

FIFTH-YEAR WORKPLAN

**October 1, 1999 -
August 31, 2000**

THE POLICY PROJECT

FIFTH-YEAR WORKPLAN

OCTOBER 1, 1999–AUGUST 31, 2000

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PROJECT OVERVIEW

The purpose of the POLICY Project is to create a supportive environment for family planning (FP) and reproductive health (RH) programs through the promotion of a participatory policy process and population policies that respond to client needs. To achieve this purpose, the project addresses the full range of policies that support the expansion of FP and other RH services:

- ? National policies as expressed in laws and in official statements and documents;
- ? Operational policies that govern the provision and use of services;
- ? Policies affecting gender and the status of women; and
- ? Policies in related sectors that affect population such as health, education, and the environment.

Project Elements

Policy Dialogue and Formulation: The POLICY Project builds consensus and mobilizes support among policymakers for FP and RH policies and programs.

Broadened Participation in the Policy Process: The POLICY Project promotes and strengthens the participation of stakeholders, including beneficiaries, in the policy development process by increasing the ability of nongovernmental organizations (NGOs) to represent stakeholder needs and interests.

Planning and Finance: The POLICY Project helps to translate national population, FP, and RH policies into action. This element also emphasizes the mobilization and efficient allocation of resources for FP/RH.

Policy-Relevant Research: The POLICY Project supports global and country research that helps direct the attention of policymakers to the critical issues underlying FP and RH needs, policies, and programs.

Crosscutting Issues and Approaches Receiving Special Priority

The POLICY Project pays special attention to three technical areas that cut across the four elements. These are RH (including prevention and management of STDs and HIV/AIDS, postabortion care, maternal health, and adolescents), intersectoral linkages, and gender. Crosscutting approaches permeate all project work. These are increasing participation in all activities, improving dissemination, expanding partnerships with host-country institutions, and focusing on results.

WORKPLAN HIGHLIGHTS

This workplan covers the final year of the POLICY Project, covering the period from October 1, 1999 to August 31, 2000. At the end of FY99, POLICY was active in 34 countries and with three regional organizations and had made significant progress in achieving project results and deliverables. FY2000 promises to be another busy and productive year for the project. Notable achievements expected for the upcoming year are listed below.

- ✍ *Complete planned activities in 34 countries and with three regional organizations. Monitor performance of country and element activities and track achievement of project results; implement documentation files for project results.*
- ✍ *Complete updates (TB/AIDS and mother-to-child transmission) and translation of SPECTRUM models and manuals; disseminate worldwide through website.*
- ✍ *Continue training project staff and selected counterparts in use of SPECTRUM models.*
- ✍ *Organize and sponsor international conference on participatory policy processes with endorsement and participation of USAIDS Democracy and Government staff and the Implementing Policy Change Project.*
- ✍ *Implement new initiatives in HIV/AIDS in strategic planning and human rights.*
- ✍ *Organize and sponsor Francophone Africa regional workshop on building political support for HIV/AIDS.*
- ✍ *Participate in 13th World AIDS Conference in Durban and the African AIDS Conference leading up to it.*
- ✍ *Complete occasional papers on the AIDS policy formulation process and RH finance and disseminate to worldwide policy audiences.*
- ✍ *Organize and implement regional and country-specific workshops/meetings to build support for RH finance in Eastern Europe and the former Soviet Union, Bangladesh, India, Indonesia, and Morocco.*
- ✍ *Document successful policy approaches in participation, decentralized planning, gender, and effective advocacy.*
- ✍ *Complete 10 global research studies' synthesis results, and present findings in POLICY Matters series.*

RESULTS FRAMEWORK FOR THE POLICY PROJECT

The Strategic Objective (SO) of the POLICY Project is *Improved policy environment for family planning and reproductive health programs, including HIV/AIDS*. The SO consists of an assessment of the overall FP/RH policy environment in general, as well as the following three components which are measured separately:

- ? *Political and popular support strengthened*
- ? *National and subnational policies, guidelines, and plans developed in support of FP/RH*
- ? *Financial and other resources mobilized for FP/RH needs*

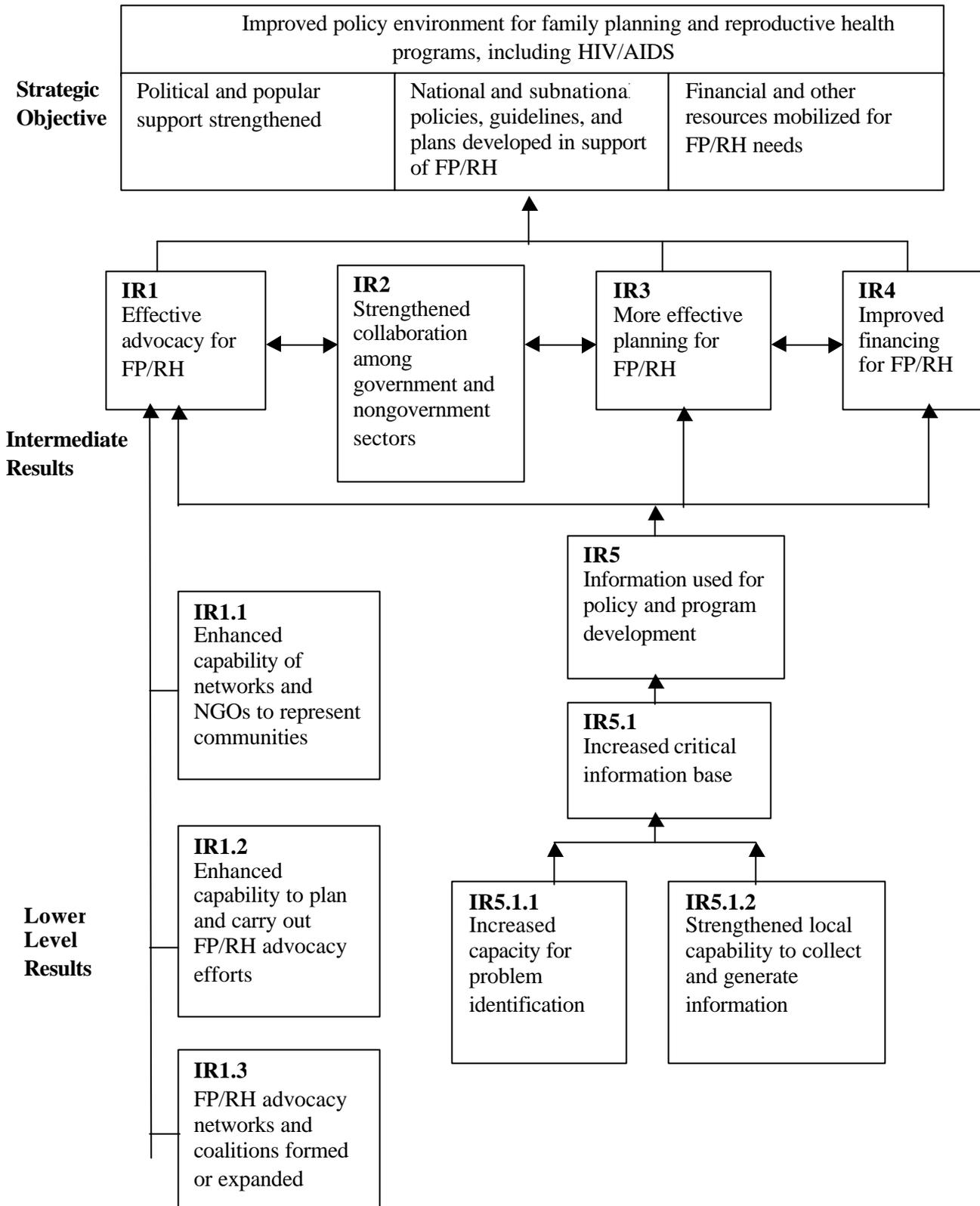
POLICY's SO is supported by the following five intermediate results (IRs):

- ? *IR1 Effective advocacy for FP/RH*
- ? *IR2 Strengthened collaboration among governmental and nongovernmental sectors*
- ? *IR3 More effective planning for FP/RH*
- ? *IR4 Improved financing for FP/RH*
- ? *IR5 Information used for policy and program development*

Lower-level results supporting these IRs are shown in Figure 1, which illustrates the project's results framework. POLICY has also specified indicators and data sources for project results.

Element and country activities jointly contribute to the achievement of IRs and the SO. In this workplan, element and country activities are classified according to the specific project result to which they will contribute. Country activities also contribute to the achievement of country-specific results, which are referenced in the individual country workplans.

Figure 1
POLICY PROJECT RESULTS FRAMEWORK



EXPECTED RESULTS FOR YEAR V

POLICY has already made tremendous strides in achieving project results at both the SO and IR levels. Given the performance of the project in its first four years, we expect that the listing below is only a sampling of the expected results.

SO: *Improved policy environment for family planning and reproductive health programs, including HIV/AIDS*

- ? Policy Environment Score (PES) improves in Benin, Egypt, Guatemala, Jamaica, Jordan, Peru, and the Philippines.
- ? AIDS PES improves in Benin, Ethiopia, Kenya, Mexico, and Tanzania.

SO(a): *Political and popular support strengthened*

- ? RH advocacy networks in Guatemala, Mexico, and Peru influence newly elected policymakers to take action in support of RH/FP policies and HIV/AIDS programs.
- ? Policymakers support expansion of RH services for young adults in Benin.
- ? Civil society leaders develop action plans to participate in implementing the National Population Strategy in Jordan.
- ? In Haiti, civil society leaders make public statement in support of the implementation of RH/population program.
- ? Women's NGOs for Building Peace and the Cairo Action Group conduct public forums in support of reproductive rights in Guatemala.

SO(b): *National and subnational policies, guidelines, and plans developed in support of FP/RH*

- ? The states of Maharashtra and Madhya Pradesh in India approve population and reproductive and child health policies.
- ? National AIDS policies or plans approved in Ghana and Malawi.
- ? Municipal Development Plans include RH and are approved by local governments in four additional municipalities of Bolivia.
- ? Strategic plans for the family planning program are approved and adopted in Jamaica and Kenya.
- ? Reproductive Health Law is adopted in Paraguay to protect women's rights to family planning.
- ? Reproductive Health Policy in Jordan is revised and approved in Jordan.
- ? The MOH and the College of Physicians (COP) in Romania issue an Administrative Order allowing family doctors at the primary health care level to provide FP services. The MOH and COP also remove the new "supra-specialization" requirement of one-year additional training for doctors and medical staff to provide FP
- ? The National Population Policy in Senegal is revised and approved.
- ? Legislation passed in Benin to facilitate RH service delivery and improve the legal and regulatory environment for RH programs.

SO(c): *Financial and other resources mobilized for FP/RH needs*

- ? Turkish Ministry of Health continues to use own funds and increases the amounts obligated to purchase contraceptives as part of the regular procurement system.
- ? The Ministry of Health in Romania successfully procures contraceptive supplies on its own for the first time.
- ? The government of the state of Rajasthan increases budgetary allocations directed toward more efficient RH programs.

IR1: *Effective advocacy for FP/RH*

- ? Participation networks in Bolivia, Guatemala, Peru continue to carry out advocacy campaigns to obtain commitments from the health sector, improve RH services, and sensitize policymakers on RH issues and women's rights.
- ? District networks in Ghana implement successful advocacy campaigns to support inclusion of health and HIV/AIDS programs in district-level plans and budgets.
- ? NGO health network in Benin carries out advocacy campaign to gain public sector support of FP/RH and HIV/AIDS programs.
- ? Participation network in Turkey carries out advocacy campaign on quality of care.

IR2: *Strengthened collaboration among government and nongovernmental sectors*

- ? The multisectoral planning teams in Yucatan and Guerrero, Mexico, continue to meet regularly on their own initiative, procure funding from the state and from private sector firms, and conduct training for various aspects of the HIV/AIDS program.
- ? Ongoing public/NGO/private sector collaboration in Ukraine in policy dialogue and program development including two formal policy dialogue/program formulation events that involve high-level representatives from all sectors.
- ? Provincial HIV/AIDS programs in South Africa consistently include a variety of stakeholders in all advocacy efforts concerning HIV/AIDS.
- ? Public/private sector collaboration institutionalized as part of the planning process for the National AIDS Strategy in Malawi.

IR3: *More effective planning for FP/RH*

- ? Strategic planning processes are strengthened in Bolivia, Jamaica, Kenya, Malawi, and Mexico as a result of POLICY training in strategic planning and follow-up support.
- ? National FP/RH planning and implementation process in Morocco is successfully carried out in two regions.
- ? The RH Committee of the MOH in Romania drafts the country's first-ever "National RH Strategy" document.

IR4: *Improved financing for FP/RH*

- ? Officials in the Ministry of Health in Bangladesh use results from the ESP Model (Essential Services Package) to prepare operational plans and line budgets based in part on the cost-effectiveness of interventions.
- ? Ministry of Health (DepKes) administrative orders in Indonesia implement recommendations for targeting resources to groups most affected by the economic crisis.

IR5: *Information used for policy and program development*

- ? Government uses information from the AIDS Impact Model in development of national AIDS policies, strategies, and plans in Malawi, Mozambique, and Nigeria.
- ? State governments in India use results of POLICY studies on implementation of the target-free approach to make improvements in the family welfare program.
- ? Ministry of Health policy reform agenda in Guatemala makes use of POLICY-supported research to streamline process for improving and implementing RH finance policy initiatives.

ELEMENT ACTIVITIES

POLICY DIALOGUE AND FORMULATION

The Policy Dialogue and Formulation (PDF) element supports the project SO through building consensus and mobilizing support among policymakers for FP/RH and HIV/AIDS and helping countries develop effective policies that respond to the ICPD *Programme of Action*. PDF activities provide leadership on policy issues, promote policy research and evaluation, and develop the tools and techniques for technical support to the field. Much of this background work contributes directly to POLICY IR5.1, *Increased critical information base*, as well as to the following additional project results:

- ? SO(c), *Political and popular support strengthened*
- ? IR1, *Effective advocacy for FP/RH*
- ? IR3, *More effective planning for FP/RH*
- ? IR5, *Information used for policy and program development*

PDF activities fall into four main categories: model development and application, RH, HIV/AIDS, and support to country programs.

Model Development and Application. PDF is updating the AIDS Impact Model (AIM) with a module on mother-to-child transmission. Through the HIV/AIDS Working Group, PDF is also collaborating with the Africa Bureau and the SARA Project to create a TB/AIDS Model, and with UNAIDS to develop a revised version of Epimodel. The element is collaborating in an effort to evaluate the AIM within the SPECTRUM suite of models; the DemProj and FamPlan models were evaluated in 1998. Manuals for several of the SPECTRUM models are available in French, Spanish, Russian, and Portuguese. The remaining manuals will be translated this year—the AIM into Russian and Portuguese, and the FamPlan into Spanish. PDF is providing support for the application of models by conducting direct training as well as training-of-trainers (TOT) in using the models. The element will be supporting a SPECTRUM Francophone Training Development Workshop to expand POLICY's Francophone training capabilities. Moreover, the element will offer a training course for new staff members in the SPECTRUM models in November 1999.

Reproductive Health. PDF is working to increase understanding and provide recommendations to guide the development and implementation of RH policies and programs. Through the Reproductive Health Working Group, the element is funding an African research network to complete and disseminate RH case studies in five Francophone African countries. The eight case studies conducted by project staff last year were disseminated in-country and at international forums. The element is providing guidance to planners trying to set priorities in RH by preparing a practical guide for using the Columbia Framework and a resource document on the efficacy of RH interventions. The resource document will be produced in conjunction with Columbia University.

The element will be undertaking several activities in the areas of RH and human rights. PDF is supporting research and the preparation of a bibliography of RH and human rights references and will be working closely with organizations, such as the Center for Reproductive Law and Policy, to produce a list of key issues describing priorities in RH and human rights. Other supporting activities in this field will include building a network of individuals and organizations in RH and human rights and exchanging experiences.

HIV/AIDS. PDF is continuing its support to USAID SO4, *Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS*

**ELEMENT ACTIVITIES
POLICY DIALOGUE AND FORMULATION**

pandemic. Specifically, it is working to increase the critical information base in relation to AIDS by preparing country case studies on the analysis of sentinel surveillance data and the preparation of national estimates and projections; continuing compilation and dissemination of a compendium on national HIV/AIDS policies; validating the different HIV/AIDS models; updating the paper “Demographic Impact of AIDS in Sub-Saharan Africa”; organizing a satellite workshop at the Durban AIDS Conference in 2000 to bring together people to share policy issues in AIDS; developing a framework for conducting legal and regulatory analysis for HIV/AIDS; providing a human rights consultant as a resource for POLICY activities and the HIV/AIDS division; and responding to ad hoc requests of the HIV/AIDS division and other members of the Implementation Working Group (IWG).

The element will support an expanded scope of human rights activities this year. These activities include efforts to raise awareness of HIV/AIDS human rights issues and legal protections among Zambian citizens, government, NGOs, and the private sector; and to build the capacity and self-sufficiency of one or two Zambian human rights/legal services organizations and NGOs to respond to these issues and help enforce these protections. In addition, the element is supporting advocacy efforts both through model development and the development of an advocacy training guide that includes HIV/AIDS examples and presentations. PDF is also coordinating the work of different partner organizations in the application of various simulation models and trying to develop a consensus on key intervention questions. With regional bureau funding, the element will support a regional meeting on HIV/AIDS issues for the southern African countries and write brief individual country papers on the social and economic impacts of AIDS in Asian countries.

Element Support to Country Programs. PDF is supporting the development and dissemination of a Safe Motherhood Model application and presentation in Bolivia, which is being cosponsored by the MotherCare team in Bolivia. The element will also be providing support for local SPECTRUM training to the Sahel countries in fall 1999. The element will support a SPECTRUM training workshop for local counterparts in Jamaica. The AIM manual will be translated in Portuguese and Russian, an activity that will also be supported by the element in the final year of the project. In Paraguay, the country team has requested element support for the creation of a population unit, which would act as a key counterpart for future POLICY activities in Paraguay, such as the development of SPECTRUM projections, data dissemination at decentralized levels, and follow-up to the ICPD. In Ghana, the element will provide support to disseminate the results of the Young Adults (FOCUS) Model application.

PARTICIPATION

Emphasis on broadened participation in FP/RH emerged after the 1994 ICPD when the NGO Forum demonstrated the impact that NGOs have on shaping international policy as well as the need for enabling stakeholders at all levels to participate in the formulation and implementation of national policies. The Participation element responded to this recognition of the nongovernmental sector by designing activities that prepare and support networks and NGOs to advocate for client-centered FP/RH policies and programs.

The Participation element activities focus on POLICY's SO(c), *Political and popular support strengthened*. The element supports this objective by working toward IR1, *Effective advocacy for FP/RH*, and IR2, *Strengthened collaboration among government and nongovernmental sectors*.

Working toward each IR at the country level requires a range of inputs provided by the element using core and local resources. In FY2000, Participation staff will expand on current work in 22 countries. The element directs much of its core resources, especially local participation coordinators and minigrants, in support of advocacy efforts of networks and local NGOs, such as women's groups, professional associations, and other members of civil society. The element also works with national and local governments and multisectoral groups to broaden participation in policymaking, implementation, and evaluation.

Following are the Participation element activities that will support the POLICY Project SO and IRs in the coming year:

Effective advocacy for FP/RH. The element contributes to this result by strengthening the capabilities of networks and NGOs to plan and implement advocacy strategies. Activities that support this result include the following:

- ? Dissemination of five case studies on participatory decentralization in Latin America; four case studies on networking for policy change; and the *POLICY Advocacy Training Manual*.
- ? Small grants to networks and NGOs to fund advocacy efforts and material development.
- ? Ongoing TA to design, implement, and evaluate advocacy plans through 11 local Participation coordinators.
- ? Training in advocacy, participatory processes, conflict resolution, gender, RH, leadership, and municipal planning.

Strengthened collaboration among government and nongovernmental sectors. The element contributes to this result by creating opportunities for policy dialogue between policymakers and network/NGOs representatives. Specific activities include the following:

- ? Provide training and TA in policy and data analysis and presentation skills.
- ? Conduct planning meetings to identify key FP/RH issues at municipal, state, and national levels.
- ? Sponsor forums to exchange information and develop strategies to implement country-level FP/RH priorities of the ICPD *Programme of Action*.
- ? Hold meetings with parliamentarians, ministry officials, and other decision makers to raise awareness of FP/RH and generate support for proposed policy action.
- ? Organize and sponsor an international conference on Participatory Policy Processes to bring together public sector and NGO partners to share experiences and lessons learned.

PLANNING AND FINANCE

The Planning and Finance element focuses on policies that affect the planning and financing of FP/RH programs. National policies should, but often do not, set forth goals and objectives for public and private sectors, providing a framework for program approach and implementation. Effective sector plans define needs, set priorities, and identify target groups for government and private sector attention. Planning requires the skills to analyze the service delivery environment (as with market segmentation studies) and design policy and program improvements (as with implementation of decentralized management and expanded participation of NGOs). The need to make good use of scarce financial and human resources links planning to finance and resource allocation. Who pays for programs, what staff (public or private) work in them, and how efficiently do money and time get spent are key questions facing the governments and private entities with which the POLICY Project works.

Work on planning and finance contributes to the following components of POLICY's SO: *National and subnational policies, guidelines, and plans developed in support of FP/RH and Financial and other resources mobilized for FP/RH needs.* Element activities also contribute to the achievement of the following IRs:

- ? IR3 *More effective planning for FP/RH*
- ? IR4 *Improved financing for FP/RH*
- ? IR5 *Information used for policy and program*

Much of the element's core resources are used to produce critical information that will feed into resource mobilization and allocation decisions. Through its Costing Cairo Initiative, the Planning and Finance element is organizing and sponsoring forums for policy dialogue and awareness raising directed toward the need for increased RH finance. In addition, the element supports the achievement of country-specific planning and finance results in Bangladesh, Guatemala, India, Indonesia, Jordan, Kenya, Morocco, Romania, and Turkey through a series of research, analysis, and policy dialogue activities.

Costing Cairo. During the next year, the Planning and Finance element will be working at global, regional, and national levels to improve planning processes by emphasizing the importance of financing as an element of priority setting. These efforts will build on the Costing Cairo activities of FY98 and FY99.

1. Conduct regional and country-level meetings to build support for invigorated assessments of RH financing in the following countries in Eastern Europe and the former Soviet Union and in Bangladesh, India (state of Rajasthan), Indonesia, and Morocco. These meetings will serve to (1) disseminate the messages of the several Costing Cairo meetings and the papers derived therein, and (2) provide a forum for the presentation and discussion of pertinent national and/or regional financing issues. These meetings will feed into the development of priority-setting activities and financing reforms at the country level.
2. Document the results of these meetings in a series of reports and technical documents where the results warrant. By the end of the project, the element will synthesize the results of workshops in Anglophone Africa, Europe and Eurasia (E&E), India (state of Rajasthan), Indonesia, Morocco, Guatemala, and Bolivia to present lessons learned and next steps for finance work. The effort in India will include technical papers on RH financing in the state of Rajasthan. The individual workshop reports may serve as a model for comprehensive RH financing activities elsewhere. The effort in the E&E region will include a comprehensive analysis of RH financing issues.

Element Support to Country Programs. The POLICY Project facilitates policy processes that seek to enlarge the amount of resources used in implementing RH programs and will continue efforts to mobilize resources for FP/RH country-level needs. Through TA to country-level programs, the element will continue efforts that lead to more rational uses of current resources, enlargement of host-country

budgets, increased user fees, and increased private sector shares of service delivery. For example, the Costing Cairo workshop to be held in Rajasthan will support efforts by the government of Rajasthan and the World Bank to increase the funding for health services at the primary and first reference levels. The POLICY Project also works with governments to incorporate cost, cost-effectiveness, cost-benefit, and budget and expenditure analyses into RH policy and planning processes.

POLICY will improve planning processes by increasing the use of data, involving a broader range of stakeholders, considering costs and resources, evaluating impact and feasibility, and laying out roles and responsibilities for implementation. The action plans developed in the Costing Cairo meetings will help rationalize more formal ongoing planning activities in the individual countries. All African countries participating in the Anglophone Africa Regional Workshop prepared action plans that included specific activities that will contribute to the achievement of “improved finance” results at the country level.

Critical Information Produced. The POLICY Project supports information development and use for planning and finance reform, at both the country and global levels, including preparation of background papers in support of planning exercises, market segmentation reports, reports on innovative financing, RH expenditure studies, and analysis of poverty groups’ access to services. In FY2000, the element expects to complete reports on the following topics:

- ? Synthesis of experience with market segmentation and targeting subsidies.
- ? Overview of the effectiveness of micro-nutrient supplementation in support of safe motherhood.
- ? Lessons learned with pricing policy for RH services in Ghana and Ecuador.
- ? Analysis of factors that affect the growth of the commercial sector for FP services and commodities.

RESEARCH

The POLICY Project supports research and skill-building activities that help policymakers understand the critical issues underlying FP/RH needs and effective policy and programmatic responses. FY2000 activities will focus on overseeing the completion of studies from Rounds 1 and 2 of the Global Policy Research Program. Emphasis will also be on completing several internal research studies, continuing to produce *Policy Matters* briefs on POLICY-funded studies, and disseminating research results through the production of synthesis reports.

The Research element contributes to POLICY's SO, primarily through IR5.1, *Increased critical information base*. Activities in FY99 that will contribute to IR5.1 follow.

Global Policy Research Program—Commissioned Studies. Research staff will monitor the completion of 11 research studies that are due to be completed in FY2000. To date, two global studies have been completed.

Global Policy Research Program—Internal Studies. The Research element will oversee completion of two internal studies carried out by POLICY staff on topics directly related to the project's priority research themes. The studies are described below.

- ? *Contraceptive Method Choice in Developing Countries.* (Approved in 1997 and initiated in 1998.) This study uses the series of program effort scores and a databank of national surveys of contraceptive use and related variables to examine the issue of wider choice of contraceptive methods and policy changes needed to advance the issue. The study explores the relationship between the mix of contraceptive methods by level of contraceptive prevalence and region. Planning personnel and program managers will benefit by knowing what combination of methods is typical by level of contraceptive prevalence and region and what appears to be the upper limit of use of specific methods. Results of this analysis will help establish the importance of wide method choice for various outcome measures.

- ? *Analysis of Unmet Need and Its Impact for Postpartum/Postabortion Programs.* DHS data from 15-20 countries are being used to examine the level of unmet need for contraception among women in the postpartum period and to explore characteristics of these women in terms of fertility and FP desires, preferences for service types, and preferred contraceptive choices. The results should demonstrate the increased relevance of postpartum (and potentially postabortion) programs, and may suggest changes in service delivery mechanisms that could decrease unmet need. Such findings will be useful for POLICY work in countries seeking more effective and efficient means of addressing the problem of unmet need.

Dissemination. POLICY initiated a series of briefs on POLICY-funded research, titled *Policy Matters*. These briefs cover global commissioned, internal, and country-level research. *Policy Matters* briefs are four-page synopses of completed studies that emphasize policy-relevant implications and uses of research findings. In addition, the Research element will prepare synthesis reports on studies that fall under the five priority research themes identified for POLICY.

EVALUATION

The evaluation team will continue to work with country managers to complete the last remaining workplans and to update the rest. Attention will be given to implementing data collection for end-of-project country evaluations and to documenting achievement of results. Individual “country files” have been set up in Washington; they include copies of workplans, updated workbooks, and concrete documentation of results achieved.

Special analyses will be supported to evaluate the impact of participation activities in Bolivia and Mexico. The Bolivia case will include data collection in municipalities that did not receive POLICY Project assistance; the Mexico case will include in-depth interviews with HIV/AIDS policymakers.

Specific evaluation activities to be conducted this year include

- ? Monitoring of country and element evaluation plans, including TA to country teams where needed;
- ? Case studies in Bolivia and Mexico;
- ? Site visits to Latin America and West Africa with special focus on participation;
- ? Maintenance of country files and translation of key documents into English as needed;
- ? Dissemination of evaluation tools via the POLICY Intranet;
- ? Preparation of a short monograph on indicators to measure policy results; and
- ? Design of cross-country analyses addressing the issue, *Does policy matter?*

AFRICA



BENIN

Status
<p>In Benin, POLICY is working toward an improved policy environment for RH and HIV/AIDS programs. In the past year, POLICY succeeded in most of its planned activities. It carried out a national AIDS Impact Model (AIM) and DHS workshop with the PNLS. This one-day event brought together key government and civil society stakeholders at the national level. In continued partnership with the PNLS, POLICY is carrying out four-day departmental workshops in each of the six departments. Additional workshops and meetings as well as television interviews were held with the Journalists' Association.</p> <p>POLICY continues to support the Beninese Health NGOs Network (ROBS) with advocacy training, facilitation, and support activities. POLICY's increasing partnership with journalists has ensured wide national coverage of workshops. President Kerekou, who has yet to speak publicly about AIDS, recently requested more information from the Minister of Health about HIV/AIDS in Benin. The 90-member ROBS has been developing an advocacy agenda for implementing the ICPD <i>Programme of Action</i> and for specifically addressing adolescent RH issues. In collaboration with members of Parliament and other key stakeholders, ROBS will also pursue legislation to facilitate RH service delivery into the next century. In August 1999, POLICY completed the first round of the Policy Environmental Score (PES) for FP, adolescents, and STD/AIDS. These findings will be shared with key stakeholders in the next year.</p> <p>During the next year, POLICY will continue to consolidate its partnerships with the PNLS, departmental authorities, and the Ministry of Planning. POLICY will continue its HIV/AIDS advocacy activities at the department and national levels. In late 1999, a film on HIV/AIDS in Benin (using data from the AIM and footage from dissemination workshops) will be produced and widely disseminated by the PNLS. POLICY will also initiate a RAPID-Model activity, focusing on population and national development to the year 2020 and emphasizing the RH needs of Benin's population. With civil society, POLICY will work closely with the Journalists' Association to train them in advocacy skills and provide them with information on the RH needs of Benin's population. With ROBS, POLICY will continue advocacy TA and support for expanding awareness of RH. And in collaboration with regional efforts, POLICY will facilitate the formulation of legislation to improve legal and regulatory environment for RH programs.</p>
Staff
<p>Country manager: Charles Pill Local staff: Martin Laourou, Leopoldine De Souza, and Justin Tossou Affiliated staff: Danielle Grant, Norine Jewell</p>
Funding as of September 30, 1999
<p>\$1,550,000 obligations to date \$ 991,296 expenditures to date \$ 558,704 balance</p>

PROJECT RESULT	Benin — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Work with ROBS and other groups in pursuit of legislation to facilitate RH service delivery and to improve the legal and regulatory environment for RH programs
IR1.1 Enhanced capability of networks and NGOs to represent communities	Advocacy activities support and migrants; departmental level (subnational) advocacy work with NGOs.
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	RH and advocacy workshop for journalists; follow-up to ICPD+5
IR5 Information used for policy and program development	Policy and legal study on female genital cutting (FGC); activities to support removal of legal and regulatory RH barriers
IR5.1 Increased critical information base	FGC, AIM, and DHS dissemination workshops at national and regional levels; prepare and produce “Le SIDA au Benin” film; development and dissemination of RAPID Model with Ministry of Planning and key line ministries

ETHIOPIA

<p>Status</p> <p>POLICY was largely inactive in Ethiopia for the first three years of the project. Subsequently, POLICY was able to develop a country workplan focused on HIV/AIDS issues and to hire two local long-term advisors who organized a POLICY office in Addis Ababa. As a result of travel restrictions to Ethiopia, the local team has continued certain project activities and developed a workplan.</p> <p>POLICY printed 5,000 copies of the updated Ethiopia AIDS Impact Model (AIM) book (first prepared under RAPID), and prepared multiple sets of colored transparencies for use by Ethiopian presenters. POLICY staff also assisted in developing an AIM application for Region 14 (Addis Ababa). The project provided resources to print 5,000 copies of the briefing book in English and 5,000 in Amharic, and also prepared multiple copies of colored transparencies for presentations. The book was formally launched at a major, official function, and the transparencies and copies of the book were distributed to zonal authorities. POLICY also transferred computer equipment to the Epidemiology and AIDS Department, MOH (national program), and the Addis Ababa Regional Health Office, and installed Internet access to each. POLICY provided support to a Persons Living with HIV/AIDS (PLWHA) NGO and established potential working relationships with other components of civil society, most notably the Ethiopian Orthodox Church and other religious organizations. The project also solicited proposals for policy-relevant research. In addition, because of decentralization in Ethiopia, many of the questions concerning how to address the HIV/AIDS epidemic will actually be answered regionally. One of the most important initiatives taken by POLICY/Ethiopia staff was trips to key regions to present the POLICY Project to senior officials and discuss potential workplans. These regions include Amhara, Oromia, Tigray, and the Southern Nations and Nationalities Peoples Region (SNNPR)—the latter being the USAID focus region for its bilateral program.</p> <p>In the coming year, POLICY will (1) organize and support two observational study tours to other African countries; (2) transfer computer equipment and install Internet access to HIV/AIDS offices in Amhara, Tigray, and the SNNPR and assist in HIV/AIDS data management and use in the three regions; (3) sponsor a national policy dialogue meeting on the multisectoral strategy for implementation of the National Policy on HIV/AIDS; (4) sponsor regional meetings on policy implementation and strategic planning; (5) continue initiatives with the Ethiopian Orthodox Church, the Islamic Council, and the Protestant evangelical churches; (6) sponsor a one-day workshop for representatives from the fine arts community; (7) sponsor a one-day workshop for media representatives; and (8) sponsor a dissemination event for representatives from the PLWHA organization to report on the international conference in Warsaw, Poland.</p>
<p>Staff</p> <p>Country manager: Alan Johnston Local staff: Ayele Belachew; Eleni Seyoum Affiliated staff: Sumi Subramaniam</p>
<p>Funding as of September 30, 1999</p> <p>\$750,000 obligations to date \$326,452 expenditures to date \$423,548 balance</p>

PROJECT RESULT	Ethiopia — PLANNED ACTIVITIES
SO(a) Political and popular support strengthened	Organize and support two observational study tours to other African countries
IR1 Effective advocacy for FP/RH	Continued use of national and Addis Ababa AIM and evaluation of impact at both national and regional levels
IR1.1 Enhanced capability of networks and NGOs to represent communities	Support establishment of Ethiopian Orthodox Church (EOC) HIV/AIDS Coordinating Committee and initiate activities with it, the Islamic Council, and the Protestant evangelical churches; support policy dialogue meeting for fine arts groups; support event to report on participation at international conference for PLWHA; support policy dialogue event for representatives from media
IR3 More effective planning for FP/RH	Support national policy dialogue meeting on the multisectoral strategy for implementation of the National Policy on HIV/AIDS; support regional meetings on policy implementation and strategic planning
IR5.1 Increased critical information base	Install Internet access in and transfer computers to three additional regions—Amhara, Tigray, and the SNNPR; commission three policy-relevant research studies and disseminate findings; update AIDS Policy Environment Score; sponsor a dissemination event for representatives from the PLWHA organization to report on the international conference in Warsaw, Poland

GHANA

<p>Status</p> <p>The POLICY Project facilitates the implementation of activities executed by ministries and agencies of the government of Ghana, as well as the Population Impact Project (PIP) and RH networks operating at the district level in the Eastern Region. POLICY has concentrated on increased political and popular support (SO(a)), development of policies (SO(b)), advocacy (IR1), collaboration (IR2), effective planning (IR3), and data use (IR5) to improve the policy environment. Major achievements include (1) a strong public statement by Ghana's vice president in support of population issues and HIV/AIDS; (2) initiation of a process for developing a national HIV/AIDS policy; (3) continued expansion of advocacy networks at the district level; (4) a multitude of advocacy events carried out by district networks; (5) continued reinforcement of counterpart capabilities in policy analysis; and (6) many joint events to disseminate findings from AIM and RAPID applications in support of the National Population Council's (NPC's) decentralization process.</p> <p>The structured committee process for development of the proposed national HIV/AIDS policy progresses under the leadership of the Dean of the Law Faculty, University of Ghana, Legon. Advocacy networks have been established, members have received training, and the networks are carrying out advocacy activities in five districts of the Eastern Region. Six of 10 regional policy analysis committees (RPACs), which include NGOs, have received training in policy analysis and SPECTRUM. Participation networks established linkages with the Eastern Region RPAC and conducted a TOT for RH networks.</p> <p>Unmet need and fertility are still quite high, as is the demand for assistance with policy analyses and presentations on emerging RH issues, such as adolescent RH and AIDS. In addition, Ghanaian policymakers are increasingly focusing their attention on efforts to improve the efficiency and sustainability of RH services and on efforts to make better use of data in decision making. These and other efforts will require continued support from the POLICY Project. POLICY will participate in special events (e.g., AIDS Awareness Day, World Population Day); submit final HIV/AIDS proposed policy to appropriate government agencies for consideration; continue district network advocacy activities aimed at selected audiences; create networks in remaining districts of Eastern Region; participate jointly in RH, HIV/AIDS, and population events with counterpart organizations; and disseminate information generated from AIM and RAPID. POLICY will also assist previously trained RPACs to complete an analysis of issues in their respective regions; and complete policy analysis and advocacy workshops in the four remaining regions.</p>
<p>Staff</p> <p>Country manager: Norine Jewell Local staff: Benedicta Ababio, Kate Parkes, David Logan</p>
<p>Funding as of September 30, 1999</p> <p>\$1,364,000 obligations to date \$1,224,590 expenditures to date \$ 139,410 balance</p>

PROJECT RESULT	Ghana — PLANNED ACTIVITIES
SO(a) Political and popular support strengthened	Participate in special events (e.g., AIDS Awareness Day, World Population Day)
SO(b) National and subnational policies, guidelines, and plans developed	Complete HIV/AIDS committee reports; review and modify reports and consolidate into single proposal; submit final HIV/AIDS proposed policy to appropriate government agencies for consideration
IR1 Effective advocacy for FP/RH	Continue District Network advocacy activities aimed at selected audiences
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	District Networks provide assistance to interested groups in other districts
IR1.3 FP/RH advocacy networks and coalitions formed or expanded	Create networks in remaining districts of Eastern Region
IR2 Strengthened collaboration among govt. and nongovernmental sectors	Jointly participate in RH, HIV/AIDS, and population events with MOH, NPC, NAPC, PIP, and NGOs
IR3 More effective planning for FP/RH	Develop proposal for HIV/AIDS policy through participatory process
IR5 Information used for policy and program development	Integrate relevant data on HIV/AIDS in formulation of final HIV/AIDS policy proposal
IR5.1 Increased critical information base	Disseminate information generated by AIM and RAPID; RPACs trained at Policy Analysis and Advocacy workshops and in SPECTRUM models will complete an analysis of issues in their region
IR5.1.2 Local capability to collect and generate information	RPACs analyze the implications of results of SPECTRUM models in the context of their regions

KENYA

Status
<p>To date, POLICY's SO in Kenya has been achieved (passage by Parliament of a <i>Sessional Paper on AIDS</i>) as has IR1.1 (new HIV/AIDS assumptions were made by a Technical Review Group and incorporated into HIV/AIDS projections; the new <i>AIDS in Kenya</i> booklet (5th edition) and "AIDS in Kenya" pamphlet were published; and consensus was reached on HIV/AIDS research priorities at a national workshop).</p> <p>Activities to strengthen HIV/AIDS policies and programs remain a high priority. In this year, HIV/AIDS advocacy workshops will be held for members of Parliament, other high-level officials, and religious and community leaders. Guidelines will be developed for HIV/AIDS prevention education in Kenyan schools. Advocacy and capacity-building workshops will be held on adolescent RH for religious and community leaders of programs for youth. The next round of the AIDS Policy Environment Score (PES) is planned for January/February 2000, and the results will be analyzed and reported. POLICY will again provide TA for the analysis of HIV/AIDS sentinel surveillance data, revisions to HIV/AIDS assumptions, and the <i>AIDS in Kenya</i> booklet.</p> <p>The following POLICY reports will be published and disseminated, and their results incorporated into national policy and planning documents: <i>Population and FP Projections for Kenya, 1989-2020</i>; and <i>Family Planning Financial Analysis and Projections, 1995-2020</i>. Recent trends in contraceptive use and method mix point to important implications for unmet need, access to and quality of services, costs and cost-effectiveness of the program and method mix, sources of services, funding, and cost recovery. There are also critical issues related to condoms, including policies on public sector distribution and cost recovery. There is a looming stock-out expected in early 2000, and many questions about possible wastage, funding, and sustainability as well. Priority activities this year will include (1) leading a program of policy research and advocacy in support of developing a strategic plan for Kenya's FP program, including commodities, method mix, service delivery, and finance; and (2) preparing an advocacy presentation and booklet, <i>FP Achievements and Challenges in Kenya</i>, in response to the FP program's need for assistance in policy analysis, planning, and advocacy.</p>
Staff
<p>Country manager: Jim Kocher Local staff: Angeline Tennah Affiliated staff: John Stover, Shawn Aldridge, Cynthia Woodsong, Alan Johnston</p>
Funding as of September 30, 1999
<p>\$1,828,000 obligations to date \$1,078,670 expenditures to date \$ 749,330 balance</p>

PROJECT RESULT	Kenya — PLANNED ACTIVITIES
SO Improved policy environment for FP and RH programs	HIV/AIDS advocacy workshops to be held for members of Parliament, other high-level officials, and religious and community leaders; guidelines to be developed for establishing HIV/AIDS prevention education in Kenya schools
SO(b) National and subnational policies, guidelines, and plans developed	Next round of Kenya AIDS Policy Environment Score to be conducted, analyzed, and reported; TA in development of strategic plan for Kenya's FP program
IR1 Effective advocacy for FP/RH	Advocacy and capacity-building workshops to be held on adolescent RH, for religious and community leaders of programs for youth
IR2 Strengthened collaboration among government and nongovernmental sectors	At least two meetings to be held by KANCO workshop participants/collaborators from government, NGOs, and private sectors
IR5 Information used for policy and program development	Policy research to be conducted on strategic issues for FP commodities, method mix, service delivery, and finance; results to be incorporated into national FP strategic plan; new population and FP program and finance projections to be published and incorporated into national policy and planning documents
IR5.1.2 Local capability to collect and generate information	New AIDS in Kenya booklet (5th edition) and pamphlet to be distributed to all districts

MALAWI

Status
<p>POLICY Project results support USAID/Lilongwe’s SO3, <i>Increased adoption of measures that reduce fertility and risk of HIV transmission and improved child health practices</i>; IR3.2, <i>Increased provision of quality reproductive and child health services to Malawians</i>; IR3.3, <i>Increased participation of community members in activities that improve health</i>; IR3.9, <i>Improved policy environment</i>; and IR3.11, <i>Improved data collection/use/dissemination</i>. The POLICY Project’s SO for Malawi, <i>Improved policy environment for HIV/AIDS</i>, also includes the strengthening of political and popular support for HIV/AIDS programs and development of the national HIV/AIDS strategy.</p> <p>The government of Malawi is developing its national HIV/AIDS strategy for 2000–2004. The National AIDS Secretariat (NAS) requested assistance from USAID to support this strategic planning process. The POLICY Project is supporting the NAS in a four-phase process that will result in a “National Strategic Framework for HIV/AIDS in Malawi.” POLICY has entered into two subcontracts to support Phases II, III, and IV in the development and dissemination of the National Strategic Framework.</p> <p>This year’s activities will include the following:</p> <ul style="list-style-type: none"> ? TA and materials development support for the NAS/Strategic Planning Unit (SPU) for planning and implementation of the presidential launch of the National Strategic Framework. ? Provision of a strategic planning workshop for staff, consultants, and collaborators of the SPU to develop plans, priorities, and work schedules for the Phase IV dissemination and implementation of the National Strategic Framework. ? Provision of a capacity-building workshop for SPU staff and collaborators to develop materials, training skills, and workshop designs for HIV/AIDS planning workshops to be delivered to districts, government ministries, and other stakeholder groups. ? Printing of an “HIV/AIDS in Malawi” booklet to support advocacy and planning activities. ? Second administration of the AIDS Policy Environment Score (PES). ? Provision (pending available funding) of TA for the development of Malawi’s HIV/AIDS Policy.
Staff
<p>Country manager: Robert Hollister Affiliated staff: Shawn Aldridge, Mary Scott</p>
Funding as of September 30, 1999
<p>\$565,500 obligations to date (includes 40K Africa Region) \$397,481 expenditures to date \$168,019 balance</p>

PROJECT RESULT	Malawi — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	TA and materials development support for the NAS/SPU for the planning and implementation of the Presidential launch of the new Strategic Framework
IR3 More effective planning for FP/RH	Provision of a strategic planning workshop for the staff, consultants, and collaborators of the SPU to develop priorities, plans, and work schedules for the Phase IV dissemination and implementation and of the National Strategic Framework; provision of capacity-building workshop for SPU staff and collaborators to develop workshop designs, materials, and training skills for HIV/AIDS planning workshops to be delivered to districts, government ministries, and other stakeholder groups
IR5.1 Increased critical information base	Development/printing of “HIV/AIDS in Malawi” booklet and accompanying dissemination activities
IR5.1.1 Local capacity for problem identification	Conduct AIDS Policy Environment Score for second time, comparison with initial results, analysis of progress and identification of problem areas

MALI

<p>Status</p> <p>POLICY/Mali helps the Mission build the institutional capacity to deliver high-quality RH services through IR1, <i>Effective advocacy for youth RH</i>; IR1.1, <i>Enhanced NGO network capability to plan and carry out youth RH advocacy efforts</i>; IR3, <i>Current and accurate data used for policy and program development</i>; and IR3.1, <i>Increased critical information base for decision making</i>. POLICY/Mali will work in three specific areas to contribute to these results.</p> <p>Reinforce Support for Nutrition Policy. POLICY will assist the Division of Food and Nutrition Surveillance (DSAN) of the Cellule de Planification et de Statistiques (CPS) to (1) plan and implement a national policy dialogue on nutrition through wide dissemination of the PROFILES Model application on nutrition; (2) develop and strengthen the informal public/private network of agencies involved in food and nutrition recently invited by the CPS to collaborate on the development of the Nutrition Information System (NIS), by contributing data to the website and using them; and (3) strengthen the DSAN's ability to make effective use of the NIS in policy formulation and strategic planning.</p> <p>Policy Dialogue: Associations de Santé Communautaire (ASACOs) and Centres de Santé Communautaire (CSComs). Once the legal-regulatory and political economy studies are completed, USAID, CPS, and other donor and government agencies will have a greater understanding of the factors that affect the viability and effectiveness of these institutions, as well as a set of recommendations from the research firm for legal and regulatory changes. POLICY will assist the CPS in disseminating findings, seeking consensus on strategies to address problems, and initiating measures to implement the strategies. POLICY will also assist the CPS by (1) identifying key stakeholders;(2) preparing presentation(s) to accompany the findings of the studies; and (3) conducting seminars or roundtables for consensus building; and (3) developing a recommended strategy and plan needed for MOH to take measures to improve functioning of ASACOs and CSComs.</p> <p>Policy Dialogue: Youth Needs. POLICY will assist NGOs and the CPS to complete and implement advocacy action plans (e.g., select specific issues, define activities, support implementation, and document results); (2) conduct a second advocacy workshop; and (3) present the youth RH presentation to the Minister of Health and the cabinet of the Prime Minister, if possible.</p>
<p>Staff</p> <p>Country manager: Bill Winfrey Affiliated staff: Hady Amr, Nadine Burton, Danielle Grant, Norine Jewell</p>
<p>Funding as of September 30, 1999</p> <p>\$400,000 obligations to date \$110,517 expenditures to date \$289,483 balance</p>

PROJECT RESULT	Mali — PLANNED ACTIVITIES
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Award grants to NGOs; train NGOs to create and implement advocacy action plans (select issues, define activities, support implementation, and document results)
IR5 Information used for policy and program development	Develop policy based on CSCom study; provide technical assistance for planning within the nutrition unit of the CPS
IR5.1 Increased critical information base	Complete and disseminate CSCom study; disseminate the PROFILES (nutrition) presentation; present Youth RH presentation to Minister of Health and Prime Minister's cabinet; assist DSAN to make use of the NIS in policy formulation and strategic planning

MOZAMBIQUE

<p>Status</p> <p>POLICY works with the National STD/AIDS Control Program (NACP). POLICY's local coordinator facilitated communications among NACP, other branches of government—most specifically the National Statistics Institute (INE)—and USAID and UNICEF. This facilitation is important because of the inexperience with intersectoral collaboration and government sensitivity to perceived international pressure. Accordingly, POLICY has made measurable contributions to the development of the Mozambique National Strategic Plan for HIV/AIDS. POLICY conducted a 2-day workshop for the members of the NACP multisectoral working group and advisors from UNAIDS and UNICEF. At the end of the workshop, the working group reached consensus on the pattern of the spread of the epidemic in the country. POLICY's local coordinator is now a member of the NACP working group and facilitated the inclusion of INE and the Center for Population Studies in the development of national and regional HIV/AIDS projections. At the request of the NACP's director, POLICY prepared regional and national prevalence projections and drafted a document discussing the evolution of the AIDS epidemic in Mozambique. POLICY assisted the NACP in conducting a large, high-level workshop to debate the available data on HIV prevalence and POLICY's projections. The POLICY-produced document was distributed under the seal of the NACP; and at the end of the meeting, the NACP adopted POLICY's projections as the official projections of the epidemic in Mozambique.</p> <p>Activities that are being planned for the upcoming year include training for national counterparts in the use of the AIM and building local support for intersectoral coordination. POLICY will develop an AIM application using official Mozambique census projections without AIDS and the MOH HIV prevalence projections, previously prepared by POLICY, to estimate the health and demographic impact of the HIV/AIDS epidemic. POLICY will train a multisectoral team of local counterparts in the AIM application and collaborate with them to produce a PowerPoint presentation for policymakers. POLICY will also participate in the development of an advocacy plan to create an enabling environment among decision makers for HIV/AIDS policy and program development. POLICY will also continue to provide support locally to further collaboration among our counterparts.</p>
<p>Staff</p> <p>Country manager: Karen Foreit Local staff: Henriqueta Tojais Affiliated staff: Sumi Subramaniam</p>
<p>Funding as of September 30, 1999</p> <p>\$662,000 obligations to date \$506,912 expenditures to date \$155,088 balance</p>

PROJECT RESULT	Mozambique — PLANNED ACTIVITIES
IR2 Strengthened collaboration among government and nongovernmental sectors	Ongoing local support and technical assistance for intersectoral coordination
IR5.1 Increased critical information base	Conduct AIM training for local government personnel; prepare microcomputer graphics presentations to be used for HIV/AIDS advocacy work

NIGERIA

Status
<p>The POLICY Project will begin working in Nigeria this year on activities with an emphasis on HIV/AIDS. The Mission's SO4 is <i>Increased use of FP/MCH/CS/STD/HIV services and preventive measures within a supportive policy environment</i>. The objective of project activities is to strengthen and help create a supportive political environment for preventive and care programs and policies with respect to HIV/AIDS. POLICY activities will focus on HIV/AIDS awareness raising and advocacy, research on the impact of AIDS, and AIDS in the military. An initial scope of work for POLICY assistance in HIV/AIDS has recently been developed. An official POLICY Project workplan, complete with an SO and IRs, is currently being drafted.</p> <p>Awareness Raising and Advocacy. The aim of this activity is to raise the awareness of the HIV/AIDS problem in Nigeria among decision makers by demonstrating the benefits of prevention programs. TA will be provided for the analysis of the national sentinel survey of HIV. Advocacy activities include training, an application of the AIDS Impact Model (AIM), a national AIDS awareness and advocacy conference, revision of the national AIDS policy, and development of policy presentations for specific audiences.</p> <p>Research on the Impact of AIDS. While the AIM will be able to show some of the consequences of AIDS, there are a number of other impacts of AIDS that can contribute to the case for more and better prevention programs. POLICY will sponsor a limited number of locally executed small-scale research studies that will focus on such topics as impact on the household, impact on agriculture, health care expenses, transport sector or other types of industry, and human rights.</p> <p>AIDS in the Military and Police. For several years, the military has had the Armed Forces Program in AIDS Control (AFPAC), which is responsible for IEC, surveillance and testing, counseling, and research in the AIDS areas. Recently, the AFPAC was instrumental in helping to develop and obtain approval of an Armed Forces AIDS Control Policy. Similarly, the police's AIDS control program exists as an offshoot of their STD prevention. Despite the AFPAC and a police AIDS control program, support for AIDS prevention activities is minimal and no strategic plan exists. POLICY will provide support in the form of awareness-raising presentations for each organization as well as advocacy training.</p>
Staff
Country manager: Scott Moreland
Funding as of September 30, 1999
<p>\$450,000 obligations to date \$ 43,452 expenditures to date \$406,548 balance</p>

PROJECT RESULT	Nigeria— PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Awareness raising and advocacy activities for revisions of national AIDS policy
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Advocacy training to AFPAC and the police AIDS control program
IR5.1 Increased critical information base	Analysis of sentinel surveillance data; AIM application; development of policy presentations; research on the impact of AIDS on agriculture, health care expenses, the transport sector, and the household

REDSO/ESA

<p>Status</p> <p>POLICY is partnering with USAID/REDSO/ESA and USAID/AFR/SD to implement the Postabortion Care (PAC) Initiative for East and Southern Africa (ESA). POLICY activities aim to increase investment in PAC in ESA countries by improving availability and use of information about unsafe abortion and PAC, and expanding partnerships and networks. USAID Missions and MOHs in the region continue to devote attention and resources to PAC. Last year, USAID/Lilongwe and USAID/Nairobi initiated and expanded PAC activities in conjunction with broader RH services training. In both countries, the Initiative conducted needs assessments and recommended strategies for improving PAC services, which the Missions later adopted.</p> <p>The PAC Initiative continues to take the lead in broadening stakeholder participation in PAC issues and advocating for a more comprehensive, strategic conceptualization of prevention of unsafe abortion and delivery of PAC services. Research completed under the Initiative in Zimbabwe with Amakhosi Theatre Group demonstrated the importance of understanding community perspectives on unsafe abortion and PAC. The Zimbabwe National Task Force on Unsafe Abortion is using the research results to improve its PAC services; communities that participated in the study are launching awareness-raising campaigns; and community organizations are liaising with service delivery sites to improve quality of care.</p> <p>Advocacy training that POLICY conducted in Kenya with the Nursing Council of Kenya (NCK) and the National Nurses Association of Kenya (NNAK) has led to a more comprehensive approach to PAC service delivery training being conducted by the PRIME Project. As part of this training, POLICY arranged for Ghanaian nurse midwives to share lessons learned from their PAC service provision with their Kenyan colleagues. The exchange helped strengthen the network of PAC champions in the region and led to subsequent dialogue on PAC in Ghana among members of the Ghana Registered Midwives Association. POLICY will continue its work with the NCK and NNAK to carry out advocacy activities and will share lessons learned throughout the region.</p> <p>This year, technical reports, a guide to the use of theatre for advocacy, and a documentary video on the Amakhosi Theatre Project will be completed and disseminated. POLICY will conduct a one-day meeting in February with the regional network of PAC champions to present lessons learned in PAC advocacy and develop a collaborative strategy for the future of the regional initiative. POLICY also proposes to document the changes of the past four years with regard to PAC investments, policies, programs, partnerships, and services within countries in the region. This information will be summarized in a brochure for policymakers and program managers.</p>
<p>Staff</p> <p>Country manager: Susan Settergren Local consultants: Leah Wanjama (Kenya), Cont Mhlanga (Zimbabwe) Affiliated staff: Cynthia Woodsong</p>
<p>Funding as of September 30, 1999</p> <p>\$1,050,000 obligations to date (includes 350K Africa Region) \$ 887,151 expenditures to date \$ 162,849 balance</p>

PROJECT RESULT	REDSO/ESA — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	Provide technical and financial support to NCK and NNAK to carry out advocacy activities; host a regional forum to develop strategy for future of the regional initiative; network and coordinate with U.S.-based PAC working groups and partners
IR5.1 Increased critical information base	Write and disseminate final reports, advocacy guide to “Theatre for Community Action,” documentary video on the Amakhosi Theatre Project in Zimbabwe; write and disseminate case study on lessons learned in PAC advocacy with NCK and NNAK in Kenya; document and synthesize changes in PAC investment, policies, programs, partnerships and services in the region; highlight lessons learned; produce and disseminate brochure

REDSO/WCA

<p>Status</p> <p>POLICY has concentrated on advocacy (IR1), effective planning (IR2), and data use (IR3) to improve the policy environment in collaboration with the Santé Familiale Prevention SIDA (SFPS) Project. Since Francophone countries share many similar policy and legal obstacles to population/RH, POLICY's approach is collaboration with regional partners (Center for African Studies, International Planned Parenthood Federation (IPPF), Forum of African and Arab Parliamentarians on Population and Development (FAAPPD), CERPOD, and Population Council). Despite severe constraints to regional collaboration resulting from weak and expensive communications, advocacy committees received TA and minigrants; regional partners collaborated on advocacy training; a regional parliamentarian network produced model RH legislation to guide in-country efforts; regional partners jointly participated in the Maximizing Access and Quality (MAQ) Conference to evaluate policy-related obstacles; and the Ivory Coast Ministry of Health (MOH) requested an observational tour in anticipation of the elimination of the legal prohibition on sterilization. A methodology, developed to establish baseline data regarding the status of policy and planning in each country, was applied in Burkina Faso to create a Planning Checklist to rate improvements in RH planning and to develop a workshop program. Two countries are implementing secondary analyses of 1998 DHS data. Also, POLICY core funds are being used in collaboration with the SFPS and UNAIDS to conduct a workshop, "Mobilizing Political Support for HIV/AIDS Efforts," scheduled for November. Francophone training capacity in SPECTRUM was strengthened through a workshop to produce training guides and reinforce skills.</p> <p>Revised collaborative strategies on advocacy are underway because of the financial constraints of partners and the direct support of legislative reform in the region. Regional networks of parliamentarians are mobilizing support for RH legislative reform and need TA, facilitation tailored to each of their settings, and greater access to regional information. More opportunities are occurring for effective data use in the planning and policy process, thus making the dissemination and use of key data from recent DHS surveys critical. Finally, it is anticipated that the Cotonou HIV/AIDS Workshop will generate very strong interest in the AIM application as a tool for building political commitment. An assessment of advocacy committees will be made in all four countries and selective TA provided. The DHS secondary analysis will be completed in collaboration with regional counterparts, and a baseline on the status of RH policy and planning will be established for each country. At least two planning workshops will be carried out, and if resources are forthcoming, POLICY could assist in AIM applications.</p>
<p>Staff</p> <p>Country manager: Norine Jewell Local staff: Justin Tossou Affiliated staff: Bill Winfrey, Chuck Pill</p>
<p>Funding as of September 30, 1999 g</p> <p>\$850,000 obligations to date \$645,297 expenditures to date \$204,703 balance</p>

PROJECT RESULT	REDSO/WCA — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Observation tour to Kenya for senior MOH officials in Ivory Coast, NGOs, and the legislature to study the voluntary sterilization program; TA to regional and in-country parliamentary networks and advocacy groups in development of legislative proposals
IR1 Effective advocacy for FP/RH	TA to complete minigrant activities in Cameroon, Burkina Faso, Guinea, and Togo; complete assessments of “Follow-up” advocacy committees and provision of TA, including comprehensive documentation of legal-policy barriers and development of legislative proposals
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Collaborate with CEFA on selected advocacy training for parliamentarians
IR1.3 FP/RH advocacy networks and coalitions formed or expanded	TA to advocacy committees and parliamentary networks to jointly develop and implement advocacy activities
IR3 More effective planning for FP/RH	Assessments of RH policy and planning situation carried out in at least two countries, Planning Checklist created, workshop carried out in Burkina Faso and one other country to improve the planning process
IR5 Information used for policy and program development	TA to assist in integrating DHS data in policy and plan documents in Burkina
IR5.1 Increased critical information base	Analysis of RH policy and planning process in two countries; secondary analysis of DHS in four countries; AIM application, contingent upon SFPS/USAID request
IR5.1.1 Local capacity for problem identification	Conduct series of meetings with counterparts to facilitate identification of data that should be included in DHS secondary analysis
IR5.1.2 Local capability to collect and generate information	Use workshop on use of DHS data to train counterparts in generating needed data

SAHEL/CERPOD

Status
<p>CERPOD (Center for Population and Development Research) is an institution of the CILSS (International Committee to Fight the Drought in the Sahel). Its role is to "...stimulate innovations to lessen demographic barriers impairing sustainable development in the Sahel..." With this goal in mind, CERPOD, in collaboration with POLICY, organized the first CILSS Population Ministers' Conference in Ouagadougou (October 1997). POLICY assisted CERPOD in drafting the conference platform following the lines of the ICPD agenda and adapting it to the Sahelian context. The Ouagadougou Plan of Action (PA) was cosigned by the nine CILSS ministers.</p> <p>In collaboration with CERPOD, POLICY is following up the implementation of the Ouagadougou PA. Challenges for FY2000 include continued support and strengthening of the NGO regional network and stimulation of parallel networks of journalists and parliamentarians, as well as creating opportunities for the regional networks to collaborate among themselves to advocate for the Ouagadougou PA. Continued support to and collaboration with CERPOD focuses on strengthening regional capacities for policy dialogue with a special focus on the three regional networks.</p> <p>Specific activities planned for FY2000 include participation in the 3rd South Africa Population Conference (booth and decision makers mobilization meeting); a round of evaluation visits to the local NGO networks; a second meeting of the regional NGO network to share the results of the evaluation; continued support of the journalist local networks and formation of local parliamentarian networks; a second meeting of the parliamentarian network; a meeting of decision makers in charge of RH budgets; and SPECTRUM training for CERPOD staff (TOT) and for representatives of the CILSS countries.</p>
Staff
<p>Country manager: Nadine Burton Local staff: Keffing Dabo Affiliated staff: Hady Amr, Christopher Galaty</p>
Funding as of September 30, 1999
<p>\$570,000 obligations to date \$305,718 expenditures to date \$264,282 balance</p>

PROJECT RESULT	Sahel/CERPOD — PLANNED ACTIVITIES
SO(a) Political and popular support strengthened	Participation in a meeting of decision makers in charge of RH budgets; participation in the 3 rd South Africa Population conference (POLICY booth and mobilization meeting for decision makers)
IR1.1 Enhanced capability of networks and NGOs to represent communities	Minigrants to NGOs and to parliamentary networks
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	A round of evaluation visits to the local NGO networks; a second meeting of the regional NGO network to share the results of the evaluation; continued support of the journalist local networks and to the formation of local parliamentary networks; a second meeting of the parliamentary regional network
IR5.1.2 Local capability to collect and generate information	Workshop for SPECTRUM training for CERPOD staff as TOT; and SPECTRUM workshop for training representatives of the CILSS

SENEGAL

<p>Status</p> <p>POLICY's SO in Senegal is an improved policy environment for FP/RH, including increased political support and improved policies and plans. POLICY has made considerable progress toward increasing support through the dissemination of presentations that show the relationship between population growth and development. These presentations were specifically shown to high-level religious leaders, health personal, and elected leaders at the decentralized level. Through a presentation of research finding and the barriers to community-based distribution (CBD) of contraceptives, POLICY helped reverse a Ministry of Health (MOH) policy not to implement CBD. In addition, POLICY contributed to improved planning through the training of regional-level technicians in the use of computer models to develop demographic projections for their regions, which fed into regional planning efforts, and through strengthening the institutional capacity of the Office of Planning for Human Resources (DPRH).</p> <p>In this final year of the project, POLICY will continue its support for the initiation of a CBD program in Senegal by collaborating with the National Family Planning Program and the Population Council to develop an operations research project demonstrating the effectiveness and safety of CBD. Because political resistance is a significant problem for CBD, development of an advocacy campaign to generate support is a critical part of the strategy, and POLICY will take the lead in this area. The first step will be to provide advocacy training to a multisectoral committee charged with developing and carrying out an advocacy plan in support of CBD.</p> <p>POLICY will also provide training in DemProj to technicians from the five regions not reached last year, and will support them in developing regional demographic projections. These projections will feed into the development of a new National Population Policy, which is a high priority for the government. Finally, POLICY will continue to support the strengthening of the DPRH. The DPRH is the agency responsible for development and implementation of the National Population Policy, but has been relatively ineffective in this role because of its lack of a strategic vision and administrative inefficiencies. POLICY will continue to support the DPRH in developing an integrated action plan based on a results framework and improving its administrative procedures. In addition to strategic planning workshops, POLICY will support a survey of donors, NGOs, and government agencies involved in population to better assess their views of the DPRH and the role they would like to see it play in coordinating population activities.</p>
<p>Staff</p> <p>Country manager: Hady Amr Local staff: Alle Diop, Badara Seye Affiliated staff: Ellen Wilson</p>
<p>Funding as of September 30, 1999</p> <p>\$1,074,000 obligations to date \$ 899,253 expenditures to date \$ 174,747 balance</p>

PROJECT RESULT	Senegal — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Support to quantify objectives and develop the revised National Population Policy
IR1 Effective advocacy for FP/RH	Support CBD advocacy campaign and implementation of CBD advocacy plan
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Advocacy training
IR3 More effective planning for FP/RH	Strategic planning activities with DPRH
IR5.1 Increased critical information base	Continue support for dissemination of population and development presentations
IR5.1.1 Local capacity for problem identification	DemProj training and development of demographic projections in remaining five regions

SOUTH AFRICA

<p>Status</p> <p>The POLICY Project is assisting USAID/Pretoria and its local partners to achieve the SO, <i>More equitable, unified and sustainable system delivering integrated PHC services to all South Africans</i>. Specifically, POLICY will contribute to IR3.2, <i>Increased use of HIV/AIDS prevention and mitigation services and practices</i>. Project assistance will focus on improving multisectoral support for HIV/AIDS programs, to be accomplished by working to conduct effective advocacy for HIV/AIDS programs, strengthen collaboration among governmental and nongovernmental sectors, encourage effective planning for HIV/AIDS programs, and increase the information used for policy and program development.</p> <p>POLICY works with a variety of stakeholders to achieve these objectives. Among them are the Department of Health and its directorate of HIV/AIDS, other national government ministries, provincial government departments, developing NGOs, AIDS Training, Information and Counseling Centers (ATICCS), the Civil-Military Alliance, religious organizations, the media, and trade unions.</p> <p>Major activities for the coming year include</p> <ul style="list-style-type: none"> ? Advocacy training (TOT) for national government departments; ? Training in strategic planning for ATICCS and the Civil Military Alliance; ? Awareness-raising seminars for religious organizations, trade unions, and the media; and ? Sponsorship of a fellowship in economic impacts of AIDS at the University of Natal at Durban.
<p>Staff</p> <p>Country manager: John Stover Local staff: Kevin Osborne and local consultants (Sylvia Abrahams, Nikki Schaay, Solly Resego, Ntsiki Jolingana, Florence Bhunu)</p>
<p>Funding as of September 30, 1999</p> <p>\$750,000 obligations to date \$215,114 expenditures to date \$534,886 balance</p>

PROJECT RESULT	South Africa — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	Advocacy training for national advocacy teams; awareness-raising workshops for religious organizations, media, and trade unions
IR3 More effective planning for FP/RH	Training in strategic planning for ATICCS; training in strategic planning for the Civil Military Alliance
IR5.1 Increased critical information base	Sponsor fellow at University of Natal to teach, coordinate, and conduct research on the economic impacts of AIDS

TANZANIA

Status
<p>In late 1998, USAID/Dar es Salaam requested that POLICY intensify its activities in RH advocacy, including HIV/AIDS. In response, POLICY submitted a proposal for advocacy training and support for the private and public sectors. In early 1999, the Mission asked POLICY to shift its focus to assist USAID in the review of its public sector portfolio and formulation of a new strategic vision for public sector support. In January, the Mission informed POLICY that any additional activities would be defined by the outcome of this review; therefore, these activities would not begin until 2000. In March 1999, the Mission reversed its decision to wait until completion of the public sector review and requested POLICY to assist the National AIDS Control Programme (NACP) in advocacy to high-level decision makers.</p> <p>Presently, POLICY is supporting the Tanzanian Public Health Association (TPHA) and consultants as they work with the Mission and with government counterparts to review the public sector PHN assistance program. POLICY is also assisting the Mission in developing its policy indicators and developing a “managing for results” process for the policy elements of both the public and private (NGO sector) programs. Following up on previous work with the NACP, POLICY continues to assist it in developing and implementing its advocacy strategy. In the next year, the Mission has requested that POLICY work with the Reproductive and Child Health (RCH) Service of the MOH, to help review its human resource needs and develop an RCH advocacy strategy, as the MOH devolves more responsibility to the district level.</p>
Staff
<p>Country manager: Charles Pill Local consultants: Adeline Kimambo, Pooven Moodley Affiliated staff: Ellen Wilson, Mary Scott, Susan Settergren,</p>
Funding as of September 30, 1999
<p>\$750,000 obligations to date \$437,382 expenditures to date \$312,618 balance</p>

PROJECT RESULT	Tanzania — PLANNED ACTIVITIES
SO Improved policy environment for FP and RH programs	Expanded use of APES
IR1 Effective advocacy for FP/RH	Develop advocacy strategy for RCH with the MOH and for HIV/AIDS with the NACP
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Assist RCH Service with advocacy and training strategy down to district level
IR5 Information used for policy and program development	Information dissemination activities in RCH and HIV/AIDS

ZAMBIA

<p>Status</p> <p>Whereas POLICY had a range of activities in Zambia earlier in the project, in 1998 USAID moved most of its RH policy and planning activities into the bilateral Zambia Integrated Health Program (ZIHP). At that point, POLICY was playing only a nominal role in the country. However, in 1999, USAID asked POLICY to provide TA to help update the AIM using new information from sentinel surveillance and population-based surveys. POLICY thus serves as a centrally funded partner in the ZIHP.</p> <p>POLICY's SO is <i>Increased capacity for policy analysis, planning, and support for the delivery of PHN interventions</i>. The IRs include IR1, <i>Effective advocacy for HIV/AIDS programs</i>, and IR2, <i>Information used for policy and program development</i>. To date, POLICY has helped analyze the new sentinel surveillance and population-based data to draw an overall picture of the status of the epidemic in Zambia; drafted a new version of the AIM briefing book; organized an expert group meeting to review the analysis and draft book; and completed revisions and submitted the new document for printing.</p> <p>During the next year, POLICY will (1) print at least 5,000 copies of the new book; (2) develop a PowerPoint presentation and prepare multiple sets of overhead transparencies; (3) organize a formal training session for Zambian presenters; (4) organize a formal training session for ZIHP staff; (5) develop a dissemination strategy and program for the use of the AIM in Zambia; and (6) evaluate the usefulness and impact of the AIM application.</p>
<p>Staff</p> <p>Country manager: Thomas Goliber Local staff: Robie Siamwiza (consultant) Affiliated staff: Sumi Subramaniam</p>
<p>Funding as of September 30, 1999</p> <p>\$800,000 obligations to date \$689,361 expenditures to date \$110,639 balance</p>

PROJECT RESULT	Zambia — PLANNED ACTIVITIES
IR5.1 Increased critical information base	(1) Print at least 5,000 copies of the new AIM book; (2) develop a PowerPoint presentation and prepare multiple sets of overhead transparencies; (3) organize a formal training session for Zambian presenters; (4) organize a formal training session for ZIHP staff; (5) develop a dissemination strategy and program for the use of AIM in Zambia; and (6) evaluate the usefulness and impact of the AIM application

ZIMBABWE

<p>Status</p> <p>The POLICY Project in Zimbabwe is working with the National AIDS Coordination Programme (NACP) and the Zimbabwe National Family Planning Council (ZNFPC) to develop a supportive environment for RH and HIV/AIDS. POLICY activities are designed to (1) strengthen political and popular support, (2) achieve in effective advocacy on behalf of the FP/RH and HIV/AIDS program, and (3) provide information for policy and program development. POLICY activities contribute to USAID/Harare's SO3, <i>Reduced fertility and increased use of HIV/AIDS prevention measures</i>; and Results Package 3, <i>Improved policies for reproductive health</i>.</p> <p>In August, POLICY staff provided TA to the NACP to assess the needs and opportunities related to the dissemination of Zimbabwe's National HIV/AIDS Policy and National Strategic Plan. The specific objectives of the exercise were to (1) develop plans for the dissemination of the HIV/AIDS Policy and of the national Medium-Term Plan (MTP); (2) carry out a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis with interested parties; (3) reach consensus on "the way forward" within NACP, the Steering Committee (SC), and donors; (4) identify and plan specific next steps for implementation; (5) balance activities to resources available; and (6) ensure congruency with anticipated future events, especially the creation of the National AIDS Council. Workplan activities for this year are an outgrowth of the strategic approach and have been approved by both the NACP and the USAID Mission:</p> <ul style="list-style-type: none"> ? Planning and formulation of the National HIV/AIDS Policy advocacy and lobbying strategy in collaboration with the NACP, the SC, and a variety of implementing partners (completed in FY99). ? Design, preparation, and production of a user-friendly version of the National HIV/AIDS Policy document and Strategic Plan, including overhead transparencies and script for use in presentations to other key groups, and printing of brochure. ? Capacity-building workshop, "Master Advocacy Skills," for participants from provinces and collaborating NGOs. ? Follow-up advocacy assistance to provincial and NGO teams. ? TA to the NACP to design and develop a monitoring and evaluation system.
<p>Staff</p> <p>Country manager: Cynthia Woodsong Local staff: Pooven Moodley (consultant), Leah Wanjama (consultant) Affiliated staff: Robert Hollister</p>
<p>Funding as of September 30, 1999</p> <p>\$814,000 obligations to date \$599,971 expenditures to date \$214,029 balance</p>

PROJECT RESULT	Zimbabwe — PLANNED ACTIVITIES
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Provide advocacy skills training, materials to participants from provinces and central level to support HIV/AIDS planning and advocacy activities
IR5.1 Increased critical information base	Produce user-friendly versions of HIV/AIDS Policy document and Strategic Plan to support provincial and national-level advocacy and planning efforts

ASIA/NEAR EAST



BANGLADESH

Status
<p>POLICY's SO for Bangladesh is to promote <i>Increased sustainability of the Bangladesh family planning program</i>. To achieve this, POLICY is working to ensure that community involvement in family health is increased, consensus to increase the amount of resources for the family health program built, and the capability of the government of Bangladesh and NGOs to conduct cost-effectiveness analysis improved.</p> <p>POLICY completed its TA in the development of a Bangladesh Family Health Essential Services Package (ESP) Model to help government planners more efficiently allocate resources for competing but essential public health interventions, including FP, safe motherhood, child survival, and STD/HIV prevention. The Health Economics Unit (HEU) of the Ministry of Health and Family Welfare (MOHFW) will prepare a timeline to March 2000, when a major effort will be made to assist the ESP line directors in the use of the model to prepare for next year's operational plans and line budgets. POLICY will provide necessary TA to HEU and the MOHFW in this planning exercise. In addition, POLICY will conduct a Costing Cairo meeting in Bangladesh. Alternative methodologies of collecting cost information and alternative approaches of supporting the RH program will be discussed. The MOHFW will use results of the meeting for planning and budgeting. POLICY staff have already identified potential members of a local core team that will have the responsibility of organizing the meeting.</p> <p>POLICY also completed its assistance to the MOHFW to develop two presentations about community participation in RH. Finalized versions of these two presentations were transferred to National Institute for Population Research and Training (NIPORT) of the MOHFW for comprehensive dissemination. In the final year of project, POLICY will assist NIPORT in the dissemination, monitoring, and evaluation of its work in community participation.</p> <p>POLICY Senior Advisor Shamim Ahsan will continue to provide assistance to USAID/Dhaka to advance the policy issues associated with the Mission's program, including fostering implementation of operations research and incorporating data into programmatic decisions, promoting policy reforms, and strengthening coordination among the partner organizations.</p>
Staff
<p>Country manager: Dennis Chao Local staff: Syed Shamim Ahsan Affiliated staff: John Shutt, James Kocher</p>
Funding as of September 30, 1999
<p>\$1,800,000 obligations to date \$1,022,516 expenditures to date \$ 777,484 balance</p>

PROJECT RESULT	Bangladesh — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	Assist NIPORT in the dissemination, monitoring, and evaluation of two community participation presentations to community leaders; advance policy issues associated with USAID/Dhaka’s program of investment, including fostering implementation of operations research and incorporating data into programmatic decisions, promoting policy reforms, and strengthening coordination among the partner organizations
IR2 Strengthened collaboration among government and nongovernmental sectors	Plan for implementation of the ESP model the ESP Modeling Technical Working Group (TWG); involve MOHFW officials, professionals from Dhaka University, URC,B, and other NGOs in organizational plans for a Costing Cairo meeting to discuss issues related to resources requirements for the RH program
IR5 Information used for policy and program development	The HEU of the MOHFW is responsible for implementing and maintaining the ESP model, including further revising the model, updating data, and providing additional training; the HEU will prepare a timeline leading to March 2000, when a major effort will be made to assist the ESP line directors in the use of the model to prepare for next year’s operational plans and line budgets. POLICY will provide necessary technical assistance to HEU and the MOHFW in this planning exercise.
IR5.1 Increased critical information base	POLICY will conduct a Costing Cairo meeting in Bangladesh with the participation of key persons from the MOHFW, the Ministry of Finance, the Planning Commission, and USAID/Dhaka. Alternative methodologies of collecting cost information and alternative approaches of supporting the RH program will be discussed in this meeting. Results of the meeting will be documented and used by the MOHFW and nongovernmental organizations for planning and budgeting.

EGYPT

<p>Status</p> <p>POLICY work in Egypt supports USAID/Cairo's SO in the population sector, to reduce fertility. Fertility reduction contributes in a number of ways of achieving the Mission's goal of broad-based sustainable development with improved quality of life, and is closely linked to the government's SO for the population sector, to achieve replacement-level fertility by 2015. A strong Egyptian FP program is viewed as one of the most effective ways to achieve this SO. USAID/Cairo places a high priority on improving the ability of the Egyptian FP program to continue raising contraceptive prevalence in a sustainable manner. Four program areas are critical to achieving this objective: financial sustainability, increased demand, improved quality of care, and operational policies that facilitate service delivery. The POLICY Project provided, and will continue to provide, assistance to the Mission in addressing policy aspects of these critical program areas.</p> <p>Throughout the past few years, POLICY activities in Egypt have been designed to (1) strengthen political and popular support for FP/RH issues; (2) develop national and subnational policies, guidelines, and plans; (3) improve government institutional capacity to develop effective plans for FP/RH, to conduct effective policy analyses, and to undertake effective advocacy campaigns; and (4) provide policy-related information to be used for policy and program development.</p> <p>POLICY's major accomplishments in Egypt to date include (1) assisting with the development of governorate-level strategic plans for all 26 governorates; (2) training Ministry of Health and Population (MOHP) and National Population Council (NPC) technical staff to conduct policy analyses; (3) training local leaders to successfully develop and conduct advocacy campaigns; (4) synthesizing and conducting research to assist the development of a prioritized policy agenda; and (5) developing population/RH presentations to increase awareness of policy issues.</p> <p>Major activities in the coming year will be to continue support for the governorate-level strategic planning activities; develop and disseminate high-level awareness-raising and policy analysis presentations; provide further training to government of Egypt (GOE) institutions to improve advocacy and policy analysis skills; develop financial analyses to estimate future FP expenditures and work with the GOE to develop policy options available to address the issue of sustainability; and broadly disseminate policy materials developed under the project.</p>
<p>Staff</p> <p>Country manager: Edward Abel Local staff: Mona Khalifa, Manal El-Fiki, Fatma El Geel Affiliated staff: John Ross, Jeff Jordan, Scott Moreland, Nadine Burton, Betty Ravenholt (consultant)</p>
<p>Funding as of September 30, 1999</p> <p>\$1,500,700 obligations to date \$1,250,909 expenditures to date \$ 249,791 balance</p>

PROJECT RESULT	Egypt — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Support the governorate-level strategic planning activities; provide technical support for the development of the new population policies
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Provide training to GOE institutions to improve advocacy and policy analysis skills; provide financial and technical assistance to local advocacy training institutions to transfer advocacy skills to natural leaders
IR3 More effective planning for FP/RH	Develop financial analyses to estimate future FP expenditures and work with the GOE to develop policy options available to address the issue of sustainability
IR5.1 Increased critical information base	Broadly disseminate policy materials; conduct high-level awareness-raising and policy analysis presentations
IR5.1.2 Local capability to collect and generate information	Provide training to GOE institutions to improve advocacy and policy analysis skills; develop relevant policy analyses with Egyptian counterparts

INDIA

Status
<p>POLICY in India has focused on policy formulation, decentralized district planning, operational policies, assessment of Innovations in Family Planning Services (IFPS) subcontracts, design and implementation of new systems, and evaluation of IFPS achievements. Thus far, POLICY has initiated policy formulation work in four major states of India to (1) ensure the broadest participation in policy formulation, (2) integrate population and reproductive and child health (RCH) policies, improve political commitment to new policies, and disseminate new population and RCH policies and strategies.</p> <p>In the coming year, POLICY will</p> <ul style="list-style-type: none"> ? Prepare, in collaboration with the government of Rajasthan, two audio visuals and conduct 42 one-day workshops to disseminate the policy contents at state, division, and district levels; ? Prepare, in collaboration with the government of Maharashtra, an RCH policy and submit it to the government of Maharashtra for approval; ? Prepare, in collaboration with the government of Madhya Pradesh, a population policy and disseminate its contents by conducting a series of workshops at various levels; ? Prepare nine papers based on a review of two years of target-free approach implementation in nine major states of India; ? Conduct a household survey with a sample of 10,000 households to measure the extent of the achievement of IR indicators of the IFPS Project in Uttar Pradesh; ? Assess second-year implementation of district action plans in six districts of Uttar Pradesh; ? Conduct a rapid assessment of large-scale innovative projects funded in Uttar Pradesh; ? Prepare a report on RCH financing in Rajasthan and share the findings in a one-day workshop with the senior administrators of the state government; ? Prepare a report on the reorganization of the health and family welfare department in Rajasthan and conduct a workshop to share the findings; and ? Prepare a report on IFPS activities in Uttar Pradesh.
Staff
<p>Country manager: Gadde Narayana Local Staff : D.K. Mangal, K.M. Sathyanarayana, Ashok Singh, J.S. Deepak</p>
Funding as of September 30, 1999
<p>\$4,544,329 obligations to date \$3,125,866 expenditures to date \$1,418,463 balance</p>

PROJECT RESULT	India — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Prepare population and RCH policies and obtain approval in States of Madhya Pradesh and Maharashtra, respectively
SO(c): Financial and other resources mobilized for FP/RH	Mobilize financial resources for district action plans in Uttar Pradesh; seek increased government financial allocations to RCH activities in Rajasthan
IR 1 Effective advocacy for FP/RH	Conduct second workshop on population policy organized in Madhya Pradesh; produce two audio visuals on Rajasthan policy and its contents and disseminate to 12,000 in about 45 one-day workshops; produce two audio visuals on Madhya Pradesh population policy and disseminate to 14,000 in about 60 one-day workshops
IR 1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Conduct two TOT workshops in Rajasthan and Madhya Pradesh for dissemination of RCH policies at district level
IR 2 Strengthened collaboration among government and nongovernmental sectors	Assist Madhya Pradesh government constitute a Policy Implementation Committee with government and NGO representatives
IR3 More effective planning for FP/RH	Prepare and/or modify decentralized district action plans in Uttar Pradesh
IR 5 Information used for policy and program development	Disseminate survey results of 10,000 households on IR4 indicators of the IFPS Project for use by USAID and SIFSPA in strategic planning
IR 5.1 Increased critical information base	Conduct studies on implementation of TFA policy in nine states of India; conduct three rapid assessments of SIFPSA-funded NGO projects; assess implementation of district action plans in six districts
IR 5.1.2 Local capability to collect and generate information	Use services of six local research organizations and improve their skills in collection of quality data

INDONESIA

<p>Status</p> <p>POLICY is working with the National Family Planning Board (BKKBN) to address policy issues associated with ways to promote Indonesia's maintenance of the contraceptive prevalence rate and to ensure continued access of contraceptives for Indonesia's poor and near-poor during the ongoing economic and political crisis. At the same time, POLICY/Indonesia is working with the Ministry of Health (MOH) to address FP/RH policy issues associated with minimizing the impact of the crisis on the health of mothers and children within poverty and near-poverty economic strata.</p> <p>POLICY/Indonesia has produced a Memorandum of Understanding (MOU) and an annual workplan with the MOH, in addition to POLICY's existing MOU and workplan with the BKKBN. Accordingly, POLICY/Indonesia facilitated the formation of the Policy Management Group (PMG), an internal policy technical consultative body to oversee and translate the results of research findings into policy options; introduced the Demand Fulfillment Cost Model (DFCM) into 11 target provinces' annual planning processes; completed a 1,700 household survey of clients' adjustments to the crisis, completed and submitted for review an FP private sector payment-scheme study; and completed five of six "waves" of a provider-based tracking survey related to pricing and availability of contraceptives and essential drugs at 345 service delivery points throughout Indonesia. Since beginning its work with the MOH in February 1999, POLICY/Indonesia has completed 22 crisis-oriented analysis and response workshops, supported the analysis of policy associated with the current upsurge of malnutrition, and supported the MOH's National Institute of Health (LITBANGKES) in ongoing research on the impact of the current crisis on FP/RH program policy.</p> <p>Working with the BKKBN and MOH under extended MOUs, POLICY/Indonesia will address strategic planning and develop capabilities for data analysis at the central and provincial levels. POLICY will continue strengthening of the PMG's operations, extend the DFCM to Indonesia's remaining provinces, and assist BKKBN to provide the new government with an understanding of the importance of FP-related policy issues. With LITBANGKES, POLICY will produce and disseminate at least four issue-oriented policy monographs, develop a consensus on the use of selected data for policymaking with the Data Center, and address the need for decentralized decision making with at least one province and two districts. In addition, POLICY will work with USAID/Jakarta, CAs, and colleagues from the BKKBN and MOH in providing policy-related TA to determine the most effective use of funding available under the Mission's new SO agreements with both the BKKBN and MOH.</p>
<p>Staff</p> <p>Country manager: William L. R. Emmet; Clare Dickenson (replacement as of 12/1/99) Local staff: Libby Kugler (MOH Activity Manager), Dr. Rudi Pekerti (local consultant) Affiliated staff: Bill Winfrey, Bill McGreevey</p>
<p>Funding as of September 30, 1999</p> <p>\$2,904,000 obligations to date \$1,489,116 expenditures to date \$1,414,884 balance</p>

PROJECT RESULT	Indonesia — PLANNED ACTIVITIES
SO Improved policy environment for FP and RH programs	Support of the PMG as an internal consultative body with a focus on strengthening its role as the focal point for developing FP/RH policy options for senior BKKBN and government “champions”; continue work with the MOH’s NIH focusing on the production of four to five summary monographs that develop policy options to address key technical areas associated with the maintenance and strengthening of FP/RH services for citizens at or below established poverty levels
IR3 More effective planning for FP/RH	Work with BKKBN to explore the possibility of strengthening current data sources so that DFCM training can effectively be extended to Indonesia’s remaining 15 provinces; work with MOH counterparts in developing provincial-level “Early Response Units” in at least one province and two districts within the selected province; depending upon available resources, POLICY will extend this activity to additional provinces
IR5 Information used for policy and program development	Work with BKKBN and MOH counterparts in developing policy options associated with secondary analysis of IFLS2+ data and with RAND’s study of elasticity associated with contraceptive compliance; fund and facilitate discussions on a planned field study of the role of the field worker in promoting FP
IR 5.1 Increased critical information base	Assist USAID/Indonesia in documenting BKKBN’s process whereby the government estimates contraceptive demand; continue monthly analysis of BKKBN’s reporting and recording data as well as its emphasis upon development of BKKBN’s internal capacity for such analysis; fund and facilitate the development of policy options related to the continued collection of longitudinal data on availability of contraceptives and essential drugs in service delivery points; complete two additional waves (7 and 8) prior to July 2000; facilitate central-level discussions on the coordinated use of data available within the MOH

JORDAN

Status
<p>Jordan has one of the highest population growth rates in the world as a result of high fertility in the past. The total fertility rate (TFR) has declined from 7.4 in 1976 to 4.4 in 1997. Contraceptive prevalence is 33 percent for modern methods. Two-thirds of FP services are provided by the private and NGO sectors. The government program has been weak; however, in April 1996, the cabinet adopted a National Population Strategy. Efforts are now underway to revise the goals of the national strategy and to develop a national implementation plan. Several women's groups in Jordan are working to improve conditions for women in Jordanian society. Most of these groups are long on enthusiasm and short on staff.</p> <p>POLICY's overall objective in Jordan is to improve the policy environment for FP/RH. This will be accomplished through activities to enhance the capabilities of the Jordan National Population Commission (JNPC) and the Jordan National Forum for Women (JNFW). POLICY's activities assist the JNPC in revising the National Population Strategy, increasing political support for FP/RH, and developing a comprehensive implementation plan, and to work with Jordanian women's groups to increase participation of women in the policy process. In the past year, POLICY has supported the development and use of a RAPID presentation, completed a study on FP expenditures, supported capacity building for JNPC, helped develop a research capacity at the Princess Basma Women's Resource Center, and prepared and disseminated a presentation on the status of women in Jordan.</p> <p>Major activities for the coming year include</p> <ul style="list-style-type: none"> ? Completing an opinion survey of parliamentarians on population and FP; ? Continuing dissemination of the presentation on women's status; ? Completing and disseminating the first two research studies commissioned by the Princess Basma Women's Resource Center; ? Conducting an analysis of the costs and benefits to the insurance industry of including FP services in covered services; ? Conducting a gender assessment of the National Population Strategy; and ? Beginning work on the National Implementation Plan for the National Population Strategy.
Staff
<p>Country manager: John Stover Local staff: Issa Almasarweh Affiliated staff: Sue Richiedei, Bill Winfrey</p>
Funding as of September 30, 1999
<p>\$1,520,000 obligations to date \$ 965,080 expenditures to date \$ 554,920 balance</p>

PROJECT RESULT	Jordan — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Complete draft of revised RH policy for Jordan; complete gender assessment of RH policy
IR3 More effective planning for FP/RH	Begin work on the National Implementation Plan for the RH policy
IR5.1 Increased critical information base	Implement study of costs and benefits to insurance industry of paying for family planning services; complete an opinion survey of Parliamentarians on population/FP/RH issues; continue dissemination presentation on the status of women in Jordan; continue RAPID presentations to key audiences; conduct observational study tour for key parliamentarians; continue dissemination of presentation on women's status
IR5.1.2 Local capability to collect and generate information	Complete and disseminate first two research projects commissioned by Princess Basma Women's Resource Center

MOROCCO

<p>Status</p> <p>As USAID/Rabat and the government of Morocco prepare for the post-bilateral era of collaboration with an emphasis on decentralization and the private sector, POLICY was asked to explore opportunities of decentralization work in the Souss-Massa-Draa region, particularly to identify a policy dialogue forum for public and private-sector partnership.</p> <p>During FY99, POLICY focused on identifying regional partners to establish a policy dialogue group. POLICY identified the health commission of the regional council (regional government) as an appropriate forum. Elected leaders, administration representatives, the private commercial sector, and NGOs discussed partnership opportunities. USAID/Rabat, the higher population commission, and POLICY agreed to hold a Costing Cairo meeting in Morocco. POLICY made a presentation on the opportunities for private general practitioners (GPs) in the FP program during the Moroccan Medical Sciences Society's Annual National Congress. It was part of a session on the GP and RH programs. POLICY's presentation, which used information produced by the Market Segmentation Study, was the third policy forum in which the study results were used.</p> <p>The following activities are proposed in the coming year as a means of strengthening decentralized policymaking:</p> <ul style="list-style-type: none"> ? Improve sustainability of the regional private-public sector dialogue group, facilitate a workshop organized by the regional council, and prepare a regional RAPID Model to raise awareness of population and RH issues among local elected leaders. ? Assist in the use of information collected by the regional epidemiological surveillance unit, improve the quality of the unit's biannual bulletin, and ensure that all partners receive the information. ? Produce profiles and programmatic options for underserved groups. Explore opportunities to establish a sample vital registration system.
<p>Staff</p> <p>Country manager: Volkan Cakir Affiliated staff: Bill Winfrey, Norine Jewell</p>
<p>Funding as of September 30, 1999</p> <p>\$518,000 obligations to date \$358,641 expenditures to date \$159,359 balance</p>

PROJECT RESULT	Morocco — PLANNED ACTIVITIES
SO(a) Political and popular support strengthened	Convene a central and regional-level, decision-makers meeting to encourage decision making, planning, and resource allocation at the regional level for FP/RH issues
IR2 Strengthened collaboration among govt. and nongovernmental sectors	Assist in the establishment of the regional public private partnership dialogue group; establish sustainable (autonomous) communication channels among regional actors through regular meetings and distribution of an information bulletin
IR5.1 Increased critical information base	Explore the potential to establish a regional demographic (vital statistics) surveillance unit; facilitate the production and distribution of the regional epidemiological semi-annual information bulletin; prepare regional RAPID presentation to raise awareness among regional decision makers on FP/RH and population issues

NEPAL

Status
<p>The POLICY Project is working with key government stakeholders to address policy and operational RH issues, while encouraging and supporting NGO and private sector participation in policy processes. POLICY supports a Ministry of Population and Environment (MOPE) initiative to develop sectoral plans based on updated national and subnational demographic projections. The sectoral planning is collaborative, drawing on the expertise of several ministries and government organizations. Additionally, POLICY supports an analysis of international migration studies and data, which will include policy recommendations that will contribute to the formulation of policies to regulate international migration.</p> <p>POLICY directly supports the MOH and its commitment to improve the RH of Nepalese women in the following activity: POLICY provided TA and training for counterparts to develop presentations, videos, and booklets of a RAPID and Const-Benefit Analysis of the FP program, and provided ongoing assistance for their dissemination.</p> <p>To strengthen components of RH policy, POLICY is supporting the production and dissemination of a feature film on girl trafficking through the Media Alert and Relief Foundation and the Human Resource Development Center. The RH and rights of thousands of Nepali women each year are threatened by this growing business. Through the film's dissemination, local leaders and community groups will learn more about the issue and have an opportunity through focus groups to discuss the resources available to prevent trafficking of girls and women.</p>
Staff
<p>Country manager: Molly Strachan Affiliated staff: Kokila Agarwal</p>
Funding as of September 30, 1999
<p>\$708,000 obligations to date (includes 508K ANE Region) \$502,682 expenditures to date \$205,318 balance</p>

PROJECT RESULT	Nepal — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Completion of MOPE sectoral plans
IR3 More effective planning for FP/RH	MOPE-sponsored policy meetings
IR5 Information used for policy and program development	Review sectoral projections with MOPE and make revisions
IR5.1 Increased critical information base	Analysis of impact of migration on national population policy; dissemination of RAPID and Cost-Benefit policy tools; dissemination of girl trafficking film

PHILIPPINES

<p>Status</p> <p>USAID/Manila's SO in the area of FP/RH is to reduce fertility and improve MCH in the Philippines. Two IRs support this SO: IR1, <i>Increased public-sector provision of family planning and maternal and child health services targeted to the poor</i>; and IR2, <i>Increased private-sector provision of contraceptives and FP/MCH services</i>.</p> <p>Since 1996, the POLICY Project has implemented a broad range of activities in support of the achievement of these results. POLICY's major activities have focused on strengthening the Commission on Population (POPCOM) and NGOs in building political and popular support for FP/RH and the population program. These activities have resulted in the development and approval of national plans, particularly the Philippine Population Management Program (PPMP) Directional Plan (1996–2000), the 1997 and 1998 PPMP Implementation Plans, and the National Family Planning Strategy (1996–2000). POPCOM's local advocacy activities have helped mobilize public and private agencies in advocating for increased financial support for FP/RH and the population program. The result of these activities has been an increase in the budget allocations for FP/RH and population activities at the local level.</p> <p>In the past year, POLICY conducted several successful activities that have led to an improved policy environment. For example, POLICY provided TA to the Philippine ICPD Task Force in developing a cost-benefit analysis to demonstrate the impacts of the FP program, which was presented to President Estrada. POLICY also concluded three major research studies in the private sector in the areas of market segmentation, structure of the supply side, and users of public and NGO clinics. POLICY is now supporting POPCOM in disseminating the results of these analyses and in collaborating with POPCOM and the Department of Health (DOH) to develop policies and guidelines to address issues raised in the analyses. Finally, POLICY supported capacity building in policy analysis and advocacy within POPCOM by sponsoring a number of observational travel tours to CONAPO in Mexico during 1999.</p> <p>This year, POLICY will work with POPCOM and its collaborators to support the transformation of POPCOM to a policy coordinating and advisory agency. Project activities will focus on creating a favorable policy environment for the public sector and for the growth of the private sector. The project will support POPCOM in strengthening its capacity in FP/RH and population policy formulation; dissemination of policy-relevant information and the development of strategies to stimulate private sector participation and other policy reforms; development of a population account in the national accounting system to improve the tracking of and planning for future financial resources and expenditures for FP; and continued support to NGOs for advocacy activities.</p>
<p>Staff</p> <p>Country manager: Aurora Perez Local staff: Vilma Aquino, Annabella Fernandez, Bienvenido Alana (consultant)</p>
<p>Funding as of September 30, 1999</p> <p>\$4,383,000 obligations to date \$3,064,627 expenditures to date \$1,318,373 balance</p>

PROJECT RESULT	Philippines — PLANNED ACTIVITIES
SO Improved policy environment for FP and RH programs	Analyze PES results; prepare qualitative study to analyze changes in the policy environment
SO(b) National and subnational policies, guidelines, and plans developed	Assist POPCOM to develop and apply annually a checklist of population-development indicators for use in reviewing medium-term and sector development plans with national government and local government units (LGUs)
SO(c) Financial and other resources mobilized for FP/RH needs	Policy dialogue and promotion for the private sector policy reform initiative focusing on previous private sector studies conducted; policy dialogue and promotion for LGU resource commitment; policy dialogue and promotion for pharmacy law reform
IR1 Effective advocacy for FP/RH	Training on development of effective advocacy plans; LGU commitment forum; LGU policy dialogue; regulatory reform forum and policy dialogue; continued work with POPCOM and NGOs in advocacy activities
IR2 Strengthened collaboration among govt. and nongovernmental sectors	Workshop on effective partnership; training on the application of the Participation Element Network Questionnaire
IR4 Improved financing for FP/RH	Development of a population account in the National Accounting System; crafting of a Population Investment Plan; private sector forum; policy dialogue activities; LGU commitment forum; LGU policy dialogue; regulatory reform forum
IR5.1 Increased critical information base	Application of the PES; completion of the private sector synthesis paper; LGU Commitment Survey report; analysis of Pharmacy Law; analysis of accreditation regulations; up-date of contraceptive tax study; establishment of data archiving systems; one observation study tour to the Egypt Population Resource Center
IR5.1.2 Local capability to collect and generate information	Training on the basics of demography, data analysis, program/project monitoring and evaluation, policy analysis; training on data management and utilization, data archiving; regional computerization needs assessment

EUROPE AND EURASIA



KAZAKHSTAN

<p>Status</p> <p>In POLICY's 1998–1999 Kazakhstan country workplan, the SO is <i>Improved Policy Environment for FP/RH Programs</i>, and the IRs <i>Improved use of data and Appropriate methodologies in both advocacy and planning</i>. POLICY will provide TA and analytical training and will facilitate policy dialogue to contribute to the achievement of these results.</p> <p>The Kazakhstan Interagency Working Group (KIAWG), an interagency governmental group, was formed and officially placed under the Republic Center for Research on Maternal and Child Health (MCH). The KIAWG includes five key government bodies: the Committee on Health; Agency for Strategic Planning; Agency for Demography and Migration; Republic Center for Research on MCH; and National Statistics Agency. The KIAWG produced an article on FP that was included in the president's strategy for a healthy population. In addition, the group gained an understanding of basic demographic processes and their relevance in Kazakhstan, thus spurring the Agency for Demography and Migration to shift its focus from increasing fertility to increasing immigration and improving health.</p> <p>During the next year, POLICY will address a pressing need in Kazakhstan for citizens to have ready access and availability to contraceptives. The KIAWG made this a priority issue and seeks to ensure that the public and private sectors have adequate contraceptive supplies based on estimates and agreements emerging from a rational and transparent planning process that involves the public sector, donors, and private providers. Therefore, POLICY will support the KIAWG in the development of a new policy, engage in policy dialogue establishing a broad support of leaders, and facilitate discussions between the public and private sectors throughout the process. The funding obligation for POLICY's final year in Kazakhstan has been delayed for several months, however, requiring a slow down in activities to avoid a full stop until new funds become available in November 1999.</p>
<p>Staff</p> <p>Country manager: Maureen E. Clyde (Acting) Local staff: Sultanat Surtaeva</p>
<p>Funding as of September 30, 1999</p> <p>\$480,000 obligations to date \$461,489 expenditures to date \$ 18,511 balance</p>

PROJECT RESULT	Kazakhstan — PLANNED ACTIVITIES
IR2 Strengthened collaboration among govt. and nongovernmental sectors	Assist in broadening KIAWG to represent the NGO and private sectors and inviting them to roundtable discussions
IR5 Information used for policy and program development	Support policy dialogue meetings for the members of KIAWG in Astana and Almaty to develop a new RH policy; support creation of awareness-raising materials in support of proposed policy (i.e., policy booklet, fact sheet and presentations, using SPECTRUM-based information); and support policy dialogue roundtables for proposed policy

ROMANIA

<p>Status</p> <p>POLICY contributes to the Mission's SO of improving the welfare of women and children through increased use of women's health services by helping improve the policy environment in Romania through mobilizing resources for FP/RH. POLICY/Romania's SO, <i>Improved policy environment through (1) financial resources mobilized for FP/RH, and (2) National policies and plans developed to support FP/RH</i>, is supported by IR1, <i>Effective advocacy for FP/RH</i>; IR2, <i>Improved planning for FP/RH</i>; IR3, <i>Improved financing</i>; and IR4, <i>Increased information base</i>.</p> <p>Project activities in Romania began in late 1995, focusing on awareness raising and stakeholder mobilization. Initial results included the formation of the Coalition for RH in Romania and the increase in the critical information base for FP/RH. Project results in 1998 included improved financing as FP centers were included in the 1998 state budget. In 1999, the Health Insurance (HI) framework contract and methodological norms were approved, with RH services covered by the benefits package. FP services and breast and cervical cancer screening are under capitation whereas other RH services (pre- and postnatal care and detection and treatment of STDs) are under the fee-for-services package. FP centers were initially under the 1999 MOH state budget, but funding shifted to the HI fund.</p> <p>Project activities this year revolve around resource mobilization and policy/plan development and include (1) continued TA for advocacy and policy dialogue on RH financing, especially on health insurance and contraceptive financing; (2) TA to the MOH for the development of the National RH Strategy, focusing on the strategy's policy framework, especially the need to strengthen private sector participation; and (3) awareness raising, policy dialogue, and advocacy to the MOH and National HI House on policy barriers affecting FP/RH access, especially strengthening decentralization by giving more power to local health authorities for RH financing and for RH services at the primary care level.</p> <p>The initial USAID obligation will be used to focus on continued TA on contraceptive financing that will include defining contraceptive market segments; TA to the MOH in developing and drafting the National RH Strategy; and awareness raising and advocacy on RH access at the primary care level, focusing on getting authorization for primary care family physicians to provide FP services. The project will continue providing TA to policy champions and the Coalition in advocacy efforts aimed at improving access to RH services.</p>
<p>Staff</p> <p>Country manager: Imelda Z. Feranil Local staff: Daniela Draghici, Alin Stanescu, Luminita Marcu (consultant) Affiliated staff: Maureen Clyde, Taly Valenzuela, Volkan Cakir</p>
<p>Funding as of September 30, 1999</p> <p>\$1,615,000 obligations to date \$1,392,652 expenditures to date \$ 222,348 balance</p>

PROJECT RESULT	Romania — PLANNED ACTIVITIES
SO(a) Political and popular support strengthened	Continue support to the RH Coalition's efforts to generate support for accessible RH services among national policymakers and the community leaders and members of three judets
SO(c) Financial and other resources mobilized for FP/RH needs	Continue TA on RH financing through health insurance; assist the MOH in contraceptive procurement
IR1 Effective advocacy for FP/RH	Support advocacy for RH financing and ICPD implementation; coalition members will start advocating for increased RH access and funding among members of the five major political parties; POLICY will continue providing training and TA to the Coalition to strengthen its policy analysis and advocacy skills in preparation for meetings with members of the political parties before the next elections
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	TA to the Coalition to plan and prepare its strategy to advocate to political parties before the 2000 elections
IR1.3 FP/RH advocacy networks and coalitions formed or expanded	TA to Coalition activities in Bucharest and the judets to generate more Coalition members
IR3 More effective planning for FP/RH	TA to the MOH to draft the National RH Strategy. TA will include policy dialogue on the need for the National Strategy to include not just government services but also the contributions of NGOs and private commercial sectors, and planning for FP/RH provision at the primary care level
IR4 Improved financing for FP/RH	Facilitate policy dialogue on the need for the MOH to target low-cost contraceptives to the most needy, and for the MOH and National HI House to give more power to local health authorities for RH financing and resource mobilization
IR5.1 Increased critical information base	Policy analysis on contraceptive market segments

RUSSIA

<p>Status</p> <p>In spring 1998, USAID/Moscow requested support for analysis, advocacy, and policy dialogue to counteract false claims about the negative influences of a more effective program of RH services in Russia. POLICY/Russia's SO, <i>Improved policy environment for provision of RH goods and services</i>, is supported by IR1, <i>Networks and NGOs effectively advocating for FP/RH</i>; IR2, <i>Information used for policy development</i>; and IR3, <i>Improved financing for FP/RH</i>.</p> <p>The first phase of the program focused on IR1.1, <i>Enhanced capability of networks and NGOs to plan and implement FP/RH advocacy</i>; and IR2.1, <i>Increased critical information base on FP/RH issues</i>. In recent months, key strides have been made in (1) building the human and organizational resources to provide local technical support to POLICY activities (hiring of a local advisor well-known in RH and registering the POLICY/CEDPA office with federal authorities); (2) enhancing the capacity of the Advocacy Network for Reproductive Health (expanding membership, clarifying network roles and responsibilities, and developing initial advocacy action plans); and (3) developing research and advocacy tools to support their advocacy efforts (three research papers, an RH Newsletter for NGOs, and RH Fact Sheets for policymakers). Currently, POLICY/Russia is establishing its new office facility, completing the registration process with all federal and local authorities, and completing research products.</p> <p>POLICY/Russia's second phase will support IR1 by facilitating a network meeting to finish and coordinate its advocacy action plans, identifying and supporting additional research needs and technical training, and awarding at least one minigrant to each of the four task forces to implement their advocacy campaigns. In addition, POLICY/Russia will support IR3 by participating in a core-funded ENI Regional RH Finance Conference to identify finance needs for improving RH in the region. The research produced will not only increase the critical information base, but the conference will also provide a forum for initiating dialogue and collaboration with policymakers in RH finance. Thus, should restrictions on field-support funding change in the future, the groundwork will have been laid for results in improved financing of FP/RH.</p>
<p>Staff</p> <p>Country manager: Anne Jorgensen Local staff: Lyubov Yerofeyeva Affiliated staff: Ruth Berg, Kerry Duvall, Nicole Judice, Taly Valenzuela, Maureen Clyde, Danielle Grant</p>
<p>Funding as of September 30, 1999</p> <p>\$800,000 obligations to date \$380,688 expenditures to date \$419,312 balance</p>

PROJECT RESULT	Russia — PLANNED ACTIVITIES
IR1 Effective advocacy for FP/RH	Assist the four task forces of the NGO Network to implement advocacy action plans developed in fall 1999
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Facilitate a Network meeting to finalize and coordinate advocacy action plans, offer a TOT in advocacy for members of the NGO Network (pending), and award one minigrant per task force to implement advocacy action plans
IR1.3 FP/RH advocacy networks and coalitions formed or expanded	Assist the Network in recruiting additional national and regional members
IR5.1 Increased critical information base	Complete products identified in the research agenda dated December 1998, and assess and implement plans for the second phase of research to support the RH advocacy efforts; support completion of a research paper in preparation for the Regional RH Finance Conference
IR5.1.2 Local capability to collect and generate information	Provide a SPECTRUM training for select members of the Network and/or a local research consultant (pending)

TURKEY

Status
<p>POLICY's SO in Turkey, <i>Strengthened sustainability of FP/RH program</i>, includes IR1, <i>Operational targeting of public sector resources for FP/RH</i>; IR2, <i>Strengthened collaboration within the MOH and among other sectors</i>; and IR3, <i>Strengthened NGO advocacy for quality FP/RH</i>. In the last year, milestones were achieved across the board.</p> <p>For the upcoming year, POLICY will continue to focus on achieving public sector contraceptive self-reliance by (1) providing TA to ensure forecasting, budgeting, and procurement (FBP) capacity is sustained in the MOH through monitoring MOH contraceptive procurement activities; and (2) assisting the MOH to pilot test an ability-to-pay targeting strategy. Support will also be provided to the Sosyal Sigortalar Kurumu (SSK) organization to make routine FBP processes and shift contraceptive commodity procurement authority from the Board of Directors to a managerial level.</p> <p>Interventions toward strengthening NGO advocacy are equally ambitious. POLICY will provide TA for KIDOG to review/revise its strategic plan and update its operational plan, with greater emphasis on adding mechanisms to sustainability beyond USAID funding. In addition, policy will provide TA and minigrant funds for KIDOG and other NGOs/networks for two-to-three advocacy campaigns on (1) contraceptive self-reliance (emphasis on commodity procurement needs and promotion of the ability-to-pay targeting as an alternative for sustainability) and the mobilization of SSK-member trade unions to advocate for SSK contraceptive self-reliance; (2) client-centered quality of care in selected sites in Istanbul; and (3) "Translating International Declarations into Action" among local-level NGOs (minigrant only).</p>
Staff
<p>Country manager: Maureen E. Clyde Local staff: Zerrin Baser, Sema Hosta, Fahreddin Tatar Affiliated staff: Jeff Sine, Sue Richiedei, Karen Foreit</p>
Funding as of September 30, 1999
<p>\$1,825,692 obligations to date \$1,429,566 expenditures to date \$ 396,126 balance</p>

PROJECT RESULT	Turkey — PLANNED ACTIVITIES
SO(c) Financial and other resources mobilized for FP/RH needs	Provide TA to ensure FBP capacity is sustained in the MOH by monitoring MOH contraceptive procurement activities; provide TA on FBP processes within the SSK and facilitate policy dialogue and advocacy (by KIDOG) to shift contraceptive commodity procurement authority from the level of Board of Director’s to a managerial level
IR1 Effective advocacy for FP/RH	TA for KIDOG to review/revise its strategic plan and to update its operational plan, with greater emphasis on adding mechanisms to sustainability beyond USAID funding; TA and minigrant funds for KIDOG and other NGOs/networks for two-to-three advocacy campaigns on (1) contraceptive self-reliance (emphasis on commodity procurement needs and promotion of the ability-to-pay targeting as an alternative for sustainability) and mobilizing SSK-member trade unions to advocate for SSK contraceptive self-reliance; (2) client-centered quality of care in selected sites in Istanbul; and (3) “Translating International Declarations into Action” among local-level NGOs (minigrant only)
IR4 Improved financing for FP/RH	Provide assistance for a pilot test of ability-to-pay targeting strategy and preliminary evaluation

UKRAINE

Status
<p>In the past year, POLICY expanded its focus on national policy dialogue. POLICY's SO in Ukraine, <i>Legislative and policy reforms adopted and supportive FP/RH policies maintained</i>, contributes to USAID/Kyiv's IR2, <i>Legislative and policy reforms (including health care finance) adopted at the national and local or oblast levels</i>. POLICY's assistance will concentrate on supporting policy dialogue, strengthening collaborative efforts, and producing information useful for planning.</p> <p>With POLICY assistance and MOH support, key high-level leaders formed a multisectoral RH policy development group (PDG). The group aims to develop a national RH policy and a successor to the National FP Program (NFPP), which expires in 2000. This unique group engaged RH leaders in the first comprehensive review and policy dialogue on the FP/RH legal and regulatory environment, increasing national awareness of the importance of FP/RH. A follow-on workshop resulted in the creation of working groups that will begin to develop the new program. In the next year, POLICY will build analytical capacity by conducting national and oblast-level SPECTRUM training. SPECTRUM results will illustrate Ukraine's contraceptive needs and the requirements to fulfill them, which will be used in planning that will culminate in a Kyiv+1 policy dialogue in summer 2000 to review progress and begin advocating for implementation of the new program.</p> <p>POLICY will continue to support a participatory process in meetings of the multisectoral PDG to plan and execute policy dialogue and its working groups as they assist in developing a successor to the NFPP. In addition, POLICY and a local organization will examine the amount of resources that have been spent in implementing the mandates of the 1995 NFPP between 1996 and 1998. This information will be useful for planning the successor NFPP and will help policymakers obtain the necessary resources for it.</p>
Staff
<p>Country manager: Monica Medrek Local staff: Lena Truhan Affiliated staff: Maureen Clyde, Jeff Sine, Kokila Agarwal</p>
Funding as of September 30, 1999
<p>\$1,250,000 obligations to date \$ 632,971 expenditures to date \$ 617,029 balance</p>

PROJECT RESULT	Ukraine — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Provide additional input into the Safe Motherhood concept law and an RH law that is expected to be created in the next year
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Support the multisectoral PDG and its working groups as they develop a successor to the NFPP, which will include providing SPECTRUM computer training to strengthen analytical capacity on the national and oblast levels; the planning will culminate in a Kyiv+1 policy dialogue in summer 2000 to review progress and begin advocating for implementation the new program
IR2 Strengthened collaboration among government and nongovernmental sectors	Support the inclusion of the nongovernmental and commercial sectors in policy dialogue and program planning
IR5 Information used for policy and program development	Conducted a cost/finance analysis to assist in developing the successor to the NFPP and to help mobilize resources for the new program



LATIN AMERICA/ CARIBBEAN

Mexico

79

Haiti

BOLIVIA

Status
<p>POLICY's objective in Bolivia is to contribute to a participatory decentralization of the health sector by ensuring that (1) community reproductive and sexual health (SRH) needs are reflected in municipal development plans (PDMs) and agendas; and (2) the allocation of resources for SRH in municipalities is improved. POLICY activities in Bolivia are organized around three country results: (1) effective advocacy for SRH; (2) effective planning that is participatory; and (3) the use of information for policy and program development. To date, these activities have yielded significant results.</p> <p>POLICY's TA in participatory planning to selected municipalities led to the inclusion and funding of RH and gender programs in the PDMs of Riberalta, Comarapa, and Santa Ana. The planning process in these municipalities had a high degree of participation by women, community groups, and NGOs, as well as initial collaboration activities between the public and private sectors. POLICY's department-level advocacy training workshops and minigrants have given rise to core groups of local women dedicated to promoting SRH at the subnational level. Their efforts have led to the formation of a Municipal Gender Office in Oruro; the creation of grassroots SRH/gender advocacy organizations in Riberalta, Guayamarin, and Oruro; and the implementation of advocacy campaigns and workshop replicas. Through its modems-to-municipalities program (with the population unit) and research endeavors, POLICY has also been responsible for collecting and disseminating information on population, gender, and SRH at the local level, information to formulate policy on adolescent SRH education in Sucre and to define community needs in municipal planning.</p> <p>In the next year, POLICY/Bolivia will consolidate and strengthen past activities and achievements. The POLICY team will provide TA in planning and raise awareness about SRH/gender in four additional municipalities. One-day, post-election "foros" will be held in priority municipalities to inform newly elected officials about the RH situation, needs, and advances in the community, to prevent a reversal of the advances made in bringing RH to the forefront of municipal agendas and plans. POLICY, in collaboration with PROCOSI and UNFPA, will conduct one-half day, awareness-raising workshops for department-level authorities in order that they, in turn, will reinforce and encourage the advances in SRH at the municipal level. Building on the successes of the advocacy-training program, POLICY, in collaboration with the advocacy network CNM, will conduct a second round of department-level training workshops, in leadership/planning for women. CNM representatives who received TOT from POLICY in June 1996 will lead these workshops. Finally, POLICY will continue to provide TA to UPP in conducting department-level workshops in the use of population and demographic data in planning.</p>
Staff
<p>Country manager: Varuni Dayaratna Local staff: Guido Pinto, Sandra Aliaga, Charles Pedregal Affiliated staff: Taly Valenzuela, Mary Kincaid</p>
Funding as of September 30, 1999
<p>\$1,100,000 obligations to date \$1,078,641 expenditures to date \$ 21,359 balance</p>

PROJECT RESULT	Bolivia — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Continue TA in the development of PDMs to the municipalities of Trinidad, Cobija, Exaltacion, and Magdalena
IR1 Effective advocacy for FP/RH	Convene awareness-raising/informational meetings for local health authorities (in collaboration with PROCOSI and UNFPA) to encourage the inclusion of RH on municipal and department-level agendas and plans (originally scheduled for FY99, but was postponed to FY2000); one-day, post-election “foros” in seven priority municipalities to inform newly elected officials about the RH situation, needs, and advances in the community; the purpose of these foros is to prevent a reversal of the advances made in past few years in bringing RH to the forefront of municipal agendas and plans (tentative)
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	Conduct training workshops in leadership/planning for local women in six departments; advocacy minigrant program to fund trainees’ advocacy proposals/activities
IR5 Information used for policy and program development	Provide TA to UPP in conducting department-level workshops in the use of population and demographic data in planning

GUATEMALA

<p>Status</p> <p>POLICY/Guatemala is working to improve the policy environment for RH reflected in a greater commitment by Guatemalan society to integrated women's health and favorable policies and programs. To this end, POLICY supports and promotes greater engagement of local organizations in the process, increased collaboration between governmental and nongovernmental sectors, and an extended use of information for advocacy, policy dialogue, and formulation. As a program response to country needs and opportunities, POLICY will consolidate the program expansion already initiated in three the Alta Verapaz, Quetzaltenango, and San Marcos departments, replicating the intervention model applied nationally, but taking account of departmental and local needs.</p> <p>In 1999, POLICY will continue to provide TA and training to strengthen civil society groups in order that they can participate effectively in policy formulation in support of integrated women's health by equipping them with the techniques and relevant information to be used in advocacy campaigns. POLICY will support the Women's Network for Building Peace, Guatemalan Women's Physician Association (AGMM), the Center for Legal Action on Human Rights (CALDH), the MATRIA Women's Association, the Coordinator of Legal Actions for Woman (COALM), the Cairo Action Group, Tierra Viva Women's Association, NGOs at departmental levels, and other groups of civil society.</p> <p>Also, POLICY will continue to take full advantage of opportunities that arise in the public sector. Support is planned for the MOH and the National Statistics Institute (INE) at national and departmental levels. POLICY will provide TA to the National Congress and Local Health and Development Councils. The program aims to promote the public debate and policy and participatory program and policy reforms on integrated women's health. POLICY will promote the use and dissemination of information for decision making and the policy process. POLICY will provide training and TA to civil society and public sector organizations in the use of data for policy and decision making. Among the aspects to be included are medical and institutional barriers against FP, reproductive rights, population projections, and the analysis of statistics and indicators with gender perspective.</p> <p>The Peace Accords call for a government commitment to create mechanisms to guarantee women's participation and access to health care services by implementing national integrated women's health programs. Within this context, the increased participation of civil society organizations on such controversial issues as RH and women's participation is an important step to diversify the actors in the RH policy arena and to influence public policies and actions.</p>
<p>Staff</p> <p>Country manager: Lucía Merino Local staff: Mirna Montenegro, Víctor H.Fernández, Lilian Castañeda, Enrique Calderón Affiliated staff: Patricia Mostajo</p>
<p>Funding as of September 30, 1999</p> <p>\$1,703,000 obligations to date \$ 892,496 expenditures to date \$ 810,504 balance</p>

PROJECT RESULT	Guatemala — PLANNED ACTIVITIES
SO Improved policy environment for FP and RH programs	PES application in three departments (first round) and at the national level (second round)
SO(b): National and subnational policies, guidelines, and plans developed	TA to AGOG to lead policy process to eliminate medical, institutional and legal barriers to FP; TA to MOH to address the issue of medical, institutional and legal barriers to FP in technical manuals and training; workshops on medical, institutional and legal obstacles to FP at national and departmental level
IR1 Effective advocacy for FP/RH	Technical and financial support through minigrants and subcontracts for supporting advocacy, policy dialogue, and public information campaigns (NETWORK, MATRIA, AGMM, CALDH, Deptal NGOs, Cairo Group, COALM); TA to key actors to implement policy dialogue activities with Development Councils; TA to Congress; policy presentations to political parties; workshops on policy environment at national and departmental level; refreshment seminar on Integrated Women’s Health to MOH Regional Directors; INE workshops at the national, regional, and departmental levels;
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	TA to strengthen the role of the Network and to design the its strategic plan for the period 2000–2002; workshop on leadership under AGMM campaign; training update program on Cairo Plan of Action and Beijing to CAG; training workshops to departmental counterparts on the issues of gender and self-esteem, human sexuality, women’s RH and rights, integrated health, the Peace Accords, the Cairo platform, and advocacy
IR5 Information used for policy and program development	TA to MOH MCH Program for the identification and use of data on women’s health policy and program formulation; TA to MOH Regional Area Direction to strengthen the Health Councils; workshop on use of information in decision making to Departmental Health Councils
IR5.1 Increased critical information base	Prepare and produce research reports, policy booklets, posters, presentations, information kits, and pamphlets to support advocacy and policy formulation activities
IR5.1.2 Local capability to collect and generate information	Participatory workshop on “Transforming data into information for influencing public policy”

HAITI

<p>Status</p> <p>POLICY/Haiti has concentrated on political and popular support (SO(a)), increased participation through the Civil Society Task Force (IR1), and use of information (IR2), including an increased information base (IR2.1). Among the most important achievements have been (1) the president's appointment of a prime minister, who immediately reinstated the Secretariat of State for Population (SEP); and (2) the SEP's subsequent solicitation of assistance from the task force and POLICY, culminating in a formal agreement. The SEP just initiated a population policy formulation process through 18 public meetings to be carried out at the decentralized level. Another major achievement was the adoption of results from the AIM application by the MOH as Haiti's official data, and the renewed effort with the private sector through the Front Commun Coalition to develop a national HIV/AIDS strategy. In addition, the Civil Society Task Force initiated the process of incorporation as an NGO and embarked on a prioritization process for the "Call to Action."</p> <p>The MOH's HIV/AIDS policy formulation process is progressing slowly although NGOs remain fully involved. The SEP is involved in the public meetings designed to produce a population policy proposal. Efforts to implement the "Call to Action" and increase population and political support have now broadened to include developing a national HIV/AIDS strategy and a national population policy through a participatory process. Despite the tension of the unresolved political crisis, it is expected that progress will continue in all areas.</p> <p>In support of the Civil Society Task Force, a document will be produced to set priorities based on the "Call to Action." The task force will be incorporated and continue to support the SEP, and a formal agreement will be signed with the MOH. In support of the SEP, TA and training will be provided to complete public meetings and incorporate results into a proposed national policy, and a series of sector assessments will be carried out. TA will be provided to the MOH and HIV/AIDS NGOs to complete a costing exercise, produce a proposed national strategy, and revise and implement the surveillance methodology. Financial assistance will be provided to a media network and an HIV/AIDS NGO to carry out awareness-raising activities. Analysis of the mapping data (Phase III) will be completed, and an electronic library housed in the POLICY office will be completed. Counterparts will be provided orientation in its use. Additional volumes will be produced of Haiti Pop Info and "Urgence d'Agir" with the SEP, Civil Society Task Force, and CONADEH.</p>
<p>Staff</p> <p>Country manager: Norine Jewell Local staff: Laurent Eustache, Eric Gaillard Affiliated staff: Jeff Jordan</p>
<p>Funding as of September 30, 1999</p> <p>\$950,000 obligations to date (includes 25K HIV/AIDS Core) \$776,708 expenditures to date \$173,292 balance</p>

PROJECT RESULT	Haiti — PLANNED ACTIVITIES
SO(a) Political and popular support strengthened	Complete priority-setting process of “Call to Action”; develop formal agreement between Task Force and MOH; support awareness-raising activities surrounding 18 decentralized public meetings carried out by SEP
SO(b) National and subnational policies, guidelines, and plans developed	Provide technical input into MOH efforts to cost out national HIV/AIDS program, update national strategy, revise methodology for sero-prevalence surveillance; conduct multisectoral assessments to SEP for use in population policy formulation process; support policy formulation process of public meetings at decentralized level
IR1 Effective advocacy for FP/RH	Provide financing for media network activities and awareness raising through POZ (Zero AIDS NGO)
IR3 More effective planning for FP/RH	Assist Task Force to conduct meetings of stakeholders to prioritize “Call to Action”; facilitate Task Force meetings to legalize organizational structure; integrate input from public and private sector participants into population policy proposal generated during the public meetings of SEP; assist Front Commun (AIDS coalition) to complete national strategy, surveillance methodology
IR5 Information used for policy and program development	Complete mapping data analysis (Phase III); respond to specific requests for integration of data into policies and programs; complete the electronic resource library and orient partners to its use
IR5.1 Increased critical information base	Produce additional issues of Haiti Pop Info and “Urgence d’Agir” with SEP, CONADEH, and Task Force; respond to specific requests for presentations of AIM and PopDev

JAMAICA

Status
<p>Jamaica is working to shift its FP program to a more comprehensive RH program, as outlined in the 1995–2015 <i>National Plan of Action on Population and Development</i>. The plan is not, however, a blueprint for action. Jamaica’s main focus for RH activities is now on adolescents. Structural issues within the government affect the development of an RH program. The MOH and the National Family Planning Board (NFPB) are working under considerable constraints, which include budget cuts. The MOH, the main service delivery mechanism in Jamaica, is being reorganized through a health sector reform that includes decentralization. The future of the NFPB, a statutory board of the MOH and a crucial advocacy organization in Jamaica, is in doubt.</p> <p>The POLICY Project’s SO in Jamaica, <i>Improved policy environment for FP/RH, including HIV/AIDS</i>, focuses in particular on the development of national policies, guidelines, and plans in support of FP/RH. POLICY will achieve this SO through IR1, <i>More effective planning for FP/RH</i>; IR2, <i>Data utilized in planning at the national level</i>; and IR3, <i>Plan developed for drafting a national youth RH policy</i>. POLICY is assisting the MOH in assessing gaps in RH coverage and developing an action plan for RH activities and services. In addition, POLICY is assisting the NFPB in developing a five-year strategic plan to help the organization continue advocacy activities for and its participation in developing an RH policy and program for Jamaica, with special emphasis on adolescent RH. However, until the MOH’s action plan has been developed, the NFPB strategic plan is on hold. By improving the policy environment for FP/RH, and specifically by helping the MOH and the NFPB plan their activities for the next five years, the POLICY Project will contribute to USAID’s SO3, <i>Improved reproductive health for youth</i>. In preparation for developing the NFPB’s new five-year strategic plan, POLICY funded an evaluation of the NFPB’s 1993–1998 strategic plan.</p> <p>Major activities in the coming year include the following: (1) work with the MOH to finish analyzing the gaps in coverage of RH services and activities and to develop an action plan to address shortfalls; (2) work with a local organization to help the NFPB develop a strategic plan for 1999–2004, especially to articulate desired elements of a youth RH policy; and (3) complete the PES report.</p>
Staff
Country manager: Karen Hardee
Funding as of September 30, 1999
<p>\$435,000 obligations to date \$137,931 expenditures to date \$297,069 balance</p>

PROJECT RESULT	Jamaica — PLANNED ACTIVITIES
IR3 More effective planning for FP/RH	Assist the MOH and other stakeholders to develop a five-year action plan for RH activities in Jamaica; assist the NPFB to develop a strategic plan for 2000-2005; develop a strategy document articulating desired elements of a youth RH policy and steps for drafting the policy; complete PES report
IR5.1 Increased critical information base	Prepare a technical audit of the RH situation and gaps in RH activities in Jamaica, using existing sources of data

MEXICO

Status
<p>The POLICY Project in Mexico is focused exclusively on improving the policy environment for HIV/AIDS/STDs this year, now that its minor involvement in population activities is complete. To date, the project has attained remarkable results through its program of decentralized multisectoral planning for HIV/AIDS/STDs in the states of Yucatan and Guerrero, where it created planning groups that bring together public and private/NGO representatives from the health and education, church, and other sectors. These groups have developed preliminary versions of a multisectoral strategic plan to be presented to state government and stakeholder organizations. They are meeting on a regular basis, have successfully worked through internal conflicts, are carrying out advocacy and policy dialogue activities throughout their states, and have mobilized private and public resources for these activities. Through its advocacy efforts in the Federal District, the project influenced policymakers there to create a state-level program of its own for HIV/AIDS/STDs, to meet the huge unmet need for prevention and services in this area.</p> <p>During the final year of the project, POLICY/Mexico will initiate work in Oaxaca and Vera Cruz and continue its program of assistance in the Federal District, state of Mexico, Yucatan, and Guerrero. The program includes planning workshops, preparatory research (stakeholder analysis, situation, and response analyses), press conferences, follow-up TA and training, minigrants, and support for advocacy and policy dialogue activities. Additionally, the POLICY team will be collecting data on its indicators and applying the AIDS Policy Environment Score (APES) survey in two new states and the four original states.</p>
Staff
<p>Country manager: Mary Kincaid Local staff: Edgar Gonzalez, Martha Alfaro, Francisco Hernandez Affiliated staff: Lucia Merino, Taly Valenzuela</p>
Funding as of September 30, 1999
<p>\$1,040,000 obligations to date \$ 798,664 expenditures to date \$ 241,356 balance</p>

PROJECT RESULT	Mexico — PLANNED ACTIVITIES
SO Improved policy environment for FP and RH programs	APES baseline surveys for Oaxaca and Vera Cruz; follow-up surveys in initial four states
SO(c) Financial and other resources mobilized for FP/RH needs	TA to Multisectoral Planning Groups in target states for advocacy and policy dialogue at the state level to increase spending on HIV/AIDS/STDs among both public and private organizations; TA to CONASIDA for advocacy and policy dialogue at federal level to increase spending on HIV/AIDS/STD and to include HIV/AIDS/STD services in the Basic Services Package for state-level health budget guidance
IR1 Effective advocacy for FP/RH	TA to the COESIDA/planning group in Oaxaca for advocacy campaigns on HIV/AIDS/STDs; TA and support for selected NGO advocacy events at national level, as related to HIV/AIDS/STD policy
IR2 Strengthened collaboration among government and nongovernmental sectors	Conflict resolution training for local POLICY team members and representatives of Yucatan and Guerrero Planning Groups; minigrants to Yucatan and Guerrero Planning Groups for communication equipment and joint public-private sector activities, as supported by their multisectoral strategic plans
IR3 More effective planning for FP/RH	Prepare Stakeholder Analysis, Situation Analysis and Response Analysis reports for Oaxaca and Vera Cruz; planning workshops in the state of Mexico, the Federal District (FD), Oaxaca, and Vera Cruz; workshops will be preceded by press events and in the case of the FD will include preworkshop meetings of NGOs to elicit consensus on key planning issues and the composition of the planning group; follow-up TA to each state after the workshop is completed to develop and refine multisectoral strategic plans and strengthen technical skills as needed

PARAGUAY

Status
<p>POLICY conducted an initial needs assessment in Paraguay in June 1999. In collaboration with USAID/Asunción and local counterparts, the project developed a workplan with the SO, <i>RH policies that support sustainability</i>. Two IRs that contribute to the SO are IR1, <i>RH champions effectively advocate for RH</i>, and IR2, <i>Improved planning and coordination of RH</i>.</p> <p>To achieve these results, POLICY is working in three main areas. The project began working with the Secretaría Técnica de Planificación (STP) to develop a Population Unit, which will help improve coordination by taking a broader vision of population issues, including such crosscutting themes as gender, the environment, and poverty. The Population Unit will work to develop a population policy, which will provide an overarching framework for the numerous policies related to population issues, thus improving coordination and coherence among interventions. In the coming year, POLICY will fund a study tour of STP staff to visit the Population and Policy Unit in Bolivia in order to learn about its structure and roles. POLICY hired a consultant who will provide TA to the STP in developing strategic and administrative plans for the new unit.</p> <p>A second area of intervention is with the Ministry of Public Health (MSP). The Paraguayan government has set a new policy to decentralize decision making; however, most ministries are struggling to determine how to implement the policy. POLICY will work with the MSP to develop a model region to make operational the newly developed National Policy of Integrated Health Care for Women. Workshops will be held in one health region to present the policy and discuss with local decision makers how the policy's general principles should be applied in the region.</p> <p>In addition, POLICY will directly contribute to the development of laws that are supportive of RH by supporting the Coordinador de Mujeres in the development of an RH law. The network includes women's NGOs that have received funding from UNFPA to develop an RH bill that will protect women's right to FP against shifting political tides. To allow for a more participatory process, POLICY will provide funding so that the bill can be presented to a broad range of stakeholders to receive input and generate support for the law.</p>
Staff
<p>Country manager: Ellen Wilson Local staff: Hugo Oddone (consultant)</p>
Funding as of September 30, 1999
<p>\$960,000 obligations to date \$748,449 expenditures to date \$211,551 balance</p>

PROJECT RESULT	Paraguay — PLANNED ACTIVITIES
SO(b) National and subnational policies, guidelines, and plans developed	Support Coordinadora de Mujeres in developing RH law
IR1 Effective advocacy for FP/RH	Advocacy training workshop for women and youth at departmental level
IR3 More effective planning for FP/RH	Support to STP in creation of Population Unit; operationalization of Women’s Health Policy at departmental level; support to National Health Council in monitoring implementation of ICPD

PERU

<p>Status</p> <p>POLICY's SO in Peru is to <i>Improve the policy environment for sexual and reproductive health and rights</i>. SO(a), <i>Political and social support</i>, is evidenced by the agreements between health authorities at the departmental level and civil society organizations, which focus on quality-of-care improvement and increased participation of NGOs and community-based organizations (CBOs) through civil surveillance of RH services. SO(b), <i>Policies and programs adopted</i>, is evidenced by the approval of the National Population Plan of 1998–2002.</p> <p>The POLICY Project in Peru provides TA to local organizations as part of USAID's projects, PASARE and ReproSalud. Through PASARE, POLICY supports the National Network for the Promotion of Women (RNPM), various NGOs, and public sector institutions, such as the MOH and PROMUDEH. Through ReproSalud, POLICY provides TA to USAID's local counterpart NGO, Movimiento Manuela Ramos (MMR). During the past three years, POLICY worked with the RNPM in developing a decentralized participation model, directed at strengthening capacity of the network's member organizations to advocate for improvements in RH policies. There are now about 300 members from the 25 departmental networks of the RNPM to date, with the necessary abilities to promote and carry out advocacy and policy dialogue campaigns. More than 50 advocacy events were organized in 16 departments covering SRH, violence against women, and women's participation issues. Also, with POLICY assistance, the RNPM participated in the ICPD+5 process through a national assessment, which was widely disseminated.</p> <p>This year POLICY will continue providing TA to the RNPM to strengthen the regional networks so that they can participate more effectively in formulating and implementing local RH policies and programs, in the context of national elections in 2000. POLICY will support the creation of an integrated communications system to expand access to data and information for advocacy and policy dialogue, and facilitate small financial resources to the RNPM at the different levels, to create opportunities for the practical application of skills acquired through training and follow-up.</p> <p>With ReproSalud, POLICY will provide TA to develop advocacy and leadership skills of CBOs so that they can negotiate improvements at the local service delivery points. POLICY will assist the MMR in the design and implementation of a global monitoring and documentation system on advocacy activities. POLICY will also provide TA to the MOH in sensitizing RH service providers in gender and rights perspective and will assist PROMUDEH in implementing the monitoring activities of the Annual Plan of the National Population Plan.</p>
<p>Staff</p> <p>Country manager: Patricia Mostajo Local staff: Edita Herrera, Marcela Huayta, Guiliana Frugone, Lidia Reyes Affiliated staff: Lucia Merino</p>
<p>Funding as of September 30, 1999</p> <p>\$100,000 obligations to date \$ 15,881 expenditures to date \$ 84,119 balance</p>

PROJECT RESULT	Peru — PLANNED ACTIVITIES
SO Improved policy environment for FP and RH programs	PES interviews (second round)
SO(a) Political and popular support strengthened	Advocacy and policy dialogue activities on reproductive health and rights conducted by POLICY counterparts, RNPM and ReproSalud; follow-up of commitments made by political authorities as the result of advocacy activities; TA for the gender-training program addressed to MOH FP/RH coordinators
SO(b) National and subnational policies, guidelines, and plans developed	Policy dialogue conducted by RNPM with political parties, mayors, and municipal councilors for the incorporation of SRH issues in national and local plans; TA to monitor the implementation of the National Population Plan
IR1 Effective advocacy for FP/RH	RNPM subcontracts and minigrants at the regional and departmental levels
IR1.1 Enhanced capability of networks and NGOs to represent communities	Training of grassroots organizations in the implementation of citizen monitoring committees for SRH rights; community leader interviews, and dissemination of local RH information
IR1.2 Enhanced capability to plan and carry out FP/RH advocacy efforts	TA to RNPM and ReproSalud regional teams, advocacy guidelines for regional, and departmental facilitators
IR2 Strengthened collaboration among govt. and nongovernmental sectors	TA for the implementation of citizen monitoring committees in SRH and follow-up of intersectoral groups
IR5 Information used for policy and program development	Basic communications system developed to expand access to global information within RNPM regional networks, analysis of the policy and regulatory environment for health, and sexual and reproductive rights
IR5.1 Increased critical information base	Policy booklets on advocacy and RH and rights addressed to NGOs and grassroots organizations, decentralization care study, departmental data sheets and regional information bulletins, and information brochures for political candidates

COUNTRIES IN TRANSITION

TURKMENISTAN

POLICY will be closing out activities in Turkmenistan at the end of December 1999. In the interim period, the resident advisor will complete remaining items of POLICY's scope of work for Turkmenistan. Specifically, POLICY will contribute to ongoing FP training at the Medical Institute, provide coordination support to CDC's TB and hepatitis programs, and provide ongoing support to counterparts in the Ministry of Health, the Maternal and Child Health Institute, and various health NGOs.

DOMINICAN REPUBLIC

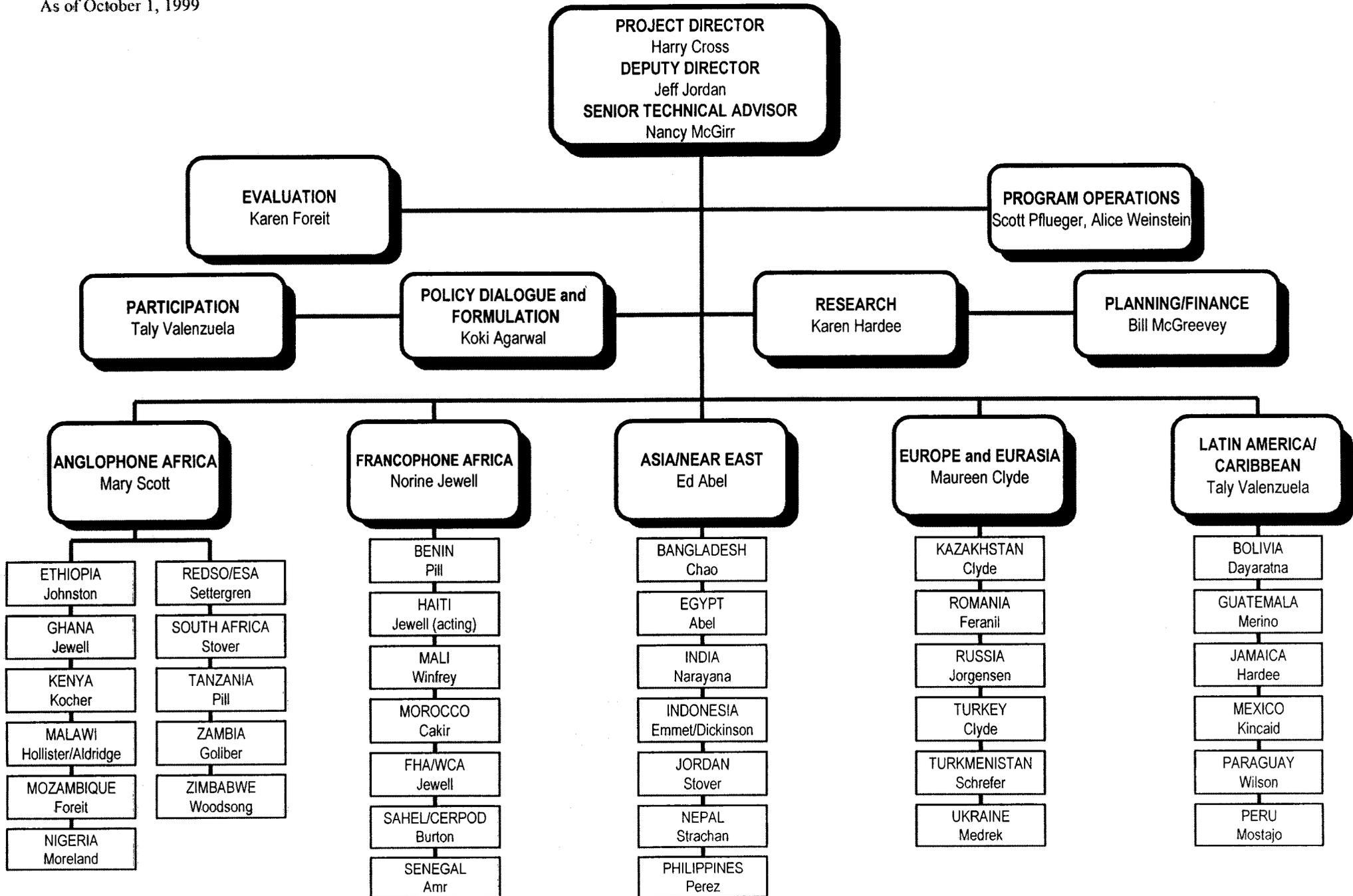
POLICY will provide limited support to the National AIDS Control Program for the application of the AIM and the Mother-to-child Transmission (MTCT) Model. The project will also prepare a summary report on the socioeconomic impacts of AIDS.

APPENDICES

- APPENDIX A:** MANAGEMENT STRUCTURE
- APPENDIX B:** AVAILABILITY OF COUNTRY WORKPLANS
- APPENDIX C:** FINANCIAL SUMMARY

APPENDIX A: MANAGEMENT STRUCTURE

As of October 1, 1999



Availability of Country Workplans

AFR

Benin
Ghana
Haiti
Kenya
Malawi
Mali
Morocco
REDSO/ESA
REDSO/WCA
Senegal
Tanzania
Zambia
Zimbabwe

ANE

Bangladesh
Egypt
India
Indonesia
Jordan
Nepal

E&E

Kazakhstan
Romania
Russia
Turkey
Ukraine

LAC

Bolivia
Jamaica
Mexico
Paraguay

Financial Summary

ELEMENT/COUNTRY	BALANCE / FY2000 BUDGET
Country Specific	360,670
Project Development	8,000
Model Review (See PD&F)	227,824
Working Group	313,404
Participation	1,095,130
Planning and Finance	672,394
Policy Dialogue and Formulation	140,774
Research	901,346
Evaluation	203,941
Publications	115,881
Global/Management	13,454
TOTAL CORE FY00 BUDGET	4,052,817
TOTAL POP CORE	4,052,817
HN/HIV/AIDS CORE WORKING GROUP	316,296
HN/HIV/AIDS Core Haiti	25,000
TOTAL CORE	4,394,113

COUNTRY/REGION	FUNDING SOURCE					FY00 BUDGET
	POP	HIV/AIDS	CS	HLTH/INF	MAARD	
Africa(ReprogrammedNiger)	186,751					186,752
Africa Region		535,516				535,516
Benin	557,611	1,087				558,704
Ethiopia	160,954	250,093	12,500			423,547
Ghana	71,221	68,182				139,410
Kenya	123,500	314,118	261,712	50,000		749,330
Madagascar		38				43
Malawi	56,601				111,418	168,019
Mali	289,481					289,483
Mozambique	155,081					155,088
Nigeria			406,548			406,548
REDSO (ESA)	62,841			100,000		162,849
REDSO (W)	204,701					204,703
Sahel	8				264,194	264,282
Senegal	25,931		148,817			174,747
South Africa		534,886				534,886
Tanzania	17,751	294,861				312,619

APPENDIX C: FINANCIAL SUMMARY

COUNTRY/REGION	FUNDING SOURCE					FY00 BUDGET
	POP	HIV/AIDS	CS	HLTH/INF	MAARD	
Zambia	2,55	108,089				110,639
Zimbabwe	1,13	5,378			207,515	214,028
Asia Regional	243,69	66,000				309,692
Bangladesh	727,31		50,168			777,484
Egypt	249,79					249,791
India	1,418,46					1,418,463
Indonesia	1,414,88					1,414,884
Jordan	554,92					554,920
Morocco	159,35					159,359
Nepal	205,31					205,318
Philippines	1,318,37					1,318,373
Kazakhstan	18,51					18,511
Krygyzstan	47,62					47,621
Romania	222,34					222,348
Russia	419,31					419,312
Turkey	396,12					396,126
Turkmenistan	11,81					11,815
Ukraine	617,02					617,029
Uzbekistan	169,77					169,778
Bolivia	21,35					21,359
Brazil	9					99
Dominican Republic		30,000				30,000
Ecuador	1,80					1,808
Guatemala	680,50		130,000			810,504
Haiti	148,29					148,292
Jamaica	147,06				150,000	297,069
Mexico		241,349				241,356
Peru	211,55					211,551
Paraguay	84,11					84,119
TOTAL FIELD SUPPORT	11,405,70	2,449,597	1,009,745	150,000	733,127	15,748,175

¹ Rounding error = \$5.00