added to the UNIFEM Gender and HIV Portal. These new outlets as well as previous work to make the website friendly to search engines, contributed to the rapid growth in website visitors and file downloads. The two top downloads since project inception are on HIV topics (advocacy and girls' livelihood), and HIV-related publications are well represented in the list of top 50 downloads. During this reporting period, the most popular themes for downloads were girls' livelihoods, policy implementation barriers analysis, constructive male engagement, working with religious leaders on HIV and GBV, and costing of male circumcision.

Conferences. To share the project's best practices and lessons learned, the Communication team provided support for HPI's presence at the American Public Health Association (November 7–11, 2009), where the project presented two oral HIV presentations. 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. Plans are underway for the upcoming International AIDS Conference in Vienna, Austria (July 2010).

D. Problems, Issues, and Constraints (HIV)

HPI continues to focus on winding up. It has been able to streamline the process for finishing reports and products, with an improvement in pipeline expenditures in the HIV portfolio and in deliverables completed. We do continue to address minor challenges in implementation that affect our planned timeline. In the final implementation year for HPI, the team is focused on finishing activities, capturing and disseminating the rich set of lessons learned, and consolidating the set of tools and approaches that have been developed.

- *Delays due to collaborating partners and local events or barriers.* HPI's primary role is to assist local partners (public and private sectors) to implement policy development activities and, as such, is always vulnerable to the changes along the way. Several areas of work have been affected by delayed decisions from either USAID country teams or host-government approval processes (including necessary IRB approvals, access to facilities, and volatile political environments. Changes in USG priorities have also caused some delays in site selection, scopes of work, and some cancellations. Project activities with very broad multi-country participation are more affected by delays in the process of participation and the longer consensus-building process necessary before work can be initiated.

VI. COUNTRY ACTIVITIES

A. Overview

To date, Task Order 1 has received field support from 41 country and regional programs. During this reporting period, we report on work in 25 country and regional programs—14 in Africa, four in Asia and the Middle East, one in Europe and Eurasia, and six in Latin America and the Caribbean. Nineteen of these programs will carry over activities into the final six months of the project.

B. Problems, Issues, Constraints

Field programs are largely on track and continue to achieve numerous results. We are busy completing country program activities and synthesizing and documenting project achievements. Moving toward project end, several issues and constraints have emerged:

- In-country delays make it difficult to keep activities on a tight schedule, and the policy process cannot be speeded up to make up for lost time.
- In the past year, we received new funding in several country programs and are working diligently to complete the work and closeout.
- All countries have initiated closeout procedures. TO1 operations staff and regional managers are carefully monitoring the budget and all the steps in the country-specific closeout plans.
- 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 last few months.

AFRICA

Mali
Ethiopia
Ghana
Côte d'Ivoire
Cameroon
Rwanda
Kenya
Tanzania
Malawi
Zambia
Mozambique
Botswana
Swaziland

Africa Bureau (Regional)

Regional Coordinators: Priya Emmart and Charles Pill

Program Overview: The Africa Bureau has asked the Health Policy Initiative (HPI), Task Order 1 to (1) undertake a RAPID Model application in Ethiopia; and (2) design and pilot-test a simplified OVC costing tool to aid local OVC service delivery program managers with developing action plans, strategies, and budgets.

Summary of Major Activities:

Update of the RAPID Model in Ethiopia. In Ethiopia, the RAPID Model application 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 to manage and recover from periodic shocks. HPI is working closely with Ethiopian counterparts to analyze the cost implications of inaction or slow action in implementing FP programs. The project is developing several scenarios with varying fertility rates to 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 (MOFED); the Family Planning Task Force; collaborating agencies including Pathfinder International, Abt Associates, John Snow, Inc. (JSI), and the Coalition of Reproductive Health Agencies (CORHA); and donors including the David and Lucile Packard Foundation and United Nations organizations.

Population Core Process (PCP) is the host organization for this activity. HPI conducted a validation exercise for key stakeholders in September 2009. Major ministry technical experts, CORHA staff, and two implementing partners participated in the meeting. The HPI team developed population projections for the validation meeting, incorporating different fertility scenarios. The model incorporates recent evidence from Ethiopia regarding continued rapid growth in contraceptive use from the Last 10K Project, the government's initiative to insert 3 million implants in 2009–2010, and the pattern of annual change in contraceptive prevalence in developing countries based on DHS data.

For the first time, a cost/benefit analysis was used to enable stakeholders to view the impact on costs in their sectors even with large investments in family planning. The RAPID Model in Ethiopia features sections on food availability and food entitlement in Ethiopia, which allows stakeholders to examine population impacts on a key vulnerability of this country. In addition, the section on the environment uses data on carbon emissions and fuel consumption to evaluate population impacts on this sector. Materials for advocacy and dissemination include a booklet, brief, and PowerPoint presentation. These are being developed in close consultation with HPI's government counterparts. The advocacy materials will be used by the PCP 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 the population projections to inform its new poverty reduction strategy.

The PCP is reviewing the RAPID projections, which once finalized, will be presented as an advocacy tool for Plan for Accelerated and Sustained Development to End Poverty (ASDEP) consultations within the MOFED. The Central Statistical Authority will review the projection inputs and assumptions and will work with MOFED to prepare for the RAPID launch now scheduled for Population Day in July. In addition, the ministry will use the presentation, booklet, and brief to inform new Parliamentarians following the election on May 23, 2010.

Simplified OVC costing tool and piloting with local implementing organizations in Tanzania. HPI has contacted the key PEPFAR Tanzania OVC implementing partners to develop a short-list of strong local

OVC program implementers from several regions. During April and May 2010, HPI headquarter staff will work with HPI TO5/Tanzania local staff to select up to 10 local organizations, design and prepare the simplified costing tool, and begin collecting preliminary costing data with the selected partners. In June 2010, a piloting workshop will be carried out with representatives from the local organizations. The workshop will include an overview of the simplified costing methodology, review of the context of OVC program costing, and hands-on use of the simplified tool. Participants will also discuss the need to increase diversification of their funding base. The simplified costing tool will incorporate elements from the Tanzania National Guidelines for Improving Quality of Care, Support, and Protection for Most Vulnerable Children in Tanzania.

Botswana

Country Director: Wame Jallow

Program Overview: Under Task Order 1, HPI's goal in Botswana is to strengthen the response to the HIV epidemic by creating an enabling policy environment to support the U.S. Ambassador's HIV/AIDS Initiative. HPI supports PEPFAR through activities in prevention, OVC support, policy analysis, and program systems strengthening for the implementation of Botswana's National Strategic Framework for HIV/AIDS 2003–2009. HPI focuses its technical assistance on two 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 policy development and program strengthening; and (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. Through December 2009, HPI supported the Kgetsi ya Tsie (KYT) rural women's network to integrate gender and HIV issues into microfinance activities. In January 2010, Futures Group continued supporting KYT through the University Research Council (URC)—a CDC-funded subcontract. Since January 2010, activities for KYT have been reported through URC.

Summary of Major HIV Activities:

On February 25, 2010, HPI held a partnership meeting for the Marang Childcare Network and KYT to encourage cross-collaboration between the partners. The partners prepared workplans for their HPI-supported activities, as well as an M&E framework to guide them during implementation.

Prevention Activities through SAHA

HPI continued assisting SAHA members in implementing HIV prevention efforts among the youth at the University of Botswana during their program assessment and World AIDS Day celebration.

Review of SAHA's prevention program. On November 7, 2009, with HPI support, 46 SAHA members and volunteers assessed their prevention program to identify its strengths and weaknesses and increase its effectiveness in reaching more students. Identified strengths included (1) high student interest; (2) a flexible framework; (3) relevant training strategies; (4) stimulating panel discussions that generate ideas for HIV prevention among the youth; and (5) effective networking and collaboration that expand SAHA's partnership with other stakeholders and increase communication with external agencies working with youth on HIV prevention. Program limitations included lack of training follow-up, inadequately researched topics, low member participation, and poor-quality and delayed event advertising. This information was used to plan future activities and ensure that topics are interesting to young people at the University of Botswana and are aligned to new issues relating to HIV and AIDS.

World AIDS Day. With HPI TA, SAHA developed activities and flyers to observe World AIDS Day with the theme *My Access to HIV/AIDS Resources, My Right*. Six campus organizations participated. Campus youth leaders from several institutions led a November 11 panel discussion, which was attended by 60 students. The participants raised concerns about the shortage of HIV/AIDS resources in rural areas, lack of resources for people aged 20 years or younger, and illegal sale of ART drugs obtained for free by patients from health services. On November 12, SAHA led a door-to-door campaign targeting hostels for first-year students. Around 2,500 flyers and posters were distributed with the message *MY ACCESS TO HIV/AIDS RESOURCES, MY RIGHT.* The final campus activity was a march and a mini-expo of projects and information regarding students' right to access HIV/AIDS services.

HPI completed its activities with SAHA as of December 31, 2009; it is awaiting SAHA's final deliverables: the assessment report of the SAHA mentorship program and the closeout report.

Support for OVC through TA to Marang

HPI continued to provide capacity-building TA to Marang in the network's various activities including:

Support for dissemination of child welfare and OVC policies. To support implementation of the new National OVC Guidelines (2008) and the Children's Act of 2009, HPI assisted Marang in designing and implementing a training plan for members to disseminate the new policies. Following planning sessions to define training objectives and content (October 21–22), Marang trained 20 program coordinators and officers on dissemination of the new policies (December 1–2). The training raised participants' awareness of the new guidelines and enhanced their capacity to disseminate them. Participants also drafted a workplan to guide community mobilization in implementing the guidelines.

In March 2010, to support wider dissemination of the new policies, HPI facilitated a consultative process of translating the guidelines into a "user-friendly" booklet in partnership with Marang and the Department of Social Services (DSS). The booklet includes illustrations to make it more accessible to semi-literate populations. An HPI communication specialist traveled to Botswana to lead the drafting process. Marang and DSS representatives attended the drafting workshop from March 23–24. Consultative meetings were also held with DSS to gain approval for the booklet as an official government document. The booklet is being finalized. Once approved by the USAID Mission and director of DSS, it will be printed and disseminated by Marang to its member organizations.

Advocacy and promotion of policy implementation training workshop. Marang's many ongoing and new initiatives put high demand on its capability to expand policy education and reach CBOs supporting OVC all over Botswana. With HPI TA, Marang hosted a training workshop on December 3–4 to strengthen the capacity of CBO leaders to raise awareness and support implementation of the new OVC guidelines. The training also helped raise awareness about other policies affecting OVC: the Convention on the Rights of the Children, Rights and Welfare of the Child, 2009 Children's Act, and Children in Need of Care Regulations. Participants reported appreciating how these policies can help CBOs support policy implementation. Priority advocacy issues raised included proper foster care, increased access to birth certificates, establishment of child participation structures, and child-friendly courts.

Partnership for coordinating OVC interventions. HPI supported Marang to attend the workshop "Building Consensus on a Common Platform for the Protection, Care, and Support of OVC at Family Level within the Broader Context of Social Development in Botswana," hosted by DSS and UNICEF from October 25–30. The workshop reviewed Botswana's policies for the protection, care, and support of OVC and identified strategies to ensure their effective implementation in a coordinated manner. Given its leadership role to coordinate CBO initiatives for OVC through its memorandum of understanding with DSS and in recognition of its 87 member organizations, Marang was nominated to be a member of the task force for development of a national action plan for OVC.

District NGO committees. Marang continued to provide TA to district NGO committees to facilitate OVC service provision at the district level. HPI has assisted Marang in helping establish such committees.

USAID/Washington OVC Advisor site visits. On February 24, 2010, HPI and Marang hosted the OVC Advisor from USAID/Washington and the OVC Specialist from USAID/Botswana. HPI and Marang facilitated site visits to two Marang member organizations to learn about their OVC work, the benefits gained from Marang's support, and the challenges they face.

OVC costing (core funds). In partnership with DSS, HPI is initiating an OVC costing analysis study to assess (1) the range of unit costs of PEPFAR-supported OVC programs (cost per OVC reached) and (2) the cost of key services (e.g., educational, food, psychosocial, and other support) within OVC programs. HPI will assist DSS in costing the draft OVC policy and then support the implementation once approved. Cost data will also be used to enhance the ability of CSOs to advocate for increased resources for OVC services. Various consultative meetings have been held between DSS and HPI on the terms of reference (TOR) for the consultant and the multisectoral technical reference group (chaired by the DSS director). The TOR have been drafted.

Policy implementation barriers analysis (PIBA) (core funds): HPI staff traveled to Botswana in February 2010 to prepare for application of the PIBA tool used to identify the new OVC guidelines and the barriers to implementation of the Children's Act. An initial list of barriers was identified and summarized into a brief that will be presented during the OVC Costing and Policy Workshop in May.

Gender and HIV

In 2008, HPI started assisting KYT—a rural women's microfinance network based in Lerala District—with integrating gender and HIV issues into microfinance activities.

Provision of grants and implementation of community mobilization activities. As a prerequisite for the provision of microfinance grants, HPI supported KYT leaders in developing criteria for KYT members to receive microenterprise grants and in undertaking community-based HIV and gender activities. Qualified members submitted business proposals to the KYT Board. After careful screening, 40 of 55 members were approved for microfinance grants for activities such as tuck shops, poultry, secondhand clothes, bee keeping, gardening, and phone shops. Seed monies were distributed from November 2–5.

Following receipt of the grants, KYT planned and conducted community mobilization activities on gender and HIV. On December 3, KYT South Region hosted a community event at Ramokgonami village for 30 participants. Village leaders and members identified sexual violence as the community's main concern because it cuts across all age groups and cultures and it may be addressed through a community mobilization strategy. Sexual violence is also linked to the spread of HIV in the community. Interactive, culturally sensitive presentations were conducted to encourage wide discussion about sexual violence. Leaders of other villages who attended decided to host community mobilization activities during the festival season as a form of public education. Activities intended to promote community interaction and discussion about HIV and gender issues included singing and music competitions, sports tournaments, and *kgotla* (traditional public forum for addressing community issues).

Cameroon

Country Manager: Maj-Britt Dohlie

Program Overview: HPI Task Order 1 received field support from USAID/West Africa to apply the AIDS Impact Model (AIM) in Cameroon to increase the commitment of policymakers and stakeholders to HIV prevention, care, and treatment. The AIM application is expected to enhance the capacity of local agencies and organizations to use evidence-based information and advocacy to mobilize additional political support and resources in addressing HIV/AIDS.

Summary of HIV Activities:

Development of the AIM analysis. After an initial visit to Cameroon in November/December 2009, the HPI team continues to work with the *Conseil National de Lutte Contre le SIDA* (CNLS) to integrate revised national antenatal sentinel surveillance data, treatment cost estimates, and WHO-revised treatment threshold guidelines into the draft AIM analysis to be vetted with key stakeholders in mid-April. Cameroon's Minister of Health stated that the country plans to adapt the new WHO guidelines to raise the CD4 count to 350 for antiretroviral treatment eligibility.

HPI is also working with CNLS to ensure that the revised AIM epidemic projections are reflected in the national UNGASS report.

In April, Alle Diop will travel to Cameroon to finalize and reach consensus on the AIM projections and estimates. Mr. Diop will then draft a PowerPoint presentation and brochure summarizing the AIM results for use in conducting advocacy.

Côte d'Ivoire

Country Manager: Caroline Teter

Program Overview: HPI Task Order 1 is working with PEPFAR in Côte d'Ivoire to assist in the preparation of a partnership framework and implementation plan that is fully in line with the current policy environment for HIV and AIDS in Côte d'Ivoire. The partnership framework will provide a five-year joint strategic framework for cooperation between the U.S. government and the Ivorian government to combat HIV through service delivery, policy reform, and coordinated financial commitments. To promote more effective HIV/AIDS programs, PEPFAR identified policy reform as one of the principal elements of the partnership framework. At the request of PEPFAR/Côte d'Ivoire, the HPI team is carrying out the first two phases of policy reform: (1) assessing the policy environment through a baseline assessment and (2) engaging stakeholders in developing and setting priorities for a shared policy agenda.

Summary of Major HIV Activities:

Identify baseline policy issues by conducting a situation assessment. From October 27–29, 2009, HPI consultants and staff of the Ministry of the Fight Against HIV and AIDS (MLS) facilitated a national workshop in Abidjan with 65 stakeholders. The objectives were to validate the baseline HIV policy assessment, set priorities for the HIV policy agenda, and agree on next steps. The workshop provided a framework for exchange and dialogue among all stakeholders and allowed additional viewpoints to be captured. Through the baseline assessment, the research team identified several major weaknesses and gaps in policy commitment and the specified strategic domains. The final baseline assessment report identifies approaches and solutions within each policy area.

Engage stakeholders in developing a common policy agenda. The team used this baseline assessment report during the October workshop to collaborate with participants to draft an HIV/AIDS policy agenda for Côte d'Ivoire that would be incorporated into the partnership framework. The MLS, PEPFAR/Côte d'Ivoire, and other key stakeholders worked together in small groups using the baseline assessment data to identify key issues, such as lack of a national HIV/AIDS policy, which should be addressed to improve the HIV policy environment in Côte d'Ivoire.

During the October meeting, the stakeholder participants adopted the HIV/AIDS policy agenda policy and endorsed 10 policy areas: (1) policy commitment; (2) stigma and discrimination; (3) gender issues; (4) strengthening multisectoral response and relationships with other health and development programs; (5) international standards; (6) human resources for health; (7) issues affecting children; (8) counseling and testing; (9) access to high-quality, low-cost medications; and (10) laboratories. Within each policy area, participants identified priority policy issues and potential interventions using the following criteria: anticipated impact, effectiveness, efficiency, ownership, feasibility, and resources available. Leadership shown by the MOH and MLS, as well as active participation by Ivorian institutions and a wide range of civil society organizations, will ensure the relevance of the national HIV/AIDS policy agenda and the country's commitment to the priorities and responses.

From December through February, HPI further engaged the Ivorian government and PEPFAR/Côte d'Ivoire in dialogue around policy implications and identifying operational barriers. Senior policy advisors carried out several distance consultations with PEPFAR and the Ivorian government. Initially HPI discussed the feasibility and necessity for developing a national AIDS policy, a separate national resource mobilization policy, and ways that these interests might fit into the national strategic planning process. Additionally, HPI engaged PEPFAR in discussions about developing its own agenda using the two existing documents as starting points.

In January 2010, HPI policy experts presented to USAID the findings from the baseline policy assessment that led to the development and endorsement of an HIV/AIDS policy agenda in Côte d'Ivoire. The presenters emphasized the methodology that led to full ownership by the Ivorians of the policy agenda, including securing active participation from members of the public and private sectors, civil society, technical and financial partners, and PEPFAR/Côte d'Ivoire. HPI policy experts also described valuable lessons learned that set the stage for PEPFAR to negotiate a more effective partnership framework and demonstrated the applicability to other countries preparing to draft partnership frameworks and implementation plans.

In March 2010, HPI was selected to present "Setting the Stage for Negotiating Effective PEPFAR Partnership Frameworks through a Participatory, Country-led Approach to Policy Reform" in a poster exhibition at the XVIII International AIDS Conference, July 18–23, 2010.

Ethiopia

Country Manager: Senait Tibebu (Priya Emmart for Core)

Program Overview: HPI Task Order 1 in Ethiopia focuses on generating evidence-based information through various population assessments and studies. As PEPFAR proceeds into the next five years, questions remain about the reasonable cost of prevention and care programs and the implementation barriers to scale up the ART service. This fiscal year, HPI will focus on six HIV-related activities to help answer these questions and provide decisionmakers and program implementers with evidence-based data. HPI is implementing five activities using core funds under Task Order 1 and OVC costing work using funding from USAID/Ethiopia.

Summary of Major Activities:

OVC costing in Ethiopia. To estimate the unit cost of supporting OVC in Ethiopia, HPI selected 20 OVC sites based on the scale of services (both large and small programs), service diversity (comprehensive and partial services), geographic diversity (urban and rural), and types of service providers (both international and local NGOs). The data collection process included interview/discussion sessions with program managers, finance managers, and, in some occasions, M&E officers at program sites. Cost data for key service areas such as education, health care, food and nutritional support, psychosocial support, legal support, shelter and care, and coordination of care were collected. HPI has completed the data entry and analysis and has presented a draft report to USAID. At the request of USAID/Ethiopia, HPI will collect data in additional sites to capture information for another region.

Equity and ART access barriers HIV (core). In the past six months, for the equity and access barriers study, clearance was secured from the Ethiopian Public Health Association (EPHA) and from the Health Media Lab in the United States. HPI collected data in the Amhara, Oromia, and Addis Ababa regions. The study was predominately based on qualitative methods involving focus group discussions (FGDs). The project conducted 22 FGDs with ART users, those on pre-ART (chronic HIV/AIDS care), those who discontinued ART, those who did not start ART at all, and community members. HPI has finalized the data analysis and has drafted a report and presented preliminary findings to the USAID/Ethiopia HIV team.

Costing of key prevention activities on abstinence and be faithful (AB) and community mobilization (CM) (HIV core). The study focused on 10 of 17 organizations that work on AB and CM in Ethiopia. The project collected and extensively referenced project documents, activities, and financial reports related to the 2008 budget year—the base year for the study. Interviews with program and finance staff were conducted and on-site observations were made on some occasions. The project gathered AB and community mobilization data from 10 and 7 organizations, respectively. The data included number of people trained, individuals reached through peer education, and community mobilization. HPI has completed the data collection and drafted a summary report.

Policy implementation barriers to pediatric antiretroviral therapy in Ethiopia (HIV core). HPI drafted a proposal for anticipated activities and designed the tools to be used for data collection. The proposal was submitted to the Ethiopian Public Health Association (EPHA) for ethical clearance and to the Federal HIV/AIDS Control Office (FHAPCO) for review. Midway through the process, FHAPCO asked Futures Group to sign a memorandum of understanding stating that the collected data are sensitive. Because the process took longer than expected, the MOU has not been signed yet and the proposal has not been approved.

Goals Model update (HIV core). The Goals Model was first applied in Ethiopia in 2006. New data has since been released through the 2005 Demographic and Health Survey, 2007 census, and behavioral survey. Consequently, HPI updated the model application to incorporate the new dataset. Based on the new data from FHAPCO and PEPFAR, the model estimated the amount of funding required to achieve universal access for all HIV services in the country. HPI has submitted a report on the model findings to USAID/Ethiopia and FHAPCO.

Male RH and HIV core. HPI organized a workshop from November 19–20 to assist the Men Engage Network Ethiopia with network strengthening. Key outputs included (1) increased open communication and consensus building among members and (2) participant recognition that a lack of shared understanding about what constitutes male engagement still exists within the network. During the workshop, network members drafted their mission and vision statements and short-term action plans.

Recognizing that several key stakeholders in Ethiopia are acknowledging the importance of engaging men and boys, HPI also supported the Women's Affairs Office of the Federal Ministry of Health (FMOH) in celebrating International Women's Day 2010 and facilitated dialogue to engage men and boys in promoting gender equity and improve health outcomes. The Women's Day 2010 motto was "Equal Rights, Equal Opportunities: Progress for All." Additionally, FMOH organized a consultative meeting on March 6, 2010, about the role of men and boys in achieving gender equity and improving health outcomes. The meeting concluded with three action steps: (1) documenting lessons learned and experiences in engaging men from Ethiopia; (2) supporting mechanisms for networking; and (3) sharing practices, experiences, and lessons learned among organizations in Ethiopia.

Ghana

Country Manager: Maj-Britt Dohlie

Program Overview: HPI TO 1 received field support from USAID/Ghana to assist the Ghana AIDS Commission (GAC) with applying the Goals Model. The application will inform the ongoing development of the National Strategic Framework (NSF III). The Partnership Framework between the U.S. government and the government of Ghana for HIV/AIDS funding specifically mentions the Goals strategic planning activity. HPI is using core funding from USAID/Washington for additional costing activities, which will contribute to the development of an improved Ghana Goals Model.

Summary of Activities:

Goals Model application. An HPI team visited Ghana in February 2010 to initiate the Goals modeling activities. The team worked closely with USAID/Ghana and GAC to obtain final agreement and consensus on the activity workplan and timeline. During the visit, HPI presented the Goals Model components to approximately 30 key stakeholders at an introductory meeting organized by the GAC. The team also met with several stakeholders and hired a local consultant who is currently collecting data inputs.

ART costing. Instead of a secondary costing analysis, normally part of the Goals application, HPI will collect primary data (supported by core funds) to estimate the costs of AIDS care and treatment among adults and children (both pre-antiretroviral treatment and antiretroviral treatment). This will enable HPI to generate treatment costing scenarios based on more comprehensive costs and on the WHO's new antiretroviral treatment guidelines. To begin data collection, a U.S.-based consultant traveled to Ghana in March 2010; gained consensus with USAID and GAC on the methodology; finalized the data collection protocol with the local consultant, GAC, and National AIDS Control Program; and pilot tested the data collection questionnaires. Data collection at the facility level will begin in late March. The results of this costing analysis will be incorporated into the Goals analysis.

Kenya

Country Director: Dan Wendo

Period Covered: October 1–December 31, 2009

Program Overview: In Kenya, HPI TO1 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 by using a comprehensive and integrated approach to activity implementation in the three program areas.

In HIV/AIDS, HPI supports PEPFAR's work in Kenya, which 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, 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 for and mainstream human rights issues. 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.

Summary of Major Activities:

FP/RH

Review and Revision of the National RH Strategic Plan (1997–2010). HPI continued to lead a review of the RH strategic plan to help align it with the National RH Policy. The plan is awaiting final endorsement by the National RH Steering Committee at the Ministry of Public Health and Sanitation.

Networking for advocacy and repositioning reproductive health. HPI, through the Coalition for Appropriate Management of Mothers (CAMM), continued mobilizing traditional birth attendants as champions of safe motherhood. On November 23, CAMM shared their experiences with 70 RH stakeholders and community leaders from 15 districts in Nyanza, highlighting the achievements and challenges experienced during small grant implementation. Participants observed that increased numbers of deliveries are being referred to healthcare facilities for skilled attendance in Siaya District due to CAMM's efforts through HPI's small grants.

With Women Challenge to Challenge (WCC), HPI continued to advocate on behalf of reproductive health needs for people with disabilities, focusing on the MOH and partners providing RH services. Using the small grants, WCC intensified membership recruitment drives in the Western and Central provinces and recruited 353 new members, thus increasing its membership base from 200 to 753 during this reporting period.

HIV/AIDS

Development of quality standards for OVC care and support. HPI continued assisting the Technical Working Group (TWG) with developing Quality Standards for OVC Care and Support. HPI provided technical assistance during the National Standards development workshop organized by the Ministry of Gender, Children and Social Development in collaboration with USAID/Kenya on December 1–4.

Implementation of the NPOA for OVC, with a focus on healthcare delivery from October 27–31. HPI provided technical and financial assistance to the Ministry of Gender, Children and Social Development to hold a three-day medical camp for OVC and women in Siaya District. The medical camp reached more than 1,000 children and 500 adults.

Development and finalization of OVC Psychosocial Support Training Curriculum for Community Trainers. HPI supported a consultative process to develop and finalize the Psychosocial Care and Support for Orphans and Vulnerable Children Curriculum for Community Trainers. The curriculum, including 10 modules, was designed for use by community health trainers to facilitate learning and skills transfer for community caregivers delivering OVC care and support.

Scaling up women's property ownership and inheritance rights (WPOIR) with Council of Elders. HPI continued to mentor WPOIR partners to market the strategic plans developed through the project's support and technical assistance. On November 26, HPI facilitated a meeting between Njuri Ncheke Council of Elders (NNCE) and USAID | APHIA II Eastern Province to identify areas of collaboration and partnership; a memorandum of understanding is being drafted to support specific activities in the Strategic Plan. This will enable access to complementary resources from APHIA II for OVC care and support and NNCE for PLHIV palliative care.

Strengthening PLHIV networks and collaborators to deliver palliative care through linkages and networking. HPI continues to provide skills improvement support for PLHIV networks in home-based care and psychosocial support. On November 24, HPI facilitated a workshop for the Kenya Network of Positive Teachers and Teachers Service Commission teams on psychosocial support, HBC, S&D reduction, and the importance of networking and linkages.

HPI also supported NEPHAK with strengthening networking and partnerships among CSOs for the delivery of palliative care and national-level leadership. HPI facilitated a high-level advocacy consultation meeting organized by the Kenya AIDS NGOs Consortium and the United Civil Society Coalition against AIDS, TB, and Malaria for CSO stakeholders. The goal of the meeting on December 11 was to set an advocacy agenda for 2010 on HIV/AIDS, TB, and malaria.

Strengthening the capacity of CSOs and PLHIV networks through implementation of the Networks Capacity Assessment Tool. HPI finalized training materials, including a training manual, focused on use of the Networks Capacity Assessment Tool. The tool supports networks and CSOs to assess and document capacity gaps using existing domains and to design relevant trainings to fill the identified gaps. The dissemination training on October 19–22 was attended by 40 PLHIV leaders, including chief executives of the major national networks.

Lessons Learned Dissemination Workshop. HPI held a final lessons learned dissemination workshop on November 5 for more than 100 key stakeholders as part of HPI Kenya's end-of-project activities. The event showcased a decade of policy development and implementation and was attended by key government officials, FBOs, NGOs, UN representatives, and international and local organizations. The best practices document has been sent to HPI/Washington for review before it is printed.

Technical assistance to NACC to mainstream gender into the 2009–2013 Kenya National HIV/AIDS Strategic Plan. HPI helped to draft the terms of reference for NACC consultants to lead the development of National Plans of Action (NPAs) for mainstreaming gender into HIV/AIDS programs in Kenya.

Technical assistance to prepare a NPA for the Gender-based Violence Framework. As a member of the National Gender Task Force, HPI helped prepare the National Framework on Gender-based Violence, which the government formally launched on December 9.

Policy analysis and advocacy for the development of the Health Sector HIV/AIDS Workplace Policy. HPI conducted two meetings for 82 participants from the Organization of Health Workers against HIV/AIDS in Kenya (formerly Health Workers Network) to review the public sector HIV/AIDS policy for integration in a health sector HIV/AIDS workplace policy. All nine provinces were represented. The outcome is an advocacy workplan for further engagement of senior ministry officials in the support of a health sector HIV/AIDS workplace policy.

Universal access and advocacy for pediatric access to ART. HPI assisted the Kenya Treatment Access Movement (KETAM) with drafting an advocacy strategy for championing access to pediatric ART for children. The strategy, which is part of the overall advocacy strategy supported by the Global AIDS Alliance (GAA), applies a consultative process of engaging key stakeholders in the sector in enhanced advocacy, leading to increased access to PMTCT services and ARVs for children living with HIV.

HPI provided additional support to KETAM to engage the United Nations International Treatment Access for Developing Countries (UNITAIDS) team based in Geneva and coordinated by the World Health Organization. UNITAIDS visited Kenya to discuss issues surrounding development of regional patent polls to reduce stockouts of health commodities in the region, especially ARVs.

Core Activities

Eliminating barriers to the integration of RH and HIV services in Kenya. DRH and National AIDS/STD Control Program (NASCOP) approved the National RH/HIV Integration Strategy. Once the strategy is formally signed, HPI will support its launch, dissemination, and implementation.

Development of the S&D manual. As part of a task force, HPI is leading the drafting of an S&D training module for service providers delivering FP/RH services to positive couples and individuals. The task force was assembled by the RH/HIV Integration committee and is co-chaired by the Department of Reproductive Health (DRH) and NASCOP. The module has been pilot-tested with RH trainers, service providers, tutors of medical training colleges, and PLHIV. The final draft incorporated comments from the pilot training, and it has been submitted to both NASCOP and the DRH for approval.

Advocacy to reposition FP in Kenya. This activity aims to re-energize FP through the use of a RAPID Model application for analyzing the impact of high population growth on development targets of different sectors. During this reporting period, HPI assisted the National Coordinating Agency for Population and Development (NCAPD) with developing a Kenya-specific RAPID Model using available data. The model was officially launched on November 6.

Estimating the costs and impacts of male circumcision in Kenya. HPI/Kenya initiated discussions with NASCOP on the design and process for conducting a field assessment on the costs of MC in Kenya. The assessment protocol and data collection tool were designed with inputs from NASCOP, the Centers for Disease Control and Prevention, and the Kenya MC Consortium.

With assistance from Futures Institute and UNAIDS Technical Support Facilities, 23 members of the MC Task Force in Kenya were trained to use the DMPPT on December 8. The model will use the data collected in the assessment to guide policy decisions on MC activities. The field work started in January 2010.

Malawi

Country Manager: Maria Borda

Program Overview: HPI TO1 received field support from USAID/Malawi to use the RAPID analysis developed with 2008 core funding to increase political commitment and mobilize resources for family planning. With FY09 resources, HPI will follow up with dissemination efforts to help increase awareness among policymakers, parliamentarians, media, and opinion leaders. HPI will work closely with the MOH's Reproductive Health Unit and the Population Unit within the Ministry of Development Planning and Cooperation.

Summary of FP/RH Activities:

In October, HPI worked closely with USAID/Malawi to finalize the workplan. The key strategies are to (1) interview 20 key stakeholders as part of a national advocacy strategy for slowing population growth; (2) coordinate the drafting of a national advocacy strategy; (3) conduct further dialogue on the impact of population on socioeconomic development at the district level; and (4) work with media on how to report data and information on population issues. HPI continued to coordinate dialogue between the Reproductive Health Unit and the Population Unit; facilitated a launch of the RAPID analysis; and coordinated with the BRIDGE Project (Population Reference Bureau) to engage the media.

The RAPID analysis was developed with core funding and inputs from FP stakeholders and the Population Unit. The Population Unit helped validate the analysis, but the Reproductive Health Unit has taken ownership of the analysis and its message. The Reproductive Health Unit Director Dr. Chisale Mhango presented the RAPID presentation at the International Conference on Family Planning (Uganda, November 2009) at a special invitation-only meeting attended mainly by high-level decisionmakers such as ministers of finance. Following the meeting, USAID/Malawi asked HPI to obtain greater commitment from the Population Unit to use the analysis for its awareness-raising efforts.

From December 2009–February 2010, HPI communicated weekly with the Population Unit via email and telephone to increase their commitment to use data for awareness raising and decisionmaking. The HPI local consultant repeatedly met with the Population Unit director and continued to consult with the Reproductive Health Unit, while facilitating meetings between both units. HPI garnered support from the Population Unit to host the official launch of the RAPID analysis in February 2010. HPI's Country Manager traveled to Malawi in February to support the launch of the RAPID analysis.

During the process, HPI reached out to the BRIDGE Project to coordinate HPI's work on population issues and BRIDGE's work engaging the media on reproductive health issues. The launch formed part of a three-day media workshop by the BRIDGE Project. The local consultant provided input on training regarding population issues. All the participants, including the journalists, received a booklet giving them access to in-depth information about the effects of population growth on socioeconomic development.

Mali

Country Director: Famory Fofana

Program Overview: HPI TO1 in Mali works to establish an enabling policy environment by repositioning FP efforts to reduce unmet need; strengthening the response to HIV; and increasing civil society's capacity to participate in policymaking, advocacy, and policy implementation. In achieving these objectives, HPI provides technical assistance to government lead agencies, such as the Division of Reproductive Health (DSR) of the Ministry of Health, the National High Council on AIDS Control (HCNLS), and the parliamentarian network on population and development (REMAPOD). To strengthen the policymaking and advocacy role of national and regional Islamic leaders, the project will also work with the Muslim Supreme Council and affiliated Islamic networks, such as the National Islamic Network for the Fight against AIDS (RNILS), the Islamic Network for Population Development (RIPOD), the National Union of Muslim Women Associations (UNAFEM), and the Islamic Network for Child Survival (RISE).

Summary of Major Activities:

Family Planning and Reproductive Health (FP/RH)

Strengthening religious leaders' capacity to reposition family planning. HPI/Mali assisted RIPOD and UNAFEM in conducting policy dialogue sessions in several cities. These sessions covered themes such as Islam's views about birth spacing, women's rights, and Islam and sexuality. Following the sessions in March 2010, HPI trained 15 potential policy champions in Bamako to further raise their awareness about FP/RH, maternal and child health, malaria, and HIV/AIDS. HPI also trained religious leader participants in techniques for communicating openly and effectively to their followers about important and sensitive health issues.

At the request of Family Care International, HPI conducted a training session for Muslim and Christian religious leaders on FP/RH issues in Mopti in December 2009. It engaged the leaders in opposing female genital cutting (FGC)—a common practice in Mali—and supporting FP.

At the request of 40 Protestant leaders, in February 2010, HPI organized a training session in Ségou on the negative health and social consequences of FGC. The session covered types of FGC and associated health consequences. The pastors had never been exposed to this information and made a commitment to fight the practice of FGC among their followers.

Strengthening the response to family planning. To raise awareness of civil society regarding the consequences of low contraceptive use on population growth and social development, HPI presented the RAPID Model to two organizations in Kayes: the Association des Ressortissants du Nord (Association of Northern Citizens) and the Ordre des Sage-Femmes (Council of Midwives). In Bamako, HPI presented RAPID to members of the Réseau National des Pairs Educateurs (National Network of Peer Educators).

HPI also presented the updated RAPID Model to the newly elected communal leaders in Zégoua, Kadiolo, Niéna, and Dioïla, who now understand the importance of FP in development and have committed themselves to share the benefits of FP with their electors.

In addition, using the RAPID Model, HPI conducted advocacy sessions with decisionmakers in Bla, Ségou, and Kayes. They also made a commitment to promote FP at decentralized levels. HPI presented its report on unmet need for FP services during a meeting with the MOH Cabinet on November 6. The ministry's public health counselor announced a substantial increase in the Malian population. The

counselor also said that the ministry has put FP issues on the forefront and that any related meetings will be at the Cabinet level.

On December 15, in a speech during the launch ceremony of a new project between the Dutch government and the Malian Association for Family Protection and Promotion (AMPPF), Mali National Assembly Deputy Fanta Mantchini Diarra Sissoko spoke about population growth issues using RAPID data and highlighted HPI's work with REMAPOD and RIPOD. Mali first lady Madame Touré Lobbo Traoré attended the launch, among more than 1,000 people.

With financial and technical support from HPI, two national family planning policy champions, Dr. Binta Keita, director of the MOH Reproductive Health Unit, and Diarra Sissoko, presented religious leaders' experience in constructively engaging men in FP/RH issues and parliamentarians' work in assessing the implementation of Mali's RH law at district and local levels. The presentations were made at the international FP conference in Kampala, Uganda on November 16–18.

HIV/AIDS

Strengthening the national response to HIV and AIDS. HPI helped the HCNLS to prepare for Global AIDS Day on December 1 and AIDS month (December 2009). HPI also helped with the presentations during the annual HCNLS meeting on December 3, 2009. Mali President Amadou Toumani Touré, who was in attendance, said that he will strongly hold the ministries and governors accountable for results in the fight against HIV in their respective regions. At the request of the HCNLS, HPI continued to provide technical support to advocacy groups in several ministries. HPI held four advocacy sessions for decisionmakers at the Ministries of Agriculture, Animals and Fishery, Social Development, Solidarity and the Elderly, Rural Development, and Territorial Administration and Local Collectivities.

Strengthening civil society's response to HIV. HPI conducted two policy dialogue sessions using the AIDS Impact Model (AIM) with members of the Association des Ressortissants du Nord and the regional youth council in the northern region of Kayes. The groups can learn how to educate members within their associations about HIV and other sexually transmitted infections.

Strengthening mayors' response to HIV. To educate elected officials and also help raise funds for the local response to HIV, HPI organized advocacy sessions using AIM with elected mayors and communal councils in Bla, Barouéli, and Kayes. After seeing the AIM presentation, the mayors verbally committed themselves to include budget line items for HIV services and programs during the next budget session—a strong showing of political commitment for HIV at the local level. Furthermore, the National Association of Malian Municipalities requested a three-day training on HIV to raise its members' knowledge of HIV and its negative effects on local development.

Strengthening PLHIV network's response to HIV. HPI conducted several trainings for (1) 40 leaders from the National Network of People Living with HIV (RMAP+) on citizen monitoring; (2) RMAP+ on analyzing and collecting data on people living with HIV; and (3) 35 members of the Association of People Living with HIV of Dioïla (19 men and 16 women) in leadership and management.

Strengthening religious leaders' involvement in the response to HIV. To increase HIV awareness and knowledge, HPI conducted policy dialogue and training sessions with RNILS and UNAFEM. HPI held these sessions in several regions.

During the annual Festival sur le Niger, a social event attended by thousands of people in Ségou, HPI provided technical assistance to local Muslim and Christian religious leaders to help them speak openly

about HIV/AIDS on the local radio stations and in mosques and churches, providing leaders with the opportunity to reach a larger audience with prevention messages.

Malaria

Strengthening the national response to malaria. HPI conducted intensive dialogue sessions with religious leaders about Islam's position on pregnant women and children as it pertains to malaria. Malian women are often hesitant to disclose pregnancy because of dynamics within the family or co-spouse relationships. To conduct these dialogue sessions, HPI collaborated with RISE in five cities. More than 700 religious leaders learned about malaria issues and appropriate care and treatment for pregnant women and children.

Having religious leaders promote healthcare is an effective way of sensitizing people to major public health problems; therefore, HPI, in collaboration with RISE, developed a sermon, in Arabic and French, on Islam's view of malaria and pregnancy. Under the leadership of the National Program for Malaria Control (PNLP), a group of religious leaders validated the sermon on December 15. The sermon is being recorded on CDs and cassette tapes for wider dissemination. In the past two months, RISE has already used this tool to implement training and policy dialogue sessions in six cities.

Mozambique

Country Director: Marcia Monjane

Program Overview: HPI/Mozambique collaborates with several partners to promote an enabling policy environment and strengthen the national response to HIV and AIDS. Through TA and building local capacity, HPI promotes a sustainable, multisectoral response to HIV in two specific areas: (1) improving the analysis, interpretation, and use of strategic information for evidenced-based decisionmaking; and (2) increasing public and private sector leadership for HIV prevention and care through the development of workplace initiatives.

HPI continues to strengthen Mozambique's capacity to use strategic information (SI) to improve HIV programs. Specifically, HPI has provided training and TA to the Multisectoral Technical Group (MTG). The MTG, established under the POLICY Project, is now recognized by the government and civil society as a discussion forum and an official source of strategic information, which also provides provincial, regional, and national estimates of HIV prevalence rates and their impacts on economic, social, and health indicators. MTG includes representatives from the National Statistics Institute (INE), the Ministry of Health (MISAU), Planning and Development (MPD), 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). HPI also helped establish and strengthen Provincial Technical Groups (PTGs) and facilitate community-level use of strategic information.

HPI/Mozambique is the lead partner for the USG PEPFAR/Mozambique team with regard to private sector and workplace HIV and AIDS policy development and program implementation. 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 the multisectoral response to HIV/AIDS.

Summary of Major HIV Activities:

Strategic Information (SI)

Analysis of HIV Surveillance Report, Round 2009. HPI continues to coordinate and support MTG monthly meetings. During this reporting period, HPI supported training on HIV basic concepts and, in collaboration with an MTG Task Force, finalized data analysis of the 2009 HIV sentinel surveillance round for MTG members. This analysis was conducted at the MOH on November 9–30. The task force had three products: (1) a PowerPoint presentation to the National AIDS Council (CNCS) board that analyzed the epidemic and made recommendations for future interventions for treatment and prevention; (2) a PowerPoint presentation submitted to the Minister of Health, which was then presented by the President of Mozambique on World AIDS Day; and (3) a document that describes the analysis process and 2010 perspectives. In January 2010, the MTG began preparing for a joint report that will include details of the 2009 sentinel surveillance round and updated projections of the impact of HIV/AIDS through 2015. The joint report will inform the government, policymakers, program planners, and PEPFAR implementing partners and evaluators about the country's actual status. The MTG met on March 23, 2010 at CNCS to revise the timeline and complete the HIV surveillance reports. Tasks were assigned to each group member, and the analysis of the HIV surveillance reports will continue as planned.

Participation on the elaboration of UNGASS report, 2010. HPI and MTG played a significant role in drafting the UNGASS report by assisting CNCS on two levels: (1) coordinating the MTG effort in

participating in the scheduled preparatory meetings at CNCS and (2) preparing a report based on HIV and AIDS workplace programs implementation information. After the UNGASS consultant submitted the draft on March 8, the MTG submitted comments on March 12. The UNGASS validation meeting was hosted on March 19.

On December 1, the Ministry of Public Affairs launched the government's National Strategic Plan to Fight against HIV and AIDS for the Government Workers 2009–2013, approved by the Council of Ministers in resolution 44/2009. HPI provided TA to develop the plan, including a review of preliminary drafts and the identification of new laws and regulations related to HIV/AIDS—Laws 05/2002, 12/2009 or the National System of Social Security and the national labor law and international conventions. The MTG provided data for analysis on the demographic impact reflected in the approved strategy.

Revitalization of PTGs. The MTG began expanding PTGs in Niassa and Manica in 2003 and in Zambézia in 2007. This year, the MTG's mission is to revitalize the existing PTGs. On February 2–6, MTG members Pedro Duce and HPI Country Director Marcia Monjane visited the Niassa PTG to revitalize it and provide assistance in using strategic information for advocacy and decisionmaking at provincial and district levels. The last data on HIV, based on 2007 surveillance, was presented, and the CD was distributed to the Niassa PTG. The provincial TA is designed to strengthen data analysis; results interpretation; and the application of strategic information to program design and monitoring and evaluation. On February 17–19, a preparatory meeting was also held for the PTG of Zambezia Province to revitalize the group.

Training on surveillance data, analysis, and impact projections. On November 12, the MTG, with HPI technical assistance, conducted a workshop to engage journalists in HIV data interpretation and dissemination. It helped journalists better understand the epidemic's basic concepts and created an enabling environment for the media to discuss and plan its role in information and data use.

Estimating HIV prevalence within organizations to inform workplace policies and programs. Mozambique's private sector is increasingly aware about the health impact of HIV on its labor force; however, companies are less informed about what impact it will have on their business operations and how the companies should strategically appropriate funds for HIV workplace policies and programs. During this reporting period, HPI conducted an estimate analysis of HIV prevalence within the Electricity of Mozambique Company—the only Mozambican electricity company employing approximately 3,350 workers. The study will be presented to the company board in April 2010 to inform its proposed HIV workplace operational plan.

Other/Policy Analysis and Systems Strengthening

Dissemination and Implementation of HIV guidelines into collective bargaining negotiations by labor unions. HPI continues to assist CONSILMO in disseminating the HIV guidelines to their affiliated members at provincial and district levels. The guidelines help labor unions assess workplace conditions regarding HIV/AIDS and to negotiate for the inclusion of HIV workplace policies and programs. On November 2, BGP-International, a construction company based in Inhambane Province, adopted a collective bargaining agreement that includes a clause about HIV prevention and mitigation in the workplace. On November 15–26, HPI and CONSILMO staff visited 60 CONSILMO company affiliates in the Inhambane and Gaza provinces to disseminate HIV guidelines and verify levels of implementation of HIV workplace policies and programs. HPI verified that only 16 of 60 companies had previously negotiated and approved collective bargaining agreements and that only three of 16 had an approved HIV/AIDS policy. HPI provided TA in integrating HIV/AIDS policies into collective bargaining agreements.

HIV and AIDS in the context of labor legislation in Mozambique. The central pillar of HIV-related issues in the workplace context is Law 05/2002. HPI conducted a legal assessment of laws and regulations relating to labor practices regarding HIV and AIDS, and designed reader-friendly versions of different laws. The matrix presented in this pamphlet confronts each article stated in law 05/2002 with the corresponding norms of diploma from: Constitution of Republic of Mozambique (CRM) Labor law (23/2007 of August 1, 2009); Social Security Law (5/1989 of September 18, 2009); General Statute for Public and State Workers (Law 23/2009 of March 17, 2010); the Regulation of Statute for Public and State Workers (Decree number 62/2009 of September 8, 2009); and a law to defend the rights of people living with HIV and target stigma and discrimination (Law 12/2009 of March 12, 2010). The matrix was developed to help identify the gaps and similarities among the different laws, to permit resolution of occasional conflicts.

Coordination of organizational capacity development within EcoSIDA. HPI continues to support EcoSIDA in building its institutional capacity in workplace policy development, implementation, monitoring, and evaluation. With HPI's TA, EcoSIDA used the Workplace Policy Builder (WPB) software, which led five companies to adopt HIV and AIDS workplace policies during this reporting period: (1) SAL & CALDEIRA; (2) STS-Solmoz Tecnologia e Soluções, Lda; (3) PROCREDIT; (4) Soares da Costa; and (5) WOODMART. To strengthen multisectoral collaboration and align the private sector M&E system with the reporting system implemented by the CNCS, HPI partnered with EcoSIDA to coordinate a Private Sector Task Force (PSTF) for monitoring and evaluation. The PSTF includes representatives from EcoSIDA, CNCS, ILO, UNAIDS, HPI, and Population Services International. The PSTF is currently piloting an M&E subsystem and collecting data from EcoSIDA's members. In partnership with key partners, HPI is also complementing the pilot implementation by designing an information database that will strengthen EcoSIDA's organizational capacity to use information for strategic planning and impact evaluation.

EcoSIDA launched the Private Sector Annual Gala on December 16, attended by 250 participants. HPI distributed 2,500 copies of the EcoSIDA needs assessment report and a pamphlet detailing the services for three affiliation categories (basic, gold, and diamond). The marketing plan promotes income-generation activities that guarantee EcoSIDA's sustainability. The affiliation is a result of EcoSIDA's needs assessment survey, which was conducted with HPI´s TA. To date, EcoSIDA has presented the new affiliation system to six companies. In March 2010, HPI assisted EcoSIDA outline a certification process to ensure quality and assurance among its service providers.

Rwanda

Country Manager: Angeline Siparo

Program Overview: In Rwanda, HPI TO1 works to enhance the enabling policy environment for family planning by repositioning family planning as a higher priority on the nation's agenda. To help the MOH (Mini Sante) in Rwanda reposition family planning, HPI will disseminate results of the RAPID Model analysis and develop national policy and guidelines for nationwide implementation of a community-based distribution (CBD) program for contraceptives.

Summary of Major FP/RH Activities:

HPI finalized the Rwanda Strategy and Workplan in May 2008 based on discussions with the Mission and the Rwanda MOH. The workplan focuses on activities in two family planning policy areas: (1) dissemination of the RAPID Model analysis at the district level and (2) inclusion of policy language for CBD of contraceptives in Rwanda's Policies and Standards for Family Health Services and the development of national implementation guidelines for Rwanda's CBD program. HPI refined the workplan with input from the USAID health team; the implementation period is January–June 2010.

CBD Program. In November 2009, HPI supported development of guidelines and a costed action plan for Community-Based Distribution of family planning, which was approved by the Maternal and Child Health (MCH) Division of the MiniSante. On the basis of HPI's work—including the recommendation to pursue a pilot as opposed to a national roll out of CBD—the MCH Division, through the Family Planning Technical Working Group (FPTWG), organized a CBD pilot launch in December 2009. Following the launch, plans were made to begin identification, training, and monitoring of the pilot CBD program.

RAPID model dissemination. HPI updated the RAPID Model and associated PowerPoint presentation for Rwanda in May 2009 using the latest findings of the Mini Demographic and Health Survey 2007–2008. In close collaboration with the Ministry of Finance and Economic Planning and the Ministry of Health and other development partners, HPI has organized advocacy presentations to disseminate the updated data on the impact of population growth at national and district levels. In November 2009, HPI's Eastern Africa Regional Manager traveled to Kigali to work with local staff on the refinement of the current RAPID implementation plan. According to the plan, from March–August 2010, HPI will make RAPID presentations to district management teams, civil society representatives, and district stakeholders. The effort will focus on raising awareness about the impact of population growth among district officials, key stakeholders, and decisionmakers and will likely help identify advocacy champions. To complement the presentations, HPI will translate the RAPID PowerPoint presentation into French and produce a simple and summarized RAPID advocacy tool to be used at the community level by either parliamentarians or district officials during community mobilization activities.

The district-level dissemination activities will cover the 20 remaining districts, since 10 districts in Kigali and Eastern Province were already reached last year.

Swaziland

Country Director: Caroline Teter

Program Overview: HPI TO1 supports the objectives of PEPFAR in Swaziland, which include helping the MOH scale up male circumcision (MC). Specifically, HPI is supporting the Swaziland MC Task Force and its affiliated organizations by (1) seconding a MC program coordinator at the MOH 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:

Assist with the development of the national MC strategy and implementation plan and foster operational scale-up of MC services. HPI contributed to the finalization of the Policy on Safe Male Circumcision for HIV Prevention and the Strategy and the Implementation Plan for Scaling Up Safe Male Circumcision for HIV Prevention in Swaziland 2009/2013. These final documents and the soon-to-be finalized Swaziland Male Circumcision for HIV Prevention Clinical Protocol, MC Communication Strategy 2009–2013, and M&E Strategy will be printed and presented during the official MC policy launch.

The MC Task Force tackled several clinical operational issues including neonatal MC, facility assessments, and monitoring and evaluation. WHO recently conducted a consultation on neonatal circumcision and adapted the Clinical Protocol to reflect research and best practice recommendations. Some of the recommended guidelines are far reaching and will require additional training. Expansion of MC at public facilities has been hampered by many issues such as limitations in human resources and inadequate facilities for performing MC. The original MC for HIV prevention facility assessment was located; however, the Task Force identified some gaps in content. The MC program coordinator and a physician from JHPIEGO completed the facility assessment and are finalizing the report. In April, Swaziland will pilot a volunteer physician-led MC program. Through the MC program coordinator, HPI will assist JHPIEGO and the MOH with registration, volunteer placement logistics, and demand creation within traditional, governmental, and nongovernmental Swazi structures. Population Services International (PSI) is partnering with the MOH to expand MC in public facilities. The MC program coordinator is supporting these efforts.

Swaziland lacks an effective monitoring and evaluation system for MC. The MC Task Force coordinator has been charged with collecting data on MC; however, concerns about patient confidentiality have slowed the process. Led by a representative from UNICEF, the MC Task Force developed its M&E framework and indicators. The MC Task Force coordinator shared lessons learned from the Bill and Melinda Gates Foundation “MC Impact Evaluation Workshop” in Johannesburg in January 2010.

In February 2010, the Cabinet approved a plan to accelerate MC and requested assistance from PEPFAR. The MOH Policy and Planning Committee tasked the MC program coordinator to develop the workplan for Accelerated Saturation Initiative. He formed an ASI subcommittee and began convening meetings with the Regional AIDS Coordinators and the Regional Health Management Teams. The Policy and Planning Committee will present the workplan to the Cabinet for approval.

Build technical and human capacity for policy formulation. After many months of consideration, the MC program coordinator convened a new Research Subcommittee of the MC Task Force to focus on men’s health and health research. Initial membership includes representatives from the MOH, PEPFAR/USAID, PSI, NERCHA, UNICEF, and Population Council. Terms of reference will be developed. Initially the subcommittee will give priority to impact evaluation.

Several Research Subcommittee members attended the Gates Foundation "MC Impact Evaluation Workshop" and "MC Operations Issues" consultative meeting in January 2010 in South Africa. Participants (1) shared knowledge, experiences, and best practices from existing MC programs; (2) presented challenges and issues that are facing the implementation teams and proposed potential solutions; (3) examined various scale-up models; (4) explored supply and demand issues; and (5) evaluated the inclusion of additional HIV prevention opportunities. Information from this meeting was shared with the MC Task Force and technical assistance will be provided to address knowledge gaps.

Following the one-day MOH-sponsored workshop on MC in December 2009 for parliamentarians, members from both Houses of Parliament adopted a resolution to commit to "the objective, mission and vision of Male Circumcision for HIV Prevention" in Swaziland.

Ensure Task Force and donor coordination and information sharing. The MC Task Force coordinator continues to play a vital role in coordination and information sharing. In October 2009, three members of the MC Task Force and one consultant from PSI participated in an MC learning visit organized by the Kenya MOH and Male Circumcision Consortium. The goal of the visit was to share lessons learned, strategies, and challenges in implementing and scaling up different MC models. Key lessons learned included using existing spaces more efficiently and identifying strategies to shift MC tasks to nurses without compromising care. Because of the visit, the MC Task Force plans to finalize MC assessments, carry out regular MC Saturdays, develop a detailed workplan for a more effective scale-up of MC, consider developing task sharing and task shifting guidelines in collaboration with the Nursing Council, and develop an expedited credentials-obtaining process for expatriate healthcare workers.

The MC Task Force coordinator has been instrumental in sharing NGO workplans for HIV prevention through MC with the MOH, PEPFAR, and MC Task Force. In 2010, the coordinator will play a key role in finalizing the memoranda of understanding between the MOH and NGOs.

The MC program coordinator is increasing awareness in other sectors and has begun giving presentations to the Ministry of Education, Treasure Church Forums, and the private sector. In February 2010, the MC program coordinator began an MC media campaign, which included a weekly article in the Swazi Times and discussions on MC on the national radio.

Tanzania

Country Director: Millicent Obaso

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Tanzania aims to strengthen the capacity of policymakers, leaders, and communities to ensure an enabling policy and legal environment for HIV prevention, care, and treatment; FP/RH; and maternal health. The project focuses on supporting policy champions and advocates; strengthening leadership capacity; advocating for the increased efficiency and equitable allocation of resources for the health sector; increasing youth participation; and building partnerships with the media, NGOs, and FBOs. Under PEPFAR, HPI contributes to implementation of the *Other/Policy Analysis and Systems Strengthening* program area (policy development; institutional capacity building; stigma and discrimination reduction; and community mobilization for HIV prevention, care, and treatment). 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 supported the Muslim Council of Tanzania (BAKWATA) with an official launch of its stigma and discrimination guidelines developed in 2008. Sheikhs, Islamic teachers, madrassa youth, and journalists were among the 221 attendees. The guest of honor was the minister of education and vocational training, Professor Jumanne Maghembe. All participants received copies of the guidelines, and various religious leaders and other organized groups adopted the guidelines after discussing the importance of fighting S&D.

Development of resource center for TAPAC. HPI and the Tanzania Parliamentary AIDS Coalition (TAPAC) are working to establish a resource center for parliamentarians (mainly TAPAC members) to access HIV/AIDS information and materials. In mid-March 2010, the Tanzania Parliament designated a room at its sub office on Shaaban Robert Street in Dar es Salaam for the resource center. Bidders can now view the room and submit quotes for creating the center. On March 22, an invitation was sent to four contractors to bid by April 9. HPI will evaluate the bids, and the awardee will procure and install relevant equipment and materials to make the room operational.

FP/RH

Participation at the international conference on FP. HPI participated in the International Family Planning Conference in Kampala, Uganda, from November 15–18, 2009. HPI made two presentations related to country experience in FP policy and advocacy interventions. The conference was a joint collaboration among several international agencies and brought together approximately 1,350 participants from 59 countries.

Development of an advocacy guide and orientation guide for FP champions in Tanzania. The Ministry of Health and Social Welfare/Reproductive and Child Health Section, in collaboration with Family Health International (FHI) and EngenderHealth, asked HPI to help prepare two guides designed to reposition FP. Fifteen representatives from the government, district councils, FBOs, media, and nongovernmental local and international organizations participated in the drafting effort from October 20–22, 2009. HPI made recommendations on ways to improve the guidelines.

Training of members of Parliament on modern family planning methods. HPI—with the Ministry of Health and Social Welfare/Reproductive and Child Health Section and the President's Office Planning Commission, Social Services, and Demographic Cluster—trained 25 members of Tanzania Parliamentary Association of Population and Development (TPAPD) on modern FP methods from November 2–4, 2009. The training was designed to improve understanding of FP methods and FP/RH advocacy activities. It covered various FP methods (short-term, long-term, and permanent methods), the significance of using modern FP methods, and eligibility for use.

Finalization and launching of the National Family Planning Costed Implementation Program (NFPCIP): HPI helped finalize the NFPCIP for the Ministry of Health and Social Welfare by (1) providing technical expertise during two document review workshops and several desk reviews; (2) organizing media and communication products regarding the NFPCIP launch; and (3) gathering materials and services for the launch. The media workshop and program launch took place on March 26 and 30, respectively.

Development of proposal for FP targets and line items in Ministry of Health and Social Welfare budget structure. HPI, with the Ministry of Health and Social Welfare/Reproductive and Child Health Section of the Ministry of Health and Social Welfare and other partners, organized a technical workshop (February 5–7 in Morogoro) to support advocacy efforts for restructuring of the ministry's budget and including targets and associated line items for FP.

Participation in the ECSA Health Ministers Conference. HPI participated in the East, Central and Southern African Health Community Health Ministers' Conference from February 15–19, 2010. The main theme of the conference was "Improving Access to Quality Health Care to Achieve the Millennium Development Goals."

HPI was invited to this meeting as a partner in health policy issues but also to make a presentation on how meeting unmet needs for FP could help Tanzania, and similar countries, to achieve the MDGs.

Following up on increasing the budgetary allocation for FP. Based on resolutions and recommendations reached last year with members of Parliament, Ministry of Health and Social Welfare, Ministry of Finance and Economic Affairs, and the President's Office Planning Commission, HPI continues to assist the Ministry of Health and Social Welfare with its commitment to increase FP resources. Meetings with staff of the Reproductive and Child Health Section have been held to ensure enough money is being requested for 2010/2011 and to ensure that its budget proposal is included in the ministry's overall budget proposal.

The process is on track for a 60-percent increase in resource allocation for contraceptives, compared with this year. The budget will be finalized in the June–August 2010 parliamentary session. The follow-up meetings took place on November 2009–March 2010.

Zambia

Country Manager: Tom Goliber

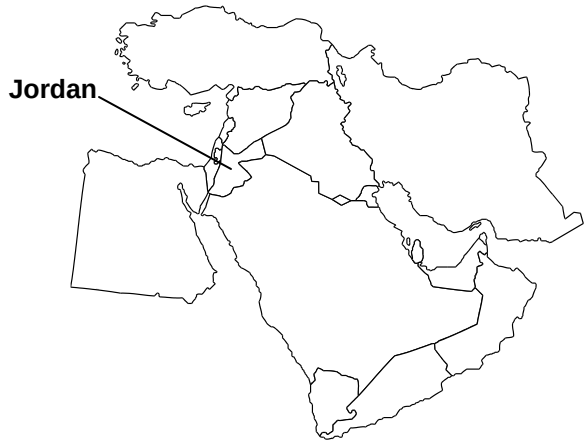
Program Overview: Through Task Order 1, the USAID│ Health Policy Initiative (HPI) in Zambia aims to develop and disseminate the RAPID Model as one way to promote repositioning family planning in the country.

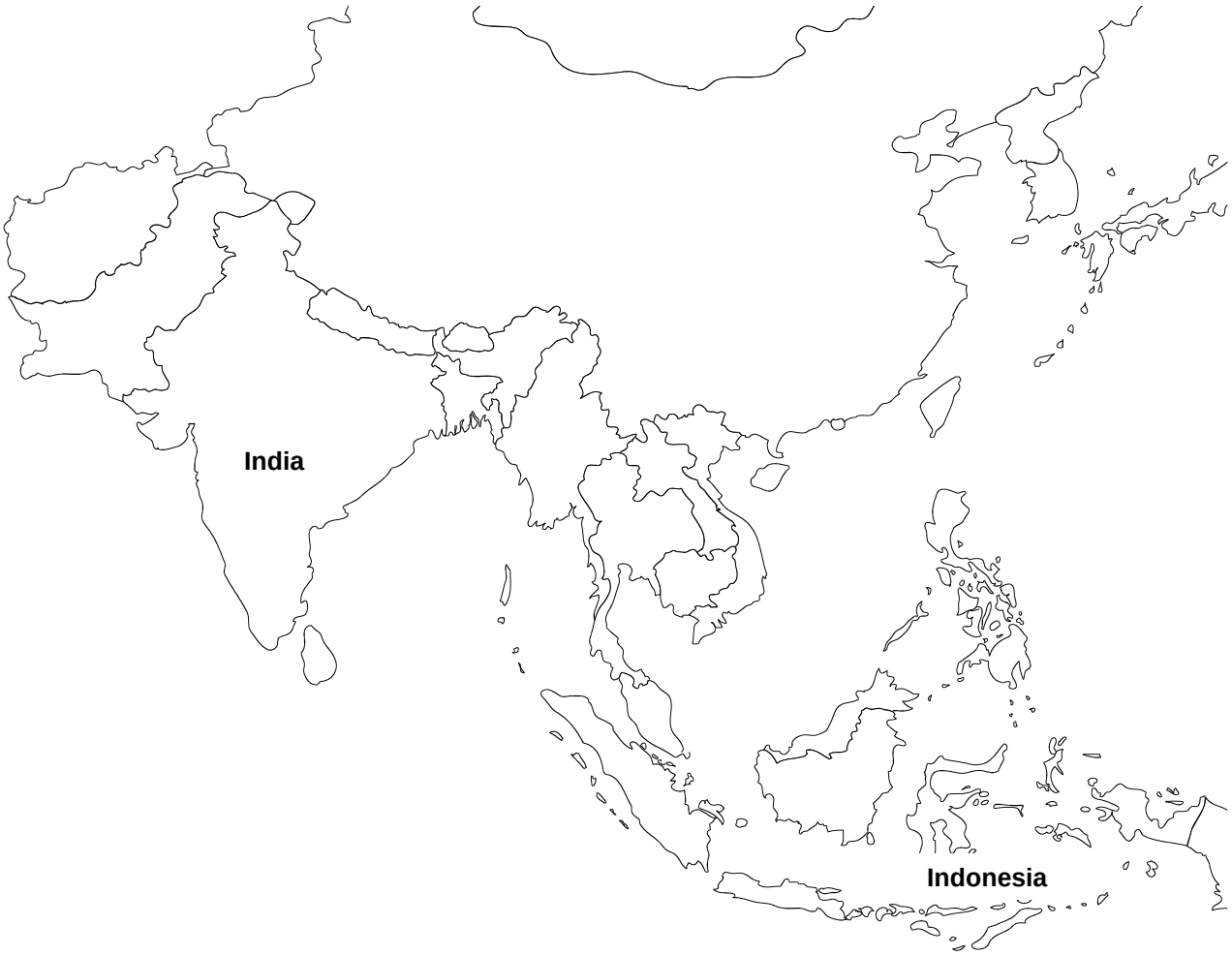
Fertility has remained persistently high in Zambia. The 2007 Zambia Demographic and Health Survey (ZDHS) fertility rate was 6.2 children per woman—higher than what was reported in earlier surveys, where fertility was estimated in the range from 5.9—6.1. Modern contraceptive use, however, has risen slowly, increasing from 25 to 33 percent among married women of reproductive age from 2001–02 to 2007. Zambia RAPID is being sponsored by the Social and Population Unit, Ministry of Finance and National Planning (MOFNP).

Summary of Major FP/RH Activities:

Over the reporting period, HPI staff worked with MOFNP counterparts to complete a RAPID analysis and PowerPoint presentation. The team prepared a four-page summary, which has been well-received after being printed. The team is currently printing a longer version. An HPI team also conducted two four-day workshops for RAPID presenters in February 2010. There were 12 participants at the first workshop and 10 at the second. Participants included representatives from each of the nine provinces in Zambia, as well as representatives from MOFNP and from the Ministry of Health. Some participants have already used RAPID in their home provinces. For example, participants from the Central and Northwestern provinces said that they made several presentations to provincial audiences while preparing for the sixth National Development Plan.

ASIA AND THE MIDDLE EAST





Middle East Bureau (Regional)

Regional Coordinator: Shetal Datta

Program Overview: USAID's AME Bureau funded two regional workshops to unite Arab people living with HIV (PLHIV) in February and September 2006. The workshops increased confidence, leadership, and networking skills among PLHIV and allowed select participants to build their skills and facilitate training sessions by and for PLHIV. 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 training, tools, and curricula that specifically address the knowledge and leadership needs and potential of PLHIV; and (5) supporting small grant activities designed, implemented, and led by PLHIV in-country.

Summary of Major HIV Activities:

Peer-to-Peer Workshops. Two HIV-positive female HPI facilitators in the region are leading peer-to-peer workshops. This is the first time that PLHIV have led and implemented such workshops in the region. It is a shift in the regional HIV response from experts training PLHIV to PLHIV serving as peer educators. The workshops try to increase awareness about HIV, especially among HIV-positive women who do not have access to HIV information and services. PLHIV who were previously trained by HPI to train others are co-facilitators in each country workshop. From October 19–29, 2009, two consecutive peer-to-peer PLHIV workshops were held in Yemen—Aden (20 participants) and Sana'a (31 participants). Facilitators increased country-level support for HIV-related activities by partnering with National AIDS Program (NAP) managers, local NGOs, and support groups. This resulted in greater awareness among PLHIV and country leadership and more responsibility by PLHIV who have partnered with the NAP to implement local HIV programs. The next set of peer-to-peer workshops are scheduled for April and May 2010 in Muscat, Oman (co-funded by NAP/Oman) and in Riyadh, Saudi Arabia (fully funded by the Ministry of Social Services in Saudi Arabia). The success of the HPI peer-to-peer workshops has led to a greater demand; consequently, the activity is transitioning from a USAID-funded initiative to a nationally funded one.

Training for Healthcare Providers. From December 7–17, in Marrakech, Morocco, the HPI MENA team collaborated with the Association Marocaine de Solidarité et de Developpement (AMSED) and the International Community of Women Living with HIV/AIDS (ICW) to conduct a five-day workshop for healthcare providers and PLHIV in the MENA region. The training focused on HIV-related stigma and discrimination with three days dedicated to advocacy and two days to networking.

The workshop for healthcare providers focused on various forms of stigma and discrimination that exist among healthcare providers who treat PLHIV and the greater medical community. This was the first workshop to bring together PLHIV and doctors to address the challenges and barriers faced by both and to raise awareness about stigma and discrimination in the region's healthcare systems. Workshop participant selection was unique; PLHIV were asked to nominate supportive physicians from their community, since the number of doctors who provide decent care to PLHIV is small as a result of the high level of stigma and discrimination in the region. The facilitator—an ICW member, HPI staff members, a physician from the Shady Grove Fertility Center, and two female HPI consultants based in Egypt and Lebanon—used HPI's newly developed draft 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 1. The curriculum provides a thorough overview of stigma and discrimination in the healthcare setting and also medical and technical updates on related HIV issues in the MENA region. Eleven physicians from Bahrain, Iraq, Lebanon, Libya, Morocco, Oman, Palestine, Saudi Arabia, Tunisia, and Yemen, and 17 PLHIV from Bahrain, Egypt, Jordan, Lebanon, Libya, Morocco, Palestine, Saudi Arabia, Tunisia, and Yemen attended the workshop.

Advocacy Workshop. This activity is collectively engaging PLHIV leaders in the MENA region as part of the regional response to HIV. HPI and AMSED seek to build advocacy capacity so that PLHIV and their supportive healthcare providers are equipped to voice their concerns, provide guidance, and help create a supportive environment regarding key policy-related issues in the region. The facilitators of the three-day advocacy workshop—an ICW member and two HPI staff—created and adapted an agenda based on the POLICY Project's *Networking for Policy Change: An Advocacy Training Manual* and HPI's *A^2 Analysis and Advocacy Manual*, They also translated it into Arabic. Three physicians from Bahrain, Iraq, and Saudi Arabia, along with 20 PLHIV from the region, attended. The three-day training taught new ways to create a supportive environment for PLHIV in the MENA region, focusing on how to communicate, plan, and engage at the policy level.

As a result, new advocacy efforts with the ministries of health, GFATM, and NGOs have started at national level through a series of stakeholder meetings organized with the aforementioned representatives. For instance, the Jordanian NGO El Hayet has acquired additional funding for the women's support group, and a National AIDS Program representative/physician in Bahrain wrote an editorial in the local newspaper about stigma in the local healthcare provider setting.

Network Activities. Following the advocacy workshop, from December 16–17, 20 PLHIV participants met for a technical network meeting. An ICW network member with PLHIV network experience facilitated the meeting. The goal was to reorganize the network and discuss various obstacles to and opportunities for its future reorganization, registration, and sustainability. The objectives were to provide network members with an opportunity and space to activate the network's internal and external communication strategy, including the network website; establish a consistent mentoring and outreach program among PLHIV; and clarify membership, internal governance, and a one-year plan for the network.

Grant Activities. The Jordan team has successfully completed two rounds of grant activities. With its second small grant, the Jordanian PLHIV-led NGO, El Hayet, held a stakeholder workshop on October 19 with the MOH and VCT centers. The "Workshop for Promotional Actions for Giving People Living with HIV Skills in Law and Medicine" aimed to create a more coordinated response for HIV programs in Jordan. As a result of the workshop, the MOH delegated a legal advisor to the PLHIV support group, who will follow up on PLHIV's legal cases and raise awareness about PLHIV patient rights at medical and healthcare centers.

As part of the second small grant awarded to Yemen, the team implemented a two-day meeting from December 25–26 to engage various stakeholders, including health NGOs, the National AIDS Program, the MOH VCT center providers, and medical providers involved in the HIV response in Yemen. The meeting aimed to reposition PLHIV as leaders rather than as beneficiaries of the country's HIV response. The meeting encouraged women to address their concerns and serve as leaders in the response. A local NGO, YemenAID, worked closely with the Yemen National AIDS Program to coordinate the meeting, which sought to clarify criteria for joining the network and create a five-year strategy for the Yemen PLHIV Network, including sources of funding.

Other Activities. Since January 1, 2010, HPI has updated the TOT curriculum—*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 subregional curriculum—*Investing in People Living with HIV Leadership in the Middle East and North Africa Region: Subregional Curriculum—Volume 2*—based on technical comments from USAID. HPI also updated patient and provider feedback during the aforementioned workshops. The final versions have been posted on the HPI website and are currently being translated into Arabic for regional distribution. To address USAID technical comments, HPI staff updated the paper *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. Upon finalization of the Arabic curricula and other documents, this activity will be complete.

India

Program Coordinator: Himani Sethi

Program Overview: Health Policy Initiative, Task Order 1 received FY09 field support funds to design and implement a program focused on rejuvenating the FP program through evidence-based advocacy. The goal is to emphasize family planning within the national reproductive and child health program through high-level national advocacy.

Summary of FP/RH Activities:

HPI worked closely with the Mission to finalize the workplan; established networks and contacts with key stakeholders to identify opportunities and synergies; completed extensive data analysis; facilitated high-level dialogue to plan for collective action; and helped state-level stakeholders use several Spectrum models and bring attention to family planning.

Inventory of tools and models for demographic projections and FP advocacy. HPI identified tools and models for demographic projections and FP advocacy and compiled an inventory of available resources. The inventory comprises 17 models and lists the key features, inputs required, sample applications, and outputs. Government stakeholders, development partners, and civil society members can use the models to make projections and inform the decisionmaking process.

Rapid assessment of FP advocacy in the context of the National Rural Health Mission (NRHM), 2005—present. HPI designed and implemented a rapid assessment of national FP advocacy efforts to gather information on recent trends and approaches in family planning; understand the perspective of policymakers; learn of new strategies in the pipeline; and identify potential policy champions and other partners who can support advocacy efforts. HPI reviewed recent national assessments and prepared discussion points for key informants. The 25 participants included senior representatives from the Ministry of Health and Family Welfare (MOHFW), Planning Commission, and National Institute of Health and Family Welfare (NHIFW), as well as representatives from UNFPA, Packard Foundation, and International Planned Parenthood Federation.

The rapid assessment highlighted the ministry's strong support, making this an opportune moment for renewed emphasis on the FP program. Legislators were identified as key constituents for advocacy. The following areas needing attention were identified: (1) RH services for adolescents, young adults, and unmarried men and women; (2) capacity building of health workers in FP methods, practices, and communication; (3) enabling policies to ensure wide-reaching access to a range of contraceptives; (4) human resource systems strengthening; (5) ongoing capacity building and training programs; and (6) promotion of broader method mix. The assessment concluded that increased supervision and monitoring is a crucial component of strengthening the FP program. Some suggestions were to include FP in the agenda of the Central Vigilance and Monitoring Committee and to ensure monitoring from the highest level (Chief Minister). The suggestions informed the policy roundtable discussed below.

Data analysis to support decisionmaking for a favorable FP environment. Using data from the 2001 census and the National Family Health Survey III (2005–2006), HPI developed projections to illustrate how the total fertility rate affects population growth and socioeconomic development. HPI analyzed Uttar Pradesh state-level NFHS-3 data related to high-risk births (those with mothers under age 18 or over 34, births of order four or higher, and births that occur less than 24 months after a previous birth) and contraceptive use to correlate increased awareness in family planning and decreased high-risk births. HPI used the Demproj, FamPlan, and RAPID models to conduct the analyses and prepare a PowerPoint presentation for advocacy. The analyses showed that due to population momentum and the youth bulge,

India's population will continue to grow for the next 50 years (1.6 billion people), even after achieving the replacement fertility level in 2021. Based on the interest in the analyses expressed by national partners and in collaboration with Jansankhya Shritha Kosh (JSK)[1] and the MOHFW, HPI expanded the RAPID analysis to include the impact of rapid population growth on the agriculture, water, energy, and health sectors. As part of the capacity-building activity described below, HPI is assisting state-level teams to prepare similar analyses.

Drafting of an advocacy plan and materials in consultation with key partners. As envisioned in the workplan, this multifaceted activity includes: organizing consultations and dialogue with different levels of policymakers; designing and providing various advocacy tools (PowerPoint presentations and discussion briefs); and building the capacity of key players in designing and delivering effective evidence-based messages. During this reporting period, HPI made significant progress in each area.

- **Consultations and dialogue with different levels of policymakers.** On December 9, 2009, HPI partnered with the NIHFW to organize a "Roundtable on Family Planning Initiatives and Future Directions for India." It was the first roundtable of a series planned to bring together government representatives, donors, and civil society members, who are committed to family planning to identify priority actions to advance FP efforts. The NIHFW formally hosted the roundtable for 25 participants, including the JSK Executive Director, the FP Assistant Commissioner, ministry staff, USAID staff, and representatives from other donor and cooperating agencies. The roundtable presentations highlighted the country's population growth and current demographic situation and the role of FP in health and development. The participants reiterated the urgency for refocusing and repositioning FP in India, particularly in states such as Uttar Pradesh, Jharkhand, Bihar, and Orissa, which are experiencing rapid population growth, minimal availability of services, and high unmet need.

  The next roundtable is scheduled for May. The MOHFW is leading the planning and execution of this meeting, which will include decisionmakers from several critical states mentioned above. Following the success of the first roundtable, other community members have expressed interest in participating. They include partners from development organizations, donors, national government representatives, and other parliamentarians.

  In addition to these periodic multisectoral policy dialogues, HPI has held meetings with seven parliamentarians and three civil society representatives, who will champion family planning in Parliament and in the annual government planning process. In early March 2010, HPI met the JSK Executive Director and discussed inclusion of RAPID and other HPI analyses in the World Population Day observance, which JSK is spearheading.

- **Designing and provision of various advocacy tools.** HPI has worked with partners to draft a PowerPoint presentation for advocacy that incorporates RAPID slides as well as the role of FP in MCH. The calls-to-action in this expanded RAPID are geared toward parliamentarians for a forthcoming dialogue; however, this presentation can be adapted for other national-level decisionmakers. The team is preparing a four-page brief to accompany the presentation.

[1] JSK promotes and undertakes activities aimed at achieving population stabilization at a level consistent with the needs of sustainable economic growth, social development, and environment protection. The Union Health Minister heads the General Body of JSK; and the Ministry of Health and Family Welfare, the Ministry of Women and Child Development, the Department of School Education and Literacy, the Department of Rural Development, and the Planning Commission are represented by their secretaries in the general body of JSK. All state governments are JSK members.

- **Capacity building of key players in designing and delivering effective evidence-based messages.** Capitalizing on the support that NIHFW and JSK showed for building state-level capacity for modeling and advocacy, on March 3–5, HPI and NIHFW held a "National Training Program on Population Projection Models and Family Planning Tools for Advocacy." Twenty-five participants from seven states (at least one from the State Institute of Health and Family Welfare, one from the State Health Directorate, and one from the Population Resource Center) attended. The training was very practical in that participants from each state used their respective data to apply the DemProj, RAPID, and FamPlan models. The participants left the training with the ability to create projections and model the implications of continued high population growth on development sectors, and also FP requirements to meet the demand for contraceptives. Beyond models training, the program included an advocacy orientation and presentation skills training; at the end of the workshop, participants prepared and delivered brief presentations to state-level decisionmakers who were visiting NIHFW.

  The training played a crucial link to the central-level advocacy efforts underway and was a first step in moving the focus to the states, where increased attention to FP programs is required. NIFHW has taken a lead in following up with each state on how to move forward. HPI will next work with states to finalize the analyses and develop "expanded" state-level RAPID presentations. These will be based on the national-level presentation described above but tailored for each state. In the months leading to World Population Day, HPI and partners envision a rolling series of national and state-level forums to deliver a strong and consistent wave of evidence-based messages on the critical role of FP in health and development.

High-level policy dialogue. In addition, HPI is working with JSK and the MOHFW to mobilize parliamentarians for a high-level sensitization meeting to demonstrate how fertility trends affect health and development indicators, while emphasizing how meeting FP objectives will help India meet its development goals. Five parliamentarians have come forward to vet the RAPID analyses and advocacy materials and also to prepare for a larger sensitization meeting with parliamentarians that will be hosted by the health minister. In addition to garnering parliamentarian interest in FP at respective state levels, parliamentarian action to secure the FP line item within the NRHM will be an important outcome of this effort.

Indonesia

Country Director: Claudia Surjadjaja

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

The HPI/Indonesia program ended on December 31, 2009. HPI will prepare a final report summarizing its activities and achievements.

Summary of Major HIV Activities:

Translating policy into action at the operational level within the Muslim community. HPI presented its strategy and step-by-step approach to engaging Muslim leaders at the 137th Annual Meeting of the American Public Health Association in November. The presentation drew attention and positive responses from those who work with Muslim communities in other countries. Participants learned from HPI's advocacy experience in designing and implementing sustainable collaborative initiatives to broaden Muslim community involvement.

Building the planning and advocacy capacity of the KPAN and KPAP/Ds. At the KPAN's request, in November 2009, HPI supported the KPAN's core costing and advocacy team to train national facilitators on the latest version of the linked Asian Epidemic and Goals models. At the training workshop, the KPAN reported that four provinces had increased their budget for HIV and AIDS following advocacy by the costing team using the costing models. West Java province increased its funds from US$10,000/year to US$1 million/year, while Aceh province increased its funds from zero to US$30,000 per year (starting in 2008). Banten province also increased its HIV/AIDS budget allocation from US$30,000 in 2008 to US$6 million in 2009 and now US$10 million for 2010 through the Provincial Health Office. In East Kalimantan province, the budget increased from US$40,000 in 2008, to US$50,000 in 2009, and US$80,000 for 2010. KPAN stated that the national budget allocation also increased due in part to HPI's support through capacity building of the costing process and AEM trainings. Results from the modeling exercises were used to develop a more focused and targeted activity plan in line with HIV prevention and mitigation. The results then were used to extend programs and mobilize funding at the sector level.

Building the capacity of women PLHIV groups. During the last 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. HPI conducted a follow-up assessment in late April 2009, which revealed the need for additional trainings to empower HIV-positive

women to speak publicly about their issues and to make informed and appropriate decisions. Based on requests from partners for continued support; HPI with IPPI, YKP, and Bali Plus convened an advanced training workshop in October that focused on Positive Prevention Training for Facilitators. Three of the HIV-positive women previously trained as facilitators led the training and 11 others served as co-facilitators. Subsequently, HPI identified 15 "promising facilitators" from YKP and nine from Bali Plus.

HPI has helped to establish an informal group of HIV-positive female sex workers (FSW) called *Payung Merah* (Red Umbrella) focused on alternative income-generation activities. HPI helped link the group with suppliers to make and sell art and crafts accessories. HPI also linked the group with charity organizations, such as the Bali International Women Association, Rotary Club, and individuals who can continue to support the group once HPI's activities in Indonesia end.

At the request of the KPAD Denpasar, and as a follow-on to HPI's work with positive women, HPI assisted the KPAD with facilitating a December coordination meeting among key stakeholders on implementing the 100% Condom Use Policy (CUP). Participants included 180 brothel owners, pimps, village heads, and legal enforcement officers who are members of the KPAD Denpasar Prevention Sexual Transmission (Condom) Working Group. The meeting sought to address barriers in the implementation of the 100% CUP, and HPI also presented its work with the HIV-positive women's group in the province. Several HIV-positive FSWs previously trained by HPI participated in discussions and policy dialogue to describe the barriers that they have faced in implementation of the 100% CUP. Policy dialogue between the law enforcement and pimps resulted in an agreement that law enforcement take a social-health approach to condom use, instead of a legal approach. Thus, although prostitution is illegal, law enforcement will not criminalize or charge FSWs if they can show a good health record. Each FSW will be given a valid health card, either from a health center or YKP clinic, which shows routine check-ups. Law enforcement will use this as a monitoring tool, meaning that FSWs will no longer need to hide each time law enforcement officials inspect brothel facilities.

Discussions also took place among KPAD and District Health Office officials and pimps and brothel owners about the availability and accessibility of cheap condoms and how to improve the performance of the working group. The group discussion resulted in an agreement to have a condom policy in all brothel facilities.

Jordan

Country Director: Basma Ishaqat

Program Overview: In response to USAID/Jordan's objective to improve the health status of all Jordanians, Task Order 1 of the Health Policy Initiative (HPI) assists the government of Jordan (GOJ) and 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:

Analysis of unmet need, method mix, and discontinuation. Following detailed analyses of DHS and other data, and consultative meetings with USAID, CAs, the MOH, and key stakeholders, HPI identified potential program responses and initiatives to address six major areas: training, counseling, policy, research, advocacy, and women's empowerment. The project proposed a set of policy actions to USAID, the HPC, MOH, and key partners. HPI drafted a method mix policy brief and shared it with the HPC, USAID, and the participants of the March 2010 "The Art of Developing Policy Briefs" workshop (see below) for comments and feedback. HPI will next work with key stakeholders to finalize the brief and prepare two other policy briefs on unmet need and discontinuation. The HPC and other stakeholders will use the briefs to advocate for the recommended policy solutions.

Development and dissemination of national-level RAPID presentation. HPI finalized the national-level RAPID presentation in Arabic and English and submitted it to HPC for use as an advocacy tool at different events. To date, HPC has used it at a Demographic Opportunity Dissemination event on January 18, 2010, and during meetings with Parliament and with the Defense College. The HPC Secretary General will also present the RAPID to the council's board. In addition, in March, HPI finalized a one-page RAPID brief in Arabic and English. HPI will print the pamphlet for national stakeholders to use for advocacy while attending various events.

Development and dissemination of governorate-level RAPID presentations. Since September 2009, when HPI, the Interior Ministry, and high officials of the Irbid governorate began the preparation of a RAPID presentation for Irbid, HPI and HPC have conducted several follow-up meetings with representatives from various sectors within the governorate. HPI collected available data from the governorate on various sectors and completed a first draft of the RAPID presentation. On December 14, 2009, HPI and the HPC presented the RAPID to the Interior Ministry, the Development and Planning Unit, and high officials of the Irbid governorate. Following the meeting, HPI collected additional data, finalized a second draft, and submitted it to the HPC on March 1, 2010. HPI will collaborate with the council to present the final version of the presentation to the Governor and members of the Irbid Executive Council.

In addition, HPI initiated the work on Aqaba RAPID by meeting with the Governor's deputy interior ministry representative, the Development and Planning Unit, and high officials of the Aqaba governorate on January 21, 2010. HPI presented the Irbid RAPID presentation as an illustration of what will be done for Aqaba while emphasizing the governorate characteristics. HPC and HPI are working with the Ministry of Interior to collect required data on several Aqaba sectors. HPI has prepared a first draft of the Aqaba presentation and will share it with HPC and the governorate during the next quarter.

During this reporting period, HPI also initiated work on the Zarqa RAPID presentation. An initial January 26, 2010 meeting was attended by the Zarqa Governor's deputy and the Interior Ministry representative,

the Development and Planning Unit, and high officials of the governorate. HPI presented the Irbid RAPID presentation and discussed the required data and characteristics that should be emphasized in the Zarqa presentation. Based on the acquired data, HPI prepared Zarqa's population projections. During the next quarter, HPI will prepare the first draft of the presentation, share it with HPC, and present it to the governorate.

Development and dissemination of sector-level RAPID presentations. HPI and the HPC conducted several meetings with representatives from the Ministry of Education (MOE) and presented the national-level RAPID as a basis for building the education sector's RAPID. HPI and the MOE identified three major areas to emphasize in the analysis and presentation: rented schools, double-shifts, and the incorporation of computers and Internet in all school systems. The MOE provided the most recent data related to education, students, teachers, schools, and costs. HPI prepared the needed projections and finalized a first draft. On December 13, 2009, HPI and HPC staff presented the RAPID to MOE representatives, who asked HPI to include additional variables in the presentation. HPI prepared a second draft (in Arabic and English) and on March 2, 2010, HPI sent it to HPC and MOE for final approval. HPI will orient the MOE group on Spectrum in April, as this is a critical step to obtain their buy-in. HPI will also work with the MOE and HPC to show the final version of the presentation to the Secretary General of the MOE and directors of several MOE directorates.

HPI also initiated work on the health sector RAPID. HPI, HPC, and USAID met with MOH on February 11, 2010, and presented selected slides of the MOE RAPID as an introduction. MOH formed a technical group to assist HPI and HPC reach agreement on the priority variables that the MOH would like to include in the presentation as well as the required data. HPI will prepare the first draft and submit it to MOH for feedback.

Finally, HPI initiated the work on the water sector RAPID. On February 28, 2010, HPI met with representatives from the USAID Office of Water Resources and Environment. The meeting emphasized the major water-related issues and challenges facing this sector. The office provided HPI with data to develop initial projections of future water needs, and HPI prepared a first draft of the water sector RAPID. HPI will share the draft with the HPC and then present it to the Ministry of Water and Irrigation for feedback.

Strengthening the FP/RH monitoring and evaluation system. HPI provided the HPC with technical assistance to initiate work on RHAP II Year 2 activities. In December 2009, HPC held a workshop to present a brief history of FP in Jordan and the RHAP II planning framework to major stakeholders. As a result of the workshop, HPI assembled three taskforces to work on the three objective areas: supply, demand, and a supportive environment. In addition, the taskforces reviewed and re-phrased the RHAP II objectives to facilitate the identification of indicators and outputs. The taskforces met and discussed several approaches and initiatives to address the objective areas. HPI helped the council design a Project Design Matrix (PDM), including the existing RHAP II outputs, the proposed outputs by the taskforces, and the outputs of stakeholders as outlined in their annual plans for 2010. From February 24–25, 2010, HPI and HPC conducted a final planning workshop with all RHAP II partners to approve and commit to the proposed outputs and performance indicators. Following the workshop, HPI and the HPC finalized these outputs: completion dates, budgets, and specifications; the most critical objective indicators; and an indicators' matrix. HPI then helped prepare the HPC's budget. HPC will submit the plan and the budget request to the Ministry of Planning to fund and implement the RHAP II 2010 plan of action.

Strengthen the HPC's capacity to develop policy analyses. During March 22–24, based on specific requests from the HPC, HPI trained 16 participants representing MOH, HPC, and the private sector (i.e., private obstetrician/gynecologists, and private and public universities) on "The Art of Developing Policy Briefs." During the workshop, participants drafted two policy briefs on discontinuation and unmet need

based on HPI's detailed analyses of these issues. HPI will review and modify the drafts and share them with the HPC before finalizing them.

Assess the MOH contraceptive supply system. At the Mission's request, HPI hired a local consultant to work with DELIVER's consultant from February 21–March 4 to assess the MOH Logistics System. HPI will follow up on policy-related recommendations, including advocating for a separate line item for contraceptives in the MOH budget. This would build on past successes HPI has supported in creating a line item for reproductive health and would ensure sustainable supplies.

Strengthen capacity of counterparts to modify the RAPID models and develop presentations: During February 2010, HPI trained four HPC staff members on preparing the projections for three additional governorates—Madaba, Karak, and Mafraq. HPI will train the HPC to prepare the respective RAPID presentations.
FamPlan projections. HPI also prepared preliminary projections of future FP usage, including commodity requirements and costs using the FamPlan Model. HPI and its partners will use the information to demonstrate the additional resources Jordan will need to reach its goal of achieving replacement level fertility by 2030. These projections will also help to increase partnerships between the MOH and the private/NGO sector to deliver family planning services. HPI will finalize the projections and prepare an advocacy presentation.

Other

The USAID/Jordan Population and Family Planning Program Assessment Team initiated its assessment of the USAID population and family planning projects in Jordan. During a meeting with this team on November 11, 2009, HPI presented its workplan activities and major achievements for the last five years. HPI also organized several meetings for the assessment team with its major counterparts: the HPC, MOH, Ministry of Planning, and Department of Statistics.

In January and February, the USAID Policy Evaluation Team initiated its assessment of health policy issues in Jordan as a base for an upcoming project agenda. HPI also presented its workplan activities and major achievements within the last five years and arranged meetings for the team with major counterparts.

EUROPE AND EURASIA

E&E Bureau

Regional Manager: Kip Beardsley

Program Overview: Injecting drug use is the driving factor of 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. The services are crucial in implementing a broad HIV prevention and treatment strategy. The majority of countries in the region have sub-optimal policies that prevent the effective treatment of drug dependence.

In July 2008, the Health Policy Initiative, Task Order 1 initiated a MAT 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.

Summary of Major HIV Activities:

Development of tools to assess and improve access to MAT for IDUs in the E&E region. The project inventory tool was used to compare country legislation, policies, regulations, and guidelines/protocol against international best practices in eight target countries: Albania, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. National consultants provided reports and conclusions on the process of collecting information for the inventory; analysis of successes and achievements of MAT implementation and/or gaps and barriers to MAT programming and implementation; a list of key national documents with translated names and short annotation in Russian; analytical summaries of national documents in Russian; and mapping of networks of national policymakers and program implementers involved in the delivery of MAT services.

The project team finalized and refined the MAT Policy Assessment Index (PAI) to pilot it in Georgia and Kyrgyzstan. The tool (1) helps advocates identify areas needing strengthening/intervention (baseline) and (2) assesses change/improvement over time (follow-up). The PAI includes key informant and facility-based interviews. The latter implies client-intercept interviews as well as interviews of providers. HPI completed piloting of the tool in March. The project team is now preparing for roundtable discussions in Georgia and Kyrgyzstan to present the pilot-test results to national stakeholders and to discuss the draft toolkit. Pending the resolution of political unrest in Kyrgyzstan, the roundtables will take place in April.

LATIN AMERICA AND THE CARIBBEAN

LAC Bureau (Regional CS)

Regional Coordinator: María Rosa Gárate

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) supports the efforts of USAID's LAC Bureau to help countries achieve contraceptive security (CS). CS exists when every person is able to reliably choose, obtain, and use high-quality contraceptives whenever they want or need them. As donors begin implementing graduation strategies for phaseout, HPI is documenting the region's CS-related experiences and conducting innovative work to promote informed policy decisionmaking. Within this context, HPI helps to consolidate and ensure the sustainability of the Regional Initiative on Contraceptive Security for Latin America and the Caribbean (LAC CS Initiative). The LAC CS Initiative is targeting activities in eight focus countries: Bolivia, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru.

HPI continues to develop, implement, and evaluate evidence-based analytical frameworks that will better enable RH services to reach the most vulnerable populations. HPI has partnered with national governments and collaborating partners to (1) implement advocacy action plans designed to secure 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 inequalities 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.

Summary of Major FP/RH Activities:

Small grants and technical assistance to support civil society advocacy activities and national participation in CS committee. HPI has awarded small grants to five civil society organizations: the Network of Women for Peace (REMUPAZ), the Guatemalan Association of Women Physicians (AGMM), the Alliance for Sexual and Reproductive Health in El Salvador (ASSR), Aquelarre (CEAPA) in the Dominican Republic (DR), and Promotion of Women in the Southwest (PROMUS) also in DR. These organizations are implementing advocacy activities that address existing inequalities in FP/RH, leading evidence-based FP/RH advocacy efforts at the municipal level, and becoming key civil society representatives at national CS committee meetings.

In Guatemala, HPI trained 21 community leaders and provided TA to REMUPAZ and AGMM with strategic planning and advocacy training designed to facilitate coordinated community and resource mobilization. The TA enabled REMUPAZ and AGMM to become pivotal in advocating the ratification of the Family Planning Law (FPL), which mandated the provision of FP information and established policies supporting universal access to contraceptives. Since 2005, key interest groups contested the constitutionality of the FPL. In response, the Guatemalan Constitutional Court refrained from securing the signatures necessary to dismiss legal claims against the FPL and allow for its full implementation. During this reporting period, the Guatemalan government officially adopted the FPL and the law entered full implementation in January 2010. HPI is currently providing TA to REMUPAZ and the AGMM to ensure that both civil society organizations monitor and evaluate the implementation of the legislation. HPI is documenting lessons learned from this achievement.

In El Salvador, HPI supported ASSR as the organization completed a policy assessment and a key stakeholder analysis. TA will help ensure that the support for family planning and sexual health that civil society organizations previously secured is maintained during this transition.

In the DR, CEAPA continues to implement its advocacy work for FP/RH at the municipal level. They coordinated meetings with municipal leaders and national and international municipality federations.

They have partnered with PROMUS in the Southwest DR to work with the regional municipalities association (ASOMURE) and train municipal authorities on FP and local development.

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 continued vetting 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. The policy dialogue tool relies heavily on DHS data and established assumptions about FP/RH attitudes and behaviors across adjusted urban versus rural quintile groups.

HPI continued to advance research on method mix and vulnerable populations in the DR, which is scheduled to graduate from USAID assistance for FP/RH in 2010. HPI began data analysis of key informant interviews with decisionmakers, FP providers, and clients. The qualitative data on method use in the DR will supplement existing literature and national-level quantitative data to identify policy and programming considerations designed to mitigate existing or potential inequalities 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; results will be presented at the 2010 regional policy conference.

HPI continued conducting a modified Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) assessment in Peru. The previous SPARHCS assessment was completed in September 2003. The framework helps countries assess CS and design long- and short-term plans for advancing it. In the context of decentralization and integration of FP into health services in Peru, this rapid SPARHCS assessment aims to document the current state of CS; identify advances and vulnerabilities; and provide recommendations for improved policy and program implementation.

Assessment of the 2009 cycle of the Family Planning Program Effort Scores (FPE) to inform a regional policy analysis of FP and CS efforts across LAC. In December 2009, HPI started assessing the 2009 FPE and examine the importance of various rationales for FP programs (child health, maternal health, unmet need, and demographic goals). FPE results will be paired with a comparative analysis of policy environments across LAC priority countries. HPI is partnering with CS committees, government partners, and civil society organizations to complete in-country policy assessments. The study results will provide information to facilitate dialogue about the relationship between advocacy, policy development and implementation, and FP/RH. Within the context of USAID graduation plans, this study will outline policy considerations for decisionmakers.

South-to-south information sharing and knowledge transfer between congressional parties. In October 2009, HPI partnered with the CS committees in Peru and Guatemala to coordinate and design a south-to-south forum between congressional delegations from their respective countries. Congressmen and congresswomen visited Peru to meet with a Peruvian congressional delegation, MOH representatives, and key civil society organizations. The south-to-south exchange was designed to show how Peru's policies that integrate gender and cultural awareness have contributed to the decreasing maternal mortality and improved FP/RH indicators. Legislative leaders from Guatemala visited Lima, Cuzco, and some rural communities. Since the site visit, Guatemalan Congresswoman Myrna Ponce has ensured that the lessons learned will be passed to the MOH leadership.

Virtual communication network (webpage) to facilitate communication and information sharing across CS committees. During the October 2008 conference workshop and the September 2009 CS regional workshop coordinated by DELIVER, stakeholders expressed the need to help countries build a virtual communication network around the theme of contraceptive security. As a result, HPI, DELIVER, and the

USAID Alliance Network (Allnet) helped develop a web-based discussion forum. During this reporting period, HPI continued to monitor site use and document user feedback to improve the forum.

Regional Contraceptive Security Conference. HPI continues to plan the 2010 regional policy conference at the end of June. The regional CS initiative's technical support has resulted in substantive achievements across the region, including: greater government commitment to support FP policies and programs; increased funding for FP; improved logistics and procurement systems; and greater multisectoral participation by informed, civil society organizations and private sector partners. These accomplishments are a result of the collaborative partnerships within and across countries. Nevertheless, FP advocates need to maintain an informed dialogue and secure a sustained, regional political commitment for FP policies and programs due to the complex factors that influence CS, the competing priorities influencing governments, and USAID's plans to redistribute FP resources worldwide.

During this reporting period, HPI vetted conference content and design with key leaders and partners. The CS Regional Conference titled "A Decade in Policy Implementation: Progress and Challenges for Contraceptive Security in Latin America and the Caribbean" will be held June 28–30 in Punta Cana, DR. The conference will unite key decisionmakers across LAC and present the latest assessments from local and international partners; share experiences and best practices; and draft an accord outlining partners' regional commitment to achieving CS for all persons regardless of gender, socioeconomic status, or geographic location. HPI has also collaborated with USAID Missions to invite ministers and health secretaries from eight countries supported by the regional CS initiative as well as three additional participants from each country. These additional personnel include the head of the family planning program of the Ministry of Health, the health programming director, and the head of services for the Social Security Institute.

Dominican Republic

Country Manager: Hannah Fortune-Greeley

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in the Dominican Republic (DR) supports FP/RH, HIV/AIDS, and related health advocacy activities, and also strengthens local capacity to carry out this work. HPI's previous activities focused on assisting local partners, prior to the electoral campaign, by building their in-country capacity to conduct advocacy. During the electoral campaign, HPI helped them create a space for policy dialogue and advocacy with political candidates and then publicize political parties' positions on health issues to the general public. Recent activities focus on supporting local partners after the new government is sworn in and as the partners advocate for the inclusion of health issues on the new government's agenda and follow up on campaign promises and pre-election advocacy activities. HPI is also strengthening and building an advocacy network, REDIN.

Summary of Major FP/RH Activities:

REDIN network activities. The REDIN network continues to organize internal capacity-building opportunities and collaborative activities. From November 2–6, HPI hosted a training-of-trainers workshop on advocacy for network members. Consultant Taly Valenzuela facilitated the workshop for 18 participants representing 12 organizations. Consultant Melania Febles provided logistical support and organized a press conference covered by 14 national and local media outlets.

The workshop aimed to strengthen methodological techniques and train the group in participatory planning for advocacy. By doing so, it could facilitate change through adoption of public policies benefiting traditionally marginalized populations. This workshop was important for REDIN, as it built the group's capacity to involve other actors in the development of advocacy skills. It also served as an excellent opportunity to promote collaboration as a network.

In March, the new REDIN trainers held three of four regional workshop replications to train members and key community allies in advocacy and policy dialogue, which expands REDIN's local advocacy bases on the topic of advocacy in family planning and sexual and reproductive health. In each region, a different REDIN organization hosted the workshop, and an average of 20 people received training. The east region workshop is scheduled for early April. In addition to the training-of-trainers and regional workshops, REDIN held five plenary meetings for continued planning and monitoring of network activities, with an average of eight organizations attending each meeting.

Mini-grants. To facilitate, fund, and promote network activities, CEPROSH and AQUELARRE continued managing mini-grants on behalf of REDIN. The network completed the mini-grant activities managed by CEPROSH, which covered capacity-building activities, public relations events, and internal management expenses for the network, including the official launch event. The network has partially executed the grant managed by AQUELARRE (financed with LAC CS regional funds), which focuses on the link between local development and family planning, specifically municipal participatory budgeting. To this end, REDIN representatives have met with UNMUNDO and FEDOMU to discuss collaborating with different municipalities.

As a follow-on to the regional advocacy trainings, the REDIN network is undertaking local advocacy activities in each of the four regions in the run-up to the municipal elections in May 2010. During the reporting period, each region completed an advocacy plan and mini-grant application to finance advocacy and policy dialogue activities on family planning and local development, planned for April and May.

Technical assistance to REDIN advocacy network members. As a complement to network-wide activities, HPI continued to work with several key members to strengthen their individual organizational capacity. Specifically, HPI worked with Asolsida, Modemu, and Cimudis to assist technical staff with their strategic planning and project development skills through three workshops and five meetings. On average, 10 people participated in each event.

International Family Planning Conference in Uganda. HPI staff authored a poster presentation titled "Local-level Policy and Advocacy Strategies in the Dominican Republic: Increasing Access to Family Planning for Vulnerable Populations" at the International Family Planning Conference in Uganda on November 18, as part of the session on taking knowledge to action in family planning programming.

El Salvador

Country Manager: Mary Kincaid

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

Acknowledging the key role played by the Secretariat, the CCM requested and obtained continued support through August 2010. HPI pays the salary of a part-time staff person, office equipment, and supplies. The UNDP will continue to cover the funding for office space, communications, transportation, and other secretariat operational expenses. HPI responsibilities include (1) representing El Salvador's CCM executive-level personnel and guaranteeing the implementation of the CCM's decisions; (2) ensuring that the CCM has strategic, reliable, and timely information to facilitate evidence-based decisionmaking; (3) establishing effective communication mechanisms between the CCM and the actors, institutions, and organizations linked to the operations of the CCM-GF; and (4) providing exclusive and ongoing assistance to the CCM and its commissions for the effective development of programs.

Summary of Major HIV Activities:

HPI provided continued 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 the impact of HIV/AIDS and TB in El Salvador. Activities included workshops for new members, the design of a new induction manual in conjunction with the Training and Communications Committee, and a management and coaching workshop funded by UNAIDS to build the capacities of CCM members. HPI also developed processes for the formulation of national and regional proposals on HIV, TB, and malaria to be presented to the Global Fund. In March, HPI initiated a strengthening cycle with its members on the epidemiology of TB and coordinated a 2010 training plan with the Committee on Strengthening.

HPI worked on two aspects of the TB draft round nine: (1) the clarifications process, which has already been completed, and (2) the negotiation process, which is scheduled for completion in June.

In conjunction with the subcommittee on sustainability, HPI submitted a proposal for the sustainability of the CCM to the Global Fund in October 2009, which requested $43,000 for 2010. It is currently coordinating ongoing efforts with international organizations to ensure the stability of activities for 2010. In working with the committee, HPI monitored the implementation of management and financial resources with help from Minister of Finance and CCM UNDP sustainability. The Oversight Committee had three meetings and is currently developing a plan for 2010. Additionally, the Executive Committee conducted meetings with the Minister of Health and Mr. Richard Barath from UNDP to publicize the Mecanismos de Coordinación de País (MCP) decision to consolidate projects R-7 and Rolling Continuation Channel (RCC).

To ensure that all activities subsidized by the Global Fund and other CAs in El Salvador are transparent as well as effective, HPI and CCM continued their regular visits to Global Fund projects, including those implemented by the MOH and the UNDP. HPI assisted the CCM with monthly meetings that report to the CDC and other meetings with subcommittees that evaluate the progress of the CCM's workplan.

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. In coordination with UNAIDS and UNDP, HPI spoke with advertising agencies and met with human resource management and private enterprises in coordination with USAID/PASCA. USAID/PASCA funded public events so they could disseminate the guidelines for the implementation of RCC, the Round 7 report on the first year of implementation and the preparation and distribution of Newsletter #8.

The Executive Committee met in February and agreed to assess existing information on HIV in El Salvador with funding support from UNAIDS and PAHO. To continue strengthening the participation of the sector's CCM, the Executive Committee held a briefing on March 26 with members of the religious sector and unveiled new statutes of MCP.

The CCM Communications Committee held meetings in January to prepare a workplan and held an additional meeting with the Principal Recipient on March 19. The Communications Committee is currently planning discussions with the media, tentatively scheduled for April. HPI has participated as part of ad hoc country processes, UNGASS, and the evaluation of Strategic National Plan (PEN).

During January and February, HPI conducted briefings with four groups: government (MOH), Persons Living with AIDS (PVS), religious scholars, and national and international NGOs. The briefings explained the CCM member selection and rotation policies. In this election year, the religious sector will hold its elections in March. Member profiles were circulated to all sectors, and a PVS sector representative circulated its profile.

HPI also provided TA for six CCM plenary meetings, where the most important topics were (1) the Project R-7 and RCC consolidation; (2) tracking the compliance process of the conditions precedent of RCC and R-7; (3) purchasing medicines monitoring, Third Line Bidding Process of UNDP, Monitoring progress of negotiation process of R9; and (4) the approval of the redistribution of MOH seats.

Guatemala (FP/RH and MCH)

Country Director: Telma Duarte

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Guatemala focuses its efforts on ensuring an enabling environment for the implementation of adequately financed, effective, sustainable, and culturally appropriate FP/RH and MCH programs. HPI supports CSOs, NGOs, indigenous leaders, and professional associations to advocate for public policy change at the national and operational levels, as well as to participate actively in policymaking and implementation. In addition, HPI helps these groups 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 TA 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. The advocacy efforts of organizations that HPI trained and funded led to multiple results: (1) the dismissal of challenges that had been filed against the Universal and Equitable Access to Family Planning Services Law; (2) the approval and official publication of family planning regulations by Governmental Accord 279-2009; (3) the creation of the National Birth Control Assurance Commission (CNAA); and (4) the creation of an Intercultural Health Care Unit for Indigenous Populations by Ministerial Agreement number 1632-2009. In January and February 2010, HPI continued to advocate to Congress for approval of the Healthy Maternity Law, and the Women's Health Organization received a mini-grant to generate support for the bill. The Alta Verapaz and Guatemala departmental reproductive health observatories (OSARs) also publicly demanded approval of the law. Congress sent the bill (number 4117) to the Committee on Women's Affairs, which passed it in resolution 02-2009. On March 16, 2010, the bill was scheduled for its second reading in Congress.

HPI also assisted with the creation of two OSARs in Chimaltenango and Escuintla. HPI trained members of these two observatories on advocacy and policy dialogue. In addition, the project helped them to draft workplans and citizen surveillance plans, as well as to organize public events to advocate that local authorities provide high-quality and culturally relevant RH services.

HPI continued to provide funding and assistance to build the capacity of the Alta Verapaz and Quetzaltenango OSARs. The project is currently strengthening the Quiché, Sololá, Chimaltenango, and Escuintla OSARs in terms of their structure, operations, integration of new members, and strategic alliances with government agencies. HPI provided technical support and tools for the internal commissions of departmental OSARs in Alta Verapaz, Quiché, Quetzaltenango, and Sololá to prepare action plans, including legal analysis, strategic information, and promotion/dissemination commissions. In addition, with HPI's guidance, the OSARs advocated within their respective departmental development councils (CODEDEs) to ensure that RH issues are included in their political agendas. The Chimaltenango OSAR efforts resulted in establishing a health commission within the Chimaltenango CODEDE. As the result of political advocacy and citizen surveillance by the OSARs, area health offices (DAS) started providing information on RH budget assignments and execution as well as health indicators.

To secure additional funding for some of their activities, HPI assisted the Guatemalan and departmental OSARs to identify and analyze potential sources of financial and programs support. Consequently, OSAR Guatemala (Guatemala City) obtained additional funding from UNFPA for the creation of departmental OSARs in Izabal, Petén, and Jutiapa. In addition, OSAR Sololá received funding from AECI, the Spanish Agency for International Development, for an RH IEC campaign. From January–March 2010, the OSARs

in Sololá, Escuintla, and Alta Verapaz—with HPI technical support—secured funding from other organizations (Médicos Mundi, UNFPA and Tzununija) for the development of additional citizen monitoring tools for maternal mortality. They also celebrated international women's day in Alta Verapaz with a public event advocating women's rights and with written demands for (1) stocking public health outlets with birth control supplies in accordance with real demand; (2) improving the quality of care provided including the integration of an intercultural approach and friendly service at healthcare outlets; (3) establishing and supporting maternity homes with state funding; and (4) Congress' approval of the Healthy Maternity Law. Finally, through public advocacy for RH issues and promoting the demands of indigenous women, Dr. Brenda Yes elevated the profile of the Quetzaltenango OSAR.

HPI held a workshop November 25–27 for members of departmental OSARs (Quetzaltenango, Sololá, Quiché, Alta Verapaz, Chimaltenango, and Escuintla) to analyze the RH situation at the departmental and national levels, evaluate efforts made during 2009, and plan future actions. The workshop's main outcome was a four-year strategic workplan (2010–2014) for the OSARs. With HPI funding and technical support, the departmental OSARs also developed detailed workplans for 2010.

In 2010, HPI assisted the National Alliance of Indigenous Women's RH organizations with advocating for the MOH to approve regulations to implement Ministerial Agreement 1632-2009. Currently, the National Alliance is taking part in the Indigenous People's Health Council, which will serve as a direct advisor to the MOH's Multicultural Health Care Unit for Indigenous Peoples.

Technical assistance for policy monitoring and evaluation. HPI facilitated the reactivation of the National Population Commission (CONAPO), which is now operating and becoming a legal entity via a governmental agreement. CONAPO holds periodic meetings, and the President's Planning and Programming Office (SEGEPLAN) is currently acting as its technical secretariat. The Guatemalan Vice-President presides over CONAPO, which is made up of organizations stipulated in the Social Development Law (SDL). HPI provided technical tools to CONAPO as well as relevant information for SEGEPLAN to present the "Annual Report on Social Development and Population Policy" to congress, as mandated in the SDL. HPI also supported SEGEPLAN's development of monitoring and progress indicators for public RH policies.

HPI organized an observation trip to Peru in October for several congresswomen to learn about Peru's legal RH framework and the process of institutionalizing culturally relevant healthcare services. The awareness-raising effort will help mobilize support for the Healthy Maternity Law and garner more funding for public health. The congresswomen stated that the trip was the most useful and successful tour they have ever participated in.

HPI also organized meetings with congressional members and the President of the Congressional Commission on Health to explain the importance of increasing the 2010 healthcare budget.

In 2010, HPI continues to assist the National Contraceptive Assurance Commission (CNAA), which (1) ensures the best prices and quality for contraceptive purchases; (2) monitors MOH logistics management to ensure effective distribution and availability of contraceptives; and (3) does a situational analysis of family planning supplies at MOH healthcare outlets, addressing supply shortages due to non-production of Depo-Provera by manufacturers.

Strengthening the capacity of civil society networks and indigenous leaders/organizations. HPI continued to provide funding and training to departmental networks of indigenous women who signed an agreement to formalize the relationship between the networks and strengthen their commitment to advocating among healthcare decisionmakers for culturally relevant healthcare services in Alta Verapaz, Quetzaltenango, Quiché, and Sololá.

HPI provided financial and technical support to the CSO National Alliance to meet with the MOH to advocate for internal MOH regulations regarding RH and a ministerial agreement regarding the health of indigenous populations. The MOH subsequently issued Ministerial Agreement 1632-2009, the "Creation of an Intercultural Health Care Unit for Indigenous Populations," which was presented to the public on November 16. In addition, HPI continued to train and strengthen the departmental networks and the National Alliance to enable their members to become more active citizens. In 2010, with HPI technical and financial support, a group of women formed the Chimaltenango Network of Indigenous Women. HPI funded and trained members of departmental indigenous women's reproductive health networks (Sololá, Quiché, Quetzaltenango, Chimaltenango, and Alta Verapaz) on the use of technical administrative tools to build the capacity of their organizations.

HPI awarded a mini-grant to FESIRGUA to support organizations that form part of the Chimaltenango OSAR and enable them to lead monitoring and citizen surveillance actions, while ensuring compliance with the legal RH framework. As a result of the mini-grants awarded in 2010: (1) area health offices received official, updated and appropriate information on indicators and RH/FP/MNH budget expenditures that will be used to conduct social audits of the reproductive health programs; and (2) the Mankaqchikel Association of Municipalities committed itself to helping establish a direct relationship between OSAR and the municipal mayors of Chimaltenango to provide the mayors with information on the RH situation of the population.

Using regional funds, HPI also awarded mini-grants to the Guatemalan Association of Female Physicians (AGMM) and to REMUPAZ. REMUPAZ launched a media campaign to publicly demand that the state comply with the regulations associated with the FP Law (November 2003) once the challenges to the Universal FP Access Law were dismissed, and that the state create the CNAA.

Use of data and models for decisionmaking. HPI provided informative brochures with FP/RH/MCH data for use during the official inauguration of the Escuintla and Chimaltenango OSARs. HPI provided public relations specialists from government agencies that are members of the CNAA with an analysis of the diverse opinions appearing in the press, which helped them develop the press release they issued for the public inauguration of the CNAA. The FP/RH information provided by HPI included up-to-date data from the National Maternal and Child Health Survey (ENSMI), preliminary data from which was presented on November 18. In addition, HPI provided the Congressional Commission on Health with information to make a case with the President and other congressional members about increasing the 2010 healthcare budget.

In February 2010, HPI organized a workshop for civil society organizations in the Alta Verapaz OSAR to validate the results of "The Social Impact of Maternal Mortality in Alta Verapaz" investigation. Civil society is using this information to advocate to Congress to pass the Healthy Maternity Law.

Guatemala (HIV/AIDS)

Country Director: Lucía Merino

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Guatemala focuses on two main objectives: (1) increasing participation of the business sector in HIV/AIDS policy and planning procedures leading to an improved policy environment for HIV/AIDS; and (2) mitigating the impact of HIV/AIDS by promoting the adoption of improved and equitable workplace policies through the development of a National Business Council on HIV/AIDS.

HPI facilitates a coordinated business response to HIV by helping companies 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 held a public forum on "The Participation of the Business Sector in the Response to HIV in Central America" on October 27. This forum was aimed at Guatemalan businessmen. Representatives from the main business organizations in the six PASCA countries attended.

The forum came about as a result of an alliance among HPI; the Coordinating Committee of Agricultural, Commercial, Industrial and Financial Associations–CACIF, the main representative of the business sector in Guatemala; the Guatemalan Chamber of Industry; the Fernando Iturbide Foundation; the Group of Businessmen Committed to HIV; and FUNDEC-HIV. HPI established the latter organization and provides technical assistance. The director of USAID/Guatemala and a representative of the ILO regional office also participated in this activity. Central American business persons discussed their commitments and shared the progress achieved in securing the participation of the business sector with regards to HIV issues.

The forum was born out of several meetings in which HPI promoted and presented to CACIF the importance of recognizing, adopting, and implementing HIV policies in the workplace. CACIF Executive Director Roberto Ardón stated CACIF's commitment to take on HIV issues as a corporative commitment, to use its capabilities to impact the legislative branch and to coordinate other sectors working on the issue. The activity received ample coverage from the media, which documented Guatemalan business-sector commitments on this issue. On March 4, PASCA funded a follow-up in San José, Costa Rica, to promote a Central America agenda regarding HIV in the workplace.

In Guatemala, HPI is closely collaborating with the Iturbide Foundation to develop a proposal for the Independent Banana Producers Association—APIB – to develop HIV workplace policies.

Jamaica

Country Manager: Kathy McClure

Program Overview: Under Task Order 1, the Health Policy Initiative (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 leadership response to mitigating the impact of HIV, eradicating HIV-related stigma and discrimination in 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 an incorporated JaBCHA 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 ended on December 31, 2009.

Summary of Major HIV Activities:

Registration. HPI provided JaBCHA with technical support in registering as an incorporated entity and setting up an accounting framework—prerequisites to access direct financial assistance. HPI hired a consultant to propose changes that would enhance the Council's sustainability and independence as an organization. As a result, the Council purchased accounting software to reduce the burden of financial management, allow easier oversight by the Treasurer, and facilitate better financial reporting to the Executive Committee. The Council retained an attorney to carry out the registration process to incorporate the entity. Once the registration is complete, the Executive proposes to seek charitable status for the Council, allowing donors to receive tax exemptions for their donations.

Website. HPI provided financial and technical support to create JaBCHA's website, which will officially launch at an event in January 2010 to coincide with the Annual General Meeting. The website highlights all members with their corporate logos, and provides links directly to members' own websites. It identifies and links stakeholders and other partners and has a membership platform allowing access to online resources and materials. Payment of an annual membership fee allows access to the members' platform. The website also provides basic information on HIV/AIDS and referrals to service sites. Members are encouraged to incorporate the logo in their own HIV work and have access to the logo and a style guide for its use in the members' area.

World AIDS Day 2009. HPI provided financial and technical support in JaBCHA's 2nd Annual *Touch of Red* Fundraising Dinner on December 3, 2009, with U.S. Embassy Chargé d'Affaires, Mr. Isiah Parnell, as the keynote speaker. One hundred-sixty-five people attended the dinner, including the National Program Director and other representatives of the New Horizons for Primary Schools, the National AIDS Committee Chairman and Executive Director, and members of the PLHIV and business communities.

HPI prepared a World AIDS Day manual and advocacy materials that highlight ways for the business community to register their support and become active in the response. The manual design will accommodate annual updates as a way to demonstrate the private sector's increasing commitment to addressing HIV. This will be a resource available to members on the website.

The Council also mounted a display at an event hosted at the United States Embassy in commemoration of World AIDS Day 2009.

Advocacy materials. HPI prepared a series of materials for the Council, including a series of banners—one displaying the values associated with the Council's mission—that display the logos of all members of the JaBCHA "family," and on which the Council can build as it adds new members. HPI also prepared a brochure, a series of legal size posters, a Best Practices Manual, and the World AIDS Day Manual. As part of the advocacy materials, HPI developed the collateral materials for the World AIDS Day dinner, including the invitation and program; press kits; Chairman's speech; and the background information for the keynote speaker, master of ceremonies, and other speakers. Other components of the advocacy kit include lapel pins, stationery, an FAQ (Frequently Asked Questions about HIV), a decal for members to self-identify as members of JaBCHA, and a newsletter template for online distribution.

Mexico

Country Director: Mirka Negroni

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Mexico supports the implementation of the national strategy and norms on HIV/AIDS. In collaboration with the National HIV/AIDS Program (CENSIDA), state HIV/AIDS programs, NGOs, networks of PLHIV, the business community, and faith-based organizations, HPI focuses on policy analysis and systems strengthening in support of national HIV 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:

HIV workplace policies. During the Forum on HIV for Latin America and the Caribbean held in Lima, Peru, from November 21–23, 2009, National HIV Business Council (CONAES) Executive Director Jessica Salas presented about the Council's HIV stigma and discrimination work at two events. One event was hosted by the Peru Business Council and the other event included the Peruvian Minister of Health, the Peruvian Business Council President, representatives from the International Labor Organization, the Brazilian Business Council President, and two representatives from labor unions in Guyana and Peru.

While in Costa Rica under Ford Foundation funding for the 5th Central American Congress on HIV/AIDS (CONCASIDA), Country Manager Mirka Negroni conducted a three-hour workshop titled "Tools for Developing HIV Policies: Working with the Private Sector (HIV Workplace Policy Builder)" for PASCA focal points and NGO partners.

Technical assistance. In San Cristobal de las Casas, HPI provided TA and hosted a meeting with the organizing committee for the community forum, which preceded the National AIDS Conference in Tuxtla Gutierrez, Chiapas. The three-day meeting from November 25–27, included activists from Chiapas, Mexico City, Ciudad Juarez, Merida, San Luis Potosi, and Guadalajara. They came together to draft an agenda for the third community forum, for which HPI provided technical and financial support. HIV activists discussed policy challenges in response to HIV. Participants identified key themes that were published in a one-page newspaper article and in an executive summary. This short document will inform a longer policy and advocacy guide and a two-year implementation agenda.

Women and HIV—building leadership and ensuring inclusion. From October 30–31, two HIV-positive HPI consultants conducted intensive training for 14 Tabasco women who also have HIV. The training topics included advocacy, policy analysis, and gender-based violence.

HPI also participated actively in the National HIV/AIDS Conference, held November 27–December 1, by moderating several panels, including one on women living with HIV, and setting up a booth. HPI staff also participated in the World AIDS Day celebration in Chiapas.

On November 24, as part of an UNFPA-funded satellite meeting for women leaders at the National HIV/AIDS Conference, 110 HIV-positive women participated in a one-day intensive training session titled "Against Homophobia and in Favor of Nondiscrimination."

HPI consultants and staff provided logistical support and facilitated training during CEDPA's Latin American and Caribbean Regional Women's Leadership in HIV/AIDS workshop on February 22—March 12, 2010. Based in Mexico City, the program brought together 24 women from 13 Latin American and Caribbean countries to develop advocacy strategies to confront the AIDS epidemic in their communities. Participants came from Argentina, Bolivia, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, México, Nicaragua, Panamá, Perú and Venezuela. Additionally, HPI Mexico hosted a meeting between the program participants and leaders in the women and HIV movements in Mexico.

Capacity building. To assist the Mexico City government in implementing nondiscrimination in all city services as part of a legal decree (the Decàlogo), HPI provided TA and follow-up training on discrimination to the Mexico City Department of Equality and Social Diversity and 27 other government agencies and offices. Over 14 weeks, from mid-July to mid-October, HPI trained 57 participants who will now become members of the Inter-institutional Network for the Care of the Lesbian, Gay, Bisexual, Transvestite, Transsexual, Transgendered Community in Mexico City. The participants will apply lessons and techniques learned during the training in their individual workplaces to ensure discrimination-free services for all Mexico City residents.

In early October, in collaboration with Una Mano Amiga (A Helping Hand)—a local Chiapas NGO, HPI co-hosted "Men, Conscience and Encounters"—training aimed at MSM and organizations working with them. Forty-four participants (27 men and 17 women) from Chiapas and four other states participated in the training to increase the participation of men in HIV prevention strategy design and in advocating for health systems that respond to men's needs.

HPI consultant Guillermo Egremy continues to work on implementation of the Ministerial Accords on Sexual Education through the program "Educar con Prevención." On October 15, in collaboration with DEMYSEX, he trained 38 school teachers (9 men and 29 women) from the Mexico City school system on techniques for incorporating sexual diversity into the curriculum on HIV prevention and care. On October 29, he offered a similar training to 25 teacher trainers (1 man and 24 women) from Mexico City. On December 10, he trained 15 teacher trainers (4 men and 11 women) at the Escuela Normal Superior para Maestros on sexual diversity, HIV, and other sexually transmitted infections. He repeated the training on December 11 for teacher trainers at the Escuela Normal Nacional de Maestros for eight participants (1 man and 7 women). From February 22 –24, Egremy trained healthcare workers and educators (7 men and 8 women) on the uses of participatory techniques to teach about sexual diversity at the University of Arts and Sciences of the State of Chiapas (UNICACH) in Tuxtla Gutierrez, Chiapas. The Ministry of Public Education, Undersecretary of Higher Education, and the General Office of Higher Education for Education Professions sponsored the event through the Federal Administration of Education Services in Chiapas.

At the request of CENSIDA, HPI offered TA and support to an induction training of civil society leaders chosen by their peers to serve as representatives on various national HIV governing boards and reference groups. Thirty-five participants (18 men and 17 women), spent five days in intensive training that will prepare them to better represent the communities they serve as members of the National AIDS Governing Board, the Global Fund Country Coordinating Mechanism (CCM), and the UNAIDS theme group. The training preceded more training on the Global Fund for the 14 civil society members of the CCM in early November.

In March 2010, HPI staff participated in the review of prevention proposals, as requested by CENSIDA. An HPI consultant provided technical assistance to organizations interested in applying for funding following the call for proposals.

Strategic Information

Operations research (core-funded). In early October, HPI directed data collection for the final report and finalized intervention materials for the project on gender and post-exposure prophylaxis (PEP) for HIV. HPI met with representatives from Fundación Entornos, who are conducting end-of-project interviews with key decisionmakers in Mexico City and Estado de Mexico. HPI did end-of-project interviews in Puerto Vallarta and interviewed Javier Arellano and Cristina Azcarraga at Clínica Condesa. The project report will document successes and challenges in identifying operational barriers to PEP in Mexico, particularly those associated with gender, as well as intervention strategies to overcome those barriers.

HPI provided technical assistance to Clinica Condesa, which opened the region's first clinic for transgender people on World AIDS Day. HPI helped establish the clinic by providing early research on gender-based violence and interventions in collaboration with the NGO Colectivo Sol, which empowered and defined the clinical needs of transgender people.

As part of HPI's ongoing work to reduce gender-based violence in various settings, staff conducted training on sexuality, sexual diversity, HIV, and gender-based violence at the Instituto de Capacitación Penitenciaria del Gobierno del Distrito Federal (the Government of Mexico City's Penitentiary Training Institute) with 44 participants.

From March 10–11, HPI participated in the NGO meeting to produce Mexico's UNGASS Country Report for 2010. Participants included HIV experts from the government, private sector, and NGOs.

HIV/AIDS Treatment/ARV Services

Training of healthcare personnel. In October and November, HPI consultants conducted training to decrease stigma and discrimination among healthcare workers in three hospitals in Tabasco. A total of 62 healthcare workers (9 men and 53 women) participated.

On November 17, staff from CAPASITS in Tuxtla Gutierrez and Tapachula participated in a workshop about homophobia and nondiscrimination. Eleven men and 20 women participated in the training, which HPI piloted and supported with materials.

APPENDIX

Table A1. HPI Project Management

HPI PROJECT MANAGEMENT (AS OF 3/31/10)	
Project Leadership	
TO1 Director	Sarah Clark
Senior Deputy Director	Nancy McGirr
Deputy Director – FP/RH & AME	Suneeta Sharma
Deputy Director – HIV & LAC	Tito Coleman
Deputy Director – Other Health & AFR	Elizabeth McDavid
Regional Management	
Africa	Elizabeth McDavid
West Africa	Margot Fahnestock
East Africa	Angeline Siparo
Southern Africa	Liz Mallas
Asia and the Middle East (AME)	Anne Jorgensen
Europe and Eurasia (E&E)	Kip Beardsley
LAC	Mary Kincaid
Technical Team Management	
Advocacy and Resource Mobilization for Repositioning Family Planning	Tanvi Pandit-Rajani / Margaret Saunders
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 Briscombe
Operations Management	
Program Finance Manager	Jay Mathias
Program Operations Managers	Cheri Brown (AFR) Martine Laney (AFR)
	Alice Weinstein (LAC)
	Asli Bener (AME and E&E)
	Shreejana Ranjitkar (Core)

Table A2. HPI Core-funded Activity Management

HPI CORE-FUNDED ACTIVITY MANAGERS (AS OF 3/31/10)		
*** denotes activities expected to be completed in entirety by 3/31/10**	**Activity Manager**	**Deputy Director FY Funds**
SO1 (POP) Core Funds		**Suneeta Sharma**
IAs		
IA2. Expand Availability of Contraceptives through Community-based Distributors (Rwanda)	Priya Emmart	FY07
IR1		
1.1* Policy Implementation Assessment Tool and Validation	Anita Bhuyan	FY07
1.2* Policy Aspects of Eliminating FGC	Margot Fahnestock	FY07
1.3 Operational Barriers to Scale-up of CBD of Injectables	Cynthia Green	FY08
1.4 Policy Barriers to Use of LAPM	Priya Emmart	FY08
1.5 FP and HIV Integration in India	Carol Shepherd	FY08
IR2		
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
2.3* Building Capacity of Women Leaders in Repositioning FP	Anne Jorgensen	FY09
IR3		
3.1* Finance and Equity at Decentralized Level	Brian Briscombe	FY07
3.2 Cost of Increasing CPR by 1 Percentage Point	John Stover	FY08
3.3 Nigeria National Health Insurance Scheme	Brian Briscombe	FY08
3.4 Translating Commitment to Action (RAPID)—see IR5.2	Tom Goliber	FY09
IR4		
4.1 Foster Private Sector Approaches to Ensure FP Access to the Poor	Margot Fahnestock	FY07
4.2* Foster Public-Private Partnerships to Strengthen FP and Reduce Health Inequities	Mahesh Karra	FY08
IR5		
5.1* Update of the Family Planning Effort Scores	Ellen Smith	FY08
5.2 RAPID in Africa	Rachel Sanders	FY08/09
5.3 Spectrum Updates and Adding Poverty	John Stover	FY08
5.4 Interactive FP Tools for Advocacy	John Stover	FY09
5.5 Urban/Rural DHS Analysis for Strategy Development	Karen Foreit	FY09
5.6 Women's RAPID Model	Mary Kincaid	FY10
Working Groups		
Poverty and Equity Working Group: a) *Pro-poor Financing in Kenya	Suneeta Sharma	FY05/06

b) *Poverty and Equity Training c) *Influencing Policy Reforms in Uttarakhand, India	Brian Briscombe Anita Bhuyan	FY07 FY08
*Addressing S&D in Meeting FP/RH Needs of HIV+ Women	Britt Herstad	FY07
Other		
Rapid Response	Suneeta Sharma	FY09
QA, M&E, and Communication	Nancy McGirr	FY09
*Virtual Training	Cynthia Green	FY07/08
USAID Technical Priorities		
Gender: IGWG Partnership Initiative	Mary Kincaid	FY09
*Youth: Youth-Policy.com website	Shetal Datta	FY07
Poverty and Equity (see P&E Working Group above)		
Repositioning FP a) *DRC b) *Tanzania	 Charles Pill Tanvi Pandit-Rajani	 FY07 FY06
Contraceptive Security: Operational Policy Barriers Analysis	Margot Fahnestock	FY07
SO2 Core Funds		**Bess McDavid**
White Ribbon Alliance for Safe Motherhood	Betsy McCallon	FY09
SO4 (HIV) Core Funds		**Tito Coleman**
IR1		
*Improving Emergency Plan Effectiveness: Operational Barriers to Implementation	Priya Emmart	FY07
1.2 MC Costing and Policy; Engaging Private Sector	Kip Beardsley	FY07/08/09
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
IR2		
2.1 PLHIV and Positive Prevention	Ken Morrison	FY09
IR3		
3.1* Sustainable Investments: Livelihoods and Girls	Britt Herstad	FY07
3.2 How Equitable Is ART?	Rachel Sanders	FY07/08
3.3 ART Costing	Rachel Sanders	FY09
3.4 Costing of National Strategic Plans	Ellen Smith	FY09
IR4		
IR5		
5.1 Tools for HIV Planning and Analysis and Model Maintenance	John Stover	FY09

(including Goals), including Lesotho Application		
5.2 Costs of Key PEPFAR Interventions	Stephen Forsythe	FY06
5.3* Analysis of DHS to Inform Scale-up of Prevention Program for Sero-Discordant Couples	Britt Herstad	FY07
5.4 *Regional Training on Costing	Stephen Forsythe	FY07/09
5.5 Reprogrammed OVC Activities a) DOD b) Global Fund	 Anita Datar Garten Amy Kay	FY05/06/07
5.6 Health Information as a National Asset (Support for SI TWG)	Anita Datar Garten	FY08
5.7 *Virtual Learning: Focus on Stigma	Nadia Carvalho	FY08
5.8 Packaging and Disseminating Tools	Nadia Carvalho	FY09
5.9 *Goals Model Validation	Stephen Forsythe	FY09
5.10 Provider Stigma Index	Caroline Teter	FY09
Other		
OGAC: *PEPFAR Initiative on GBV—Strengthening Services for Victims of Sexual Assault	Elizabeth Doggett	FY07
Gender Integration Index	Britt Herstad	FY09
IGWG Gender and HIV/AIDS Training Module	Elizabeth Doggett	FY09
Gender IGWG and Other	Mary Kincaid	FY09
Rapid Response	Tito Coleman	FY09
QA, M&E, Communication	Nancy McGirr/Anita Bhuyan	FY09

* This is the last SAR for these activities.

Table A3. HPI Regional and Country Management

MANAGERS FOR REGIONAL AND COUNTRY PROGRAMS (AS OF 3/31/10)		
Region/Country	**Country Manager/Director**	**Regional Manager**
Africa		**Elizabeth McDavid**
AFR Bureau	Priya Emmart and Charles Pill	Elizabeth McDavid
Botswana	Wame Jallow	Liz Mallas
Cameroon	Maj-Britt Dohlie	Margot Fahnestock
*Côte d'Ivoire	Caroline Teter	Margot Fahnestock
Ethiopia	Senait Tibebu	Angeline Siparo
Ghana (New – MAARD)	Maj-Britt Dohlie	Margot Fahnestock
*Kenya	Dan Wendo	Angeline Siparo
Malawi	Maria Borda	Liz Mallas
Mali	Fofana Famory	Margot Fahnestock
Mozambique	Marcia Monjane	Liz Mallas
Rwanda	Angeline Siparo	Angeline Siparo
Swaziland	Caroline Teter	Liz Mallas
*Tanzania	Millicent Obaso	Angeline Siparo
Zambia (New – MAARD)	Tom Goliber	Liz Mallas
AME		
ME Bureau/MENA	Shetal Datta	**Anne Jorgensen**
India	Himani Sethi	
*Indonesia	Claudia Surjadjaja	
Jordan	Basma Ishaqat	
Europe and Eurasia		
E&E Bureau	Kip Beardsley	**Kip Beardsley**
LAC		
LAC Bureau/CS	Omar Robles, María Rosa Gárate	**Mary Kincaid**
Dominican Republic	Hannah Fortune-Greeley	
El Salvador	Mary Kincaid	
*Guatemala (FP/RH, HIV)	Telma Duarte, Lucia Merino	
*Jamaica	Liz Mallas, Kathy McClure	
Mexico	Mirka Negroni	

*Closed as of 3/31/10

Table A4. List of Completed Products

FP/RH Core-funded Products

- Taking the Pulse of Policy: The Policy Implementation Assessment Tool
- Taking the Pulse of Policy: The Policy Implementation Assessment Tool—A Summary
- Policy Implementation Assessment Tool: Master Questionnaire—Policymakers
- Policy Implementation Assessment Tool: Master Questionnaire—Implementers and Other Stakeholders
- Engaging the Poor on Family Planning as a Poverty Reduction Strategy
- Addressing Early Marriage in Uganda
- Analysis of the Operational Policies Related to Financing and Procuring Contraceptives in Madagascar (March 2010)
- The Cost of Family Planning in Ethiopia (brief)
- The Costs and Benefits of a Maternal and Child Health Project in Nigeria (January 2010)
- Fostering Public-Private Partnerships to Reduce Health Inequities in Peru
- RAPID: Population and Development in Malawi (booklet)
- RAPID: Population and Development in Kenya (booklet)
- RAPID: Population and Development in Kenya (PPT)
- Zambia: Population Factors and National Development (brief)
- Zambia: Population and National Development (booklet)
- Zambia: Population and National Development (PPT)
- Uganda: Population Factors and National Development (brief)
- Revue des Documents et les Politiques Concernant la Planification Familiale en Republique Democratique du Congo en Collaboration avec le Programme National de Santé de Reproduction (PNSR) (December 2009)
- WomenLead in Repositioning Family Planning and Reproductive Health: Workshop Report
- In Ethiopia, Engaging Men in Reproductive Health Promotes Progress for All (brief)

HIV/AIDS Core-funded Products

- Policy Implementation Barriers Analysis: Conceptual Framework and Pilot Test in Three Countries
- Integrating Gender in Policy Implementation Barriers Analysis: A Methodology
- Task Shifting in Swaziland: Case Study
- Task Shifting in Uganda: Case Study
- Gender-related Barriers to HIV Prevention Methods: A Review of Post-Exposure Prophylaxis (PEP) Policies for Sexual Assault
- Livelihoods and HIV Risk for Adolescent Girls: Design of a Programming Framework
- Identifying Appropriate Livelihood Options for Adolescent Girls: A Program Design Tool
- Livelihood Options for Girls: A Guide for Program Managers
- The Projected Cost of HIV Care and Treatment in Rwanda (2009-2015)
- Updated Goals Model Application in Ethiopia (February 2010)
- The Impact and Cost Assessment of Lesotho's National HIV & AIDS Strategic Plan 2006-2011
- Serodiscordant Couples in Sub-Saharan Africa: What Do Survey Data Tell Us?
- Supporting Country-led Initiatives to Strengthen National Health Information Systems in East Africa

- Decision Maker's Program Planning Tool (DMPPT): Calculating the Costs and Impacts of a Male Circumcision Program
- The Potential Cost and Impact of Expanding Male Circumcision in Eastern and Southern Africa
- The Potential Cost and Impact of Expanding Male Circumcision: 14 country-specific briefs—Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe
- 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 (English)
- Investing in People Living with HIV Leadership in the Middle East and North Africa Region: Subregional Curriculum—Volume 2 (English)
- Global Health E-Learning course on Stigma and Discrimination (electronic)
- HIV Stigma and Discrimination GHeL course Summary Report (brief)
- Indonesia's Islamic Schools Adopt HIV Curricula
- Restoring Dignity: A Toolkit for Religious Communities to End Violence Against Women
- Mobilizing Religious Communities to Respond to Gender-based Violence and HIV: A Training Manual
- Identifying Violence Against Most-At-Risk Populations: A Focus on MSM and Transgenders
- Screening for Violence Against MSM and Transgenders: Report on a Pilot Project in Mexico and Thailand
- Gender Identity and Violence in MSM and Transgenders: Policy Implications for HIV Services
- Mulago-Mbarara Teaching Hospitals' Joint AIDS Program (MJAP), Ugandan People's Defense Force (UPDF), Northern Uganda Malaria, AIDS, and Tuberculosis Program (NUMAT), Raising Voices, HPI, and PEPFAR. Four posters for Uganda to provide information on the availability of PEP services and to raise awareness about GBV in the community titled:
    - Time Is Critical: Sexual Assault Doesn't Have to Result in HIV Infection
    - You Can Talk to Your Healthcare Provider about Sexual Assault
    - Our Community Responds to Sexual Violence
    - Women Have a Right to Live Free of Sexual Violence
- How Has Policy Development Led to Increased Resources for Health? The Case of Kenya (video)

Gender Core-funded Products

- Developing Operational Policies on Gender-based Violence in Peru: Impact of the Interagency Gender Working Group (IGWG) Workshop
- Gender Assessment: USAID/India. (February 2010)

End of Project Reports

- The Health Policy Initiative in South Africa: End-of-Project (2006–2007)
- West and Central Africa Final Report (January 2006–June 2008)
- The Health Policy Initiative in Peru: End-of-Project Report (September 2005–December 2007)

Country Reports

Côte d'Ivoire

- Assessing the Policy Environment for HIV/AIDS in Cote d'Ivoire (PPT presentation)
- Agenda National des Priorités Politiques de Réponse au VIH/SIDA en Côte d'Ivoire pour la Période 2009–2013
- Analyse Situationnelle des Politiques Liées au VIH/SIDA en Côte d'Ivoire

Ethiopia

1. Equity and ART Access Barriers in Ethiopia
2. PEPFAR HIV and AIDS Prevention Unit Cost Results

Guatemala

- Maternal Health: A Pending Commitment for Health Equality in Escuintla (November 2009, informational brochure)
- The Social Impact of Maternal Mortality in Alta Verapaz (February 2009)

India

- An inventory of available tools and computer-based models that can be used to initiate an FP advocacy strategy or assist FP stakeholders in programmatic decisions
- PowerPoint presentation with results from the rapid assessment of FP advocacy in the context of the National Rural Health Mission (NRHM), 2005–present
- Family Planning Initiatives and Future Directions for India (PPT presented at December 9, 2009 policy roundtable)

Mali

- Female Genital Cutting: A Major Public Health and Human Rights Concern (PPT in English and French)
- Islam and Female Genital Cutting (PPT in English and French)
- Mapping of high risk areas of HIV in Mali
- Report on unmet needs to the Director of Reproductive Health for family planning services in Mali

Mexico

- Civil Society Commitment to Collaboration: The Foundation for Effective Advocacy in Chiapas (Mexico)
- Capacity-building Workshop Promotes Civil Society Participation in Mexico's HIV Response
- Mexico: Capacity Building Workshop Promoting Civil Society Participation in National Response to HIV (Video in English and Spanish)

Mozambique

- EcoSIDA marketing strategy and communication plan

Tanzania

- "An Advocacy Guide for Family Planning Champions" and "An Orientation Guide for Family Planning Champions in Tanzania," which were finalized and adopted as standard governing tools by the Ministry of Health and Social Welfare
- The National Package of Essential Family Planning Interventions for the Comprehensive Council Health Plan, to help health workers at the district level budget for FP activities in the district budgets. The Ministry of Health and Social Welfare has finalized and adopted the tool for application in the district councils.
- Engaging Muslim Leaders in Support of Family Planning in Tanzania (PPT)
- Using RAPID Model for Engaging Local Governments to Reposition Family Planning in Tanzania (PPT)

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