



**The POLICY Project**

**HIV/AIDS**  
**SO4**  
**ANNUAL REPORT**  
**OCTOBER 1, 1999–**  
**SEPTEMBER 30, 2000**

**Strategic Objective 4:** *Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.*

**The Futures Group International**

*in collaboration with:*

**Research Triangle Institute (RTI)**

**The Centre for Development and  
Population Activities (CEDPA)**

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## **CONTENTS**

<b>I. INTRODUCTION/BACKGROUND .....</b>	<b>1</b>
BACKGROUND .....	1
KEY ACCOMPLISHMENTS .....	4
<b>II. POLICY PROJECT HIV/AIDS PERFORMANCE REVIEW .....</b>	<b>7</b>
<b>III. COUNTRY SUMMARIES .....</b>	<b>16</b>
1. <i>Benin</i> .....	16
2. <i>Ethiopia</i> .....	18
3. <i>Ghana</i> .....	20
4. <i>Kenya</i> .....	22
5. <i>Malawi</i> .....	24
6. <i>Mozambique</i> .....	26
7. <i>Nigeria</i> .....	27
8. <i>South Africa</i> .....	29
9. <i>Tanzania</i> .....	31
10. <i>Zambia</i> .....	32
11. <i>Zimbabwe</i> .....	34
12. <i>Haiti</i> .....	35
13. <i>Mexico</i> .....	37
<b>IV. POLICY PROJECT: PROBLEMS AND CONSTRAINTS .....</b>	<b>40</b>
<b>V. POLICY PROJECT HIV/AIDS FINANCIAL SUMMARY .....</b>	<b>41</b>



## ***I. Introduction/Background***

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### ***Background***

POLICY I was a five-year project funded by the USAID Office of Population/Policy and Evaluation Division under Contract No. CCP-C-00-98-00023-04, beginning September 1, 1995, and ending on August 30, 2000. POLICY II started July 7, 2000, and continues until July 6, 2005. Both projects are implemented by The Futures Group International in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA). This report combines activities from both projects.

Building on 25 years of progress in population and development policies, the POLICY Project is committed to furthering the goals and recommendations of the 1994 International Conference on Population and Development (ICPD) held in Cairo. The purpose of the POLICY Project is to create a supportive environment for family planning and reproductive health (FP/RH) programs through the promotion of a participatory policy process and population policies that respond to client needs.

To achieve its purpose, the project addresses the full range of policies that support the expansion of FP/RH services:

- national policies as expressed in laws and in official statements and documents;
- operational policies that govern the provision 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 assistance is provided to public and private sector institutions to strengthen their capabilities to contribute to the development and implementation of effective policies and programs. The project works with national and local governments; nongovernmental organizations (NGOs), such as FP associations, women's groups, grassroots organizations, and professional associations; commercial organizations; and research institutions.

Project activities are designed in collaboration with local institutions and USAID Missions to achieve the following specific results:

- improved **policy dialogue and formulation**
- increased **participation in the policy process**
- translation of policies into action through improved **strategic planning and resource allocation**
- effective use of **data and research** in the decision-making process
- improved capacity building for sustained programs

Since HIV/AIDS is such a critical RH issue, the project from its beginning has been active in promoting HIV/AIDS policy advocacy and strategic planning activities in its country programs and has sought to develop tools to promote effective policy analysis.

POLICY Project HIV/AIDS activities are designed to support SO4 Intermediate Result (IR) 4.3, *Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions*. The subresults for IR4.3 follow:

- 4.3.1. Enhance the knowledge and awareness among policymakers of the social, economic, cultural, and health impacts of HIV/AIDS, and of the potential strategies to address them.
- 4.3.2. Identify and address key social, political, information, human resource, and service barriers (including stigma and discrimination) to effective responses to HIV/AIDS.
- 4.3.3. Reduce key information and service barriers for vulnerable populations (especially women and youth).
- 4.3.4. Develop, evaluate, and promote improved policies and strategies for the delivery of basic care and support services for HIV infected and affected persons.
- 4.3.5. Support global, regional and national policy initiatives to allocate adequate resources, and develop more cost-effective responses to HIV/AIDS.

In addition, several POLICY Project activities also support IR4.5, *Improved availability of, and capacity to generate and apply data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts*. The specific subresults that are most applicable to POLICY Project work are 4.5.2 and 4.5.3:

- 4.5.1. Establish and/or strengthen surveillance and evaluation systems.
- 4.5.2. Develop, validate, and disseminate improved tools and models to determine HIV/AIDS/STI levels, trends, intervention costs, and program impact.
- 4.5.3. Develop mechanisms to support timely dissemination and use of monitoring, surveillance, and impact research by field programs and in policy dialogue activities.

#### **The POLICY Project HIV/AIDS Focus Areas**

A strong and supportive policy environment is crucial to the implementation of successful programs to prevent the spread of HIV, care for those infected, and mitigate the impacts of the

epidemic. Strong political commitment among leaders and program managers is essential to generate a broad-based, sustained response. A supportive policy environment is crucial to ensure that human rights are respected and to eliminate stigmatization and discrimination. National and subnational policies, guidelines, and plans are needed to guide the effective implementation of HIV prevention and care initiatives, and financial and other resources must be mobilized to build capability to respond to the epidemic. POLICY has conducted HIV/AIDS policy development activities to achieve these results in Benin, Ethiopia, Ghana, Haiti, Kenya, Malawi, Mexico, Mozambique, South Africa, Tanzania, Zambia, and Zimbabwe.

### **The POLICY Project Approach to HIV/AIDS**

The POLICY Project collaborates with host-country counterparts in a variety of activities designed to improve support for HIV/AIDS policies and programs and to improve program planning. Among the major areas of assistance are the following:

- **Advocacy.** POLICY provides assistance to develop and implement advocacy strategies and presentations targeted to high-level officials in order to increase their understanding and support for effective programs. POLICY involves actors not traditionally involved in policy processes, such as formal groups from civil society including NGOs, women's groups, universities and professional associations; research institutions; pharmacies and other health service providers; individual champions; and others. Training workshops are conducted with a broad range of stakeholders in order to increase their ability to design, implement, and evaluate advocacy campaigns to increase support for specific HIV/AIDS issues.
- **Strategic planning and resource allocation.** POLICY works with national programs to conduct strategic planning exercises that include broad participation and result in realistic action plans to achieve specific goals. These activities rely on the strategic planning guides developed by UNAIDS and other materials prepared by POLICY.
- **Human rights.** POLICY has several activities regarding human rights and discrimination that are intended to ensure that key issues are understood and to provide guidance to programs to understand, assess, and improve the human rights environment. POLICY is developing guidelines for conducting a legal and regulatory analysis intended to spot problems and propose solutions.
- **Modeling.** POLICY provides assistance and training in the use of a number of models for presentation and planning. These include models for projecting and presenting the social and economic consequences of the epidemic (AIDS Impact Model—AIM), estimating national HIV prevalence based on surveillance data and preparing future projection (AIDSProj), examining the demographic impacts of AIDS, calculating the interactions between HIV and tuberculosis, and estimating the costs of providing AZT therapy to pregnant women and triple therapy to infected populations.
- **Policy formulation.** POLICY supports research intended to improve our understanding of the processes that lead to successful policies. A special workshop on the HIV/AIDS policy formulation process was held at the 12<sup>th</sup> World AIDS Conference in Geneva. POLICY also maintains a comprehensive database of HIV/AIDS policy statements that can be searched via the Internet (at [www.tfgi.com/areas/hiv aids.htm](http://www.tfgi.com/areas/hiv aids.htm)).
- **Evaluation and assessment.** POLICY has developed a composite index for measuring the degree to which the policy environment in different countries is supportive of effective

policies and programs. It is currently working with USAID, UNAIDS, and other organizations to develop the AIDS Program Effort Index, intended to measure the level of effort in country responses to the AIDS epidemic.

- ***AIDS Economic Network.*** POLICY works with the World Bank and USAID to maintain a network of economists and other professionals that meets on a regular basis, both in-person and electronically, to review and discuss the latest information on the economic impacts of AIDS and the financing of programs.

### ***Key Accomplishments***

We have organized our key accomplishments according to the results framework of the POLICY I Project. The following results cover the entire five-year period of the POLICY I Project.

#### ***SO: Improved policy environment for FP/RH programs, including HIV/AIDS***

- UNAIDS has accepted POLICY projections (AIDSProj) that factor in the impact of HIV/AIDS on future population size in eight countries (Ethiopia, Ghana, Guatemala, Honduras, Kenya, Malawi, Mozambique, and Zambia).
- AIDS Policy Environment Scores, which were included in the **Ethiopia** Mission's 2000 R4 report, increased from 43 in 1997 to 55 in 2000. The increase is attributed to a major advocacy campaign that increased the visibility of HIV/AIDS efforts in the country including the formal adoption of a national HIV/AIDS policy in 1999 and the launching of a national AIDS council in February 2000.

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

- Political and popular support for FP/RH/AIDS increased in **Benin** as evidenced by statements made by top political leaders during a regional HIV/AIDS workshop: the President offered to participate in public information campaigns for HIV/AIDS prevention; the Minister of Justice described the impact of HIV/AIDS on the family through the loss of five of his nephews; the chair of the legislative committee proposed measures for the battle against AIDS; the Minister of Public Health stressed the importance of political commitment in the battle; and the Minister of State (responsible for Government Action, Planning, and Work Force Development) authored the preface of the RAPID brochure in March 2000, emphasizing Benin's commitment to the ICPD *Programme of Action*.
- The Federal District of **Mexico** announced creation of Federal District Office of HIV/AIDS as a result of POLICY-supported advocacy and proposals (March 1999).
- The Health Commissioners in Yucatan and Guerro, **Mexico** pledged publicly to support the Multisectoral Citizens Group (MCG) in the implementation of a multisectoral strategic plan for HIV/AIDS prevention and services at the state level and provided funds to the group to help conduct some of its activities.

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

- National AIDS Council in **Ethiopia** was officially established on April 22, 2000, with the responsibility for coordinating and integrating HIV/AIDS initiatives. POLICY assisted in developing the regulations establishing the council. In addition, the Addis Ababa Regional AIDS Council formed in February 2000; Tigray Regional HIV/AIDS Board established (1998); Amhara Regional HIV/AIDS Task Force formed in 1999 (POLICY provided TA in setting up regional councils and provided equipment and training to their secretariats).
- USAID/Addis Ababa prepared a reporting cable identifying AIM presentations and a review meeting for leaders on the status of the epidemic organized by POLICY as contributing factors to the adoption of *Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia* in August 1998.
- **Ghana**'s National AIDS Policy finalized at the National Consensus Workshop on August 16, 2000.
- PNLIS (national AIDS organization) in **Madagascar** develops and approves guidelines for treatment of STDs.
- **Malawi**'s National HIV/AIDS Strategic Framework and Agenda for Action was approved by President Muluzi on October 29, 1999, at a national HIV/AIDS launch of the strategic plan.
- The HIV/AIDS multisectoral plan in Guerrero, **Mexico**, has been approved by the State Secretary of Health and other organizations identified in the plan. The Secretary of Education and Tourism in Yucatan and NGO partners approved the HIV/AIDS multisectoral plan, as did the State Secretary of Health in June 2000. The Yucatan plan was submitted to the Governor of Yucatan for approval on July 18, 2000.
- Mpenjata Local Council in **South Africa** developed an HIV/AIDS policy, implemented HIV/AIDS activities, and strengthened their networks with civil society.
- Provincial AIDS Training, Information, and Counseling Centers in **South Africa** developed business and strategic plans for their own organizations to access funds from the provincial government.
- Department of Agriculture and the Department of Environmental Affairs and Tourism in **South Africa** prepared HIV/AIDS and STD Workplace Policy and Program. Policies are in the process of review before submission to Director General/Ministers.
- The prime minister of **Tanzania** appointed an HIV/AIDS advisory board (April 1999).
- National AIDS Control Program in **Tanzania** drafted Medium-Term Plan III, which articulates a multisectoral response to HIV/AIDS.

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

- The National Anti-HIV/AIDS Task Force in **Ethiopia** (a coalition of religious leaders) identified manpower and resources to finance TOT and training sessions for church officials in six regions. The training was considered the first step in establishing HIV/AIDS prevention and control programs in each local congregation participating in the training.
- The Federal District government in **Mexico** CEMPRAVIH, the Guerrero (Mexico) multisectoral planning group, obtained funding from private and public sources to cover the costs of a three-day training workshop on HIV/AIDS for 124 health workers, teachers, and others (July 1999).

- The Federal District government in **Mexico** has been paying a consultant to design and coordinate the new HIV/AIDS/STD program for the Federal District.
- In October 1998, the MCG in Yucatan, **Mexico**, obtained funds from 22 sources, including government and commercial firms, to help conduct some of its activities.
- DANIDA picked up policy work and funds HIV/AIDS strategic planning in Nchelenge District in **Zambia**.

## II. POLICY Project HIV/AIDS Performance Review

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Name	Purpose/Target	Expected Outcome(s)	Partner(s)	IR(s)	Budget
Advocacy—AIM Update	Update AIM presentation with a module on Mother-to-Child Transmission	Updated AIM	POLICY J Stover 860-633-3501	4.3.1 4.5.2 4.5.3	POP \$20K HIV/AIDS \$10K

**Activity Name:** Advocacy—AIDS Impact Model (AIM) Update

**Overview:** The AIM presentation has been updated with the latest information on interventions, treatment, costs, community response, human rights, and economic impacts. This year a new module was added to the AIM that examines the costs and impacts of alternative strategies to prevent mother-to-child transmission (MTCT).

**Purpose/objective:** To provide a framework for developing country-specific AIM applications as part of a national advocacy strategy to increase leadership support for HIV/AIDS programs.

**Methodology:** The new MTCT Model uses a cost-effectiveness and cost-benefit approach to analyze the number of infections and deaths averted and the costs of alternative strategies to prevent MTCT, including long course AZT, short course (Thailand), PETRA Arm A, PETRA Arm B, Neonatal only, Nevirapine (HIVNET 012), universal Nevirapine, delivery by C-section, formula feeding, and exclusive breastfeeding.

**Target Population(s)/size:** In each country, the target is to reach the 10,000 most important leaders from the government, community, and business, to improve their knowledge about what needs to be done to prevent HIV and mitigate the impact of AIDS. Broad leadership support is required for effective national implementation of HIV/AIDS programs.

**Potential for Scale-up and/or Impact:** The basic AIM presentation serves as a template for country-specific presentations. New or updated AIM applications are being developed in several countries.

Name	Purpose/Target	Expected Outcome(s)	Partner(s)	IR(s)	Budget
Advocacy Training Guide	Add a supplement to the advocacy manual with HIV/AIDS examples and presentation	The advocacy manual will have a supplement on HIV/AIDS to conduct HIV/AIDS advocacy workshops and training	POLICY, AIDS Alliance C Colvin 202-775-9680	4.3.1	POP \$15K

**Activity Name:** Advocacy Training Guide

**Overview:** Workbook and training materials for conducting advocacy training were developed. This builds on existing FP advocacy-training materials and incorporates a full set of examples and case studies for HIV/AIDS advocacy.

**Purpose/objective:** Provide training materials for training national, regional, and local personnel involved in advocacy activities for HIV/AIDS.

**Methodology:** The Advocacy Training Guide for Networks was completed in September 1999. The HIV/AIDS Guide will include a full set of HIV/AIDS examples and case studies, and a sample presentation for policymakers on advocacy.

**Target Population(s)/size:** National and subnational advocacy groups in 10 POLICY Project countries.

**Potential for Scale-up and/or Impact:** Training materials will be made available for wider distribution.

Name	Purpose/Target	Expected Outcome(s)	Partner(s)	IR(s)	Budget
HIV/AIDS Human Rights Consultant	Human rights advisor acts as resource for POLICY global and field activities and as resource for HIV/AIDS Division	Human rights issues will be better understood by POLICY, CAs, USAID, and host-country colleagues	POLICY L Porter 202-775-9680	4.3.2	HA \$30K

**Activity Name:** HIV/AIDS Human Rights Advisor

**Overview:** The POLICY Project expanded the experience of its staff and counterparts in the areas of human rights, discrimination, access, needle exchange, and other policy and ethical issues in order to support its own activities as well as be a resource for the HIV/AIDS Division and its other CAs, and to serve as a resource for developing indicators on human rights. Through its advisor on human rights, the project provides the required expertise to the project and the HIV/AIDS Division and has developed a database of relevant consulting expertise.

**Purpose/objective:** To provide TA to country and global programs on human rights issues.

**Methodology:** Lane Porter provided support and TA to country and global programs as needed.

**Implementation Plan:** Lane Porter began working with the POLICY Project on March 20, 1998. He is a specialist on AIDS human rights and discrimination issues and has a law degree from the University of Virginia and an M.P.H. from Harvard. He has done consulting work for PAHO, WHO, GPA, DHHS, NAS, IOM and numerous other organizations. This year, Porter will work 25 percent for POLICY on human rights and 25 percent on legal and regulatory analysis. He contributed to several HIV/AIDS-related activities, including development of the HIV/AIDS Policy Compendium, development of a framework for legal and regulatory analyses, and updating of the AIM. He will also maintain a network of contacts with people working in the same field. In addition, Porter will provide assistance to POLICY country activities and to USAID and other Integration Working Group (IWG) members.

Name	Purpose/Target	Expected Outcome(s)	Partner(s)	IR(s)	Budget
National HIV/ AIDS Policy Compendium	Continue compilation and dissemination of a compendium on national HIV/AIDS policies	Updated and most recent policies are accessible to a wide group of policymakers and planners	POLICY K Willson 860-633-3501	4.3.2 4.5.2 4.5.3	HA \$10K

**Activity Name:** National HIV/AIDS Policy Compendium

**Overview:** A compendium of HIV/AIDS policies has been compiled containing national and international policy statements relating to AIDS. The database is intended to help those drafting new or revised policies, by providing examples from other national policies and recommendations from international policy documents. The database is also useful for cross-national research on HIV/AIDS policies. The National HIV/AIDS Policy Compendium database currently contains over 2,500 records from 91 source documents representing approximately 48 countries. The database is available via the Internet at: <http://www.tfgi.com/areas/hiv aids.htm>.

**Purpose/objective:** To provide examples of HIV/AIDS policies from several countries on a variety of HIV/AIDS issues.

**Methodology:** POLICY staff continues to add new and revised policies on the database. Updates are announced on The Futures Group International website.

**Target Population(s)/size:** POLICY country programs, international meetings, and program managers with Internet access.

**Potential for Scale-up and/or Impact:** Worldwide.

Name	Purpose/Target	Expected Outcome(s)	Partner(s)	IR(s)	Budget
Framework for Legal and Regulatory Analyses	Consultant on human rights will continue to develop a framework for conducting legal and regulatory analyses for HIV/AIDS	Available framework for conducting country-specific legal and regulatory analysis for HIV/AIDS	POLICY, UNAIDS L Porter 202-775-9680	4.3.2	HA \$30K

**Activity Name:** Framework for Legal and Regulatory Analyses

**Overview:** The POLICY Project developed a framework for conducting legal and regulatory analyses for HIV/AIDS. Among the key issues that are included are human rights and discrimination, barriers to private sector participation, regulation of the private sector, and ethical principles applicable to HIV/AIDS.

**Purpose/objective:** To provide a framework that can be used in conducting country-specific legal and regulatory analyses. The framework document will be used by the POLICY Project for several country-specific analyses, but will also be made available for use by other IWG CAs and other national and international organizations.

Name	Purpose/Target	Expected Outcome(s)	Partner(s)	IR(s)	Budget
AIDS Economics Network	Stimulate analysis and discussion of economic issues related to HIV/AIDS	Discussion and dissemination of research on the economic impact of AIDS	<u>POLICY</u> , World Bank W McGreevey 202-775-9680	4.3.5 4.5.2	HA \$30K

**Activity Name:** AIDS Economics Network

**Overview:** The AIDS Economics Network, started under the AIDSCAP Project, now continues with face-to-face meetings organized by the POLICY Project and electronic forums organized by the World Bank. The network is a chance for those interested in economics issues to discuss recent development, suggest new areas of research, and organize economics-related activities at international conferences. Two meetings were held in 1998 (Washington, D.C., in April and Geneva in July) and one July 1999 on cost-effectiveness models. POLICY prepared and moderated an electronic discussion of the impacts of AIDS on the macro, sectoral, and household economies. POLICY also assisted in the IAEN two-day satellite workshop at the Durban AIDS Conference.

**Purpose/objective:** To stimulate discussion and research on economic issues associated with HIV/AIDS.

**Methodology:** Face-to-face meetings and electronic discussions.

**M&E Plan:** Feedback from participants and number of people participating in face-to-face meetings and electronic discussions.

**Target Population(s)/size:** Anyone interested in the economic impact of AIDS.

**Potential for Scale-up and/or Impact:** Global.

Name	Purpose/Target	Expected Outcome(s)	Partner(s)	IR(s)	Budget
AIDS Program Effort Index	Develop, test, and apply an indicator of program effort at the country level	Program effort scores for HIV/AIDS from different countries	<u>POLICY</u> , UNAIDS J Stover 860-633-3501	4.5.2 4.5.3	HA \$100K

**Activity Name:** AIDS Program Effort Index

**Overview:** The POLICY Project collaborated with USAID and UNAIDS to develop a indicator of program effort that can be used to evaluate the national and international response to the epidemic. The indicator was field-tested Cambodia, Mexico, the Philippines, Romania, Senegal, and Zambia. The full implementation took place during the first half of 2000. A preliminary report was delivered at the Durban AIDS Conference.

**Purpose/objective:** To measure the effort put into AIDS control programs by national and international organizations.

**Methodology:** A composite index scored qualitatively by 15–25 knowledgeable people in each country.

**Potential for Scale-up and/or Impact:** Global.

Name	Purpose/Target	Expected Outcome(s)	Partner(s)	IR(s)	Budget
AIDS Intervention Modeling	Modify the iwgAIDS Model, validate the major AIDS simulation models and test effects of intervention strategies		POLICY, Univ. of Illinois, Univ. Erasmus, INSERM, Oxford Univ., Center for International Migration and Health J Stover 860-633-3501	4.3.1 4.3.5 4.5.2	Africa Bureau \$400K

**Activity Name:** AIDS Intervention Modeling

**Overview:** Several organizations have developed complex simulation models to examine factors affecting HIV transmission and the impact of interventions. The U.S. government funded the development of the iwgAIDS Model. A number of improvements were made to iwgAIDS under a POLICY Project subcontract with the University of Illinois. The second part of this activity was to test several simulation models with detailed epidemiological and behavioral data from several countries to validate the model's performance. Preliminary results of this exercise were presented at a satellite session at the Durban AIDS Conference. A follow-up meeting was held in Rome in October 2000. The work was not completely finished by the end of this reporting period. Additional funding is being sought to complete the activity.

Name	Purpose/Target	Expected Outcome(s)	Partner(s)	IR(s)	Budget
Durban 2000 World AIDS Conference Activities	Disseminate POLICY Project materials and conduct workshops on policy advocacy and strategic planning	Wide dissemination of POLICY Project tools for HIV/AIDS policy advocacy and strategic planning	POLICY, UNAIDS A Johnston 919-541-7394	4.3.1	HA \$135K

**Activity Name:** Durban 2000 World AIDS Conference Activities

**Overview:** The XIII World AIDS Conference was held in Durban, South Africa 9–14 July, 2000. The POLICY Project contributed to the conference through several activities designed to ensure broad dissemination of POLICY Project tools for policy advocacy and strategic planning.

**Purpose/objective:** Contribute to HIV/AIDS policy advocacy and strategic planning skills development in developing countries through workshops and dissemination of POLICY tools.

**Methodology:** The POLICY Project contribution to the Durban 2000 Conference consisted of the following:

1. Co-sponsoring a satellite meeting, “Putting Third First—Critical Legal Issues and HIV/AIDS,” Friday July 7.
2. Participating in the satellite meeting, “AIDS and Economics,” organized by the International AIDS Economics Network, July 7 and 8.
3. Sponsoring a satellite session, “Building Political Commitment for Effective HIV/AIDS Policies and Programs,” July 11, 18:30–21:00.
4. Sponsoring a satellite session, “What Can Simulation Modeling Tell Us about the Impacts of Prevention Interventions in Different Contexts?,” July 12, 18:30–21:00.
5. Conducting a project meeting of all POLICY staff, July 14 afternoon and July 15 all day.
6. Operating a booth in the NGO area.

7. Oral presentation, “Measuring the Level of Effort in the National and International Response to HIV/AIDS,” by John Stover, Bernhard Schwartlander, and Joel Rehmstrom.
8. Oral presentation, “Cost-effectiveness of Programs to Prevent MTCT in the Dominican Republic,” by Martha Butler and Lori Bollinger.
9. Oral presentation, “The Role of PWA’s in the Media. Ricky Treurnicht,” by Kevin Osborne.
10. Oral presentation, “Community Programme: Power Imbalance between Men and Women,” by Kevin Osborne, July 8.
11. Poster presentation, “Estimates on Projections of the HIV/AIDS Epidemic in the Dominican Republic,” by Martha Butler and Lori Bollinger
12. Poster, “Measuring the Policy Environment for HIV/AIDS in Central America,” Cesar Nunez, John Stover, and Victor Hugo Fernandez.
13. Poster, “The Applicability of the Ryan White Title II and CDC Community Prevention Planning Program Models to HIV/AIDS Responses in Eastern and Southern Africa,” by Shawn Aldrige.
14. Skills-building exercise, “Enhancing HIV/AIDS Advocacy Skills for Influencing Decision Makers,” by Kevin Osborne, Sylvia Abrahams, Solly Rasego, Ron McInnis, and Nikki Schaay, July 12.
15. Skills-building exercise, “Saying the Right Thing at the Right Time: Developing the Media Skills of People Living with HIV/AIDS,” by Kevin Osborne, Ricky Treurnicht, Ron McInnis, and Musa Njoko, July 11.
16. Poster presentation, “Development NGOs: A Model for Uncovering the Developmental Roots of HIV/AIDS,” by Nikki Schaay and Kevin Osborne.
17. Poster presentation, “Interpreting HIV Trends for Policymakers: Using an Intermediate Variables Framework as a Policy Advocacy Tool,” by Alan Johnston.
18. Poster presentation, “Building Support Among Religious Leaders for HIV/AIDS Programs in Ethiopia,” by Dr. Ayele Belachew and Eleni Seyoum.

19. Poster presentation, “An Agenda for Establishing Strategic Partnerships and Networks to Implement Debt for HIV/AIDS Response Activities in sub-Saharan Africa,” by Robie Siamwiza and Paul Zeitz.
20. Poster, “Establishing the First HIV/AIDS Program in Mexico City,” by Jorge Saavedra.
21. Kevin Osborne chaired an oral session, “Intellectual Property and Human Rights: Access to Drugs,” July 11.
22. Poster or presentation, “HIV/AIDS District Planning and Mainstreaming in Malawi,” by Doreen Sanjee and Shawn Aldridge.
23. Poster presentation, “A Baseline HIV/AIDS Awareness Study among Church Leaders to Improve Counseling Training,” by Eleni Seyoum (Tuesday, abstract number TuPeE3882).

Name	Purpose/Target	Expected Outcome(s)	Partner(s)	IR(s)	Budget
Francophone Africa AIM Workshop	Conduct a workshop on the AIM in Francophone Africa	Increased support for HIV/AIDS	POLICY C Pill 202-775-9680	4.3.1 4.5.2 4.5.3	POP \$135K

**Activity Name:** Francophone Africa Building Political Support Workshop

**Overview:** The POLICY Project organized a regional workshop for Francophone African countries, “Strengthening HIV/AIDS Policies and Interventions through Analysis and Advocacy,” in Cotonou, Benin, in November 1999, which was organized in cooperation with UNAIDS and the FHA project and brought together teams from seven Francophone African countries. The workshop was highly successful in creating greater awareness of the need for greater political commitment and ways to achieve it.

**Objective:** Promote advocacy and policy dialogue to raise awareness of HIV/AIDS issues as well as strengthen commitment and design interventions to tackle the epidemic.

**Target Population:** Francophone Africa policymakers.

**Potential for Scale-up/or Impact:** Each country delegation developed an action plan composed of advocacy and other policy-related activities that will raise awareness and foster support for HIV/AIDS policies and programs as well as help design appropriate interventions.

### III. Country Summaries

#### 1. Benin

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**Background.** HIV/AIDS prevalence in Benin is relatively low, but the country must act soon to avoid the devastation other countries are facing. AIDS control advocates are trying to overcome lack of interest in a problem still viewed as small and a strong reticence toward public acknowledgement of the disease among family and friends. With respect to RH, FP programs in particular have been viewed strictly in terms of maternal health without taking into account the broader human development and socioeconomic impacts of unwanted fertility and high rates of demographic growth on the individual and society. Despite Benin's explicit population policy, the population still does not have access to an array of high-quality FP/RH services, and decision makers at all levels seem unaware of the implications of a demographic growth rate that outpaces other socioeconomic growth indicators. Finally, as with other Francophone African countries, Benin has little history or tradition of concerted civil society participation in government decision making. Thus, NGOs have no model on which to pattern their efforts to influence RH policies, nor do they have experience in forming alliances or coalitions to collaborate on activities.

**Results Framework.** USAID's SO in Benin, *Reduced total fertility*, was supported by POLICY's SO, *Improved policy environment through increased political and popular support and contributions to legal/regulatory reform*. Project IRs included *Development of reproductive health advocacy activities by government and civil society*; *Reinforcement of public-private sector collaboration*; and *Greater use of data in planning and program development*. To achieve these results, POLICY activities focused on disseminating information generated by the AIM for use in AIDS advocacy efforts; applying RAPID to project the demographic impact on human development for use in FP/RH advocacy efforts; and strengthening the role of civil society in FP/RH advocacy.

**Partners.** POLICY's primary government counterpart was the National AIDS Control Program (PNLS) of the MOH and Ministry of Plan. Nongovernmental partners included ROBS, a large nationwide health NGO network, and an ad hoc committee to reduce legal barriers.

**Types of TA.** POLICY used core funds to complement field support in furthering Benin's policy agenda. POLICY provided training and institutional support to apply the AIM and SPECTRUM system of models, reach consensus on fundamental issues in the national dialogue on population/RH and HIV/AIDS, and develop and deliver presentations to public and private sector decision makers at national and decentralized levels. POLICY also trained a network of journalists, enabling them to generate media attention and factual articles on HIV/AIDS, and provided technical and financial support to the PNLS to serve as the host-country institution for POLICY's Francophone Africa Regional AIDS Conference as a means of galvanizing the attention of high-level Beninese officials. To strengthen civil society's skills, POLICY provided extensive training, advocacy and organization-development expertise, and financial support to

ROBS, including minigrants to implement advocacy activities. Support also included international travel to learn from similar experiences and participate in the ICPD+5 conference. In addition, POLICY collaborated with the IPPF and other regional partners to provide TA and training from which Benin benefited directly.

**Highlights of Country Activities and Results.** POLICY succeeded in increasing political and popular support for actions against AIDS. AIM data are now routinely and publicly cited and are increasingly integrated into decision making, including planning and programming by department-level officials. The president of Benin expressed his commitment to playing a prominent media role, even offering to have his blood tested on video. The Minister of Finance and Economy called for greater support in the battle, and the Minister of Justice publicly described the impact of AIDS in his own family, in which five nephews died of the disease. The chair of a legislative committee responsible for health and other human services proposed multiple actions to increase resources and attention to HIV/AIDS, including organizing a parliamentary network to focus on the problem. A journalist network, REJEB, developed a strategy for HIV/AIDS media coverage. The Benin delegation to POLICY's Francophone AIDS Conference devised a strategy for a national HIV/AIDS policy. While policy dialogue on population and RH is not as far advanced as policy dialogue on HIV/AIDS, the participatory process for applying the RAPID model resulted in consensus among stakeholders regarding the projections of demographic impact and a commitment to the messages that will shape future policy dialogue. Departmental seminars were conducted and results will inform a growing national debate of key issues.

POLICY contributed significantly to ROBS's consolidation and to equipping NGOs and REBEJ with essential skills and knowledge to collaborate on advocacy efforts. ROBS is now a force in the health sector and can effectively represent its communities. The network overcame severe organizational problems typical of pioneering groups attempting to forge an alliance around common interests while retaining their autonomy. Rather than disintegrating, members overcame conflict and attempts at domination by some groups and individuals, emerging as a functional entity with a transparent management system. Government officials have formally recognized ROBS's importance and the alliances it has formed with other associations. Its members have played an important role in departmental workshops on HIV/AIDS and RAPID-based population and human development seminars. ROBS has devised and implemented its own advocacy plans based on its assessments of community needs. REBEJ has begun to achieve a stronger grasp of HIV/AIDS issues and is starting to produce high-quality media articles.

POLICY also made efforts to strengthen the legislative framework for population and RH. After the March 1997 Francophone Symposium on Legal Barriers to Reproductive Health, which focused on the 1920 law and other restrictive laws, Benin organized a follow-up committee to address these laws. By the end of 1997, the committee had developed five legislative proposals aimed at repealing the 1920 law and enacting laws favorable to RH, and introduced the proposals into the legislative process. For nearly two years, committee members prodded the proposals through the legislative, judiciary, and executive branches. By the end of 1999, the committee concluded that their strategy was unsuccessful; however, the committee has now aligned itself with ROBS and is receiving growing assistance from the Forum for African-Arab

Parliamentarians for Population and Development (FAAPPD). As POLICY drew to a close, an RH law, modeled after a law proposed by the FAAPPD and developed with regional POLICY assistance, was being drafted by a broad coalition of stakeholders.

## 2. Ethiopia

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**Background.** In August 1998, Ethiopia adopted a National HIV/AIDS Policy after many years of deliberation. Ethiopia must now implement the policy and intensify its efforts to combat the epidemic. POLICY conducted activities to promote an enabling environment for HIV/AIDS interventions through national and regional constituency building and policy dialogue, with a focus on instituting and disseminating technically correct policies and strategies. In 1998, POLICY staff helped update the Ethiopia AIM and produced a more extensive POLICY workplan, focused exclusively on HIV/AIDS. As part of this new workplan, POLICY staff assisted Region 14 (Addis Ababa) in developing a regional AIM application. Toward the end of 1998, POLICY hired two local long-term advisors, Dr. Ayele Belachew and Eleni Seyoum, and set up an office in Addis Ababa. After that time, the project continued an active program of activities despite constraints on TA visits resulting from the Ethiopian–Eritrean war.

**Results Framework.** USAID/Addis Ababa’s SO is *Increased use of primary and preventive care (PPHC) services*, and its IR3 is *Enhanced capacity of Ethiopian society to expand access to and use of STI/HIV/AIDS services in response to the epidemic*. Through POLICY, the Mission supported activities to help control and mitigate AIDS “by instituting and disseminating technically correct policy and strategies, and by promoting an enabling policy environment for interventions.”

**Partners.** POLICY’s principal counterparts in Ethiopia included the MOH AIDS Prevention and Control Team, the National AIDS Council in the Prime Minister’s Office, and regional health bureaus and AIDS councils in five regions—Addis Ababa, Amhara, Oromia, SNNP, and Tigray. Belachew and Seyoum, active members of the USAID CAs group, worked closely with the lead CA, Pathfinder, in supporting HIV/AIDS activities with NGOs and religious leaders. POLICY also coordinated its activities closely with UNAIDS, UNFPA, and the Ethio-Netherlands AIDS Research Project (ENARP) in the Ethiopia Health and Nutrition Research Institute.

**Types of TA.** Activities included support for HIV/AIDS policy dissemination and formulation of national and regional intervention strategies and guidelines; advocacy work, including use of the AIM and study tours; and strengthening of sentinel surveillance systems. Advocacy activities focused primarily on various civil society groups, including the media, artists, labor unions, and religious leaders. Country-level research on several important HIV/AIDS issues was carried out in collaboration with local consultant groups.

**Highlights of Country Activities and Results.** POLICY’s assistance to counterpart organizations included providing computer equipment and training for HIV sentinel surveillance and other data management and data analysis; providing Internet access and training for the

national MOH and the five regions; developing and disseminating AIM booklets at the national level (three editions: 1996, 1998, and 2000) and for the Addis Ababa Region (1999); disseminating other HIV/AIDS advocacy materials to various target audiences; and supporting HIV sentinel surveillance in three regions and analysis of the national HIV sentinel surveillance and AIDS case reporting data. USAID cited dissemination of AIM booklets and policy discussions that took place during AIM presentations as contributing factors to the adoption of the National HIV/AIDS Policy in August 1998. Following another year of discussions and guideline development, the National AIDS Council was officially established on April 22, 2000, to coordinate and integrate HIV/AIDS initiatives. POLICY assisted in developing the regulations to establish the council. At the regional level, the Addis Ababa Regional (City Administration) AIDS Council was formed in February 2000; the Tigray Regional HIV/AIDS Board was established 1998; and the Amhara Regional HIV/AIDS Task Force was formed in late 1999. Each includes government and nongovernmental representatives, and each meets approximately once each month. POLICY provided TA in establishing these regional AIDS councils and provided equipment and training for the regional AIDS council secretariats. Numerous government policy and strategy documents use information produced with support from POLICY (AIM booklets and national estimates and projections). These include “Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia,” August 1998; “Strategic Framework for the National Response to HIV/AIDS in Ethiopia for 2000–2004,” MOH, September 1999; “Summary: Federal Level Multisectoral HIV/AIDS Strategic Plan 2000–2004,” MOH, September 1999; and “Summary: Regional Multisectoral HIV/AIDS Strategic Plan 2000–2004,” MOH, September 1999.

POLICY also provided assistance in Ethiopia in the form of policy seminars and advocacy activities. Numerous workshops and presentations were held to disseminate the 1996 and 1998 first and second editions of the national AIM booklet and the 1999 *AIDS in Addis Ababa* booklet. In addition, POLICY provided financial and TA for several civil society advocacy activities, including national workshops entitled “The Role of Media on HIV/AIDS” and “The Role of Artists in HIV/AIDS Advocacy.” An initial workshop was held with the Confederation of Ethiopian Trade Unions to discuss its role in HIV/AIDS programs and plan workplace interventions. The major POLICY initiative in advocacy consisted of work with the four major religious groups in Ethiopia. In Tigray Region, POLICY worked with the Regional Diocese of the Ethiopian Orthodox Church to establish HIV/AIDS committees at each level of the church hierarchy from the regional level down to the local parish level. POLICY assistance included providing accurate information and training on the basics of HIV/AIDS, including epidemiology, prevention, and counseling, care and support issues. At numerous sites in four regions, POLICY worked with member churches of the Ethiopian Evangelical (Protestant) Church Fellowship to train church leaders and volunteer counselors on the same issues. At the national level, POLICY provided technical and financial support to initiate an Inter-Religious Group Network on HIV/AIDS that includes Orthodox, Catholic, Protestant, and Muslim leaders. A national workshop was held to develop networking guidelines.

POLICY conducted and supported numerous training activities, including database management training for the national MOH Epidemiology and AIDS Department and five regional health bureaus; sponsorship for computer training for two people from each of the national and regional

offices; counseling training for church leaders at 12 subregional sites; sponsorship for a representative from the national PLWHA organization to the PLWHA conference in Poland; and sponsorship of a POLICY and an MOH staff member to the HIV/AIDS workshop in East Anglia, United Kingdom, in June 2000.

In collaboration with local consulting groups, POLICY conducted two operational research projects: “Community and Personal Risk Perception and Vulnerability” and “A Community-Based Study on Factors Affecting the Accessibility and Utilization of Condoms in Urban, Semi-urban and Rural Areas of Ethiopia.” The AIDS Policy Environment Score (APES) was first carried out in 1998 and then again in March 2000. Significant policy developments had occurred between the two assessments and the overall score increased from 44.8 to 50.8. The AIDS Program Effort Index (API) survey was carried out in April 2000 to serve as a baseline for the recently established National AIDS Council.

### 3. Ghana

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**Background.** Ghana has had a population policy for the past 30 years, and during that time, the environment has become increasingly favorable for implementing the policy. The constitution guarantees RH rights; laws and regulations support access to RH services; and government agencies are assigned specific responsibility for RH and population activities. Elements critical to the policy environment, such as financing, still constitute challenges. Decentralization has funneled more resources to the districts, which consequently require regional technical expertise in policy analysis to help local decision makers. HIV/AIDS has also emerged as a critical area for concern. Ghana is among the low-prevalence countries, but it must act now to avoid the devastation other countries are facing after failing to act when their prevalence was equally low. The vulnerability of adolescents and young adults with respect to RH and HIV/AIDS constitutes another area of growing concern. Ghana’s efforts to address these issues have been channeled primarily through the executive branch with effective use of data and widespread awareness raising. Decision makers now recognize the need to have a permanent advocacy presence in civil society and a more active legislative branch to ensure appropriate responses to RH and HIV/AIDS.

**Results Framework.** USAID/Accra’s objectives include IR3.1, *Increased use of reproductive health services*, and IR3.1.2, *Improved policies for reproductive health services, including family planning and HIV/AIDS prevention*. POLICY supported these objectives through its own SO, *Improved policy environment for FP/RH, including HIV/AIDS*. Most activities focused on collection, analysis, and dissemination of critical data on RH, HIV/AIDS, and adolescent needs; decentralization of institutional capacity in policy analysis and advocacy; and increased capacity of local NGOs to advocate and participate in the policy process.

**Partners.** Primary government and private sector counterparts included the National Population Council (NPC) and its public-private sector Regional Population Advisory Committees (RPACs) in Ghana’s 10 regions; the MOH and the National AIDS Control Program (NACP); and the Population Impact Project (PIP), based at the University of Ghana, Legon. POLICY and

its counterparts also worked with district-level FP/RH advocacy networks in the Eastern Region as a means of strengthening other policy activities while providing replicable strategies for increasing the role of civil society.

**Types of TA.** POLICY conducted regional training and follow-up visits to strengthen the NPC's decentralization process through policy analysis and advocacy capability of RPACs; build, train, and support NGO networks in the Eastern Region to implement advocacy activities in collaboration with the RPAC; carry out an AIM application, publish a brochure, train presenters, and support the MOH nationwide dissemination plan; support a participatory process for the development of Ghana's national HIV/AIDS policy; and apply the SPECTRUM Youth Model as an input to Ghana's adolescent RH policy and for purposes of updating PIP's publication on adolescent RH. POLICY core funds provided most of the resources for participation activities and the SPECTRUM Youth Model because the Mission did not have a strong interest in supporting these activities.

**Highlights of Country Activities and Results.** POLICY conducted an AIM assessment for Ghana and carried out nationwide dissemination activities, which led to the completion of "Draft: National HIV/AIDS and STI Policy" in August 2000. Furthermore, after participating in events conducted by local organizations and POLICY counterparts, central and decentralized officials and traditional leaders provided public statements expressing greater understanding of RH and HIV/AIDS challenges at the local level.

Since 1995, POLICY has achieved many successes as a result of its activities. Following a contraceptive pricing study carried out by POLICY for the MOH, the National Family Planning Program was reformed. After an introduction to FamPlan, POLICY used the model to guide direction of the MOH FP/RH program. Regional capacity-building workshops tailored to the needs of each region and follow-up assistance in the field resulted in data analysis and needs identification at the community level. A recent review of district assembly development plans found that three of the five plans cited data generated by SPECTRUM models. Regional capacity building and advocacy training for NGOs in the Eastern Region generated considerable interest. RPACs and NGOs received and responded to invitations for presentations on a wide range of RH and HIV/AIDS-related topics. Audiences included district assemblies, executive committees of district assemblies, heads of decentralized departments, traditional chiefs, and the local council of churches. These efforts led directly to public statements by district officials reflecting their awareness of and commitment to RH and HIV/AIDS actions. Some audiences took action following these presentations; for example, the Church of the Pentecost decided to institutionalize a population and RH program for its pastors.

In HIV/AIDS work, Ghana surpasses most countries in the subregion. The Minister of Health committed to developing a comprehensive national HIV/AIDS policy, completing a systematic, participatory policy development process. In August 2000, the Minister of Health signed the preface to the national policy, entitled "Draft: National HIV/AIDS and STI Policy." The MOH NACP also developed and implemented a national HIV/AIDS advocacy workplan. POLICY contributed to the HIV/AIDS policy formulation process by conducting an AIM application, creating a brochure that has gone through two printings, preparing an HIV/AIDS presentation,

conducting a training session for presenters, and assisting seven RPAC teams and USAID health sector grantees in drafting regional HIV/AIDS advocacy workplans.

National RH seminars and presentations aimed at parliamentarians, cabinet members, and other high-level officials resulted in action as well. Some members of the Parliamentary Caucus on Population and Development drew up RH advocacy programs for their constituency and are implementing these programs. Examples include a study by a parliamentarian on adolescent awareness, supported in part by district resources, with a repeat survey planned after an educational outreach effort.

#### **4. Kenya**

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**Background.** Meeting FP/RH and HIV/AIDS needs are among Kenya's highest priorities. The adult HIV prevalence rate is estimated to be 14 percent with an estimated two million people infected. In November 1999 President Moi described HIV/AIDS as a national disaster. Although fertility has declined significantly (the TFR is estimated to be 4.5, down from 8 about 20 years ago), FP services need to continue to increase rapidly, and resources are increasingly insufficient. The number of contraceptive users is projected to increase about 30 percent in the next five years.

**Results Framework.** POLICY activities in Kenya supported USAID/Nairobi's SO3, *Reduce fertility and the risk of HIV/AIDS transmission through sustainable, integrated family planning and health services*. POLICY's activities focused on (1) building capacity in FP, RH, and HIV/AIDS control; (2) analyzing resource requirements to support a sustainable FP/RH program; and (3) supporting the government of Kenya, district-level, and nongovernmental organization (NGO) networking institutions to adopt and implement essential HIV/AIDS policies.

**Partners.** POLICY's principal government partners were the National AIDS Control Council (NACC) in the Office of the President; the National Council for Population and Development (NCPD) in the Ministry of Finance; and the Department of Primary Health Care (DPHC) and the National AIDS and STDs Control Program (NAS COP) in the Ministry of Health (MOH). The Kenya AIDS NGOs Consortium (KANCO) was also an important POLICY partner. Other POLICY partners were the Africa Medical and Research Foundation (AMREF), the Kenya Medical Research Institute (KEMRI), the University of Nairobi, and the Family Planning Association of Kenya (FPAK). POLICY also collaborated with several USAID C.A.s including FHI (especially IMPACT), PATH, Population Council (especially the Horizons Project), MEASURE-Communications, FPLM (JSI), and the Health Finance and Sustainability Project (MSH). POLICY worked closely with many international organizations including the DFID HAPAC HIV/AIDS project, GTZ's RH project, DIFD's family health project, the World Bank, and UNFPA.

**Types of TA.** TA included support for FP/RH and HIV/AIDS policy analysis and advocacy; training to use SPECTRUM and the 1998 Kenya DHS results to produce new population, FP, and HIV/AIDS projections; organizing and conducting workshops on several FP/RH and HIV/AIDS

policy issues including finance; and producing and disseminating reports on several FP/RH and HIV/AIDS topics.

**Highlights of Country Activities and Results.** As a consequence of POLICY activities in Kenya, the following results were achieved:

- **SO:** The HIV/AIDS policy environment in Kenya improved as shown by significant improvements in AIDS POLICY Environment Scores (1996–1998 and 1998–2000).
- **SO(a):** Guidelines for HIV/AIDS prevention curricula were developed by Ministry of Education after the Minister decided to provide HIV/AIDS prevention education in Kenyan schools.
- **IR1:** Information was used for policy and program development as shown by (1) the incorporation of new population and FP projections (produced using SPECTRUM) into GOK planning documents and (2) use by GOK and the World Bank of POLICY's projections of condoms needed during 2000–2003 and the subsequent commitment by GOK/WB of funds through the DARE project to procure 80 percent of public sector condoms (300 million) during 2001–2004.
- **IR1.1:** Information was produced for policy and program development as shown by (1) key stakeholders reached a consensus on national HIV/AIDS research priorities; (2) the most recent *AIDS in Kenya* booklet (5<sup>th</sup> edition, October 1999) was produced and distributed to all districts; and (3) a Technical Review group made recommendations for improving the HIV/AIDS sentinel surveillance system.
- **IR2:** Advocacy for RH and HIV/AIDS was improved through (1) conducting presentations on RH Advocacy for Youth and (2) conducting advocacy presentations on implementation of Parliament's *Sessional Paper on AIDS*, both in accordance with KANCO's advocacy plan.
- **IR3:** Collaboration among government and NGO sectors was strengthened through ongoing periodic meetings of NGO and government participants in KANCO workshops

POLICY provided technical and financial assistance for preparation and publication of the 5<sup>th</sup> edition of the *AIDS in Kenya* booklet (October 1999). POLICY supported the preparation of the report, *Family Planning and Reproductive Health Commodities in Kenya: Background Information for Policymakers*, published in November 2000 as an MOH report. Drawing upon information in earlier drafts of this document, including the new projections (population, FP, condoms, contraceptive commodities, and HIV/AIDS), POLICY assisted the MOH to produce drafts of the following: *Condom Policy and Strategy for 2000–2004* (August 2000) and *Contraceptive Commodity Policy and Strategy for 2000–2004* (August 2000).

POLICY provided TA and financial support (through a large subcontract) to KANCO to enable KANCO to undertake the following programs: (1) Reproductive Health Advocacy for Youth, primarily through a program of skills-building workshops in the broad areas of RH and HIV/AIDS for leaders of advocacy programs for adolescents and young adults; (2) building capacity with district-level and networking institutions of NGOs/CBOs, religious organizations, and other civil society groups to provide leadership for AIDS prevention and care; and (3) HIV/AIDS advocacy workshops for key policymakers and other national and subnational leaders, including Members of Parliament, to discuss the *Sessional Paper No. 4 of 1997 on AIDS*

in Kenya and to recommend implementation steps and advocacy strategies at national and subnational levels.

## 5. Malawi

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**Background.** Malawi, one of the poorest countries in the world, is also one of the most severely affected by HIV/AIDS. A mid-term evaluation of the Malawi's Medium-Term Plan II (MTP-II) in 1996 and a World Bank-funded AIDS Assessment Study in 1998 warned that the HIV/AIDS epidemic was spreading rapidly throughout Malawi despite high public awareness. A decision was taken by the Government of Malawi to establish a Strategic Planning Unit (SPU) within the National AIDS Secretariat (NAS) to provide leadership for an 18-month, four-phase strategic plan development process. This highly consultative and participative process resulted in the National HIV/AIDS Strategic Framework and Agenda for Action for 2000–2004. United Nations Development Programme (UNDP) agreed to provide funding for Phase I and USAID/Lilongwe for Phases II–IV. The POLICY Project was asked by the Mission to conduct an assessment, which led to agreements between the project and the NAS/SPU to support their national strategic plan and policy development process. The POLICY Project also began providing TA and material support to the NAS in the areas of advocacy, training, strategic planning, and policy development. At the request of the Mission, POLICY started working with the Reproductive Health Unit (RHU) in the Ministry of Health and Population (MOHP) in the last six months of the project to assess the current status of the country's RH policies, guidelines and standards to identify how they could be strengthened.

**Results Framework.** POLICY Project results support USAID/Lilongwe's SO3, *Increased adoption of measures that reduce fertility and risk of HIV transmission and improved child health practices*; and its IR3.9, *Improved policy environment*. The POLICY Project's SO for Malawi, *Improved policy environment for HIV/AIDS*, also includes the strengthening of political and popular support for HIV/AIDS programs, and development of the national HIV/AIDS strategy and policy.

**Partners.** POLICY partners in Malawi included the NAS, the National AIDS Committee (the multisectoral advisory group for the development of the national HIV/AIDS strategic plan), the MOHP, including the RHU and the Planning Unit, and the National Statistics Office (NSO).

**Types of TA.** Over the course of the national strategy development and dissemination process, POLICY provided TA to the NAS staff, other partners and key stakeholders in the areas of strategic planning, training design and facilitation, training of trainers, and advocacy skills and materials development. Other TA included training in and application of DemProj, AIDSProj and AIDS Impact Model (AIM) programs in updating national HIV/AIDS estimates and projections; facilitation of stakeholder consensus building activities; and assistance in planning and conducting the policy development process. POLICY is assisting the MOHP/RHU with its RH policy guidance assessment.

**Highlights of Country Activities and Results.** The Malawi AIDS policy environment score (APES) was first conducted and disseminated in September 1998. In the summer of 2000, the AIDS Program Effort Index (API) was administered and, from the API, an AIDS policy environment score produced from the 39 APES items used in the API. APES and API participants rated the AIDS policy environment over the period of 1997–2000. While little change was perceived by APES respondents between 1997 and 1998 (an increase of 0.8 points or 1.7 percent), API respondents rated the AIDS policy environment as much improved during 1998–2000 (an increase of 11.7 points, or 19.2 percent).

The POLICY-supported national strategic planning process was highly consultative and participative, providing one of the first opportunities for Malawians across the country to speak out about HIV/AIDS. The process involved training NAS staff and consultants in advocacy, facilitation and strategic planning skills in order to conduct a series of regional consensus building activities with stakeholder groups to elicit input, present findings, draft and produce the national strategy.

In preparation for completion of the strategy, POLICY assisted the NAS and key stakeholders in updating the national and district HIV/AIDS estimates and projections through the year 2012, using SPECTRUM's DemProj, AIDSProj and AIM. The National HIV/AIDS Strategic Framework and Agenda for Action was launched by the president of Malawi in October 1999. POLICY worked with the NAS to produce an advocacy booklet and computer graphics presentation for the launch. These materials provided an overview of the HIV/AIDS situation in Malawi (using the updated statistics from the AIM activity) and the new national strategy.

Once the strategy was approved, POLICY assisted the NAS and key stakeholders in designing a process for district HIV/AIDS implementation planning incorporating the Strategic Framework. The NAS worked with each district in the country to develop and begin implementing district-level multisectoral HIV/AIDS plans. In July 2000, POLICY supported attendance of a NAS staff member to attend the XIII International AIDS Conference in Durban in order to give a poster presentation on this district HIV/AIDS planning process.

In May 2000, the NAS initiated a national HIV/AIDS policy development process with POLICY Project assistance. These activities resulted in recommendations for specific policy review and development, draft portions of the national policy, as well as recommendations for instituting a formal policy review and development process. The NAS is now seeking assistance to begin the next phase of the process, involving drafting, review, approval and implementation of the national policy. Approval and implementation of a national policy will provide the necessary legislative and administrative support for the implementation of the Strategic Framework, as well as help assure that all sectors become involved in the national response, and that adequate resources are allocated to the effort.

The last few months of the project, POLICY worked with the MOHP/RHU and key RH stakeholders to reach consensus concerning the need for a national RH policy. Stakeholders assessed the adequacy of existing RH policies, guidelines and standards, producing a plan that identified areas requiring more development and specifying next steps in the policy process.

Based on this plan, the MOHP/RHU intends to work with stakeholders to draft a policy and then seek assistance for policy advocacy, approval and implementation.

## 6. Mozambique

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**Background.** HIV/AIDS constitutes one of the most serious socioeconomic problems facing Mozambique today. The National Strategic Plan for HIV/AIDS was officially approved in late 1999, and the director of the National AIDS Commission was appointed in April 2000. Although an interministry commission drafted the strategic plan, most of the participants in the planning process came from the health sector and other organizations directly involved in HIV prevention or services provision. Public and sustained commitment at the highest levels of government and society was needed to mobilize resources, reach people beyond the formal health sector, and address nonhealth challenges of the HIV/AIDS epidemic.

**Results Framework.** In February 1999, USAID/Maputo asked POLICY to use its remaining field support funds to improve the policy environment for HIV/AIDS. Given the limited human resources throughout the government and the need for a multisectoral approach to HIV/AIDS, the POLICY workplan focused on facilitating intersectoral collaboration in support of the National Strategic Plan. POLICY's SO in Mozambique was *Improved intersectoral coordination for HIV/AIDS*. Two IRs, *Effective advocacy for HIV/AIDS* (IR1), and *Information used for policy development* (IR2), were specified to help achieve the POLICY SO.

**Partners.** POLICY partners in Mozambique included the MOH's National STD/AIDS Control Program (NACP), the working group for the national HIV/AIDS strategic plan, and a technical group composed of representatives from the National Statistics Institute (INE), the MOH, the Ministry of Plan and Finance, and the Center for Population Studies at Eduardo Mondlane University. In February 1999, POLICY placed Long-term Advisor Henriqueta Tojais, who acted as liaison among USAID/Maputo, UNICEF, and the NACP and as advisor/coordinator for the multisectoral technical group, working with the group in all its activities.

**Types of TA.** While counterpart ministries were willing to coordinate with one another, they had neither the staffing nor experience to implement activities on their own. POLICY facilitation, which was critical in opening the dialogue on HIV prevalence estimates, continued to be necessary throughout the life of the project. POLICY assistance included training in AIDSProj and application of the AIM, support to a multisectoral technical group, facilitation of intersectoral workshops to reach consensus on HIV prevalence and HIV/AIDS impact projections, and facilitation of interdonor coordination.

**Highlights of Country Activities and Results.** POLICY conducted workshops and worked with the NACP working group to develop the strategic plan to use AIDSProj to prepare new HIV projections by region and for the country as a whole. Projections were officially approved by the NACP in the proceedings of an August 1999 consensus workshop. Before POLICY, the only projections available were based on EpiModel and were not approved by the government. It was agreed that the INE should lead a multisectoral technical group to develop HIV impact

projections. The multisectoral technical group was formed as recommended and has continued to work together. The INE leads the group, which includes representatives from the MOH, Ministry of Plan and Finance, and the Center for Population Studies. Before POLICY began work in Mozambique, neither the INE nor the Ministry of Plan and Finance was actively involved in HIV/AIDS strategic planning. Official recognition of the group and its activities is manifest in authorship of the government publication, *Demographic Impact of HIV/AIDS in Mozambique*.

POLICY also conducted a training workshop in Washington, D.C., on the AIM and principles of advocacy. Participants included members of the multisectoral technical group, the UNICEF consultant on orphans, and POLICY's long-term advisor. The AIM projections were later accepted by consensus, with the recommendation that a detailed compendium be published. The resulting 68-page book, *The Demographic Impact of HIV/AIDS in Mozambique*, was published in July 2000 under the joint authorship of the MOH, INE, Ministry of Plan and Finance, and Center for Population Studies. The official publication includes the MOH directive that these figures be used for all official sectoral planning until such time as more comprehensive data are available.

POLICY was successful in leveraging other donor funds in support of its activities in Mozambique. UNICEF financed travel and per diem for the technical group to visit Washington, D.C., for training in AIM; UNICEF also financed the CD companion to the statistical compendium. UNFPA financed printing of 200 copies of the statistical compendium.

In addition, the National Population Policy, officially approved in early 1999, incorporates results of the RAPID application developed by Ministry of Plan and Finance. POLICY supported the printing of the RAPID brochure and underwrote provincial conferences to discuss the first draft of the policy.

## 7. Nigeria

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**Background.** While comprehensive and current DHS-type demographic and health data are not available for Nigeria, most reports indicate that the major socioeconomic indicators are poor. The AIDS epidemic is hitting Nigeria hard; a recent national sero-prevalence survey indicates an HIV prevalence rate of 5.4 percent. For the past several years, a national AIDS policy has been in place and a National AIDS and STD Control Program (NASCP) has been functioning within the federal MOH. Recently, the president established a multidisciplinary National Action Committee on AIDS (NACA). Programs also exist within key stakeholder groups, such as the military and police. Despite this policy support, the AIDS epidemic appears to be unchecked, and analysts working in the field feel that stronger support is needed at all levels. For these reasons, POLICY activities in Nigeria have focused on HIV/AIDS.

**Results Framework.** Nigeria's late start-up on the POLICY Project meant that it did not operate under a formal results framework; however, POLICY activities in Nigeria are intended to support USAID/Lagos's IR4.1, *Improved HIV/AIDS prevention and impact mitigation*, and

IR4.2, *Increased use of voluntary family planning*. POLICY's SO had two components—*Political and popular support strengthened* and *National policies and plans developed in support of family planning and HIV/AIDS programs*—which were supported by IR1, *Effective advocacy for FP/RH*; IR2, *More effective planning for FP/RH*; and IR3, *Information used for policy and program development*.

**Partners.** Because USAID places emphasis on supporting democracy and the newly elected democratic government in Nigeria, POLICY worked primarily with public sector partners in contrast with other USAID CAs, which focus primarily on nongovernmental and private sector organizations. POLICY's partners in the federal government included NASCP and NACA, and in the military, the Armed Forces Program in AIDS Control (AFPAC). In April 2000, POLICY hired Dr. Jerome Mafeni as Long-term Advisor, and in July 2000, Charity Ibeawuchi joined him. POLICY also hired local consultants.

**Types of TA.** POLICY provided TA in data management, analysis, report writing, and presentation of the *National HIV Sero-Prevalence Survey*. The project also conducted training in use of the AIM, supported an AIDS projections technical working group, conducted training in advocacy, assisted in short-term planning for HIV/AIDS, and supported a review of military HIV/AIDS policy.

**Highlights of Activities.** POLICY's work in Nigeria got off to a rapid start in September 1999, when the project provided data management and analysis support for the NASCP for the sentinel surveillance survey for HIV/AIDS. POLICY trained and helped a technical working group on AIDS projections, which the NASCP formed, to use these data to prepare HIV/AIDS projections. Using the projections and surveillance data, NASCP prepared a computer presentation, which NACSP's national coordinator presented to the president. After viewing the presentation, the president created the multisectoral NACA, which answers directly to him.

The president's actions rejuvenated the Nigerian response to the epidemic, and the NACA became POLICY's main focus for HIV assistance. The NACA now plays a central and strategic role in the government's response to the epidemic. At NACA's request, POLICY organized a weeklong advocacy training workshop, which all participating organizations of NACA attended. The workshop led to the drafting of advocacy workplans that will provide the framework for subsequent POLICY assistance.

POLICY also funded the participation of two NACA members, as well as a journalist and the two local advisors, to attend the world AIDS conference in Durban, South Africa, in June 2000.

In late spring 2000, POLICY participated in a multilateral World Bank and UNAIDS trip to Nigeria. One outcome of the visit was agreement that an Interim Action Plan (IAP) be put in place until a longer term strategic plan is crafted. Subsequently, POLICY long-term advisors and consultants assisted the NACA in drafting the IAP, which was completed in early July.

POLICY also began to work with the military. With a population of close to 120 million, Nigeria is one of the largest African countries and has a large military that participates in

international peacekeeping missions abroad. The military organization that coordinates HIV/AIDS activities for the armed services (AFPAC) was recently supplemented by a high-level committee similar to the NACA. POLICY provided technical, logistical, and financial assistance to the military to review its written policy on HIV/AIDS. As a direct result of this activity, military policy was revised.

## 8. South Africa

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**Background.** In addition to the many challenges facing a fledgling democracy, South Africa has the distinction of having one of the most explosive HIV epidemics in the world and is home to the highest number of people living with HIV. Through the Department of Health's National AIDS Unit and the National AIDS Council, South Africa adheres to a strong multisectoral approach to managing the epidemic. One of the most important strategies the country is following is inclusion of all sectors and national government departments in the fight against the epidemic. By strengthening the mixture of public and private sector players, all South Africans will be better equipped to actively confront the developmental challenges offered in the wake of HIV/AIDS and meet the goals in the new *HIV/AIDS and STD Strategic Plan (2000–2005)*.

**Results Framework.** In support of the multisectoral approach, USAID/Pretoria requested that POLICY continue to expand its capacity-building assistance to the National HIV/AIDS Unit. The South African workplan focused on strengthening both the personal and institutional HIV/AIDS response of a variety of identified sectors, departments, structures, and stakeholders. POLICY's SO was *Multisectoral support for HIV/AIDS programs*, an objective supported by IR1, *Effective advocacy for HIV/AIDS programs*; IR2, *Strengthened collaboration among governmental and nongovernmental sectors*; and IR3, *Effective planning for HIV/AIDS programs*.

**Partners.** POLICY's five South African-based staff and numerous local consultants worked in close collaboration with the Department of Health's National AIDS Unit to support the unit's 13 sectoral focus areas in addition to the sector areas identified by the South Africa National AIDS Council (SANAC). Working with a variety of sectors also necessitated that POLICY, in liaison with the Department of Health and USAID/Pretoria, link with other relevant regional stakeholders, including the Southern Africa Development Commission; national government departments; the South African Business Chamber on AIDS; international and national networks of HIV-positive people (for example, Global Network of People Living with HIV/AIDS); and UNAIDS.

**Types of TA.** POLICY provided support by building and enhancing local, institutional, and personal capacity within a host of existing organizations and structures. Foundation blocks of POLICY's involvement were TA, support, and expertise tailored to various sectors on all aspects of HIV/AIDS. POLICY's multisectoral assistance demonstrated great breadth, with activities ranging from HIV/AIDS policy and program guideline development to strategic planning; participation activities to active research; and grants for NGO HIV/AIDS work to initiation of sector-specific programs.

**Highlights of Country Activities and Results.** Strengthening the response of 13 sectoral focus areas (national government departments; the South African Civil Military Alliance; developmental NGOs; the trade union sector; faith-based communities; the corporate sector; traditional leaders; people with disabilities; local government structures; the hospitality industry; men-focused initiatives; women's involvement; the media) resulted in a multisectoral response from both public and private sectors to HIV/AIDS. Each sector has its specific HIV/AIDS niche to fill, and in building and strengthening its capacity, the sector forms ideas about what it can contribute to the AIDS effort and what it can achieve.

The developmental NGOs small grants capacity program increased awareness of the role of non-health-focused local communities in a comprehensive AIDS response. Activities were broad and included supplementing a farm-worker HIV/AIDS care and support initiative, incorporating HIV activities into literacy programs, and creating a functioning local community AIDS network.

In support of the South Africa Business Chamber on AIDS's vision, POLICY's corporate sector activities resulted in the creation of supportive provincial-level corporate AIDS forums. The forums, which are self-sustained by corporate sector members, resulted in development of a strategic HIV/AIDS vision for the provincial corporate sector.

Participation of faith communities in AIDS care issues has increased. At the grassroots and community levels, awareness of faith communities' responsibilities to provide care have gained strength and support. Networking and collaboration between the Department of Health and faith communities have increased, cementing the bond of partnership and sharing.

POLICY work with the national government's Interdepartmental HIV/AIDS Committee and with other specific departments helped improve the committee's organizational capacity. In addition, with POLICY assistance, two national departments and a host of provincial departments developed HIV/AIDS and STD policies and programs.

POLICY staff have been nominated and elected as chairpersons of the Social Mobilization and Advocacy Task Team, a national team that provides technical support and advice to SANAC on issues related to its core functions.

With POLICY assistance and technical support, the South African Civil Military Alliance increased its capacity to function strategically as one of the core HIV/AIDS networks in the country. Exploring interactions among various government departments, civil society, and the South African National Defense Force resulted in the formation of six provincial arms, each focusing on province-specific HIV/AIDS advocacy issues. In September 2000, the Deputy Minister of Defense will become patron of this alliance.

POLICY's media strengthening initiative resulted in an increase in volume, content, and type of AIDS issues covered by the media. One leading national women's magazine selected HIV/AIDS as their top-priority issue and will ensure that a local HIV/AIDS topic related to hope and survival will appear monthly. Since October 1998, POLICY staff have been writing the first

dedicated bimonthly HIV/AIDS advocacy column for a national newspaper; other magazines and newspapers have replicated this example, adding dedicated bimonthly columns to their own publications.

POLICY's reputation in South Africa as a leading catalyst at building and strengthening the institutional and personal capacity to respond to HIV/AIDS at the national, provincial, and regional levels has grown, as has the demand for POLICY's services and its sector-specific workshop packages.

## **9. Tanzania**

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**Background.** POLICY has been active in Tanzania since 1996. Although several workplans for activities have been drafted since then, none has gone through the formal POLICY review process because of frequent changes initiated in-country by USAID/Dar es Salaam and Tanzanian counterparts. Nevertheless, POLICY has undertaken significant RH activities, including HIV/AIDS activities, which have contributed to policy awareness and dialogue. POLICY's flexibility and responsiveness to major ongoing changes in Tanzania's health sector HIV/AIDS strategy have yielded important contributions.

**Results Framework.** POLICY's results framework was modified continually and activities added that did not allow for follow-up steps. POLICY activities initially focused on RH and health sector reform; however, in the last year, the project addressed HIV/AIDS advocacy and strategic planning issues. Several HIV/AIDS advocacy and awareness activities at the end of POLICY I will yield "advocacy and information used" results early in POLICY II.

**Partners.** POLICY partners included the MOH's Reproductive and Child Health Service, MOH staff working on health sector reform, members of the HIV/AIDS Technical Advisory Committee, the National AIDS Control Program (NACP), the Tanzanian Public Health Association (TPHA), and several national and international consultants. Partnerships were also initiated with the ministries of Justice, Education and Culture, Finance, and Women, Youth, and Sports; the Planning Commission; and Private Sector Foundation.

**Types of TA.** POLICY provided various types of assistance, including helping the NACP complete and disseminate the third Medium-Term Plan for HIV/AIDS (MTP-III). Technical assistance, provided mainly by local consultants, also included preparation of advocacy materials, training sessions on data analysis, facilitation of meetings, and provision of support for counterparts to attend conferences.

**Highlights of Country Activities and Results.** POLICY designed a study carried out by an NACP-supported team of local consultants to assess the advocacy information needs of policy and decision makers with respect to HIV/AIDS. The project collaborated with the NACP Epidemiology Unit to draft an AIM application for Dar es Salaam. POLICY also collaborated with the TPHA to assist with public sector health reform. The MOH's coordinator for public-

private partnerships and the TPHA participated in POLICY's final participation conference, *Policy Development: Participatory Approaches Make a Difference*.

POLICY, the TPHA, and NACP assisted in team-building and awareness-raising workshops for senior managers and HIV/AIDS Technical Advisory Committee (TAC) members from the seven key line ministries and for staff from the Tanzania Private Sector Foundation. These workshops, carried out in July and August 2000, incited many multisectoral partners to enhance their organizations' contributions to Tanzania's national strategy on HIV/AIDS prevention and care (MTP-III).

POLICY also assisted USAID/Dar es Salaam with its annual SO1/HPN strategy workshops with CAs and other partners and helped the Mission review USAID's public sector health program and development of indicators for R4 policy elements.

## **10. Zambia**

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**Background.** Zambia has one of the worst HIV/AIDS epidemics in the world. Adult HIV prevalence is in the high teens and has been at that level throughout much of the 1990s. At the same time, the Zambian government opted to disassemble the National AIDS/STDs/Tuberculosis/Leprosy Program (NASTLP) as part of a health reform and decentralization process. In this environment, two policy challenges rose to the forefront: keeping HIV/AIDS high on the national political agenda and helping mount an effective response to the HIV/AIDS epidemic at the district level.

**Results Framework.** POLICY's SO—taken from the USAID/Lusaka results package—was *Increased capacity for policy analysis, planning, and support for the delivery of PHN interventions*, and its two primary IRs were *Information used for policy and program development* and *More effective district planning for HIV/AIDS programs*.

**Partners.** POLICY worked closely with two other USAID CAs in Zambia: Project Concern International, the CA responsible for implementing the HIV/AIDS bilateral; and the Zambia Integrated Health Project (ZIHP), through its Policies, Planning, and Support Systems (ZIHPSYS) component. Government partners included the MOH, the Central Board of Health (including NASTLP before its dissolution), the International Conference on AIDS and STDs in Africa (ICASA) Secretariat, the district health management teams, and the district HIV/AIDS task forces. POLICY also worked with the military, other ministries, and a wide range of individuals representing the university, women's groups, church organizations, PLWHA, and others. Examples include the Church Medical Association of Zambia, Christian Council of Zambia, Network of Zambian People Living with HIV/AIDS, and Hope Humana. Robie Siamwiza served as project coordinator in the country.

**Types of TA.** POLICY provided various forms of assistance during the project. Twice, it assisted with all the complex steps necessary for an AIM application. In particular, it placed great emphasis on presenter training in order that the AIM be used as widely as possible in the

country. POLICY also provided training and follow-up support for HIV/AIDS district-level strategic planning in five districts. Finally, at USAID's request, POLICY expended considerable time and resources helping the MOH/Central Board of Health (CBOH) build an independent capability to organize and present the strategic vision and health reform results to-date to the donor community and Zambian audiences.

**Highlights of Country Activities and Results.** POLICY provided assistance for two separate iterations of the AIM. The first application was completed in 1997. The second, which incorporated new data from several sources, was completed in 1999. The goals of the AIM applications were to build additional constituencies for HIV/AIDS program activities at the national and district levels; provide strategic inputs for HIV/AIDS policy development and planning at the national and district levels; and help diffuse information about HIV/AIDS throughout the culture.

Zambian counterparts' use of AIM has had a considerable impact in the country. The model responded to a great demand for materials that synthesized existing knowledge about the epidemic in a usable manner and offered glimpses of the future. AIM statistics and descriptions have been used in the draft National HIV/AIDS Policy and in district strategic plans. Zambian counterparts have made hundreds of presentations and distributed thousands of books. AIM has been used, for example, as a tool to strengthen HIV/AIDS programs in the armed services, incorporate HIV/AIDS into the Revised National Population Policy, and promote interfaith programs to combat the epidemic.

Perhaps most difficult to measure, but ultimately most important, AIM has been used to diffuse information about the epidemic throughout Zambian culture. Several missionary groups, for example, have copied all or parts of the AIM book and used the material with their constituencies throughout the country. The University of Zambia Medical School built a course module around AIM to teach its students about the epidemic. Perhaps a good indicator of the demand for AIM is that the last activity under POLICY will be to print additional copies of the overhead transparencies and speaker notes to partially meet a large unmet demand, and the first activity under POLICY II will be to print yet another edition of the briefing book, *HIV/AIDS in Zambia: Background, Projections, Impacts, Interventions*.

During the project's timeframe, USAID identified five focus districts, including Livingstone, Lusaka, Kitwe, and Ndola along the line-of-rail, and Nchelenge in the northern part of the country. Improvement of HIV/AIDS strategic planning in these districts was a joint POLICY/Project Concern International effort. POLICY contributed the AIM application, including district-level estimates, and training and follow-up in district strategic planning. The effort yielded results; four of the five districts developed strategic plans to intensify the effort to combat the HIV/AIDS epidemic. The task force drafting the National HIV/AIDS Policy also adopted the basic approach to strategic planning used in the training session in its work. The ZIHP, which has a strong district focus, uses the AIM in all the districts in which it is now active.

In the early years of POLICY activity, Zambia was engaged in a radical set of health reforms designed to restructure the entire health sector. The CBOH had to hold periodic meetings with donors (and with internal audiences) to present its strategic vision of health reforms and results to date. The CBOH was particularly effective and USAID asked POLICY to provide assistance to help the CBOH develop a capacity to present its vision of health reforms and accomplishments. Although the activity does not fit easily into the project results framework, this was the dominant activity in the early years of the project, and POLICY expended considerable time and resources (including core resources) in assisting the CBOH. In fact, the capabilities of CBOH in this area rose significantly, although the overall government emphasis on the health reform diminished over time.

## **11. Zimbabwe**

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**Background.** HIV/AIDS incidence in Zimbabwe continues to be among the highest in the world. The National AIDS Coordination Program (NACP) began leading efforts in 1994 to formulate a comprehensive national HIV/AIDS policy. Since then, the NACP has been plagued by a lack of political support, inadequate resources, low morale, and high staff turnover. The National Policy on HIV/AIDS for Zimbabwe was finally launched in December 1999. Despite many obstacles, the national policy development process was highly participatory, with the NACP convening a steering committee and conducting numerous group meetings with stakeholders and community leaders nationwide. In early 2000, the National AIDS Council was established with a mandate to strengthen the multisectoral response to HIV/AIDS.

**Results Framework.** POLICY's work in Zimbabwe focused on HIV/AIDS activities with the NACP and FP work with the Zimbabwe National Family Planning Council (ZNFPC). Activities centered on IR1.2, *Enhanced capability to plan and carry out FP/RH advocacy efforts*, and IR5, *Information used for policy and program development*. Through the combined efforts associated with these IRs, POLICY achieved its SO, *Financial and other resources mobilized for FP/RH needs*.

**Partners.** POLICY worked closely with the NACP, including its national HIV/AIDS policy formulation committee, to build capacity for advocacy in support of the national policy. POLICY also worked with the ZNFPC to develop FP advocacy materials and provide advocacy training.

**Types of TA.** POLICY assistance focused on developing and conducting advocacy training in HIV/AIDS and FP, particularly in support of Zimbabwe's National Policy on HIV/AIDS. Additional assistance was provided to develop HIV/AIDS and FP advocacy materials.

**Highlights of Country Activities and Results.** POLICY's application of the AIM in Zimbabwe culminated in the official launch of *HIV/AIDS in Zimbabwe* in September 1998. Eight thousand copies of the booklet were distributed in Zimbabwe in association with the launch. Subsequently, POLICY conducted four advocacy training workshops between November 1999 and July 2000 for staff of the NACP and ZNFPC, using three training approaches: training of advocates, training of trainers for advocacy, and technical backstopping by POLICY staff at a

workshop conducted by newly trained trainers. New trainers will be able to conduct advocacy training at the district level.

POLICY worked with the NACP, its steering committee, and advocacy trainees to develop a user-friendly version of the National Policy for HIV/AIDS and strategic framework (a booklet and a set of overhead transparencies). Stakeholders who were trained as advocates from each of Zimbabwe's regions helped develop these materials. The National Policy for HIV/AIDS reflects much information from Zimbabwe's AIM, which POLICY developed. POLICY supported the printing of 2,000 copies of the booklets and 65 sets of overhead transparencies for use by NACP and trained advocates.

POLICY also collaborated with the ZNFPC to produce *Family Planning in Zimbabwe: Challenges in a Changing Environment*, which shows the need for continued FP in the context of the HIV/AIDS epidemic. POLICY designed a graphics presentation to accompany each of these documents.

In October 1999, the government of Zimbabwe proposed a 3-percent levy on income to be used for HIV/AIDS programs. This proposal met with significant resistance from the Trade Union Movement and civil society. One of the groups trained in advocacy by POLICY, composed primarily of persons with AIDS, launched an advocacy campaign using the skills, information, and advocacy messages developed during their POLICY training. They were successful in neutralizing the campaign against the AIDS levy, and the levy was passed. The trade union and civil society invited persons with AIDS to form a coalition with them and are now working together to advocate for transparency in the management of the AIDS Levy/National AIDS Trust Fund.

## **12. Haiti**

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**Background.** The RH environment in Haiti is characterized by the serious threat of HIV/AIDS and an overwhelming demand for RH services. Political instability and severe economic problems have prevented the country from addressing these issues in the past several years. The prime minister resigned in June 1997 and legislative terms expired in January 1999, weakening the public sector. Furthermore, the international community challenged the validity of recent legislative elections and the constitutional status of the current administration. Few adequate policies, plans, or national programs are in place to meet population and RH needs, and NGO health programs continue to provide a significant part of existing services. Nevertheless, the Civil Society Task Force on Population and Reproductive Health has provided invaluable support, as have the interim prime minister, the revitalized office of the Secretary of State for Population (SEP), and a number of government officials and NGOs committed to the battle against HIV/AIDS.

**Results Framework.** USAID/Port-au-Prince's SO, *Healthier families of desired size*, is supported by IRs addressing the policy environment and women's empowerment. An explicit Mission objective is implementation of the *Call to Action*, a blueprint for Haiti's population and

RH program, produced by the task force with POLICY support. POLICY's two-pronged SO, *Increased political and popular support for population, reproductive health, and HIV/AIDS and development of supportive policies*, was supported by three IRs: *Increased participation*, *Information used for programs and policies*, and *Increased critical information base*. Project activities sought to implement the *Call to Action* and develop a national population policy.

**Partners.** POLICY's main counterparts in Haiti were the Civil Society Task Force on Population and Reproductive Health, SEP, the MOH, and HS2004, the bilateral project administered by MSH.

**Types of TA.** POLICY's most important type of TA was hands-on assistance from POLICY/Haiti staff and consultants, who have decades of experience in the public and private sector in a wide range of areas. This assistance helped build institutional capacity and generate and maintain essential information. For example, the Haiti team worked directly with counterparts in partner institutions to use SPECTRUM in projecting and presenting accurate, current data on the implications of population growth and HIV/AIDS; prepare a series of news bulletins on population, RH, and HIV/AIDS for dissemination by partners; develop a minimum package of services for NGOs to provide under HS2004; research and prepare situation analysis papers on education, women's socioeconomic and legal status, maternal health, and other topics for use in developing the national population policy; maintain and expand a database of nationwide health facilities and personnel; support a survey of women's grassroots organizations in several departments and help analyze survey data; organize and consolidate the task force; assist the SEP in establishing its new organizational structure and preparing its first-year plan; and develop and implement the participatory process used in devising the national population policy. POLICY also conducted training workshops, including two SPECTRUM workshops.

**Highlights of Country Activities and Results.** Haiti produced its first national population policy. Immediately after the SEP was reconstituted in March 1999, it began work on the policy. With extensive TA from POLICY staff and consultants, the SEP collected and analyzed data, developed a participatory policy formulation process, prepared public information materials, and devised a methodology for structuring local public hearings and national consensus workshops. The policy, approved by the SEP, was presented publicly on International Population Day in July 2000.

The civil society task force succeeded in attracting support for its proposed national population and RH program for Haiti. With extensive support from POLICY, the task force drafted and promoted the *Call to Action*, which embodies its vision of a national program to implement the ICPD *Programme of Action* in Haiti. The Mission incorporated the document into its objectives; First Lady Hilary Clinton publicly thanked the group for their efforts; and private U.S. foundations pledged more than US\$5 million to help local NGOs implement the *Call to Action*. A methodology for prioritizing the elements of the *Call to Action* was applied based on the HS2004 definition of the "minimum package of services," presented to USAID-funded NGOs. Haiti's Secretary of State signed a formal Memorandum of Understanding with the task force to promote their mutual agendas.

POLICY used the AIM to update HIV/AIDS projections, which have been widely disseminated, adopted by the MOH as Haiti's official HIV/AIDS figures, and used on multiple occasions by the MOH, NGOs, Haiti's first lady, and international organizations. The MOH enlisted POLICY to conduct a series of workshops and working group meetings with NGOs to revise a draft national HIV/AIDS strategy as a first step in developing and implementing policies and programs to address the problem. The MOH has not yet followed up on these initial activities.

Among other accomplishments, the MOH commissioned FHI to study mobile units using data prepared by POLICY from a voluminous and unwieldy statistical report of a health facility survey. Study results were presented in March 2000 and the MOH is expected to make decisions for future deployment of mobile units. A local JSI advisor carried out a situation analysis with POLICY support, revealing a strengthened logistical support system, a precarious flow of supplies through the system, and serious lack of training among providers. The study is an excellent planning guide.

### 13. Mexico

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**Background.** The health sector in Mexico has been decentralized, and the State Secretariat of Health is now charged with developing its own plans and budgets that it presents to the state legislature. The legislature then can approve or amend the plans and budgets. Decentralization offers an opportunity for states to create programs that are more responsive to their populations' needs; however, political interests and limited knowledge of technical issues by state-level decision makers may produce decisions that do not best serve the interests of the local population. The concern for good, decentralized governance is particularly acute for HIV/AIDS control for several reasons: many state officials have a limited understanding of the disease; conservative Catholic Church leaders exert a strong influence over local politics in some states; and local policymakers are frequently prejudiced against individuals with HIV and deny the extent to which HIV/AIDS affects their community.

The National AIDS Council (CONASIDA) formed state-level AIDS councils (COESIDAS); however, in many states they have been inactive, and responsibility for state activities has fallen to the state coordinator for HIV/AIDS. Typically, the state HIV/AIDS coordinators have no direct budget control and thus have limited ability to comply with CONASIDA's national plan or carry out programs designated as the states' responsibility. Another challenge comes from the lack of community involvement and coordination in many of the high-risk states. Although Mexico City has seen a vigorous and sustained, albeit often uncoordinated, response to HIV/AIDS from the NGO community, in many states, such as Yucatán and Guerrero, the NGO community is much less active on the issue and has not had the same response. High-risk states also lack coordination on HIV/AIDS programs within the NGO community; between the public and private sector; and across sectors such as health, education, tourism, and indigenous affairs.

**Results Framework.** POLICY activities in Mexico contributed to USAID/Mexico City's IR1, *Improved policy environment for HIV/AIDS/STI at the national and subnational levels*. From early 1998 through July 2000, POLICY contributed to the achievement of USAID's IR through

its own IRs: *Ensuring that strategic plans were devised and disseminated through interinstitutional commissions and resources were allocated for their implementation at national level and in targeted states;* and *Promoting the active support and participation of civil society in HIV/AIDS/STI policy dialogue and formulation at the national level and in targeted states.*

**Partners.** POLICY's principal partners in Mexico were CONASIDA and the state HIV/AIDS coordinators in Guerrero, Mexico State, and Yucatan. POLICY's local team in Mexico consisted of a long-term advisor, participation coordinator, strategic planning advisor, evaluation coordinator, and group of consultants who contributed to POLICY work and served on the local advisory committee for the project (along with representatives from USAID and CONASIDA).

**Types of TA.** POLICY assistance was designed to enhance participation in planning for HIV/AIDS in targeted states and form planning groups of state and local organizations working in HIV/AIDS and related fields. The planning groups were formed to develop an integrated strategic plan for HIV/AIDS that would address the needs of the states' vulnerable populations and serve as a permanent advisory board for the state on HIV/AIDS policy. Specific areas of TA and training included participatory strategic planning, advocacy training, gender issues in HIV/AIDS, conflict resolution, and policy dialogue.

**Highlights of Country Activities and Results.** POLICY developed a pilot strategic planning program to foster formation of multisectoral state planning groups for HIV/AIDS. Starting in February 1998, the project worked in the states of Guerrero, Mexico, and Yucatan, and the Federal District (Mexico City); in early 2000, it began work in Oaxaca and Vera Cruz. The strategic planning program was based on the UNAIDS methodology: analysis of the situation, analysis of the response, and strategic plan formulation and resource mobilization. Working closely with CONASIDA, POLICY added several new steps: (1) dialogue with and/or lobbying the state secretary of health to gain his support for the project, which entailed the controversial opening of the planning and policy process to participation from civil society; (2) a comprehensive stakeholder analysis to identify participants for the planning process; (3) an APES assessment to survey approximately 25 key informants in each state; and (4) a press conference by state leaders and the head of CONASIDA to announce the start of activities and invite the state's media to participate in the process. In addition, POLICY interpreted the third step of the UNAIDS methodology (strategic planning formulation) as an opportunity to encourage wide participation in the policy process, inviting an average of 30 representatives from a variety of fields to participate in a week-long workshop on the status of HIV/AIDS in Mexico and the tools needed for multisectoral strategic planning. The methodology continued to be adapted during the two-year period. Responding to requests from workshop participants, the team added another component to provide substantial, continued assistance to planning groups after their formation.

POLICY carried out the research and evaluation components of the strategic planning program in the states of Guerrero, Mexico, and Yucatan and in the Federal District between 1998 and 2000, and initiated that work in Oaxaca and Vera Cruz in 2000. Three week-long strategic planning workshops were held between 1998 and 2000, in Guerrero, Mexico, and Yucatan, along with shorter TA and training workshops with various audiences in the Federal District and

other states. In Guerrero, Mexico, and Yucatan, POLICY provided follow-up assistance to the multisectoral planning groups on topics such as strategic planning, conflict resolution, advocacy, gender and human rights issues in HIV/AIDS, and technical aspects of HIV/AIDS.

Multisectoral planning in Mexico yielded impressive results. Diverse groups such as the Catholic Church and gay rights advocates are now working together on HIV/AIDS activities. The traditional enmity between government and NGOs working in HIV/AIDS has dissipated in Guerrero, where the State Secretariat of Health and the NGO community jointly developed a strategic plan that encompasses the health, education, and tourism sectors; conducted local-level IEC campaigns and events to raise awareness, including substantial coverage of HIV/AIDS in state and national television news; and reached out with the first local language educational materials to the large indigenous population in the state. Advocacy by the planning groups in Guerrero and Yucatan resulted in an increased line item for HIV/AIDS/STI in the 2000 state budgets, marking the first time state funds (2 million pesos) in Yucatan have been allocated specifically to HIV/AIDS/STI. This year's budget in Guerrero includes a 6-percent increase for HIV/AIDS/STI. The Guerrero State Secretary of Health credited the POLICY-supported planning group, CEMPRAVIH, with influencing the decision to increase funding for HIV/AIDS/STI. In the Federal District, POLICY-supported advocacy efforts, which called for the creation of a district government program on HIV/AIDS/STI, led to the creation of the HIV/AIDS/STI Council for the Federal District (CODFSIDA), which is based on the POLICY model of multisectoral strategic planning. In Yucatan, all key players, including the state secretary of health, have approved the group's strategic plan. The secretary of health then presented it to the state governor in July 2000 for his approval and support. Most recently, Yucatan planning group members successfully advocated for state funding of a local laboratory and clinic capable of HIV/AIDS testing and treatment, in accordance with federal guidelines for treatment of patients who are HIV positive.

#### ***IV. POLICY Project: Problems and Constraints***

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In general, the POLICY Project has not encountered any significant portfolio-wide constraints. To the contrary, among both USAID Mission field staff and the Integration Working Group (IWG) members, there has been a growing recognition of the importance of policy-support activities. Because of this support, the POLICY Project has received numerous requests for an increasing range of policy support assistance, which has involved a large number of POLICY Project staff members.

The major problem occurred at the end of POLICY I in August when it became apparent that USAID Missions in Francophone West Africa were not going to continue field support to the POLICY Project. This means that most of our excellent field staff can no longer be supported, which will represent a major loss of excellent human resources. Discussions are underway with the African Bureau and the West Africa Regional Program (WARP) to get additional resources to continue our work in this region, but to date the results do not look promising.

## ***V. POLICY Project HIV/AIDS Financial Summary***

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The POLICY Project financial reporting system has been in operation since September 1995 and provides detailed financial reporting to USAID in the form of Quarterly Financial Reports which include information on budget, expenditures, and level of effort by source of funds and also by country and activity.

POLICY Project core funds provided by the HIV/AIDS Division are tracked using a separate project code (5404) and subactivity codes. The reporting format has been developed in consultation with the HIV/AIDS Division. POLICY Project administrators in charge of accounting are Ms. Alice Weinstein and Mr. Scott Pflueger at The Futures Group International, Washington, D.C. (202-775-9680).

Expenditures on HIV/AIDS for the five years of the POLICY I Project were as follows:

<u>Source</u>	<u>Amount</u>
HIV/AIDS Division	\$1,135,000
Office of Population	740,000
Bureau for Africa	700,000
Bureau for ANE	60,000
Field support	4,396,000
<u>Total</u>	<u>\$7,041,000</u>