

**FOURTH SEMI-ANNUAL
UPDATE**

January 7, 2002 –
July 6, 2002

**POLICY II PROJECT
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January 7, 2002 – July 6, 2002

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
AGOA	African Growth and Opportunity Act
ANC	Antenatal care
ANE	Asia/Near East
API	AIDS Program Index
ARH	Adolescent reproductive health
CA	Cooperating agency
CBD	Community-based development
CCF	Christian Children's Fund
CDC	Centers for Disease Control
CEDAW	Convention to eliminate all forms of discrimination against women
CEDPA	Centre for Development and Population Activities
CORE	Communities Organized in Response to the HIV/AIDS Epidemic
DFID	Department for International Development
DHS	Demographic and Health Surveys
E&E	Europe and Eurasia
EPP	Epidemic Projection Package
ESA	East and Southern Africa
FAAPPD	Forum of African-Arab Parliamentarians for Population and Development
FBO	Faith-based organization
FHI	Family Health International
FIS	Financial information system
FP	Family planning
GBV	Gender-based violence
GH	Global Health (Bureau)
GIPA	Greater involvement of PLWHA
GWG	Gender Working Group
HANIG	HIV/AIDS New Indicators Working Group
HBC	Home-based Care
HIV	Human immuno-deficiency virus
HRWG	Human Rights Working Group
IAEN	International AIDS and Economics Network
ICASA	International Conference on AIDS and STDs in Africa
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
IDU	Injecting drug user
IEC	Information, education, and communication
IGWG	Inter-Agency Gender Working Group
ILO	International Labor Organization
IPPF	International Planned Parenthood Federation
IR	Intermediate result
LAC	Latin America/Caribbean
LTA	Long-term advisor
M&E	Monitoring and evaluation
MCH	Maternal and child health
MH	Maternal health
MNH	Maternal and Neonatal Health (Project)
MNPI	Maternal and Neonatal Health Program Index
MOH	Ministry of Health

MSM	Men who have sex with men
MTCT	Mother-to-child transmission
MTT	Mobile task team
NGO	Nongovernmental organization
OVC	Orphans and vulnerable children
P&F	Planning and Finance
PAC	Postabortion care
PDB	Programmatic Data Base
PLWHA	Persons living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
QA	Quality assurance
REDSO	(USAID) Regional Economic Development Services Office
RFP	Request for proposals
RH	Reproductive health
RHAP	Regional HIV/AIDS Program
RTI	Research Triangle Institute
S&D	Stigma and discrimination
SADC	Southern Africa Development Commission
SO	Strategic objective
SRH	Sexual and reproductive health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TA	Technical assistance
TAG	Technical advisory group
TD	Technical development (Week)
TFR	Total fertility rate
TOT	Training-of-trainers
UNAIDS	United Nations AIDS Organization
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
VSC	Voluntary surgical contraception
WARP	West African Regional Program
WCA	West and Central Africa
WG	Working group
WHO	World Health Organization
YAARH	Young adult and adolescent reproductive health
YARH	Young adult reproductive health

PROJECT OVERVIEW

The POLICY II Project is a five-year project beginning July 7, 2000 funded by the U.S. Agency for International Development, GH/POP/P&E under project number 936-3078.02 and contract number HRN-C-00-00-00006-00. The Futures Group International implements the project in collaboration with The Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI).

The POLICY Project facilitates the development of policies and plans that promote and sustain access to high-quality family planning and reproductive health (FP/RH) services. While maintaining a strong **emphasis on FP/RH**, the project also explicitly addresses **HIV/AIDS** and **maternal health (MH) policy issues**. The project addresses the full range of policies that support the provision of high quality FP/RH and HIV/AIDS services, including:

- National policies as expressed in laws and official statements and documents;
- Operational policies that govern the provision of services;
- Policies affecting gender, youth, and human rights; and
- Policies in related sectors such as education, labor, and the environment.

To achieve POLICY's main objective, the project endeavors to

- Broaden and strengthen **political and popular support**;
- Improve **planning and financing**;
- Ensure that accurate, up-to-date, and **relevant information** informs policy decisions; and
- Enhance **in-country and regional capacity** to provide policy training.

POLICY embraces multisectoral approaches that involve partnering with and providing technical assistance to government agencies, civil society groups, private sector organizations, and research institutions to develop policies and plans that guide the implementation of responsive, sustainable programs and services.

POLICY is active in 27 countries and with three regional organizations, with 256 staff: 72 in the United States and 184 staff and consultants overseas. The following sections of this semi-annual update present the project's results framework and results achieved during the six-month reporting period. This is followed by a summary of major activities for the project's main technical components (IRs and working groups), regional work, and and for each of the countries in which POLICY was active during the reporting period. The final section of this report presents highlights of the POLICY Project's collaboration with other organizations and donors. The appendix shows the project's management structure and contains a list of all staff affiliated with the POLICY II Project.

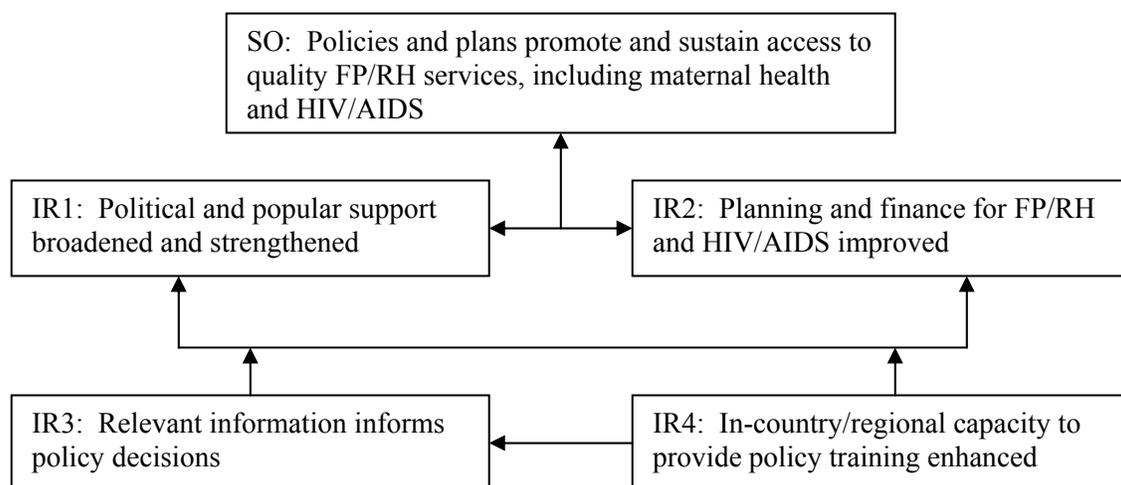
RESULTS FRAMEWORK

The strategic objective (SO) of the POLICY Project is *Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS*. The project SO is supported by four intermediate results (IRs):

- IR1: *Political and popular support broadened and strengthened;*
- IR2: *Planning and finance for FP/RH and HIV/AIDS improved;*
- IR3: *Relevant information informs policy decisions;* and
- IR4: *In-country/regional capacity to provide policy training enhanced.*

POLICY Project results will be achieved through both global and country activities. Global activities are financed by core funds. These activities are undertaken to provide global leadership on policy issues, promote policy research and evaluation, and develop the tools and techniques for technical support to the field. Country activities are financed by field support funds from USAID country missions and/or regional bureaus or offices. In addition, country activities that integrate technical areas in need of special attention, such as HIV/AIDS, maternal health, and the three crosscutting issues (adolescents, gender, and human rights), will be generally financed using core funds. Figure 1 illustrates the POLICY Project results framework, showing both the strategic objective and intermediate results.

Figure 1
Policy Project Results Framework



PROJECT RESULTS

Every POLICY country workplan includes a results framework that clearly links achievement of results in-country to the USAID Mission results framework. Country results are also linked to the project's results framework and the Global Health (GH) Bureau's strategic framework. Each reporting period, POLICY tracks the achievement of country results and verifies accompanying documentation. To facilitate and systematize this process, the project uses a relational database to track results, indicators, and associated documentation.

The project substantially exceeded its performance benchmarks for the fourth reporting period. Overall, 21 SO-level results are presented below for 15 countries, and 51 IR-level results are presented for 21 countries for a total of 72 results in 27 countries. Table 1 shows the total number of results achieved by country in this reporting period. A complete listing of results achieved in the third reporting period follows.

Table 1. Project Results Tally (# of results) for SAU Period 4
January 7, 2002 to July 6, 2002

COUNTRY	SO	IR1	IR2	IR3	IR4	TOTAL RESULTS
Africa						
Ethiopia	1			1		2
Ghana				1		1
Kenya	1	4	4	2		11
Malawi	1					1
Mali				1		1
Mozambique				1	1	2
Nigeria	3	1				4
REDSO/ESA						
Sahel/CERPOD					1	1
South Africa	1	1	1			4
Tanzania		2				2
Uganda	1			2	1	4
WARP/FHA	1					1
Zambia		1				1
Asia/Near East						
Bangladesh						
Cambodia		1			1	2
Egypt	2	1			2	5
India	1					1
Jordan			1	3		4
Philippines		2	1	1	1	5
Europe and Eurasia						
Romania	2					2
Russia		2			2	4
Turkey	1					1
Ukraine	1	1	1			3

Table 1 (cont.)

COUNTRY	SO	IR1	IR2	IR3	IR4	Total Results
Latin America/Caribbean						
Guatemala	1				1	2
Haiti	1			1	1	3
Jamaica			1			1
Mexico	1	1	1			3
Peru	1					1
Total Results	21	17	10	13	11	72
Total Countries	15	11	7	9	9	27

SO: Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS

of countries that adopt (approve) national/subnational policies, plans, guidelines to promote access to high-quality FP/RH services

- **Malawi's** fertility rate of 6.4 is one of the highest rates in the world despite years of a family planning program. Contraceptive prevalence rose slowly over the 1990s, but the overall program was in serious need of a more comprehensive and up-dated FP/RH policy that would set broad objectives and approaches and reflect the philosophy of the ICPD Program of Action. Since its establishment in 1997, the Reproductive Health Unit (RHU) of the Ministry of Health (MOH) and its stakeholders have debated the need for a comprehensive RH policy to unify the various FP/RH strategies and guidelines and address certain areas not covered by the existing policy instruments. In September 2000, the RHU convened a meeting of stakeholders to assess existing policies, strategies, and guidelines for their adequacy and gaps in providing appropriate RH guidance. The group decided unanimously that a national RH policy was needed, and POLICY was asked to provide extensive technical assistance over an 18-month period. Thanks to POLICY's support, the Minister of Health and Population approved and signed the National Reproductive Health Policy on February 12, 2002. The policy provides the framework for the implementation of the newly adopted National Reproductive Health Program, which was formally launched on February 14. The policy guides decision makers, managers, and service providers in planning and implementing the RH program and addressing service quality and standards, resource allocation, client rights, and other areas.
- Last year, **Guatemala** adopted landmark legislation (*Law of Social Development*) that gave significant reproductive health protections and services to all Guatemalans. To make this law effective, the government asked POLICY to assist in developing a comprehensive policy to help implement the law in the area of FP/RH. On April 8, 2002, the Social Cabinet approved the "Social Development and Population Policy," which will guide the implementation of the *Law of Social Development* ratified in September 2001. POLICY assisted the Economic Planning Secretariat (SEGEPLAN) in drafting and refining the policy and helped prepare SEGEPLAN's technical team for its presentation to the Cabinet. In June 2002, SEGEPLAN created the Social Development and Population Unit (SDPU) and allocated two full-time personnel to coordinate the policy's implementation with ministries and other sectors. POLICY helped SEGEPLAN launch the SDPU and assisted in developing the unit's first plan of activities. POLICY continues to assist SEGEPLAN in implementing the policy.
- While **Nigeria** recently promulgated a *National Reproductive Health Policy*, it lacked the strategies and guidelines for implementing the policy. POLICY worked intensively with the Federal Ministry

of Health (FMOH) over the past year and, as a result, the ministry adopted the *Strategic Framework and Plan for Reproductive Health* on June 27, 2002, at a national stakeholders meeting attended by technocrats from various federal ministries, states, nongovernmental organizations (NGOs), faith-based organizations, academia, and representatives of several international donor agencies. The strategic plan provides for intervention activities with resource requirements, goals, responsible organizations, and an M&E framework to address priority RH areas, such as family planning, safe motherhood, adolescent reproductive health, and STI/HIV/AIDS. Following the completion of final editing and printing, the Minister of Health is slated to formally launch the plan in September 2002, simultaneously with the *National Reproductive Health Policy* (previously adopted by the National Council on Health). During 2001, POLICY provided extensive technical assistance to FMOH to develop and implement the policy and subsequently assisted FMOH's Department of Community Development and Population Activities to draft and review the strategic plan.

- On March 29, 2002, **Ukraine's** Cabinet of Ministers approved the "Safe Motherhood Concept" through Directive # 161-P, which was broadly supported by key stakeholders including POLICY partners. The directive lays the foundation for reducing maternal and infant mortality in Ukraine through improved access to high-quality RH services and improved dissemination of information on family planning issues. POLICY's work influenced the development of the directive in several ways including attention to the following activities: (1) improving the organization and quality of obstetric/gynecologic care (which is already being done through POLICY's work to remove operational policy barriers); (2) improving sexual education for youth (for which the MOH has asked the POLICY-supported Ukrainian Reproductive Health Network [URHN] to facilitate with the Ministry of Education and the MOH); and (3) involving NGOs in shaping public opinion on safe motherhood, one of URHN's priority advocacy issues.
- Francophone countries in West Africa are notorious for having perhaps the poorest collective policy environment for FP/RH. As a result of previous POLICY advocacy work and the dissemination and use of model policy guidance, the **Chad** national legislature adopted a reproductive health (RH) law to implement the Cairo Plan of Action on March 15, 2002. The law is patterned after a model law developed earlier with technical and financial support from POLICY, and thus would not have happened or would have been significantly delayed without POLICY's contribution.

By way of background, legislators from Chad attended the March 1997 symposium on barriers to RH in Francophone countries organized by the IPPF West Africa office and POLICY. Subsequently, POLICY supported the Forum of African-Arab Parliamentarians for Population and Development (FAAPPD) in organizing a follow-up workshop in June 1999 for Francophone parliamentarians to produce a "model" RH law in support of the Cairo Plan of Action. FAAPPD, POLICY, and other regional partners then supported activities of parliamentary networks in WCA to enact similar legislation. Chad now joins Guinea in having enacted legislation patterned after the model law.

- **Romania** faces major challenges in addressing contraceptive security issues. Until recently, the country has depended on erratic and insufficient donor supplies or high-cost pharmacy products. POLICY has worked with the Ministry of Health and Family (MOHF) and key stakeholders to advocate for contraceptive coverage by the national insurance system. As a result, the National Health Insurance House (NHIH) approved the inclusion of generic formularies for oral contraceptives and injectables in the List of Compensated Drugs (NHIH Order No. 44/8), published in the Official Monitor No. 126/18, February 2002.

POLICY had been working on FP/RH policy and financing issues related to health insurance in Romania since 1998. When POLICY started implementing its centrally funded core package in March 2001, health insurance was explored as one of the main financing options for contraceptive

security. This option was often discussed during meetings of the Policy Barriers Working Group of the MOHF that was chaired by POLICY's Dr. Alin Stanescu, our local resident advisor. Stanescu also carried out extensive policy dialogue with leaders of the MOHF, National Health Insurance House, and College of Physicians. In July 2001, POLICY assisted Dr. Mihai Horga of the MOHF to analyze cost data subsequently used by the Minister to propose that NHIH include contraceptives on the list of drugs compensated under health insurance. Horga also used data from POLICY's field study that assessed the implementation of new contraceptive security policies in drafting the Minister's memorandum to the Committee on Transparency, a joint MOHF-NHIH committee that reviews all proposals for social health insurance funding. Local POLICY staff and Dr. Horga continued dialogue with the NHIH on the proposal, which was subsequently approved in February 2002.

- The Government of **Turkey** has assumed total responsibility for all publicly provided contraceptives for the past four years. However, despite this commitment and policy, the MOH does not and will not have enough funds to provide free contraceptives for all Turkish couples that want them (nor should they as many couples would gladly paid for contraceptives as a private good). POLICY has been working with the MOH for the past several years to conceive, test, and replicate a system for channeling the government's contraceptives to those who most need them and to recover some of the costs through donations (fees) from those who can afford to pay. In this manner, government contraceptives can be 'stretched' to cover the majority of the population. As a result of POLICY's support, the general director of the MOH Maternal and Child Health and Family Planning (MCH/FP) General Directorate issued a decree in February 2002 to all 81 provinces, with the signature of the undersecretary of the MOH, that states, "the Contraceptive Self-Reliance Program was initiated by our General Directorate of Maternal and Child Health and Family Planning as of 1997. The fundamental principle of this initiative is to continue to provide free contraceptive supplies to everyone, while asking those users who can afford and are willing, to make a voluntary donation following service delivery." The decree also explains the rationale for requesting donations and says that donations will be directed toward the purchase of contraceptive commodities. This decree was issued after the donation policy was successfully piloted in three provinces and rolled-out to an initial group of eight priority provinces. POLICY worked closely with the MOH and the Health and Social Aid Foundation (HSAF) to ensure the sustainability of this cost-sharing mechanism by conducting the pilot test, developing the implementation plan, and assisting with the roll-out.
- In **Peru**, discussion of family planning at the national level has become taboo thanks to the conservative ideology of the current government in regard to reproductive health. Because of decentralization, local governments have the power to set certain policies through their programs and funding. POLICY has been working with local governments to establish policies to provide decent RH counseling and services. As a result of this work, officials of two municipalities passed two resolutions to create a youth office as part of the their municipal structures. The Mayor of Chachapoyas Municipality (Department of Amazonas) issued Municipal Resolution No. 022-2002-MPCH on February 4, 2002, which approves the creation of the Office for Youth Issues and the incorporation of sexual and reproductive health (SRH) activities in other municipal offices, including the Community Issues Office and the Child & Adolescent Defense Office. Both the creation of an office and the inclusion of specific activities in other offices mean that the municipality must provide funds for these activities. The Mayor of Vilcashuman Municipality (Department of Ayacucho) approved Municipal Resolution (N° 051 - 2001 - MPV H/A) on November 30, 2001, which states that the Social Services Directorate should open an office for counseling youth on SRH issues. This directorate is in charge of designing the municipal plan on SRH. POLICY small grants to two NGOs, SURMUBI and COTMA, enabled them to advocate with municipal authorities to include these RH issues and concerns on local agendas, and policies and have the potential of expanding RH services to tens of thousands of people.

of countries that adopt (approve) national/subnational policies, plans, guidelines to promote HIV/AIDS prevention and care and support services

- **Haiti** has the highest rate of HIV/AIDS infection in the Western Hemisphere. Despite this startling fact, the government has had no strategic plan to guide the implementation of the national response. After considerable POLICY assistance, the Minister of Public Health and Population formally released **Haiti's** official HIV/AIDS strategy, *The National Strategic Plan for the Prevention and Control of STDs and HIV in Haiti (2002 to 2006)*, on April 26, 2002. The objective of the National Strategic Plan is to reduce risk of infection, reduce the vulnerability of youth, women, and people living with HIV/AIDS (PLWHA), and mitigate the epidemic through care and treatment of people living and affected by HIV/AIDS. Local POLICY staff members have been active participants in the official technical group appointed by the MOH to prepare this document. POLICY worked in close partnership with UNAIDS throughout the process. MOH recognition of POLICY's contributions was included prominently in the acknowledgments section of the strategic plan.
- In the face of a skyrocketing HIV/AIDS epidemic and a total absence of a national HIV/AIDS strategy and plan in **Nigeria** last year, POLICY played a determining role in the preparation and adoption of the national HIV/AIDS Emergency Action Plan (HEAP). One of the main provisions of the HEAP calls for the development of state-level plans to ensure that the national objectives and plans are adopted and implemented at the local level. Without such state plans, the national action plan cannot be implemented. POLICY is working to help states develop and implement their own action plans under HEAP. In this regard, POLICY assisted the Technical Advisory Committee of the Oyo State Action Committee on AIDS to finalize a three-year HIV/AIDS action plan. Thanks to POLICY's technical assistance and central role in working with stakeholders to formulate the plan, the Ministry of Health, Oyo State, approved the state HIV/AIDS action plan during a meeting on March 18–20, 2002. The state-level plan contains a list of proposed strategies and activities to combat HIV/AIDS. It is hoped that other state Ministries of Health and State Action Committees on HIV/AIDS will adopt similar action plans.
- The POLICY Project, with support from the Office of HIV/AIDS and the Africa Bureau, has been working with Anglican Communion of Southern Africa to plan and carry out its response to the HIV/AIDS epidemic. POLICY facilitated the planning sessions for the successful All Africa Anglican Conference held last August in Gauteng, South Africa, and helped design a tool to monitor implementation of the *Anglican Communion HIV/AIDS Strategic Framework*, which was developed during the conference. Following this conference, the church pledged its commitment to breaking the silence on HIV/AIDS in order to prevent new infections, end stigma and judgment, and confront poverty and gender inequities. POLICY prepared a report, which included the booklet "African Tales for Canterbury", that was presented to the Primates by the Archbishop of Cape Town, the Most Reverend Njongonkulu Ndungane. Following this presentation and as a result of the success of progress made after the All Africa Anglican Conference, the Archbishop of Cape Town was asked to lead the Anglican Church's policy development and global strategy. On April 16, 2002, the Anglican Primates released a *Statement of Anglican Primates on HIV/AIDS*, reaffirming their commitment to address HIV/AIDS and implement the *Anglican Communion HIV/AIDS Strategic Framework* globally. This was the church's first international HIV/AIDS policy statement.
- There is strong consensus that community mobilization is essential for combating the "war" against AIDS. Religious leaders, because of their standing with the community and ability to stimulate community responses, are critical to the effort to mitigate the impacts of HIV/AIDS. POLICY works with religious leaders and groups to obtain publicly stated policies and actions. Thanks to POLICY efforts, on February 21, 2002, the Catholic Bishop's Conference of **Nigeria** approved and adopted the

Catholic HIV/AIDS Policy, following extensive assistance from POLICY in conceptualizing, drafting, and reviewing the policy. For the first time, the new policy spells out how the Nigerian Catholic Church views HIV/AIDS prevention and treatment options and how church-based health service clinics should deal with HIV/AIDS as well as what is referred to as “pastoral care.” While the new policy does not endorse the use of condoms for protection, significantly, it does not prohibit them, which is one of the enormous steps forward represented in this policy.

- **Ethiopia** has one of the worst HIV/AIDS epidemics in Africa at 11 percent prevalence for the RH age population, and this proportion is probably growing rapidly. Poor or nonexistent workplace policies have been shown in other countries to fuel the spread of HIV/AIDS and foster stigma and discrimination. Therefore, strong workplace policies that include the protections of works rights and prevention, care, and support programs are essential to mitigating HIV/AIDS in Africa. POLICY and the International Labor Organization worked with the Confederation of Ethiopian Trade Unions (CETU) to draft HIV/AIDS policy guidelines for the workplace. POLICY provided critical technical materials in the form of sample workplace guidelines from other countries and assisted in preparing the draft. CETU is an umbrella organization of over 400 basic trade unions organized under nine industry federations with approximately 400,000 members. As a result of this assistance, CETU formally adopted its *HIV/AIDS Workplace Guidelines* in March 2002. The objective of the guidelines is to promote productive work in the face of HIV/AIDS by preventing the spread of the disease, by mitigating the impacts of the disease, and by creating a working environment that is free of any form of discrimination. Scores of Ethiopian companies are now committed to implement the guidelines, which provide specific recommendations for interventions not previously funded with regard to dispensation of condoms in the workplace, education programs for workers, and provision of care and support services.

of countries that increase resources available for FP/RH

- The greatest challenge to implementing the \$325 million Innovations in Family Planning Services (IFPS) Project in the state of Uttar Pradesh, **India**, over the past eight years has been to find mechanisms through which program funds could be reasonably allocated and have sustainable impacts on FP/RH. This barrier has been a major problem for both the USAID Mission and the government of Uttar Pradesh’s (UP) implementing agency called SIFPSA. In 1997, POLICY introduced the concept of District Action Plans (DAPs) on a trial basis. Subsequent experiments with DAPs confirmed the effectiveness of the approach to USAID and the government of UP. Since the DAPs were adopted several years back as the main implementing mode for the IFPS Project, over \$20 million has been allocated to them. POLICY worked intensively on DAPs for five new districts from November 2001 to February 2002. As a result, on February 20, 2002, SIFPSA’s project advisory committee approved DAPs for Azamgarh, Ballia, Balrampur, Chitrakoot, and Gonda districts, allocating Rs159.22 million, or US\$3.34 million, for implementation in the next three years.
- In **Egypt**, the Ministry of Planning and the People’s Assembly approved budget allocations for FP/RH activities assigned to the Ministry of Agriculture (MOA) in the FP/RH Strategic Plan 2002–2017. The Assembly also approved the Ministry of Agriculture’s Executive Plan for FY2002/03, which was developed with support of the UNFPA/MOHP Project and POLICY in December 2001. LE5.2 million (US\$1,130,000) was allocated to provide FP/RH services and raise awareness of health issues in rural Egypt. LE3.22 million (US\$700,000) was allocated to develop messages on FP/RH-related issues to be disseminated in MOA information centers. LE6.272 million (US\$1,363,000) was allocated to create productive projects for women who possess newly reclaimed agricultural lands, aiming at raising their social and economic status. In addition, LE23.18 million (US\$5,022,000) was allocated for completing and developing the Agricultural Guidance Units in villages, which will work in the areas of women empowerment, adult education, and bridging the gender gap in rural Egypt.

- In **Mexico**, POLICY has supported the creation, establishment, and growth of multisectoral citizen's groups (MCGs) in several key states. Thanks to intensive POLICY assistance over the past few years, these groups have become powerful advocates for generating financial resources and government response to HIV/AIDS. POLICY still provides technical support to the Yucatan MCG. Recently, a joint advocacy effort by the Yucatan MCG in Merida and Carlos Méndez, Director of the NGO Oasis de San Juan de Dios and a leading member of the MCG/Yucatan, resulted in a new allocation of funds for HIV/AIDS testing and laboratory work (P\$1,500,000 or US\$160,000), antiretroviral treatment for 62 persons (P\$5,208,000 or US\$554,000), and special programs, in addition to a budget allocation for the state HIV/AIDS program of P\$2,179,000 (US\$232,000). The advocacy campaign included meetings with policymakers, collaboration with journalists to increase coverage of PLWHA needs in the state, and presentation of a proposal to the Global Fund for HIV/AIDS in an effort to meet the funding gaps. The State Planning Unit, in response to a request from the State Secretary of Health, issued the statement about increased funds in two announcements dated May 22 and May 29, 2002.
- Romania** faces major constraints in financing its contraceptive needs for the public sector. Only recently did the government, with POLICY's assistance, allocate funds to purchase contraceptive for distribution through MOHF clinics. The *Law on Public Health Financing* (Romania Government Decision 41/17, January 2002, published in the Official Monitor No. 66/30, January 2002) approved contraceptive procurement. The MOHF subsequently earmarked the amount of 10 billion lei for 2002 (equivalent to \$333,000 which is an increase from the \$250,000 initial allocation for 2001). The MOHF cited POLICY assistance as a factor contributing to the increase in contraceptive funding. The results of POLICY-sponsored research are being used by the MOHF and other National Family Planning Program partners, including the IEC Working Group of the RH Committee composed of the MOHF, local agencies from the public and private sectors, donors (UNFPA and USAID), other cooperating agencies (CAs), FP/RH advocacy networks, and even private commercial sector entities. In addition, Dr. Mihai Horga, MOHF Director for Family and Social Assistance; Eugenia Erhan, MOHF Director of the Department of Budget and Finance; Alin Stanescu, POLICY long-term advisor (LTA); and other policy champions from the government and NGO sectors helped advocate for increased government resources for contraceptives and the inclusion of contraceptives in the health insurance drug list.
- Reproductive health budgets in two districts of **Uganda** increased as a result of a series of advocacy presentations given by district population officers to the District Technical Planning Committee (DTPC) in May 2002 on "Uganda: Population, RH, and Development". The recurrent budget for RH in Kumi District increased from 4 million shillings (US\$2,300) to 10 million shillings (US\$5,780). The funds provided in Kumi District will be mainly for conducting advocacy meetings on early marriages and early births, enabling travel of local officials throughout the district. In Iganga District, the district has added population and RH issues to the budget for the first time. Three million shillings will be available for family planning activities through the DISH Project as of August 4, 2002. Additionally, the Italian Consulate has committed 25,948,000 Ush for the provision of contraceptives, practice of safe sex and positive living skills, treatment, and monitoring of pregnant HIV/AIDS mothers. The DTPC members are now committed to fertility reduction through promotion of family planning. District population officers trained by POPSEC and members of the POLICY-supported Uganda RH Advocacy Network (URHAN) conducted the advocacy activities leading to the budget allocations.
- In **Egypt**, FP/RH services are oftentimes difficult to access, especially in areas of Upper Egypt and in urban slums. Certain governorates, such as Aswan, have been particularly hard-pressed to provide these services. In 2001, POLICY helped form an NGO coalition in Aswan and, over the past two

years, the POLICY Project has helped forge partnerships between the coalition and the Ministry of Health and Population (MOHP) in Aswan. As a direct result of these efforts, the MOHP agreed to equip a clinic donated by the Aswan NGO Coalition (located in El-Sheikh Haroun, a slum area in Aswan), and provided it with the required number of physicians and nurses. (The Aswan Coalition conducted a needs assessment survey prior to equipping the clinic, which showed a low rate of FP use in the area.) As a result of opening the clinic, additional FP/RH services are now being provided to the population of El-Sheikh Haroun. The new FP/RH clinic was opened in April 2002. Note: In July 2001, one of the NGOs of the coalition donated the clinic to the Aswan Health Directorate, where the MOHP had announced that it could not afford to open a clinic.

- In the course of POLICY's work, we often collaborate with other organizations to help them understand and appreciate policy issues in the countries in which we have programs. POLICY's **South Africa** office frequently receives requests for such visits and assistance. POLICY hosted a one-day visit by a delegation of donors participating in the Rockefeller Foundation Philanthropy Workshop on April 12, 2002, which was focused on grant making. Participants represented a range of interests, and there was no guarantee or obligation to give money to AIDS service organizations. POLICY staff and consultants briefed the delegation and arranged visits to local HIV/AIDS projects. As a result, the donors made \$70,000 in grants to three HIV/AIDS organizations: the Fikelela Children's Center, the Networking AIDS Community of South Africa, and the Community Health Media Trust.
- In **Kenya**, the National Hospital Insurance Fund (NHIF) has implemented several initiatives to increase resources to the health sector. The biggest issue here is that the NHIF, which collects social insurance taxes from every employee in Kenya, has a large reserve of funds potentially available for medical reimbursements, but which have not been tapped for various policy and bureaucratic reasons. In November 2001, POLICY organized and convened the first consultative meeting on these initiatives. Since then, remarkable progress has been made in implementing some of the meeting's decisions: NHIF announced an increase in rebate rates to accredited hospitals, hired a consultant to reconcile pending reimbursement claims, posted clerks in target hospitals to handle claims, authorized regional meetings to expedite claims settlement, and effected electronic money transfers and direct payments to bearer bank account numbers. Since May 2002, reimbursements have increased by \$60,000 over the previous year in the pilot hospitals (where the majority of inpatient care is Ob-Gyn and HIV/AIDS).

IRI: Political and popular support broadened and strengthened

of countries with increased public official and/or NGO support of FP/RH

- On January 30, 2002, **Tanzania's** highest Islamic leader, Mufti Hemed bin Jumaa bin Hemed, publicly declared "war" on HIV/AIDS at the launching of the National Islamic Council's (BAKWATA) policy statement on HIV/AIDS. The Mufti placed emphasis on encouraging openness in discussions on safe sex practices and enhanced moral behavior and announced that BAKWATA is establishing an HIV/AIDS unit to develop outreach activities with every mosque on the mainland. He also issued a brochure summarizing the Council's position and policy on HIV/AIDS. POLICY provided BAKWATA with a small grant in March 2001 to hold a retreat with the Mufti and the Ulaama Council (senior Islamic advisors) to discuss HIV/AIDS and prepare a policy statement. A second small grant paid for the brochure (which POLICY also helped to prepare) and events leading up to the declaration.
- Monks in **Cambodia** often face HIV-related stigma and discrimination (S&D) as a result of their work with the local PLWA community thus causing a huge barrier to their participation in mitigating

the epidemic. Accordingly, the Wat Noria (NPC), a monk-based NGO, facilitated a Community Strategic Planning Workshop from April 8–9, 2002, which resulted in the development of a community HIV/AIDS strategic plan and contributed toward overcoming this stigma. A key factor in overcoming the S&D was the active participation in the planning and execution of the workshop by the Minister and Secretary of State for the Ministry of Women’s and Veteran’s Affairs, Princess Rattana Devi, the Deputy Provincial Governor, provincial monk leaders, and commune and village chiefs. In particular, the active participation of senior officials and the Princess was extremely influential in motivating key monks and community leaders to accept the role of the monks in HIV/AIDS advocacy. The Princess, in particular, has now become an important policy champion for HIV/AIDS both in the National Assembly and within the Royal Family, and speaks regularly about the role of monks as key behavioral change agents. POLICY trained NPC facilitators in advocacy methodologies, assisted with the strategic planning workshop and the development of the strategic plan, facilitated the involvement of the Princess, Minister, and Secretary of State, and helped them prepare for these public events.

of countries with increased numbers and types of agencies involved in FP/RH policymaking

POLICY/**Kenya** achieved multiple instances of increased numbers and types of agencies involved in FP/RH policymaking:

- POLICY/**Kenya** is working to resuscitate the Health Care Financing Implementation (HCFI) Committee. The HCFI committee, composed of key MOH departmental heads and donors in health care financing, coordinates and oversees all aspects of health care financing (e.g., strategic planning, implementation of policy and management changes, and coordinating studies), and reports to the Permanent Secretary (PS) and Director of Medical Services (DMS). Due to bureaucratic inertia, it stopped functioning in April 2000, leading to a backlog and a lack of direction on many policy guidelines relating to health care financing. Jointly with the Division of Health Care Finance (DHCF), POLICY initiated dialogue with the key departmental heads, the PS, and the DMS aimed at resuscitating the committee. To accomplish this, POLICY organized and facilitated a HCFI meeting (the first in two years) on April 16, 2002; and reached agreement to host quarterly meetings under the leadership of DHCF and POLICY. Upon its resurrection, the committee resumed deliberation on outstanding issues (e.g., proposed POLICY-sponsored studies on poverty and access to health care services, harmonization of cost-sharing guidelines, updating of the financial information system (FIS), and gazettement of approved public health fees) and made recommendations to the PS/DMS for appropriate action.
- In **Kenya**, a Networking Committee for AIDS Control Units (ACUs) in 20 government ministries was established in October 2001 as a result of POLICY technical assistance. This committee was formed to enhance communication between ACU officers and staff, senior ministry officers, and the National AIDS Control Council (NACC), and to clarify and support ACUs’ roles and responsibilities. The Networking Committee has three main purposes: (1) to improve information exchange and lateral learning among ACUs; (2) to represent the interests of the ACUs to NACC and senior managers in their respective ministries; and (3) to present a united voice on ACU needs, to government, donors, and other stakeholders. The Networking Committee is chaired by the ACU in the Ministry of Trade and Industry; the secretariat is headed by the ACU in the Ministry of Transport and Communications. POLICY assisted the Networking Committee in preparing a briefing paper for the director of NACC on issues that constrain the effectiveness of the ACUs. POLICY also participated in a series of consultative meetings to review past ACU experiences and make recommendations on next steps.
- In May 2001, POLICY/**Kenya** co-founded and has since co-led the national Gender and HIV/AIDS Technical Subcommittee of the NACC. The formation of this subcommittee marks the first time

HIV/AIDS and gender advocacy groups, including community- and grassroots-level organizations, have been brought together. Subcommittee participants include staff of UNIFEM, the Society of Women with AIDS in Kenya (SWAK), Women Fighting AIDS in Kenya (WOFAK), Kenya AIDS NGOs Consortium (KANCO), Family Support Institute (FASI), the Center for Gender and Development, the University of Nairobi STD Center, UNIFEM, UNDP, and HAPAC (a DFID AIDS project). POLICY has provided substantial assistance and support to the subcommittee and its member organizations for awareness raising, policy dialogue, policy analysis, and strategy development. The work of the subcommittee has (1) highlighted gender vulnerabilities to HIV/AIDS, (2) provided technical guidance to NACC and donors for programming gender and HIV/AIDS activities, and (3) provided information to NACC to guide a review of the National AIDS Strategic Plan for gender sensitivity and to produce a National Gender and HIV/AIDS Policy and Strategy for mainstreaming gender into HIV/AIDS programs and activities. POLICY also assisted the subcommittee in developing a funding proposal to enable its members and consultants to conduct focus-group discussions in selected communities at the periphery as a means of obtaining their inputs to development of the national strategy. In January 2002, the World Bank agreed to provide the needed funds (\$20,000) to support the initiative to involve local communities.

- As a result of POLICY/**Kenya**'s technical assistance to the Inter-religious AIDS Consortium (IRAC), NACC has made a commitment to involve IRAC in HIV/AIDS issues and program deliberations and to be responsive to IRAC's concerns. IRAC initiated dialogue with NACC to express its commitment to engage HIV/AIDS issues and programs and its concerns about HIV/AIDS resource allocation and information, education, and communications (IEC) issues. IRAC is a coalition of more than 20 mainline religious groups, including Christian (both Protestant and Catholic), Organization of African Instituted Churches, Muslim, Hindu, and Sikh. Prior to the creation of IRAC, the HIV/AIDS-related activities of religious groups were scattered and uncoordinated, and there was no effective communication between religious organizations and national policymakers (e.g., NACC). POLICY has provided assistance to IRAC to increase awareness of HIV/AIDS issues, strengthen its leadership, and mobilize involvement of a large number of clergy and lay leaders from IRAC's member religious groups. POLICY also assisted IRAC in holding a large organizational, strategy, and planning workshop. POLICY's assistance has improved IRAC's communications skills, improved the self-confidence of IRAC leaders, and achieved a united voice for IRAC-member religious organizations.
- In **Lviv, Ukraine** representatives of two local churches signed a resolution supporting the implementation of the local RH program, marking the unprecedented support of the church for the National Reproductive Health Program. A City Administration Order made the March 19, 2002, public hearing an official event. The hearing was part of the Ukrainian Reproductive Health Network's advocacy campaign that is being supported by POLICY.
- In the **Philippines**, two Executive Orders formalized the creation of AIDS councils in two sites in May 2002. POLICY, in collaboration with the Philippine National AIDS Council (PNAC), conducted an orientation seminar and validation workshops in eight selected sites to present AIDS not only as a health concern but also as a governance issue, which ensured participation of all sectors in society as major stakeholders in the promotion of HIV/AIDS concerns. In the end, participants concluded that their respective areas are vulnerable to AIDS/HIV, and thus a concerted response is needed to keep the problem below the threshold. Participants also recognized the need to further strengthen AIDS councils (where they exist) and to review their existing policies. Sites without an AIDS Council opted to organize their own; the AIDS Councils in Laoag City and San Fernando were the first to be formed by the Executive Orders.
- In **South Africa**, following the national faith-based *Indaba* facilitated by POLICY, a nine-member National Working Group (composed of different church groups representing all nine provinces),

named Faith Organizations in HIV/AIDS Partnership (FOHAP), was formed to coordinate the HIV/AIDS responses in this sector and to work in collaboration with the Department of Health and the South African National AIDS Council. The *Indaba*, held in March 2002, also resulted in key vision statements in critical areas of response such as care, prevention, leadership, counseling, death and dying, and pastoral care. These statements will guide the National Working Group's coordinating role, as well as serve as a framework for strengthened HIV/AIDS interventions across different faiths and within the broader sector. FOHAP will convene consultative meetings with leaders in the faith-based sector all nine South African provinces between June and September 2002. The objectives of these meetings are (1) to explore how existing faith-based HIV/AIDS initiatives in provinces can be better coordinated and expanded through FOHAP and the broader 'Partnership Against AIDS' program, and (2) to discuss with provincial faith-based leaders the role and function of FOHAP in strengthening the sector's response to the HIV/AIDS epidemic.

of countries in which NGO networks or coalitions are formed, expanded, and/or strengthened

- **POLICY/Tanzania** continued to support the formation and strengthening of the Network of PLWHA in Tanzania (TANEPHA). In April 2002, TANEPHA's Interim Committee did outreach to seven regions, networking with Regional and District AIDS Coordinators, PLWA and PLWA organizations to share TANEPHA's objectives and select participants to attend the network formation and advocacy training workshop held in May. The network was formed by unanimous consent of the 42 participants in the workshop and a six-month plan of action developed. Participants were from 17 regions and represented nine different PLWA organizations.
- In **Mexico**, on April 26, 2002, at the end of a one-week POLICY-sponsored workshop, 39 representatives from diverse organizations in the state of Vera Cruz voted to form a multisectoral citizen's group (MCG) to address HIV/AIDS in the state. The MCG members represent 20 government organizations, 15 NGOs, 2 journalists, 3 academics, and one faith-based organization, drawing from the south, north, and central zones of the state. Few if any of these groups has been involved in HIV/AIDS work. The Secretary of Health for Vera Cruz attended the closing events and witnessed the formation of the MCG. The MCG subsequently met two times: on May 9 for a press conference to draw attention to HIV/AIDS in the state, and on June 18 to name five new commissions and to share information with 18 people from Coatzacoalcos who are interested in joining the MCG. Following the press conference, a state newspaper, *El Diario de Xalapa*, printed a story noting that HIV/AIDS is a problem of state security.
- The Young Adult and Adolescent Reproductive Health (YAARH) Network was initiated and formed on January 11, 2002, in Edo State, **Nigeria**, to develop and advocate for YAARH policies, strategies, and programs. The network meets quarterly and has 31 members drawn from NGOs, service providers, the community, and government. Specific advocacy strategies will be developed during workshops planned for the fall of 2002. The network's formation was a direct result of activities carried out by the Women's Health Action Research Center under a subcontract with POLICY as part of a core package. POLICY is providing training in networking and advocacy and helped to organize initial meetings.
- In **Russia**, local policymakers are tasked with the challenge of planning, financing, and implementing RH programs, and members of Russia's NGO Advocacy Network wanted to be sure that reproductive health is not left off local policy agendas. Therefore, POLICY/Russia turned its attention to regional initiatives, including support for formation of oblast/regional-level advocacy network branches. During May and June 2002, three new advocacy networks were formed in the oblasts of Altay Krai, Tver, and Tomsk. In June 2002, the Network on Reproductive Health Care was created in Tver oblast to promote a favorable climate for care and future development of the present generation. It is

composed of 14 governmental and nongovernmental agencies. In Altay Krai, the Network on Reproductive Health Advocacy was formed in May 2002, composed 22 government and civil society organizations. Its mission is the creation of improved laws on reproductive health care in the territory of Altay region. Fourteen NGO and government agencies formed the Reproductive Health Advocacy Network in Tomsk Oblast in May 2002. The network's mission is to promote improvement of the health of the nation through reproductive health advocacy. POLICY awarded four small grants (with core funds) to alumnae of previously supported TOT workshops for the purpose of forming and training regional network branches in Russia's Far East Region and in the oblasts mentioned above. CEDPA's Women's Leadership Project co-sponsored the TOT with POLICY.

- In **Zambia**, the HIV/AIDS Advocacy Network in Southern Province was formed in November 2001 following a POLICY-led TOT workshop. Twenty network members represent diverse HIV/AIDS programs and initiatives at community levels including NGOs, government ministries, and the media. The network's mission is to make the Southern Province HIV/AIDS-free through sensitization, advocacy, and alliance building. The network will meet during each district training workshop and will share information through district and community reports. To date, the network has conducted three workshops training a total of 56 participants including religious leaders (pastors, women's groups, youth groups), village headmen/women, chiefs, and local councilors.
- In the **Philippines**, two provincial FP/RH advocacy networks were formed in March 2002. The Gloria Macapagal-Arroyo (GMA) administration is not friendly to the cause of FP/RH. The Department of Health (DOH) issued a directive that it will not procure contraceptives. Therefore, POLICY is working at the local government unit (LGU) level to advocate for progressive FP/RH policies and budgetary allocations. POLICY conducted provincial forums on the FP/RH and Health Sector Reform Agenda in two target provinces: Negros Oriental on February 26, and Pangasinan on March 1. These forums served as venues for civil society groups, LGU representatives, health advocates, and private sector representatives to collectively identify and set priorities for population/FP/RH issues in the provinces and to establish a common understanding of corresponding civil society actions and LGU responses. After the forums were completed, POLICY conducted FP/RH Advocacy Network Development Workshops, which resulted in the formation of two provincial advocacy networks. The Pangasinan FP/RH Advocacy Network consists of 22 member organizations, and the Negros Oriental FP/RH Advocacy Network has 17 member organizations. In May, three additional organizations subsequently joined the Pangasinan FP/RH Advocacy Network: a private commercial organization (Drugstore Owners of the Philippines-Pangasinan Chapter), a community-based religious group, and a municipal-based environmentalist group.
- In **Egypt**, the Aswan NGO Coalition was expanded in April 2002, when two new NGOs not previously involved in FP/RH joined the coalition. The coalition's board of directors approved the induction of the Qulash Charity Association in Toushky and El-Adwa Development Association. Qulash Charity Association provides social assistance (education and literacy) to the local community through volunteer assistance. El-Adwa Development Association is a community development NGO composed of 60 volunteers. POLICY provides ongoing support and assistance to the coalition.

of countries in which NGOs representing youth, gender, or human rights issues are brought into POLICY-supported networks and coalitions

- In **Russia**, during the February 2002 Regional Training-of-Trainers (TOT) in Network Building and Advocacy, the following five organizations without a primary focus on FP were admitted to the Russia's NGO Advocacy Network: Adolescent Medico-Social Center "Unix" (youth); Voronez City Women's Crisis Center "Defense of Women" (women's rights); Altay Kray Regional Crisis Center

for Men “Men’s Talk” (men’s rights/human rights); and Karelian Regional Public Organization “Maya”(gender). The POLICY/Russia team designed and implemented the TOT.

IR2: Planning and finance for FP/RH improved

of countries that develop plans, policies, or guidelines and submit them for approval

- As a direct result of the January 2002 POLICY-supported strategic planning workshop in Montego Bay, **Jamaica**, the Western Regional Health Authority (WRHA) and member parishes have prepared annual program plans for the parishes, which thoroughly integrate the goals, activities, and indicators from the *National Strategic Framework for Reproductive Health*. Program funds in Jamaica are allocated on an annual basis in accordance with information contained in the annual program plans. The integration of national policy into local plans is expected to lead to improved programming and RH results at the local level, more consistent programming across parishes and regions, and better RH for Jamaicans.
- In **Mexico**, the multisectoral citizen’s group (MCG) in Vera Cruz prepared a draft strategic plan that lays out policies and actions related to HIV/AIDS prevention, treatment, and care in affected sectors: health, education, tourism, armed services, and indigenous affairs. The MCG will now advocate for approval, adoption, and funding of the plan’s interventions by the various state ministries, secretariats, and NGOs identified in the strategic plan. The plan, and the process of developing it, requires unprecedented collaboration between government and NGOs in the area of HIV/AIDS, as well as across organizations/ministries from multiple sectors. The plan was drafted in a POLICY-funded workshop in April 2002 and refined in subsequent meetings of the MCG’s Commission for the Strategic Plan on May 18 and June 19.
- As a result of assistance provided by POLICY/**South Africa** to the Church of the Province of Southern Africa (CPSA) between January and June 2002, seven dioceses (Umtata, Kokstad, Pretoria, Grahamstown and Cape Town (Jan/Feb 2002) Klerksdorp and Johannesburg (April/May/June 2002)) formulated and finalized plans to guide HIV/AIDS responses at the community level. This brings the total to 20 diocesan plans that have been submitted to Archbishop Reverend Ndungane and Ted Karpf, Provincial Canon Mission for HIV/AIDS for the CPSA to guide HIV/AIDS interventions by the Anglican Church. The diocesan plans will be used to develop a comprehensive HIV/AIDS strategic plan for the CPSA for 2003–2006.

of countries that develop plans or policies that promote increased resources for FP/RH

- The structure of the “General Budget” of **Jordan** for 2002 was modified to include a budget line item for reproductive health. At the end of POLICY I, local POLICY staff worked with the National Population Commission (NPC) to establish a national five-member RH Finance Committee comprised of members from the NPC, the Ministry of Finance, the Ministry of Health, and major FP/RH NGOs. The purpose of the committee was to develop a strategy to improve RH financing in Jordan. In June 2000, with support from POLICY, the RH Finance Committee attended the Europe and Eurasia RH Finance Conference: Meeting the Challenges for the Future held in Laxenburg, Austria. The team became active members of a task force charged with developing the National Reproductive Health Action Plan. POLICY worked closely with the task force to complete the final draft of the plan, which has financial sustainability as one of its six components. The task force members representing the Ministry of Finance, Department of Finance at the Ministry of Health, and General Budget Department made a change in the structure of the “General Budget” of Jordan for 2002 by establishing a line item for RH, which will be itemized next year to include priority RH components.

- Because financial decisions are made at the local level in **Ukraine**, the Ukrainian Reproductive Health Network (URHN) has been advocating for the implementation and financing of local RH programs as part of its POLICY-supported advocacy campaign. Accordingly, four city administrations have adopted resolutions for this purpose. In Odessa, the local budget adopted in January 2002 provides a line item for reproductive health. Odessa URHN members sent letters to deputies and held a press conference in late 2001 calling for the new RH line item, which influenced local-level decision makers. In addition, the city administration of Lviv adopted a resolution on March 19, 2002, that requires it to be responsible for implementing and financing a local RH program. In Makeevka, according to a City Health Administration Order, public hearings conducted on April 23 resulted in a resolution signed by all the participants, calling for full financing for the city program, “Reproductive Health 2001–2005.” On April 30, the Ternopil City Administration adopted the resolution that requires it to be responsible for implementing and financing the local RH program. Ternopil Health Administration and other (non-health) Ternopil City Administration staff worked in concert with NGO leaders to organize the event. As an outcome of the public hearing, those in attendance signed a resolution supporting the implementation of the local RH program.
- In November 2001, the President of **Kenya** issued a directive instructing the Minister for Public Health to establish a health insurance scheme to ensure universal access to good quality health care services for all Kenyans. In February 2002, the Chief Executive of the National Hospital Insurance Fund (NHIF) established a task force to recommend and provide a framework for converting the NHIF into a social health insurance program to provide basic health insurance benefits to low-income families. The presidential directive and the task force were the result in part of POLICY’s advocacy for the establishment of a national social health insurance program. Since July 2001, when POLICY/Kenya’s Health Finance and Policy (HF&P) Program was established, POLICY has been a leader in advocating for the transformation of NHIF into a social health insurance program. Among POLICY’s key interventions, Dr. Wasunna Owino, Director of POLICY/Kenya’s HF&P Program, engaged in intensive policy dialogue with several key members of Parliament, the Minister of Public Health, and the highest officials in the MOH and the NHIF leading up to the presidential directive.
- In 1999, POLICY/**Philippines** implemented the Local Advocacy Project (LAP) to help broker partnerships for advocacy and garner political and popular local-level support to mobilize funds for the population and FP/RH programs. In seven LAP areas, local legislation was enacted between January and March 2002 in support of FP/RH at the municipal and *barangay* levels, including ordinances and resolutions appropriating a total of PhP2,991,037.60 (approximately US\$59,000) and creating a permanent position for municipal population officers.

of countries that develop guidelines or mechanisms for efficient and/or equitable resource allocation

- In **Kenya**, inefficiencies account for wasted resources in public sector health facilities of as much as 30 percent. POLICY has been providing technical assistance in updating, reviewing, and harmonizing three existing guidelines on the management of cost-sharing funds in order to reduce waste at the district and health center levels: (1) *Guidelines for District Health Management Boards*, (2) *Facility Improvement Fund “Supervision Manual” for Health Centers*, and (3) *Facilities Improvement Fund “Operations Manual” for Health Centers*. In August 2001, Dr. Owino, Director of POLICY’s Health Finance and Policy program, jointly with the Division of Health Care Finance (DHCF) began to identify issues that needed to be updated or reviewed in response to recent changes in the policy environment. Additional consultations were held over the next several months with the Health Care Financing Implementation (HCFI) Committee and the Director of Medical Services (DMS) to obtain official approval for the activities. In May 2002, POLICY convened and facilitated

a workshop of policymakers and practitioners to review the documents. POLICY provided leadership in collating stakeholder views, working group meetings, discussions at the plenary sessions, and producing drafts of the documents. Finally, POLICY edited the new guidelines prior to their submission to the DHCF in July, the HCFI Committee, and ultimately the Permanent Secretary (PS)/DMS for approval and official launch. The new guidelines will be disseminated to a much wider audience and then implemented by health facilities. Additional information on each guideline is provided below.

- *Guidelines for District Health Management Boards (DHMBs)*: This document, first published in 1995, provides the principal instrument for overseeing the management of the cost-sharing program. Since its publication, the policy environment has changed with the gazettelement of various hospital and health boards since 1997, appointment of Health Center Management Committees, implementation of the 1999 decentralization policy, and the launch of the National Health Sector Strategic Plan in 1999. With these developments, the roles and responsibilities of the various health institutions with respect to the management of cost-sharing funds have changed. It therefore became imperative that the guidelines be revised to (1) clarify issues that have created ambiguities between the Boards and Health/ Hospital Management Teams; (2) clarify the roles of the center and provincial medical officers (PMOs) in supervision; and (3) provide clear lines of communication between the Boards and Committees in the districts and between District/ Hospital Management Teams. The new guideline defines more effective mechanisms for the supervision and monitoring of the cost-sharing program by the DHMBs within the context of decentralization, the ultimate effect being enhanced efficiency in the generation and use of cost-sharing funds. It focuses on resource generation; reporting systems (banking, collections, waivers, exemptions and expenditures); rationalizing recurrent and development estimates and plans and budgets; matching needs and resources; priority setting for quality improvements, among others.
- *Facility Improvement Fund “Supervision Manual” for Health Centers*: This manual is intended to assist in the supervision of health facilities within provinces and districts. Against the background of evolving supervision problems in the management of cost-sharing funds in health centers, the manual was reviewed to provide new policy guidelines to address the constraints. The review resulted in (1) the development of a more responsive organizational and management structure that provides an effective linkage among the Hospital Boards, Provincial Health Management Boards, and Provincial General Hospital Management Boards in the management of the funds; (2) clear disciplinary procedures for the Board Members and civil servants misusing cost-sharing revenue at the health centers; (3) incorporating additional vulnerable groups into the exemptions list; (4) setting appropriate revenue targets for health centers and making the FIS tools at this level more user friendly for data collection; and (5) improved accounting procedures for revenue generated, notably those targeting supervision of provincial medical officers.
- *Facility Improvement Fund “Operations Manual” for Health Centers*: This manual guides the generation of and accounting for cost-sharing funds at health centers. Notwithstanding the MOH’s recommendation that fees should not be charged at health centers, communities have for a long time collected fees under the auspices of a community fund to improve the quality of services. It therefore became necessary for the DHCF to provide guidelines on accounting for such funds. The revised manual captures (1) actual operations at health centers, including the roles and functions of the Health Center Committees with respect to the collections of funds; (2) the abolition of co-financing schemes at the health center level and the consolidation of the community fund with cost-sharing funds to conform to the *Exchequer and Audit Act*; (3) new accounting procedures for efficient utilization of the health center funds; and (4) consolidation of several health records and the redesign of others to allow for effective record-keeping and billing.

IR3: Accurate and up-to-date, relevant information informs policy decisions

of countries that use information produced with support from POLICY for policy dialogue, planning and/or advocacy

- The president of **Mali** made extensive use of the AIDS Impact Model (AIM) in leading public discussions on HIV/AIDS and promoting policy dialogue at national and subnational levels. The president's use of AIM grew out of the first meeting of an HIV/AIDS presidential advisory group in which the MOH presented the AIM-based HIV/AIDS. The president called a second meeting and invited members of the private commercial sector for the purpose of sharing the information from AIM to make them aware of the potential impact on their future, and he presided over an Armed Forces Day celebration during which he reinforced the data from the AIM-based presentation made by the National AIDS Control Program (PNLS). He asked the MOH to produce a video of the presentation in a local language that he could use to speak on HIV/AIDS in a community setting. The PNLS and the Minister of Health prepared the video with POLICY assistance based on the AIM presentation, and the president's office organized an HIV/AIDS Advocacy Day in the town of Banamba on May 27, 2002. The president presided over the event, attended by a crowd estimated at 3,000 people, 10 Ministers of State, mayors, ambassadors (including the U.S. ambassador), about 600 village leaders from the surrounding area, and representatives of NGOs and international agencies, including USAID. The video was shown and used to guide discussion on trends and projections of HIV prevalence. The president stated that despite Mali's relatively low prevalence (1.7%), the country would suffer serious consequences if it did not increase efforts to combat AIDS, and pointed to the experience of other countries where low prevalence of HIV went unchecked and thereby grew to epidemic proportions. Following the AIM video, two well-known religious leaders spoke for the first time on live television and radio about the HIV/AIDS epidemic and the need for the religious community to play an active role in reducing the epidemic, drawing on the information from the video.
- The "popular version" of the **Kenya National HIV/AIDS Strategic Plan** was used as a principal source of information in the Joint HIV/AIDS Program Review. In 2001, in order to make the strategic plan widely available and accessible/understandable to all (and to summarize the long and bulky unabridged version), POLICY produced *The Kenya National HIV/AIDS Strategic Plan 2000-05: Popular Version*. During the Joint HIV/AIDS Program Review (JAPR) carried out by the National AIDS Control Committee (NACC) and its partners in May 2002, all working groups and participants used the *Popular Version* as the principal source of information about the strategic plan and as the basis for developing workplans in the five technical areas.
- In **Kenya**, NACC policymakers used the results of the GOALS model application to discuss options for reallocating current HIV/AIDS resources and to plan the allocation of future resources to achieve greater impacts. Model development took place during the first part of this year and culminated at the May 2002 Joint AIDS Program Review in Nairobi, where the results were presented and discussed. POLICY assisted the NACC year to conduct the application of the GOALS model to assess resource allocation under Kenya's *National HIV/AIDS Strategic Plan* as measured by reductions in HIV prevalence. Three scenarios were produced: (1) the current program scenario, (2) an improved allocation scenario based on reallocating currently available resources to achieve maximum impacts, and (3) a full-cost scenario to assess total resources required to achieve Kenya's goal of reducing HIV prevalence among 15–24 year olds by 20–30 percent by 2005.
- Information from the briefing book, "Uganda: Population, RH, and Development," and the accompanying PowerPoint presentation is being used in policy dialogue and advocacy at both the

national and district levels in **Uganda**. The Family Health Department of the Population Secretariat (POPSEC) is using the materials to support policy dialogue with members of Parliament (MPs) in meetings organized by the Parliamentary Committee on Food Security, Population, and Development. POPSEC invited POLICY to brief new MPs of the current Parliament 2001-2006 about population, RH, and development. MPs were asked to team up with district population officers (DPOs) to advocate for an increased budget for RH and population activities at national and district levels. DPOs are also reporting positive results from district-level advocacy presentations based on the briefing book. In Kumi District, the presentations to the District Technical Planning Committee (DTPC) triggered a reaction from the chairman, who has already begun a public campaign at assemblies in subcounties against early marriages and child defilement. The district also sponsored the DPO to facilitate the district training workshop on budgeting and development. In Busia District, DPTC members have incorporated population and RH issues in their plans. The DTPC members are now committed to fertility reduction through promotion of family planning.

- As a result of frequent interaction with His Excellency the President of the Republic of **Uganda**, Yoweri Kaguta Museveni, on population, RH, and development issues, the Director of the Population Secretariat (POPSEC), Dr. Jotham Musinguzi, has occasionally been approached to offer critical population and RH information to the president. Since May 2001, much of the requested information materials pertain to the RAPID analysis and accompanying PowerPoint presentations developed collaboratively by POLICY and POPSEC, POLICY's primary government counterpart in Uganda. The president is relying on this information for his public statements as evidenced by his remarks to the UN General Assembly Special Session on Children in May 2002, when he explicitly stated the need for attention to "ensuring children health and nutrition; lowering the infant mortality rate; ensuring universal schooling for children of primary school age; safe motherhood; and child spacing and family planning." Other evidence included a letter (November 4, 2001) from the president to Dr. Musinguzi expressing agreement with Musinguzi's analysis of population-related issues related to economic development.
- The Council of Deans used a paper prepared by POLICY/**Jordan** Senior Researcher, Issa Almasarweh, early in 2002, on future need and requirements for RH services in Jordan as a justification for the feasibility of establishing a university degree in reproductive health at the Hashemite University (HU). The Council of Deans and the Ministry of Higher Education have decided to start the program next semester. The program will include courses that cover all RH components, including training students on contraceptive technology and provision of FP services.
- In January 2002, the **Jordanian** University for Science and Technology (JUST) used information prepared by POLICY in assessing the need for a program in midwifery, justifying its feasibility, and advocating for it before the Dean's Council at JUST. JUST has since established the degree in midwifery and has acknowledged the usefulness of the assistance supplied by POLICY. Projections of the number of women of reproductive age, annual pregnancies and antenatal visits, annual miscarriages and births, postpartum visits, contraceptive prevalence and number of users, and breast cancer cases were useful in making the case for supporting a midwifery degree.
- In the **Philippines**, data generated by POLICY on contraceptive method mix scenarios and their impact on contraceptive requirements and demographic projections, and on the private sector share of the contraceptive market, were used in the following high-level policy dialogues/policy decision meetings:
 - POPCOM Board Technical Meeting on April 3: attended by the undersecretaries of DOH, NEDA, the different member-NGAs, and commissioners from NGOs.

- POPCOM Board Meeting on May 3: attended by DOH Secretary, NEDA Secretary, the different secretaries of the member-NGAs of the POPCOM Board, and commissioners from NGOs.
- Private Sector Policy Dialogue on May 7 to discuss expansion of the private sector in family planning service provision: attended by heads of private commercial organizations such as Zuellig Foundation and Schering Plough, official and executives of Drugstores Association of the Philippines, Friendly Care Foundation, DKT International, John Snow International, Pharmaceutical Health Care Association of the Philippines and the Philippine Pharmaceutical Association
- Dr. Alberto Romualdez, former Secretary of the DOH, used the data in roundtable discussions on May 8 to identify different strategies and options to support achievement of desired total fertility rate (TFR), and discuss policy alternatives and other relevant health policy issues: attended by pharmaceutical companies, DOH, POPCOM, PIDS, PNGOC, Philippine Daily Inquirer, FriendlyCare, MSH-HSRTAP, EngenderHealth, and USAID.
- Donors meeting on June 6: convened by USAID and attended by Packard Foundation, GTZ, UNFPA, and the Japanese government.
- High-level policy dialogue with the DOH Secretary on June 10.

of national/subnational policies/plans that use information produced with support from POLICY

- The Ministry of Social Development has developed a national strategy for poverty alleviation in **Jordan** that was approved by the Cabinet of Ministers on June 5, 2002. The strategy links poverty to high fertility, population growth, and large family size. Among the policy recommendations in the strategy is reducing population growth by adopting the fertility goals endorsed by the National Population Strategy, which was developed with support from POLICY. The poverty alleviation strategy also used information from the POLICY-supported research “Analysis of Policy and Legal Barriers to Improved RH Services in Jordan” that was disseminated in April 2001 to call for removing major operational policy barriers to access to IUDs services, the most preferred contraceptive method in Jordan. This can be achieved by allowing nurses/midwives to provide IUDS services since Jordanians mothers prefer female service providers.
- In **Ethiopia**, the Regional AIDS Council of the Southern Nations and Nationalities People’s Region (SNNPR) adopted an AIDS Policy on May 28, 2002, which makes use of data from the AIDS Profile booklet. POLICY sponsored the Regional AIDS Council meeting, which included substantive discussions among the participants about HIV/AIDS issues in the region, and assisted in the preparation of the profile.
- **Haiti’s** *National HIV/AIDS Strategy*, officially adopted in December 2001, used epidemiological projections prepared by POLICY using AIM. On April 26, 2002, when the Minister of Public Health and Population officially released the strategy, the technical group agreed that POLICY’s projections were to be considered the official source of data on HIV/AIDS in Haiti, while awaiting the results of field research. First Lady Mildred T. Aristide also used POLICY’s epidemiological projections in a national message in observance of the International AIDS Candlelight Memorial on May 19 that was reprinted in the Haitian National Newspaper “Le Nouvelliste.” The AIM projections were also used in the successful proposal to the Global Fund to Fight AIDS. In addition, the *National AIDS Strategic Plan*, adopted in December 2001, used demographic and epidemiological projections prepared with POLICY assistance as well as results from the AIDS Program Effort Index for Haiti.
- In **Mozambique**, the new MOH HIV/AIDS treatment norms, released in March 2002 in the official publication *Bulletin of the Republic*, cite statistics produced with POLICY support from *Demographic Impact of HIV/AIDS in Mozambique—2000 Update*.

- In **Ghana**, the National AIDS Control Program completed a final version of the *National HIV/AIDS/STI Policy* with POLICY assistance and formally submitted it on June 10, 2002, to the Minister of Health for his approval. The policy includes information from the AIM update carried out with POLICY assistance in July 2001.

IR4: In-country/regional capacity to provide policy training enhanced

of countries in which LTAs provide TA and/or conduct training in the policy process

- On April 13, 2002, POLICY/**Guatemala** LTA, Lucia Merino, facilitated the first session for facilitators of a distance-learning educational program on women's health offered through the University Francisco Marroquín and INCAP in coordination with other organizations including MOH, IGSS, professional associations, PAHO, and CAs. POLICY developed and facilitated the module on women's health situation, population, and policy issues. The session included an overview of policies, data, and approaches in FP, maternal health, and HIV/AIDS, and related these issues to gender-based violence, human rights, and access to quality services.
- POLICY/**Haiti's** LTA, Laurent Eustache, co-facilitated two five-day training sessions for professionals from HS-2004 grantee organizations. Twenty-three professionals attended the February 2002 workshop on performance management, and 21 professionals attended the March workshop on supervision. Both workshops were based on the Performance Management Training Plan previously prepared by POLICY for HS-2004. Marie Christine Bertrand Brisson, training director of the HS-2004 bilateral project administered by MSH, was the co-facilitator.

of countries in which counterparts trained or supported by POLICY conduct training in policy dialogue, planning, and/or advocacy

- POLICY/**Mozambique** is assisting the Inter-ministerial Technical Group in actively seeking out venues to present the results of the new projections and to incorporate them into program planning, implementation, and evaluation. Two Technical Group members, Isabel Nhatave and Dr. Noya, presented a lecture on epidemiological surveillance in the Faculty of Medicine, May 17, 2002. POLICY student assistant Matchecane Cossa prepared a list of possible training activities for the university and NGOs. The session was introduced by Curriculum Director Dr. Marlene and attended by 45 fourth-year medical students. In preparation for the lecture, POLICY reviewed the MOH STI/HIV/AIDS program, revised its handbook on epidemiological surveillance, and produced copies for the students.
- In **Uganda**, a team of trainers from POPSEC and the Uganda RH Advocacy Network conducted presenter training of the RAPID-based briefing book "Uganda: Population, RH, and Development," completing the training of all 56 district population officers (DPOs) in the country. Four skills training workshops for DPOs in the Central, Eastern, Western, and Northern regions took place between February and June 2002. Trainers who had been previously trained by POLICY facilitated the advocacy and presenter training workshops. The objectives of the DPO workshops were to increase understanding of population and RH interrelationships and how these impinge on development; introduce the advocacy process; and build capacity to make the presentation to leadership and planning audiences in districts. To further enhance the capacity of DPOs, POLICY secured 56 projectors (one for each of the 56 districts in Uganda) and transparencies for use in making these presentations.

- In **Russia**, the results of the 3-month follow-up evaluation of the TOT showed that as of May 30, 2002, the TOT participants, trained by CEDPA and POLICY in February 2002, had conducted 22 advocacy workshops for 352 participants from NGOs, government organizations, and academic institutions in Russia, Uzbekistan, and Armenia. In addition, as of June 30, the four small grant recipients conducted regional network-building workshops and the Barnaul and Tomsk grantees have also held advocacy training for their new networks.
- In **Egypt**, Al-Azhar University's academic staff trained by POLICY in FP/RH advocacy subsequently trained 400 female university students during a seminar held in February 2002 to act as advocates for FP/RH in their local communities. More than 32 sessions and background lectures were given to the students to introduce them to FP/RH issues from different perspectives, especially religious and health points-of-view.
- Mona Khalifa, POLICY's Country Director in **Egypt**, and two counterparts previously trained by POLICY, conducted a 10-day TOT workshop in June 2002 on "Policy Analysis, Presentation Skills, and Training Interventions" for 11 trainees from South-to-South countries. The workshop is the first of three workshops to be conducted in Cairo in collaboration with the Regional Center for Training of Ains Shams University.
- In **Cambodia**, the Community Strategic Planning Workshop implemented by the monk-based NGO, NPC, was successful in overcoming prejudices faced by monks as a result of their work with the local PLWA community. Following the April 2002 workshop, the Eoung Thoung Buddhist High School, a monk training institution, asked NPC to conduct a HIV/AIDS Monk Sensitization Training Workshop for monks from five pagodas from Battambang Province. Using the curriculum devised by the monks at the previous NPC workshop, NPC facilitated the workshop on June 26–27, 2002, and successfully trained 25 monks in HIV advocacy skills. POLICY had previously trained the NPC facilitators who conducted the June workshop. In addition, the curriculum included a training module devised by POLICY staff to increase awareness of the recently passed HIV legislation in Cambodia.

of countries in which curricula in policy analysis, planning, or advocacy are developed and offered at regional or national training institutions

- In **Russia**, NGO Advocacy Network member and TOT alumnus Aida Gorbunova obtained approval in March 2002 from the management of the Faculty for Improving Qualifications of Social Workers of the Chief Director of Labor and Social Development of the Voronez Oblast Administration to include a 4-hour module on advocacy into courses for social workers. Gorbunova has conducted three of these modules for 54 students. When Gorbunova reported this at the June 17–18 Network meeting, members from Khabarovsk, Krasnodar, and Izevsk reported that they, too, had been including 4–5 hour modules on advocacy into their lecture courses for social workers since as early as 1999, although they have not officially requested the addition of a separate course on advocacy in the respective official curricula at government institutes and universities. Gorbunova was trained at the CEDPA and POLICY co-sponsored regional TOT in Network Building and Advocacy held in Moscow in February 2002.
- In **Sahel**, SPECTRUM is currently used at the National School of Applied Economics (ENEA), a three-year college program that awards degrees in demography, statistics, and related fields. Future African demographers are trained at this school. Faculty member Bacary Djiba, who is a staff member of the National Division of Projections and Statistics at the Ministry of Economy and Finance and who was trained in SPECTRUM under POLICY I, introduced SPECTRUM into a third-year course in demography

as the primary tool for projecting population and development information. An official course description now includes reference to SPECTRUM training.

- SPECTRUM was incorporated into the curriculum of the University of the **Philippines** Population Institute (UPPI), M.A., Demography Program in June 2002. POLICY trained nine staff and six faculty members at UPPI in October 2001, and subsequently conducted several meetings with the institute's director regarding the integration of SPECTRUM into the curriculum.

CORE-FUNDED ACTIVITIES

IRs

IR1: Political and Popular Support Strengthened (FP/RH)

Director: Sue Richiedi

The focus of IR1 is to build political and popular support for client-focused FP/RH, maternal health, adolescent, and human/reproductive rights policies and programs through the formation of sustainable NGO advocacy networks; the development and support of private, public, and NGO sector policy champions; and the creation and strengthening of private-public sector partnerships in policy formulation and implementation processes.

Summary of Major Activities:

- In collaboration with IR2, finalized a training curriculum on planning and finance (P&F) for use with civil society advocates. The module, “Meeting Reproductive Health Needs Through Better Planning and Financing,” is designed to (1) assist advocacy networks and policy champions understand planning and finance (P&F) concepts and issues and the implications of P&F for advocacy work, and (2) promote advocacy efforts aimed at mobilizing resources for FP/RH, setting priorities based on local needs and financial realities, strengthening capacity to plan and implement decentralization, and stimulate public-private collaboration for FP/RH. The module was pilot tested with members of the Ukrainian Reproductive Health Network in Odessa, Ukraine in June and is now being revised based on feedback.
- In collaboration with the ANE Bureau, USAID/SSO2, POLICY/MH, the Maternal and Neonatal Health (MNH) Project, and the International Confederation of Midwives (ICM), designed a five-day ANE Regional Midwives Advocacy and Leadership Workshop in the Philippines for 26 midwives from eight countries. In their training assessments, midwives identified country-specific advocacy issues such as expanding midwifery services to include basic life-saving skills, more and higher quality training programs for midwives, the need for regulations governing midwifery, and postpartum family planning, among others.
- Finalized the “Maternal Health Supplement” to the *Advocacy Training Manual* through continued collaboration with the MNH Project and supported the development of the draft “Human Rights Supplement” to the *Advocacy Training Manual*. Supported translation and printing of the *Advocacy Training Manual* into Turkish.
- Hired consultant to design and carry out an evaluation of the *Advocacy Training Manual* through interviews with U.S.-based and field staff in 13 countries—including country and regional managers, LTAs, technical staff, and advocacy trainers—as well as with participants from workshops in which the manual was used. Additional data will be collected from CAs, NGOs, and donors that have used, adapted, or translated the manual for their respective organizations. The final report will be available in August 2002.
- Supported staff participation during Technical Development (TD) Week as moderators, presenters, and trainers. Pilot tested the training module on “Developing Multisectoral Partnerships” with POLICY field staff at TD Week.

- At the country level, supported the first-ever advocacy workshops in Jamaica for parish-level public health officials in three health regions; provided advocacy training and technical assistance (TA) in grant development for three judet-level advocacy networks in Romania; carried out advocacy training for the newly formed Jordanian Network for Reproductive Health; provided TA to Peru to develop a comprehensive sustainability training plan for the Red Nacional de Promoción de la Mujer (RNPM); and contributed and collaborated with CEDPA's Women Leadership Project to design and conduct a regional training-of-trainers workshop (TOT) in Russia.
- Collaborated with IR3 to begin development of a policy analysis guide to assist policymakers and policy champions improve analysis, presentation, and advocacy capabilities. Activities included discussions with POLICY field staff during TD Week to assess the need for and solicit input to the guide; development and dissemination of a questionnaire to collect information from the field on existing policies and POLICY's role in formulation, implementation, and evaluation of those policies; and development of a draft annotated bibliography on policy analysis and policy processes.
- Awarded small grants to support advocacy campaigns of network partners. In Guatemala, the Women's Network for Peace received a grant to organize and empower local women as reproductive rights advocates and to reach out to women policymakers. In Romania, grants were awarded to two judet-level networks to implement advocacy plans aimed at ensuring the disbursement of public funds that have been set aside for NGO FP/RH programs, and to raise awareness of contraceptive security issues. In Russia, five regional NGOs, trained at the TOT in Advocacy Workshop, received grants. In Tver region, the grant supports network development activities, collection of regional data, and advocacy training for other NGOs. In Altay, "Men's Talk" NGO received a grant to form a regional network for reproductive health, disseminate information on youth and male reproductive health, and conduct a policy roundtable. In Tomsk, the grant supported a reproductive health seminar for NGOs, advocacy and network development training, and a policy roundtable with regional policymakers. In Ukraine, a grant supported media training for members of the Ukrainian Reproductive Health Network to enhance their advocacy efforts to implement and fund the National Reproductive Health Program in members' respective oblasts.
- Contributed to the development of core package proposals for the Philippines and for an extension to the Romania core package.

IR1: Political and Popular Support Strengthened (HIV/AIDS)

Director, HIV/AIDS: Kevin Osborne

The purpose of IR1 (HIV/AIDS) is to build political and popular support for client-focused HIV/AIDS policies and programs by strengthening policy champions at both government and civil society levels. By focusing on and strengthening the human rights linkages to HIV/AIDS advocacy work, POLICY will strengthen public-private partnerships in responding to the epidemic and its broader developmental concerns. This support will strengthen the responses by government and civil society leaders in a number of strategic areas and with key target groups along the continuum of care.

Summary of Major Activities:

- Worked with ZAMCOM to continue its media campaign on the employment rights of PLWHA using television and newspaper advertisements. ZAMCOM also completed a brochure on the employment

rights of PLWHA. The ZAMCOM campaign identifies the Human Rights Referral Center, administered by the Network of Zambian People Living with HIV/AIDS (NZP+), as a referral group for people who believe that their employment rights have been infringed because of their HIV status. Clients visiting the center stated they saw advertisements about their rights and about center services on television, in newspapers, or in ZAMCOM-produced brochures.

- Developed a conceptual framework for addressing key policy issues for orphans and vulnerable children (OVC) at the country level. This plan will be implemented during the latter half of 2002 in a number of African countries in order to develop global lessons for fast tracking OVC policy issues and concerns. POLICY also initiated work on a review of national policies, legislation, and coordinating mechanisms to inform and provide recommendations to USAID and others on improving national responses to protect orphans and other vulnerable children.
- Collaborated with ASICAL in the conceptual design of the MSM health advocacy manual. This manual, for countries in central and southern America, will form the basis of country-specific MSM policy advocacy activities. Themes to be addressed in the manual include stigma and discrimination, access to care and support, and other issues.
- Continued support to USAID's Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative, which targets technical and financial assistance to faith- and community-based organizations addressing HIV/AIDS and mitigating the impacts of the epidemic at the local level. The CORE Initiative's work is being advanced through four primary components: conferences and workshops, empowerment grants, demonstration projects, and the Online Resource Center (<http://www.coreinitiative.org>). A summary report, highlighting the major accomplishments of this Initiative, was completed during the reporting period. Other major activities completed include:
 - *Empowerment Grants Program.* POLICY managed two rounds of empowerment grant applications, including solicitation of applications, selection of the short list of applicants, coordination of the final review and selection process, and distribution of award letters and funds. Second round award winners were announced on February 19, 2002. To date, over \$200,000 in empowerment grants has been awarded to 45 faith- and community-based organizations from 29 countries.
 - *Anglican Church of the Province of Southern Africa Demonstration Project.* Following up on the first-ever "All Africa Anglican Conference on HIV/AIDS," which was held in Johannesburg, South Africa, from August 13-16, 2001, POLICY (South Africa) designed a training manual to guide the HIV/AIDS strategic planning process of the Anglican communion across sub-Saharan Africa. During this reporting period, the manual has been used in Latin America and the ANE region and translations of the manual have been funded by external sources. This step-by-step planning model has been used to facilitate the formulation of HIV/AIDS plans across the Church Province of Southern Africa (CPSA), and POLICY has conducted 16 workshops to assist in the development of these diocesan-level plans. The CPSA has replicated this planning process and used it to conduct workshops in additional dioceses. All CPSA diocesan-level plans have been finalized during this reporting period. Similar strategic planning processes are continuing in 54 other African nations. The annual meeting of the Archbishops and Presiding Bishops of the Anglican Communion was held in Canterbury, England, April 10–16, 2002, hosted by the Archbishop of Canterbury, the Most Reverend and Right Honorable George L. Carey. This was the final meeting of the Primates under the chairmanship of the archbishop. The Archbishop of Canterbury is spiritual leader of the world's 70 million Anglicans. The purpose of the archbishop's presentation was to report on progress and issues since the previous year's Primate's

meeting and to persuade the Anglican leadership of the critical situation caused by HIV/AIDS in Africa. As a result of the meeting, the Primates issued a policy statement on HIV/AIDS.

- *Women's Initiative on Gender, Faith, and Responses to HIV/AIDS in Africa Demonstration Project.* The CORE Initiative is collaborating with the Yale Divinity School to launch the "Women's Initiative on Gender, Faith, and Responses to HIV/AIDS in Africa." As a first step, the CORE Initiative and Yale Divinity School hosted a conference in New Haven, Connecticut, from February 27–March 3, 2002, on the topic of "Gender, Faith, and HIV/AIDS in Africa." The conference brought together women theologians from 16 countries and 22 faiths. Through personal testimony and theological and ethical discussion, the participants explored their own and their faith communities' roles in the response to the HIV/AIDS epidemic.
- *Online Resource Center.* On March 20, 2002, the CORE Initiative released the first issue of its online newsletter through the Online Resource Center.

IR2: Planning and Finance for FP/RH Improved

Director: Carol Shepherd

The focus of IR2 is to improve planning processes, encourage the efficient use of existing resources, and ensure that adequate additional resources are available to finance FP/RH and maternal health programs. IR2 activities are designed to raise awareness of FP/RH planning and finance issues among host-country and donor leadership, test new financing mechanisms, and obtain definitive results from POLICY packages applied in country.

Summary of Major Activities:

- Developed a policy brief on "Setting Priorities in Reproductive Health: Lessons Learned" to inform USAID Missions, CAs, local counterparts, policymakers in project countries, and POLICY Project staff about priority-setting processes and lessons learned through various POLICY applications. POLICY will publish it as the second issue of the recently launched Planning and Finance series and disseminate it widely.
- Organized four sessions during TD Week to raise awareness of key planning and finance issues:
 - Special session on "Developing a Common Understanding of Contraceptive Security" to define contraceptive security, identify contraceptive security issues in POLICY countries, and generate ideas for POLICY opportunities in contraceptive security at the country level.
 - Plenary session on "How Does POLICY Integrate Multisectoralism in Planning and Resource Allocation" to share the experiences of India in building public-private partnerships in planning and financing, and of Lesotho in setting priorities and allocating resources efficiently for HIV/AIDS using the GOALS Model.
 - Special session on "Integration of RH and HIV/AIDS Interventions from a Field Perspective" to share the successes and lessons learned in integrating RH and HIV/AIDS services in different POLICY countries.
 - Training session on "Understanding and Addressing Planning and Finance Challenges in RH and HIV/AIDS" to develop a good understanding of planning and finance challenges and approaches.

- Provided assistance in the development of “Meeting Reproductive Health Needs Through Better Planning and Financing” module, a supplement to POLICY’s *Advocacy Training Manual* (see IR1). The module was pilot tested in the June 2002 NGO advocacy workshop in Ukraine and is intended to build understanding of planning and finance issues and approaches among advocates, NGO networks, and/or NGOs in POLICY countries. Additional pilot tests will take place in the coming months, possibly in the Philippines, Uganda, and one country in LAC.
- Participated and provided technical assistance in the implementation of the Ukraine, Romania, and Jamaica core packages.
 - Organized a national workshop on integration of HIV/AIDS/RH/STI services that identified the potential scope of integration in Jamaica, which will guide the development of alternative strategies and potential integration implementation plans.
 - Prepared a detailed report of the roundtable conference on “Policy Barriers to Romania’s Contraceptive Security Initiatives,” organized in Sinaia, Romania from October 15–16, 2001. The report summarizes the main findings of the policy studies and potential policy options generated during the workshop. It will guide the development/revision of health policy, technical norms, and financial and regulatory measures.
 - The Ukraine core package intends to help the city government of Kamianets-Podilsky set priorities among RH interventions/services in order to develop effective and sustainable local RH program implementation plans that take into consideration local needs and resource constraints. As a part of this exercise, IR2 staff developed the costing and efficiency survey instruments, pilot tested the costing instruments, and prepared costing study protocols for the Ukraine Priority-Setting Initiative.
- Participated in and provided technical direction to the development of new POLICY “package” proposals and other proposals to advance technical knowledge, facilitate identification and use of innovative approaches, and provide additional resources at the field level. IR2 contributed to package proposals for the Philippines, Kenya, Jordan, and for the development of the RH GOALS Model.

IR2: Planning and Finance for FP/RH Improved
Director, HIV/AIDS: Steven Forsythe

The focus for IR2 HIV/AIDS activities is to increase HIV/AIDS resources and ensure that available resources are spent in a cost-effective manner. This is being achieved by working directly with multisectoral groups of stakeholders in developing countries to develop relevant information (e.g., describing the epidemic and ways to mitigate it) and analyze it in such a way as to focus resources on activities that will achieve the greatest impact. IR2 also works with multisectoral organizations to ensure that their strategic planning is conducted in such a manner as to create the greatest impact with available resources.

Summary of Major Activities:

- Mobilized resources from the Global Fund for HIV/AIDS, TB, and Malaria. IR2 staff members participated to varying degrees in the preparation of eight proposals to the Global Fund. Haiti’s proposal, which incorporated POLICY data and was prepared by POLICY field staff, obtained \$66.9

million in additional funding. Other countries assisted by POLICY with their successful applications include South Africa and Nigeria, while a proposal from Honduras received US\$41 million in deferred funding. Other applicants that were assisted by POLICY were encouraged to re-apply in the second round of grants.

- Trained staff in planning and finance during TD Week through the following presentations:
 - Priorities in HIV/AIDS Public Decision Making: A Policy and Economic Framework
 - GOALS: A Model for Guiding HIV/AIDS Resource Allocation Decisions
 - How to Apply the GOALS Model
 - HIV/AIDS and the Private Sector: The Impact of HIV/AIDS on the AGOA Objectives
- Collaborated with UNAIDS and the U.S. Census Bureau to prepare estimates of the number of people infected with HIV worldwide. POLICY also participated in the UNAIDS Reference Group that developed the Epidemic Projection Package (EPP) to estimate national prevalence from surveillance data and has modified SPECTRUM to use the output of EPP in determining the numbers of infections, new infections, and AIDS deaths.
- Completed work on the manual for the GOALS Model. Using field-support funds, the model is being applied in four countries to help make resource allocation decisions consistent with the current knowledge regarding the cost-effectiveness of interventions. IR2 also began development of a Human Capacity Development (HCD) add-on that will be incorporated into the GOALS Model to identify needs in areas such as training. A draft version of this module was completed.
- Presented papers and presentations at various meetings and conferences:
 - “The Epidemiological Impact of an HIV/AIDS Vaccine in Developing Countries,” March 2002 <http://econ.worldbank.org/files/13172_wps2811.pdf>
 - “Policymaking and Antiretroviral Therapy in Developing Countries” at the May 2002 meeting of the Global Health Council
 - “Assessing the Cost and Willingness to Pay for Voluntary HIV Counseling and Testing in Kenya,” *Health Policy and Planning*, June 2002
 - “Resources for HIV/AIDS Prevention and Care,” *AIDS 2002: A Year in Review*
 - “Resource Requirements to Fight HIV/AIDS in Latin America and the Caribbean” for a special issue, *AIDS in the Americas*
- Planned and organized a face-to-face meeting of the International AIDS and Economics Network (IAEN) at the XIV International AIDS Conference in Barcelona; produced the document *State of the Art: AIDS and Economics*; and generated resources from USAID, the World Bank, Merck, ANRS, UNAIDS, and WHO to bring 15 young researchers (predominantly from developing countries) to present to the IAEN in Barcelona.

IR3: Relevant Information Informs Policy Decisions

Director: Karen Hardee

The development and use of information are crucial to successful policy assistance. The objective of IR3 is to provide information, generated from primary or secondary research or the application of computer models, to understand reproductive health dynamics, explore the answers to key policy questions, advocate for change, and estimate the resources required to achieve reproductive health goals. Having

policy-relevant information will allow national or local policymakers, planners, and researchers to explore the implications of current trends in data, develop evidence-based solutions to existing problems, and define the actions and resources required to achieve their reproductive health goals.

Summary of Major Activities:

Models:

- The coding for the SPECTRUM suite of models was updated from version 1 to version 6 in the programming language Delphi.
- Conducted the first field applications of the Safe Motherhood Model in Ethiopia and Guatemala in June–July 2002.
- Completed the Prevention of Mother-to-Child Transmission (PMTCT) manual.
- Trained several (12–15) D.C.-based POLICY staff members in January 2002 in the use of the EPP, a method to estimate HIV/AIDS prevalence that was developed by UNAIDS and POLICY.
- Trained several POLICY U.S.-based and field-based staff in SPECTRUM models such as NewGen, EPP, GOALS, and Safe Motherhood during training sessions following TD Week. Many additional POLICY staff members attended sessions at TD Week that provided an overview of the more recently developed SPECTRUM models.

Research:

- Conducted two sessions addressing operational policy barriers during TD Week. The session drew on POLICY Occasional Paper No. 7, *Reforming Operational Policies, a Pathway to Improving Reproductive Health*. That paper was also presented at the Population Association of America meetings and received a positive review by John Townsend, Director of the Frontiers Operations Research (OR) Project. Dr. Townsend said he planned to send the paper to the worldwide OR staff.
- Sent the draft safe motherhood section of the guide, *What Works: A Policy and Program Guide to Effective Evidence-based Reproductive Health Interventions* by Jill Gay, Karen Hardee, Nicole Judice, and Kokila Agarwal, to external reviewers and received a range of comments for revisions. Most reviewers indicated that the guide will be useful for policymaking and program development. Significant progress was also made on the STI/HIV/AIDS section. The purpose of the guide is to provide policymakers and program staff who are deciding among priorities in reproductive health with evidence on the effectiveness of reproductive health interventions in an accessible, easy-to-read format.
- Prepared the paper on “Completing the Demographic Transition in Developing Countries” by Harry Cross, Karen Hardee, and John Ross at the request of USAID. A revised version of the paper was approved as POLICY Occasional Paper No. 8.

IR4: In-country/Regional Capacity to Provide Policy Training Enhanced
Director: Joseph Deering

The focus of IR4 is to develop local and regional training capabilities so that the training of current and future policy champions and authorities responsible for formulation of health policy and policy advocates is self-sustaining. IR4's two objectives are to (1) improve the skills of POLICY LTAs, in particular, but of all POLICY staff as well, to advance the policy process; (2) strengthen institutional training capacities in policy topics at regional and local institutions and universities.

Summary of Major Activities:

- Contributed to the planning and implementation of TD Week in Washington, D.C., from April 2–12, a major gathering of worldwide POLICY staff to improve policy-related knowledge and skills. POLICY staff, especially LTAs, selected outside experts, and USAID personnel combined to deliver an intensive series of technical updating and training interventions for 68 persons, including 48 overseas staff from 28 country and regional projects.
- Contributed to the planning and implementation of a two-day workshop held in Washington, D.C. in February to upgrade HIV/AIDS knowledge and skills of 30 U.S.-based POLICY staff as the first of a planned series of such updates. Two experts from South Africa served as facilitators for the workshop.
- Facilitated the redesign of the curriculum, “Policy Analysis, Presentation Skills, and Training Interventions,” for the first of a series of three workshops in Cairo, Egypt, conducted in June 2002 with the collaboration of the Regional Center for Training of Ain Shams University. The series, under the South-to-South Initiative, will be completed in Year 3 with all costs for course participants provided by the Rockefeller Foundation, UNFPA, and the World Bank.
- Distributed a brochure on IR4 technical assistance and resources in Jordan to universities, training institutes, and NGOs in order to identify and develop policy training courses, modules, and events that can be institutionalized in-country to produce new policy champions. POLICY/Egypt adapted this brochure for use in Egypt.
- Served as member of HIV/AIDS New Indicators Working Group (HANIG) sponsored by the USAID Office of HIV/AIDS, specifically finalizing human capacity indicators for inclusion in the “Expanded Response Handbook for Monitoring and Reporting on HIV/AIDS Programs” to be used by USAID worldwide to measure progress in its Expanded Progress 2002–2007.
- Presented and distributed three-part internship guidelines to LTAs, program managers, and country managers covering approaches, parameters, and practices for selecting and training promising policy specialists. Dr. Wasunna Owino managed and supported an internship in Kenya with partial support from IR4.
- Conducted specific discussions with several universities, institutions, and agencies in order to identify, plan, and design policy-oriented courses that could be jointly delivered in the near future and carried on after initial investment of resources by POLICY II. POLICY/Kenya and IR4 developed a request for proposals (RFP) for conducting courses on planning, budgeting, and priority setting in decentralized hospital and health facilities management and administration systems. With assistance of POLICY/Uganda, IR4 developed the concept paper and implementation plan for a course on use of the SPECTRUM models in data analysis and presentations at Makerere University. With assistance of

POLICY/India, planning moved forward for courses on population and health policies to be delivered at the International Institute of Population Sciences and the Indian Institute of Health Management Research.

SSO2

SSO2 Core Activities (Maternal Health)

Director: Koki Agarwal

Through its various maternal health activities, the POLICY Project's goal is to increase political and popular support for maternal health and to improve planning and resource allocation for maternal health services. POLICY activities focus on strengthening political commitment, formulating appropriate policies, eliminating or reducing operational constraints in maternal health services, fostering efficient use of resources, and improving resource allocation decisions. These are achieved by empowering stakeholders to advocate for maternal health programs based on relevant data and building their capacity to plan and implement programs.

Summary of Major Activities:

Maternal and Neonatal Program Index (MNPI). In April 2002, POLICY country teams reviewed draft MNPI Country Briefs during TD Week before finalizing them. Briefs are currently being printed for all POLICY countries that conducted the MNPI as well as for other countries included in the MNPI, as needed. The MNPI Country Briefs were used during a workshop in Ethiopia in June 2002, during which Kokila Agarwal presented the Ethiopia MNPI to a group of policymakers. In addition, the briefs will be used in core-funded advocacy seminars in five POLICY countries.

Safe Motherhood Model. POLICY has developed a statistical model to represent the relationships between a national maternal health program and the resulting maternal mortality ratio and the number of maternal deaths. John Stover presented the approach to POLICY staff during TD Week in April 2002. In addition, Kokila Agarwal presented the model to a group of maternal health policymakers in Guatemala in July 2002. POLICY anticipates applying the model in Ethiopia in fall 2002.

Maternal Health Core Package in Peru. POLICY developed a maternal health core package for Peru, which was approved by USAID/Washington and USAID/Lima in July 2002. The core package will help to develop and put in place policy solutions to reduce operational barriers that impede client access to and use of maternal health services. Specifically, the package will conduct an in-depth analysis of the underlying *policy* causes of existing access barriers that are identified; improve understanding of differences in the use of prenatal services and delivery care services; and help formulate new and/or revised operational policies to remove identified barriers. The POLICY/Peru team is now beginning to implement the core package (see Core Packages section).

Maternal Health Supplement to POLICY's Advocacy Training Manual. In June 2002, POLICY and the MNH Project finalized the "Maternal Health Supplement" to POLICY's *Advocacy Training Manual*, including handouts and materials for the trainer and participants. The supplement will be used in July 2002 at the ANE Regional Midwives Advocacy and Leadership Workshop in Manila, Philippines (see IR1).

SSO4

SSO4 Core Activities (HIV/AIDS)

Director: Kevin Osborne

The POLICY Project collaborates with host-country counterparts in a variety of activities designed to improve support for comprehensive multisectoral HIV/AIDS policies and programs. Building on the global lessons learned, POLICY's HIV/AIDS strategy has built and strengthened the *policy synergy* between the HIV/AIDS responses of both national governments and key sectors of civil society. By enhancing the personal and institutional capacity to respond to the ever-increasing demands of the epidemic, improved policy, program, and operational responses have been stimulated. A broad and comprehensive multisectoral response, based on principles of human rights, gender equity, and attention to adolescents—POLICY's crosscutting issues—has ensured that a wide range of influential policy champions have been cultivated and that issues related to stigma and discrimination are appropriately addressed.

Core HIV/AIDS funds are used to:

- Advance and update our technical knowledge around global HIV/AIDS trends within a multisectoral framework;
- Demonstrate or test new and innovative approaches toward tackling issues of global HIV/AIDS policy constraint; and
- Shed light on a critical HIV/AIDS policy issues that otherwise would not be funded by a Mission.

HIV/AIDS activities carried out with core funds from the Office of HIV/AIDS are programmed according to POLICY's IRs, especially in the areas of advocacy (IR1) and planning and finance (IR2). The remaining funds cover activities carried out by the Human Rights and Gender working groups or are used for project development and to respond to ad hoc requests from the Office of HIV/AIDS to address specific concerns. HIV/AIDS core funds are also used to plan and implement core packages. POLICY has two such packages underway in Mexico and South Africa. (These core packages are described in a following section of this report. Other HIV/AIDS activities are carried out with funds from regional bureaus (Africa and ANE) and with field-support funds from USAID Missions in individual countries, and these are described in subsequent sections of this report.)

Quality Assurance

Quality Assurance and Evaluation

Director: Nancy McGirr

The Quality Assurance (QA) and Evaluation Team ensures adherence to the project's reporting requirements; provides oversight for workplan development and evaluation activities; and oversees document review, production, and dissemination. The QA Team also provides guidance on the results framework, indicators, and data sources and develops guidelines on how to report results.

Summary of Major Activities:

- Updated the *Project Design, Evaluation, and Quality Assurance Manual* for distribution to all POLICY staff. Developed presentation on monitoring and evaluation (M&E) and provided training on results reporting during TD Week in three sessions.

- Completed revisions to POLICY’s results database and provided access to the database results online for all POLICY staff to access through the Intranet.
- Recruited and trained an M&E specialist for FP/RH and HIV/AIDS issues, in light of the increased additional reporting requirements for HIV/AIDS funds. Began planning for training session on HIV/AIDS reporting requirements and use of the HIV/AIDS Division’s programmatic database (PDB).
- Produced several new POLICY publications, including a new series on *Planning and Finance Issues in FP/RH*, the MNPI country report series, the CORE report, and POLICY Occasional Paper No. 8. Wrote and produced a POLICY Project brochure as well as additional handouts for POLICY’s HIV/AIDS activities and computer models.
- Launched revised POLICY Internet site.

Working Groups

Gender Working Group (GWG)

Chair: Anne Eckman

The GWG’s purpose is to help POLICY staff better address gender as a crosscutting issue in the project’s core and field activities by providing information, technical assistance, and training to POLICY staff and by participating on the GH Interagency Gender Work Group (IGWG).

Summary of Major Activities:

- Updated gender resource collection with new materials on gender and reproductive health and HIV/AIDS.
- Presented three sessions at during TD and Training Weeks on themes of gender and RH: “Gender Issues Related to HIV/AIDS and RH”; “Strategies for Mainstreaming Gender in Policy Work”; and “Confluence of Gender, Adolescence, and Human Rights as They Relate to HIV/AIDS and RH” (co-sponsored by the Adolescent and Human Rights working groups).
- Developed materials for POLICY’s bulletin boards on gender-based violence (GBV), with supplemental resource materials specific to GBV and a bulletin summarizing the USAID/IGWG-sponsored one-day Technical Update on GBV. (Materials to be disseminated to all POLICY staff in early July).
- *IGWG Technical Advisory Group.* Jeff Jordan continued to serve as co-chair of the Technical Advisory Group for the IGWG. In collaboration with Michal Avni and Diana Prieto (USAID), Jordan’s leadership for this period focused on the IGWG-sponsored small grants awards process, including reviewing GBV proposals, representing proposals to the overall steering committee, and facilitating the steering committee’s final selection process for submission to the special initiatives review committee at USAID.
- *Training Task Force, IGWG.* Mary Kincaid, Jeff Jordan, Elizabeth Neason, and Anne Eckman served as trainers for the IGWG during this period. Training activities included implementation of three

practicum training sessions by the December 2002 TOT participants. Among these TOT participants, two POLICY staff members delivered their practicum workshop for POLICY's TD Week as a workshop on gender, human rights, and adolescent RH. A new training module, "Gender and Health 101: An Introduction to Gender," was developed and introduced to 29 participants in April. Additional training materials developed during this period include a training module using the IGWG "Men and Reproductive Health Orientation Guide," development of a 3–4 day workshop on using DHS data for gender-sensitive indicators and programming in collaboration with ORC Macro; and a revised IGWG "Emerging Voices" module with updated terms, concepts, and examples.

- *Evidence-Based Gender Research Task Force, IGWG.* Karen Hardee is co-task force leader working with USAID and CA representatives to collect and synthesize available research that will show how attention to gender helps achieve results in the field. Materials have been collected and interviews conducted. The document is being drafted.
- *Gender and HIV/AIDS Task Force, IGWG.* Mary Kincaid, Task Force Leader, and Anne Eckman co-conducted the analysis and review of the interview data. The team presented its preliminary analysis of the interview data in February 2002 with final analysis presented at the 14th International HIV/AIDS Conference in Barcelona in early July). The team also compiled materials for a CD-ROM on "Key Resources for Addressing Gender in HIV/AIDS Planning, Programs, and Policies" for distribution at upcoming workshops.
- *Gender and Quality of Care Task Force, IGWG.* Task Force Leader Karen Hardee served as task force leader. Hardee oversaw the start-up of research activities in Kenya, India, and Guatemala by the local subcontracted research organizations, which will gather information about gender and quality of care issues in each country.

Adolescent Reproductive Health (ARH) Working Group

Chair: Nancy Murray

The purpose of the ARH Working Group is to create a shared understanding of critical issues in ARH, both globally and regionally, and to explore those issues in the context of sexual and reproductive health policy. A primary role of the ARH Working Group is to educate POLICY staff about ARH issues and to promote greater integration of ARH policy issues into country programs. Another important purpose of the ARH Working Group is to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

Summary of Major Activities:

Nancy Murray assumed responsibility for this working group at the end of this reporting period. The working group, in collaboration with IR3, updated the manual for the NewGen Model. The working group sponsored a training session on NewGen during TD Week, led by Scott Moreland and Nancy Murray. The ARH Working Group also collaborated with the Gender and Human Rights working groups to sponsor a session at TD Week addressing the convergence of ARH, gender, and human rights as related to reproductive health and HIV/AIDS. In addition, work began to adapt POLICY's *Advocacy Training Manual* to ARH-specific issues for use in country programs. The adaptation was nearly complete by the end of this reporting period. Drafts of 11 of 13 ARH profiles of policy and programmatic issues were received, edited, and sent back to the authors with questions. The ARH Working Group organized a session on multisectoral approaches for meeting the needs of adolescents.

Human Rights Working Group (HRWG)***Chair: Lane Porter***

The Human Rights Working Group (HRWG) defines crosscutting human rights issues; determines their applicability to core and country activities concerning FP/RH, maternal health, and HIV/AIDS; develops human rights tools through collaboration of staff, CAs, USAID, and outside professionals; and raises awareness of human rights issues and perspectives throughout the project.

Summary of Major Activities:

- Strengthened relationships with NGO human rights networks or coalitions at national, subnational, and community levels (e.g., the American Bar Association AIDS Coordination Committee; the Canadian HIV/AIDS Legal Network; the South African AIDS Law Project; and Women and Law in Southern Africa).
- Identified and engaged NGO human rights organizations as “champions” to create new or to strengthen existing human rights activities in POLICY countries seeking to add human rights as a crosscutting issue, (e.g., with Physicians for Human Rights, through supporting and encouraging PHR-POLICY/Nigeria collaboration; PHR-POLICY satellite presentation at 2002 Barcelona International AIDS Conference).
- In consultation with international reproductive health law expert (Rebecca Cook) and with POLICY/Peru country staff (Marcella Huaita) advanced understanding of ways to apply human rights in safe motherhood, reproductive health, and family planning activities.
- Developed tools and indicators for human rights including assistance to the American Bar Association in creating its CEDAW Assessment Tool, revisions to the human rights and legal and regulatory provisions of the AIDS Program Effort Index, assistance to the U.S. State Department in measuring the effectiveness of other countries’ HIV/AIDS legislation, new indicators for the HIV/AIDS Legislation Score, and a draft human rights module for POLICY’s *Advocacy Training Manual*.
- Prepared, presented, and refined a ‘human rights in policy table’, demonstrating the linkage (and facilitating interactive access) between POLICY’s strategic objectives and human rights stated in international legal instruments.
- Assisted in the review, assessment, and proposed revisions to national legislation and regulations concerning human rights and HIV/AIDS in Tanzania, India, and Egypt.
- Conducted a human rights session and training on human rights tools during TD Week.
- Contributed human rights staff in international training programs (for the plenary “HIV/AIDS vaccines; advancing research and access”) and workshop sessions (*Putting Third First—Vaccines, Access to Treatment & the Law*, July 5 satellite workshop, 14th International AIDS Conference.)
- Organized and convened three brownbag lunches:
 - Miriam Maluwa, UNAIDS law and human rights advisor, and Lane Porter: “The Revised Human Rights and Legal/Regulatory Sections of the AIDS Program Index (API).”

- Ruben Mayorga, Executive Director, Organizacion de Apoyo a una Sexualidad Integral frente al SIDA (OASIS), an NGO working on HIV/AIDS prevention for gay men and other men who have sex with men in Guatemala: “HIV/AIDS in Latin and Central America: Fighting Stigma and Discrimination Around HIV/AIDS and Men who Have Sex with Men.”
- Rebecca J. Cook, Professor of Law, University of Toronto: “Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law,” with presentation of case studies on ARH, HIV-positive women, and safe motherhood.

Core Packages

Core packages are designed to complement field programs and to advance our technical knowledge, demonstrate or test new or innovative approaches, or provide additional resources that would shed light on a critical policy issue that a Mission might not otherwise fund. At the end of this reporting period, six core packages were underway in Romania, Ukraine, Nigeria, Guatemala, Jamaica, and Mexico. In addition, core packages in South Africa and Peru and for the development of an RH GOALS Model have been approved for implementation. Brief descriptions of new and existing core packages appear below.

Romania. The purpose of the core package in Romania is to help the Ministry of Health and Family (MOHF) identify and eliminate operational constraints to implementing recently approved national contraceptive security policies. The package includes three policy analyses to identify operational barriers to contraceptive security: public sector funding, market segmentation, and implementation of the new policies. Research results on operational barriers contributed to development of recommendations for policy action, which in turn contributed to the design of a pilot project to test new national policies. Local advocacy networks in three USAID priority *judets* (districts) are preparing advocacy plans to eliminate operational barriers to contraceptive security.

In the final months of the core package (January–June 2002), activities have focused on monitoring government action after the October 2001 multisectoral forum and on training and assisting three *judet* advocacy networks prepare for advocacy campaigns on related key issues. The government and the MOHF still need to act on several policy recommendations from the forum and the policy research, but POLICY has already accomplished many high-level results in Romania under the core package. In January, the Law on Public Health Financing (Government Decision 41/17) approved procurement of contraceptives for free distribution for 2002. The MOHF subsequently approved an allocation of 10 billion lei for free contraceptives for 2002 (approximately \$333,000 compared to \$250,000 initially allocated in 2001). In February, the National Health Insurance House (NHIH) approved the inclusion of oral contraceptives and injectables in the list of generic formularies for drugs that will be covered under health insurance (NHIH Order No. 44/8).

Ukraine. The Ukraine core package is designed to help implement the National Reproductive Health Program (NRHP) 2001–2005 by eliminating operational policy barriers and strengthening the government’s capacity to set RH program priorities and more effectively allocate resources at the local level. The package includes two main components. The first is collecting and analyzing data on specific barriers impeding the efficiency with which RH services are delivered in two typical Ukrainian cities—Kamianets-Podilsky and Svitlovodsk. The second component involves introducing and adapting the Columbia Framework for priority setting in Kamianets-Podilsky.

Between September 2001 and April 2002, POLICY worked closely with MEDMA to design a study protocol and develop the instruments and data analysis plans for the efficiency component. MEDMA completed the field work and data processing in June 2002 and is currently analyzing findings. MEDMA

has presented some preliminary findings to the Policy Development Group (PDG) and will present final study results at the end of September. The PDG will use findings to provide evidence and support their proposals to remove MOH norms that restrict more efficient use of resources. For the priority-setting component, POLICY helped to develop and pretest expert focus group instruments for data collection and prepare spreadsheets for data processing and analysis. MEDMA and the local consultant recently completed data collection, and analysis will be completed in July and packaged for discussion in a workshop scheduled for September. It is anticipated that the workshop will result in concrete recommendations on investing local resources for RH, including measures to streamline inefficiencies.

Nigeria. The purpose of the Nigeria core package is to use a full range of POLICY tools and strategies in a single state in Nigeria to develop a statewide youth and adolescent reproductive health (YARH) strategic plan and increased funding for such programs in the state. The strategic plan will outline interventions that target specific YARH problems and subpopulations and specify resource requirements and a detailed budget. The plan will also include an M&E plan that will guide progress. In the course of establishing the plan, a youth advocacy network will be formed to participate in the plan's development, garner political and budgetary support for the strategy, and provide ongoing support for other YARH issues.

Between January and April 2002, POLICY worked with the Women's Health and Action Resource Center (WHARC) to design the situation analysis—a multifaceted approach to gathering essential information through focus groups and key informant studies among service providers, religious leaders, youth, and others. POLICY also assisted WHARC in preparing for data processing and developing a data analysis plan. WHARC expects to complete fieldwork in June/July. In June, POLICY conducted a network-building skills workshop for the burgeoning NGO network, which includes the 30+ NGOs that participated in the initial stakeholders meeting.

Guatemala. The purpose of the Guatemala core package is to help develop and put in place operational policies to reduce barriers to family planning and support implementation of the recently restored national RH program. The package builds on POLICY's 1999 assessment of medical and institutional barriers. This package will identify, study, and address *through policy change* the higher-level operational policies, laws, and regulations that are at the root of medical and institutional barriers identified during the 1999 survey. Since the three primary institutional family planning providers (MOH, IGSS, APROFAM) have already taken some measures to reduce operational barriers identified in the 1999 study, this package expands the analysis of operational policies to those that might hinder the institutional measures, some of which are policy actions.

The POLICY/Guatemala team conducted a workshop in January 2002 to present the objectives and strategies of the core package to partners, obtain their input, and create local ownership. POLICY also studied relevant documents to illuminate the operational policies affecting Guatemala's family planning services and hired a consultant to analyze the legal and policy framework for family planning. POLICY organized another workshop in June to expand understanding of the concept of operational policies by sharing POLICY's occasional paper on operational policies and presenting case studies of operational policies in Guatemala. POLICY also presented a report on the legal framework on family planning and gained consensus for the next phase of work. POLICY hired a second consultant to assist in the next phase of the project and finalized the methodology and instruments for further data collection and analysis.

Jamaica. The Jamaica core package is designed to help the MOH delineate the extent, feasibility, and potential scope of integration in FP/MCH and STI/HIV/AIDS services. POLICY activities will include studies of selected service delivery activities identified in the MOH's 2000–2005 *Strategic Framework for Reproductive Health*. Following the analysis, POLICY will help develop a plan that addresses

operational policy barriers that may impede integration at a parish level. POLICY will conduct a regional workshop (with national representation) to identify potential models of integration for the parish of Portland and the urban area of St. Ann's Bay in St. Ann Parish. The experience gleaned from the parish level will be used to guide integration approaches for other parishes and will be useful to donors and program managers in other countries as they make decisions on integration of RH services.

POLICY held a series of meetings in January with the MOH Tripartite Committee on RH and with the North East Regional Health Authority (NERHA) office to agree on the scope of work for the package. However, leadership changes at NERHA have delayed the implementation of the kick-off workshop to determine which models of integration to test. The workshop is now scheduled for September. In the meantime, data are being collected on the existing family planning and STI/HIV/AIDS services in Portland Parish and St. Ann's Bay.

Mexico. The purpose of the Mexico core package is to demonstrate how HIV/AIDS-related stigma and discrimination can be reduced through careful analysis and replicable interventions. The focus of the package will be on a concentrated epidemic, more specifically on men who have sex with men (MSM). The package emphasizes the empowerment of PLWHA to be more open about their status and more proactive about tackling both the internal and external manifestations of stigma and discrimination. It also seeks to help health care providers and PLWHA to better understand how stigma adversely affects the delivery of services and the types of national and operational policies that can be adopted to reduce service-related stigma. The package will also show how public perception of PLWHA, as influenced by media images, can be improved.

To ensure local ownership, POLICY helped to form an advisory board in Mexico to oversee all technical issues related to package implementation. It includes representatives from CENSIDA, the National Institute for Public Health, academia, PLWHA organizations, and POLICY. POLICY also formed a three-person consulting team, including a lawyer, PLWHA activist, and human rights activist, that is now poised to begin legal analysis, drafting of legal proposals, and advocacy for changes in laws to address stigma and discrimination issues in the target states. Plans and subcontracts with Letra S were in place for the media and legal/regulatory policies package components as of April. The final configuration of the baseline/indicators component and the barriers to access to services component are still being negotiated, pending the outcome of discussions with the Measure Project and the National Institute for Public Health in Mexico and at an international expert group meeting on August 21–23, 2002.

South Africa (new). The purpose of the South Africa core package is to demonstrate how HIV/AIDS-related stigma and discrimination can be reduced through careful analysis and replicable interventions. In contrast to the Mexico core package, the focus of this package will be on a generalized epidemic. It aims to identify, review, and document best practice activities and interventions (including appropriate indicators) in three sectors, all of which aim to reduce HIV/AIDS-related stigma and discrimination. The core package will work with PLWA on public perceptions and media images of PLWA, national government departments on workplace HIV/AIDS policies and programs, and faith-based leaders on best practices for stigma reduction.

After the core package's final approval in April 2002, POLICY began negotiating with key stakeholders for permission to undertake the research. Supportive stakeholders include the Chief Directorate: HIV/AIDS and TB; the National Department of Health; the Interdepartmental Committee on HIV/AIDS; and the National Association of People Living with HIV/AIDS. Recently, a subcontract was executed with the Centre for Study of AIDS, University of Pretoria to undertake the research. Preliminary work has begun to develop protocols, survey instruments, and other related materials. POLICY's Country Manager began recruiting for a full-time staff member to work on the core package.

Peru (new). This core package will help to develop and put in place policy solutions to reduce operational barriers that impede client access to and use of maternal health services. The package will not only provide actionable information and policy analysis for Peru but will also have global implications. Numerous countries suffer from similar barriers to good maternal health outcomes and could learn much from this proposed methodology for improving operational policies.

The package will begin with the selection of five departments (rural, low-income, high maternal mortality, high number of unassisted deliveries) as study sites. Policy research and analysis will focus on the key question: What are the operational barriers that keep low-income women from seeking free delivery care at health facilities? POLICY will organize and implement workshops for multisectoral groups of stakeholders to discuss findings, fill information gaps on policy roots, set priorities for policies that need immediate attention, and identify/recommend policy solutions for reducing or eliminating the most harmful barriers. Using the recommendations that flow from the policy discussions, POLICY will assist hospitals and the MOH's Direcciones de Salud (DISAs) in the five departments to draft new and/or revised operational policies to address the identified barriers. POLICY will also work with the central MOH to reassess and, where necessary, revise existing guidelines on the insurance plan, particularly its reimbursement policy.

RH GOALS Model (new). The purpose of this core package is to develop a resource allocation model to assist countries in preparing comprehensive reproductive health action plans and to achieve greater efficiency in the use of available funds. The model is intended to improve resource allocation both within and across the components of reproductive health programs. It will facilitate policy dialogue among all concerned stakeholders about feasible goals, the cost of achieving those goals, and the impact of alternate ways of allocating available resources.

This package offers a new mechanism whereby planners can examine various action programs within a single framework and manipulate the input assumptions to explore alternative uses of resources. As a by-product, its application within a country will bring together data on various programs for joint examination and use, something that is often not done even within ministries of health. Once developed, the model will be field tested, possibly in Jordan and India.

REGIONAL/BUREAU ACTIVITIES

Africa Bureau

FP/RH/MH Activities

Family Planning Status and Trends in Countries Hard Hit by the AIDS Epidemic. POLICY undertook pilot studies in two countries (Kenya and Zambia) on the status of family planning programs in countries that are dealing with severe HIV/AIDS epidemics. The results from the in-depth interviews, supplemented by global analysis of secondary data, formed the basis for a poster presented at the International HIV/AIDS Conference in Barcelona in early July. Based on feedback from the pilot studies, the interview instruments will be refined and implemented in 4–6 other countries. Once the studies are completed, POLICY will prepare a report summarizing cross-country experiences with family planning programs in the context of high HIV prevalence and drawing lessons learned for the development and implementation of both family planning and HIV/AIDS programs.

HIV/AIDS Activities

Many of POLICY's Africa Bureau activities are jointly funded with HIV/AIDS core funds from the HIV/AIDS Division.

CORE Initiative. The CORE Initiative targets technical and financial assistance to community- and faith-based organizations addressing HIV/AIDS and mitigating the impacts of the epidemic at the local level. The Africa Bureau provides a portion of this initiative's funding. Activities conducted under the auspices of this global initiative in this reporting period include the CORE Initiative summary report; two rounds of empowerment grant awards; the Anglican Church of the Province of Southern Africa Demonstration Project; the Women's Initiative on Gender, Faith, and Responses to HIV/AIDS in Africa Demonstration Project; and the Online Resource Center (see IR1 HIV/AIDS for additional details).

South Africa's Ministry of Health's Mobile Task Team (MTT). The Ministry of Health's MTT, which is being led by the University of Natal, initiated its work in May 2002. The first pilot region, KwaZulu-Natal, has already been selected and invited to participate, with the agreement of USAID. Namibia has also volunteered itself in principle, subject to a confirmatory meeting with its MOH Permanent Secretary.

The template used by the education MTT will be adapted for pilot use with health to create a baseline appraisal of the KwaZulu-Natal pilot. The draft framework will then be reviewed and revised on the basis of this experience, in preparation for the second country activity.

Southern Africa Regional HIV/AIDS Program (RHAP)

Southern Africa Development Council (SADC). Working with the Health Sector Coordinating Unit of SADC, POLICY completed a review of HIV/AIDS policies in member states. The report, entitled "A Review of National and Sector HIV/AIDS Policies in the Member States of SADC," was presented at the US/SADC Forum in March and is now in the process of being finalized. POLICY is also helping SADC to develop model guidelines on voluntary counseling and testing (VCT) to help member states update their national guidelines. A regional workshop (March 13–14, 2002) on VCT was held and a report, including conclusions and the way forward, has been compiled and disseminated to all SADC offices.

Faith-Based Workshops. POLICY conducted a three-day follow-up workshop, entitled “Challenging Faith-Based Communities: Toward HIV and AIDS Actions that Make a Difference,” for 37 participants from nine SADC countries. The purpose of the workshop was to strengthen and deepen the work of selected faith-based organizations in the implementation of their current and future HIV/AIDS programs.

Regional Transport Sector. The purpose of this workshop was to provide regional representatives working in the area of HIV/AIDS and the trucking industry with an opportunity to share their comparative experiences, discuss policy and program issues of common interest, and facilitate the exchange of information and literature that might be valuable to others within the region. The workshop was held in Harare, Zimbabwe on June 19–20, 2002, and was attended by 40 participants from eight Southern Africa countries. The workshop was co-hosted with the Federation of East and Southern African Road Transport Association (FESARTA), GTZ Cross Border Road Transport Agency, and the SADC Health Sector Coordinating Unit. As a result of this workshop, the ILO has agreed to sponsor a workshop that will address the identified cross-border policy constraints.

Modeling of the Macroeconomic Impact of HIV/AIDS. This workshop, which was initiated by the Economics section of USAID/Pretoria, was held on May 20–21, 2002 in Stellenbosch, South Africa and attended by 24 participants from eight Southern African countries. Speakers provided input on an in-depth analysis of various examples of modeling the macroeconomic impact of HIV/AIDS, generation of alternative scenarios, the general principles involved in modeling, identification of the channels of macroeconomic influence, and calculation of the shocks to the model as well as examples from nearby countries such as Botswana. It provided a regional platform for increased networking around resource allocation issues.

U.S. Ambassador’s Small Grants Program. These programs provide small grants to development NGOs in Botswana, Lesotho, and Swaziland that are not currently active in HIV/AIDS. POLICY provides training in integrating HIV/AIDS into project plans and transfers skills in proposal development and in M&E. In February, POLICY conducted a workshop entitled, “HIV and AIDS: Publicizing the Epidemic,” for 35 journalists from Swaziland and Lesotho. POLICY, as part of the ongoing NGO Capacity Development Initiative, also conducted a two-day workshop, entitled “Joining Hands Against HIV/AIDS,” in April (Lesotho and Swaziland.)

During May 2002, both the process and impact of the RHAP NGO Capacity Development workshops carried out in Swaziland and Lesotho over the past two years were evaluated. From the findings in the evaluation report, it is evident that the workshops had a profound impact on NGOs in both countries. The impact included changes and improvements in knowledge, attitudes, and skills. In Swaziland, NGOs showed improvement in the use of analytic tools and practice within their organizations; in Lesotho, gains were focussed more on broad programmatic, information, and attitude levels (e.g., more confident of their ability to integrate HIV/AIDS into their work, a change of attitude in working with HIV+ people). A copy of this independent evaluation is available.

- *Lesotho.* The seven NGOs that received funding for Grant Year 1 submitted their final reports and financial statements to POLICY/Washington. On review of their reports, it is evident that the small grant program truly enables grassroots NGOs to make a major contribution to HIV/AIDS prevention and care in their local communities with a relatively small amount of money. For Grant Year 2, seven new proposals have been accepted by the U.S. Embassy for funding. After reviewing the proposal content with each of the NGOs, the final proposals have been submitted to POLICY/Washington. An operational plan with activities for the U.S. Ambassadors Initiative on HIV/AIDS in Lesotho for Grant Year 3 (from June 2002 to June 2003) has been drawn up and approved by the Ambassador. Plans for managing these activities are being discussed at present.

- *Swaziland.* The six NGOs that received funding for Grant Year 1 submitted their final reports and financial statements to POLICY/Washington for processing of their final payments. A lesson learned with this group was the need for improved monitoring and more frequent site visits in the future to ensure that projects stay on track. For Grant Year 2, six new proposals have been accepted for funding by the U.S. Embassy. These are in the process of being finalized prior to submission to Washington. An operational plan with activities for the U.S. Ambassadors Initiative on HIV/AIDS in Swaziland for Grant Year 3 (from June 2002 to June 2003) has been drawn up and approved by the First Secretary. Plans for managing these activities are being discussed at present.
- *Botswana.* The final report by the University of Botswana, Student Health and Wellness Center was submitted during May. Despite student unrest at the university, the organization was able to meet the obligations within its contract and carried out some very creative and exciting student advocacy and policy outreach interventions.

HEARD. The purpose of this program is to build a cadre of local economists well versed in the nuances of HIV/AIDS and economics. POLICY support strengthens local research in the field of HIV/AIDS and Health Economics through the funding of a research director of the Health Economics and HIV/AIDS Research Division (HEARD) at the University of Natal. The director guides postgraduate students and junior staff in the research of social and economic causes and consequences of HIV/AIDS in the Southern African region.

This period, Professor Tim Quinlan, Research Director of HEARD, facilitated the workshop, “The Economic Impact of HIV/AIDS – Sharing Lessons in Relation to Research Methodology,” on May 23–24, 2002, in Pretoria, South Africa, which was attended by 35 participants from five Southern African countries. The purpose of the workshop was to provide an opportunity for researchers to increase their skills and learn from others and to explore how researchers in the region can exchange information or collaborate in economic research. A number of recommendations for future initiatives emanated from the workshop, which are presented in a draft report that is in the process of being finalized.

Asia Near East (ANE) Bureau

FP/RH/MH Activities

ANE Regional Midwives Advocacy and Leadership Workshop in the Philippines. Midwives identified country-specific advocacy issues such as expanding midwifery services to include basic life-saving skills, more and higher quality training programs for midwives, the need for regulations governing midwifery, and postpartum family planning, among others (see IR1 FP/RH for additional details).

Adolescent Reproductive Health Profiles. POLICY received draft ARH policy, program, and issues profiles on nine ANE countries (out of 13 for the complete project). Issues from the 13 profiles will be incorporated into a synthesis document and a PowerPoint presentation to be used for advocacy purposes in the ANE region.

Plateauing of Contraceptive Prevalence Rates in Selected ANE Countries. Several countries in which a plateau in contraceptive prevalence rates and TFRs is evident will be selected for an in-depth analysis that explores the reasons for the plateau. Potential countries to examine include Egypt, Jordan, Bangladesh, India, Indonesia, and the Philippines.

HIV/AIDS Activities

Vietnam. POLICY conducted an HIV/AIDS policy assessment for Vietnam in January–February 2002. The objective was to assess the policy environment by identifying HIV/AIDS policy gaps and issues and to develop an implementation plan for an operational PLWHA policy that addresses the stigma and discrimination surrounding HIV. POLICY presented stakeholders in Vietnam with an HIV/AIDS policy assessment report, which then informed the design of a proposed program of activities for Vietnam in FY02. POLICY has also supported the civil society components in Vietnam through the development of advocacy activities for policy champions.

Nepal Assessment. POLICY, in consultation with the National Center for AIDS and STD Control (NCASC), the Nepal Initiative (an international donor collaboration initiative including UNAIDS, DFID, etc.), and government, donor, and NGO stakeholders, conducted a rapid assessment of Nepal’s HIV/AIDS policy environment in March 2002. The purpose of the assessment was to survey the current policy environment, identify policy barriers to the effective implementation of the national response, and make specific recommendations for policy improvements that would be included into the new national HIV/AIDS strategic plan (2002–2006) that is currently under development. POLICY presented the report, “Walking the Talk. Nepal: A Rapid HIV/AIDS Policy Assessment,” at a meeting attended by more than 75 senior government ministers, international donors, and civil society stakeholders. Selected policy recommendations from the report are being incorporated into both the new national strategic plan and the USAID Strategy based on the consensus reached at the meeting. POLICY has also strengthened the capacity of the AIDS Control Program in Nepal by assisting in managerial strengthening, strategic planning, and advocacy activities. On the basis of this initial work, POLICY will develop a country program with field support for Nepal.

Regional AIM Booklet. POLICY is developing this advocacy tool to assist policymakers and other relevant stakeholders in stimulating dialogue about sustainable, contextually appropriate responses to HIV/AIDS in the Mekong Region. It seeks to provide an overview of the current HIV/AIDS situation in the Mekong Region; present projections as to where the epidemic is headed in the future using the best available data; highlight some of the key social and economic impacts of the epidemic; and discuss strategies that will be needed to reduce the spread of HIV/AIDS, improve care and support, and mitigate associated impacts. The booklet will also push important issues around key policy barriers, such as stigma and discrimination, and participation.

COUNTRY ACTIVITIES



AFRICA

ETHIOPIA

The POLICY Project in Ethiopia is directed toward scaling up the national population, reproductive health, and HIV/AIDS efforts by providing support in policy development and strategic planning to the National AIDS Council (NAC), Regional AIDS Councils (RACs), key HIV/AIDS NGOs, and public and NGO FP/RH programs. POLICY supports the implementation of Ethiopia's multisectoral HIV/AIDS program by providing TA in policy advocacy, priority setting, and use of information for policy and program development. POLICY support for FP/RH focuses on analyzing barriers to program expansion and developing policy advocacy materials. POLICY will also conduct an assessment of the legal and regulatory environment surrounding HIV/AIDS in Ethiopia. In addition, POLICY assists in increasing the understanding of crosscutting issues of gender and human rights in relation to reproductive health and HIV/AIDS.

Summary of Major Activities January 1—March 31, 2002

Administrative restructuring of the POLICY/Ethiopia office: During this quarter, Prof. Seyoum G. Selassie, one of the founders of the Family Guidance Association, former Dean and Chairman of the Sociology Department at Addis Ababa University, and advocate of the National Population Policy, took the Senior Resident Advisor position in the POLICY/Ethiopia office. Dr. Ayele Belachew, Dr. Haileyesus Getahun, and Eleni Seyoum report to him on all technical, financial, and administrative matters.

Confederation of Ethiopian Trade Unions (CETU) Workplace HIV/AIDS Policy Guidelines. CETU formally adopted its HIV/AIDS Workplace Guidelines in March 2002. POLICY assisted CETU and the International Labor Organization (ILO) in drafting the guidelines. POLICY provided critical technical comments on the draft document completed in early November after having provided sample workplace guidelines from other countries.

Development of a National Youth Policy. POLICY staff met with the new Minister of Youth, Ambassador Teshome Toga, who requested assistance with the formulation of a National Youth Policy for Ethiopia that will include RH and HIV/AIDS issues. POLICY was asked to join the task force in formulating the National Youth Policy. Within the several multisectoral subcommittees within this task force, POLICY participates on the Health and Social Affairs subcommittees. Other members of the Health Subcommittee include the Ministry of Health (MOH), Family Guidance Association, and the National Office of Population. POLICY is advocating bringing in more stakeholders to the policy formulation process, such as UNFPA, NGOs, and other cooperating agencies (CAs).

Regional AIDS Profile for the Southern Nations and Nationalities People's Region (SNNPR). In the final quarter of 2001, the first draft of the SNNPR regional AIDS profile was presented to a meeting of stakeholders in the region to elicit comments regarding the validity of the data presented and to discuss the usefulness of the draft profile. The draft was further refined in January, and another trip was made to Awassa to consult with Regional Health Bureau officials and senior members of the Regional AIDS Council (RAC) regarding holding a final advocacy and dissemination review workshop by May 2002. The head of the SNNPR RAC, Dr. Ersido, committed full RAC support in organizing and implementing the workshop. The draft profile will include information on mother-to-child transmission, voluntary counseling and testing, blood screening data, and information on care and support-providing organizations. POLICY is working with the RAC and Regional Health Bureau team to collect these data.

The regional workshop tentatively scheduled for May will help draw the attention of policymakers and program planners and provide stakeholders with an opportunity to develop action plans. A short questionnaire will be administered, both before and after the workshop, to assess the usefulness of the profile exercise. Discussions will then be held with USAID/Addis Ababa to determine the extent and timing for conducting additional profile exercises in both the Oromia and Amahara regions. One of the anticipated outcomes of the proposed advocacy and dissemination workshop will be for representatives of relevant stakeholders to engage in a strategic planning exercise.

Development of a Training Manual for the National AIDS Council Secretariat (NAC/S). In January, POLICY received the final draft of the training manuals for the NAC/S. The modules on proposal preparation and appraisal are being reviewed by the head of NAC/S.

National Workplace HIV/AIDS Guidelines. POLICY held several discussions with the leadership of the CETU, Addis Ababa Chamber of Commerce, Ethiopian Employers Federation (EEF), and Ministry of Labor and Social Affairs regarding the formulation of National Workplace HIV/AIDS Guidelines that would enjoy the support of labor, employers, and government. Currently, the EEF has draft workplace HIV/AIDS guidelines, which do not have tripartite support. POLICY intends to provide information and insight on the topic based on global experience and will continue to provide a forum for the stakeholders to interact for the development of tripartite National Workplace HIV/AIDS Guidelines.

Revision of the National HIV/AIDS Policy. A Ministerial National Task Force on HIV/AIDS, chaired by the Deputy Prime Minister, was created on March 23 to redirect efforts of NAC/S. The task force will be assisted by a technical committee of vice ministers who will in turn be assisted by technical experts from various sectors. The NAC/S has been charged with revising the National AIDS Policy and articulation of implementation strategies. POLICY initiated discussions with the new head of the NAC/S, Ato Negatu. The new head of the NAC/S has requested POLICY assistance in revising the policy.

MOH/National HIV Surveillance Task Force. This task force, which includes POLICY, CDC, WHO, and the Ethiopian Health and Nutrition Research Institute (EHNRI), is led by the head of the MOH/AIDS Control Unit. POLICY continues to assist the MOH with antenatal care (ANC)-based HIV sentinel surveillance data collection and analysis. Working with the AIDS Control Unit, POLICY is preparing to update the national adult HIV prevalence estimates using the 2001 ANC data, which have been received from all regions, except Oromia. Oromia data are currently undergoing quality control checks at EHNRI and will be ready for use in April.

FP/RH Population Activities. POLICY's major partners in population activities are the National Office of Population and the Family Health Department of the MOH. There are also important partners that POLICY has collaborated with, such as Pathfinder International, the Packard Foundation, Consortium of Family Planning NGOs, and other organizations in the nongovernmental sector. POLICY continues to work on the assessment of policy barriers in relation to the attainment of couple-years of protection (CYP) and contraceptive prevalence goals. A review of past efforts and experiences of other countries has been conducted, and a draft paper has been circulated to USAID/Addis Ababa for review.

Responses to Requests from USAID/Addis Ababa. POLICY also completed activities in response to requests from USAID/Addis Ababa. POLICY was asked to present a snapshot of its activities in Ethiopia in February 2002, to inform a team visiting from USAID/W, which included Margaret Neuse (Director of the Office of Population, USAID/W) and Bessie Lee (USAID/W backstop for Ethiopia).

April 1—June 30, 2002

SNNPR AIDS Profile. POLICY worked with the Chief Administrator of the Southern Nations and Nationalities People's Region (SNNPR), Regional AIDS Council (RAC) and Regional Health Bureau, to complete the draft AIDS Profile and plan a meeting to review the profile with a broad group of stakeholders. The meeting was held on May 27 in Awassa, the regional capital. The Chief Administrator invited participants, and his office hosted the event. The purpose of the meeting was to inform and elicit comments from key stakeholders, including the regional, zonal, and *woreda* administrations. Comments based on discussions during the meeting will be integrated into the final report. Participants expressed positive opinions regarding the value of data in the report and reported that the meeting was extremely useful. The POLICY-sponsored meeting was the first such meeting in the SNNPR that concretely focused on HIV/AIDS and related issues. The RAC held its meeting on May 28, which culminated in the approval of the Regional AIDS Policy. The SNNPR Profile will be finalized in the next month.

ANC 2001 HIV Prevalence Estimates. POLICY continues to assist the Ministry of Health (MOH) and the National AIDS Council to prepare the national and regional HIV-prevalence estimates based on 2001 ANC data. POLICY received the data during the quarter, which have now been tabulated and HIV/AIDS summaries for each region prepared. Estimates of adult HIV-prevalence rates have been made using the AIDS Impact Model (AIM), and these findings are currently being reviewed by the MOH. This year's report will include summary data from various sources (i.e., sentinel surveillance and reported AIDS cases from various health institutions using the WHO format) as requested by the Mission. There are some delays in accessing the MOH's blood bank, voluntary counseling and testing (VCT), and mother-to-child transmission (MTCT) data. POLICY is working closely with the MOH's Sentinel Surveillance Task Force and partners, and the report will be completed early next month.

Family Planning Effort (FPE) Index. At the request of the MOH and with the concurrence of the Mission, POLICY initiated the FPE Index questionnaire in May at the national level. This activity flows from the MOH's request that POLICY serve on the monitoring and evaluation (M&E) core group that is reviewing community-based development (CBD) activities in Ethiopia in the past decade. POLICY introduced the FPE Index at the M&E core group's meeting in April. Participants at the meeting expressed the view that the FPE Index would be a useful M&E tool to supplement their analysis. Following consultation with the Mission, POLICY distributed 15 key informant interview questionnaires to knowledgeable persons in the field. In 2003, POLICY will implement the questionnaire at the regional level. The questionnaires have been completed, collected from the national-level respondents, and will be analyzed before the end of July. Policymakers and program managers will use the FPE Index results to renew their efforts to attain the goals of the FP/RH program.

Consultative Group Meeting on Policy Barriers to FP/RH Programs. To bring together key FP/RH stakeholders, POLICY organized a consultative group meeting on June 20 in Addis Ababa to review and discuss the policy barriers to FP/RH programs. Prior to the meeting, POLICY distributed a paper and literature identifying barriers to FP access. During the meeting, POLICY presented and also reviewed the past FPE Indices as well as the recent Maternal and Neonatal Effort Index results for Ethiopia. In addition to discussion about barriers to FP programs, participants were sensitized about the seriousness of the problems of maternal morbidity and mortality and acquainted with strategies for developing policies and programs to deal with the challenges of addressing these problems. Discussions during the meeting revealed that Ethiopia has perhaps the best maternal health policies within Africa, but the challenges lie in putting them into practice. Participants, including the head of the MOH/Department of Family Health, expressed great interest in developing advocacy activities in the area of maternal health. Representatives from the MOH's Department of Family Health, USAID, and a number of nongovernmental agencies and civil society institutions involved in FP/RH activities attended the meeting. A technical advisory group composed of eight member organizations was established to oversee and comment on the policy barrier

research activities. Dr. Koki Agarwal, POLICY Project's Deputy Director for RH, assisted Dr. Haileyesus Getahun in facilitating the meeting.

Application of the FamPlan Model. POLICY carried out discussions with the MOH's Department of Family Health on applying the FamPlan Model to assist in the projection of future contraceptive needs. The Department of Family Health has asked POLICY to collaborate with the DELIVER Project. POLICY and DELIVER are preparing to initiate the FamPlan activity in the next quarter.

Development of a National Youth Policy. POLICY continues to work closely with the newly established Ministry of Youth, Culture, and Sports. In the past quarter, the ministry has been spearheading the development of a National Youth Policy by assembling an interdisciplinary national taskforce. POLICY staff serve on the Health and Social Affairs Subcommittees. By serving on the Health Subcommittee, POLICY has helped focus the dialogue and policy development process on HIV/AIDS prevention and control and FP/RH.

HIV/AIDS Legal and Policy Assessment. To respond to the current situation of the epidemic in Ethiopia, guidelines or legal frameworks of practice are needed. POLICY will conduct an in-depth review and assessment of Ethiopian laws and policies that affect HIV and AIDS. The assessment will be initiated during the next quarter. POLICY is identifying a legal firm that will be able to carry out the assessment.

POLICY Project Technical Development Week in Washington, D.C. Dr. Haileyesus Getahun and Professor Seyoum Selassie participated in Technical Development Week from April 1–13. This enabled them to learn critical project-related information, share experiences with POLICY staff from other countries, and be trained on various policy analyses and dialogue tools and strategies.

FAMILY HEALTH AND AIDS/WEST AND CENTRAL AFRICA (FHA/WCA)

The goal of POLICY Project assistance to the Family Health and AIDS (FHA) program project is to strengthen political commitment to FP/RH and HIV/AIDS programs. Assistance focuses on generating information critical to policy decision making in FP/RH and HIV/AIDS and expanding the role of parliamentarians, NGOs, and other key groups in these areas. This will be accomplished by assisting the government of Burkina Faso in its role as host country for the next AIDS in Africa Conference (ICASA), including application of the AIDS Impact Model (AIM) and dissemination of results to national and district leaders; preparation of regional presentations and booklets on the HIV/AIDS situation for such audiences as U.S. Ambassadors and national decision makers; and workshops directed at parliamentarians and NGOs to strengthen their role in implementing the ICPD *Programme of Action* and in taking actions to address HIV/AIDS. Regional partners that are critical for POLICY activities to succeed include the Forum of African/Arab Parliamentarians for Population and Development (FAAPPD), CERPOD, the Centre for African Family Studies (CAFS), and the Family Health Project (SFPS).

Summary of Major Activities January 1—March 31, 2002

POLICY continued to collaborate with the National AIDS Control Programs (PNLS) of eight Francophone countries to refine the drafts of the regional AIM PowerPoint presentation, “Results of the Collaborative Application of the AIDS Impact Model (AIM),” and booklet, “HIV/AIDS in Eight Francophone Countries: Background, Projections, Policy Issues.” Results from two workshops conducted with PNLS representatives as well as results of a survey of legal and policy issues, both carried out in the previous quarter, were used to improve the AIM presentation and booklet, which should be in final form early in the next quarter.

POLICY is also in the final stages of completing a compact disc (CD) containing all materials from POLICY’s December 7–8, 2001, workshop, held in Ouagadougou, on critical policy issues facing HIV/AIDS in Francophone Africa.

POLICY carried out preparatory activities for a regional workshop for parliamentarians on HIV/AIDS, which will focus on awareness raising, political commitment, and possible legislation. The goal of the workshop is to facilitate a greater understanding of the policy implications of HIV/AIDS and discussions of the role of parliamentarians in the fight against HIV/AIDS. The expected result is that parliamentarians will become more involved in the fight against HIV/AIDS. During the workshop, parliamentarians’ knowledge about the epidemic will be updated through AIM presentations, films, and testimony from PLWHA. A consultant will assist participants in proposing a model law on HIV/AIDS for the Francophone region. Parliamentarians will be invited from at least five Francophone countries.

POLICY provided several background memorandums and briefings for USAID/FHA and USAID/WARP regarding policy issues surrounding RH and HIV/AIDS in the region.

April 1—June 30, 2002

POLICY completed the final version of the booklet, “Impact du SIDA: Projections épidémiologiques du VIH/SIDA dans huit pays d’Afrique de l’Ouest et du Centre” (HIV/AIDS in Eight Francophone Countries: Background, Projections, Policy Issues). The booklet is a result of the collaborative application of the AIM with the National AIDS Control Programs (PNLS) of eight Francophone countries. Four thousand copies of the booklet are being printed and distributed to counterparts in the

eight countries and 1,000 copies are being printed for distribution at the International HIV/AIDS Conference in Barcelona in July.

POLICY also completed a compact disc (CD) containing all materials from POLICY's December 7–8, 2001, workshop, held in Ouagadougou, on critical HIV/AIDS policy issues in Francophone Africa. POLICY is in the final stages of completing two small documents: "The HIV/AIDS Policy Context in Eight Francophone Countries: Findings from a Questionnaire," and "Next Steps for Reinforcing the HIV/AIDS Policy Environment: Perspectives from the Field." These documents are drawn from the materials from the December workshop in Ouagadougou.

POLICY initiated preparations for a regional workshop on HIV/AIDS policy issues for parliamentarians to help them identify and discuss their roles in filling policy gaps on critical issues in their respective countries. The workshop was supposed to be held in May 2002; however, it has been postponed to September 2002 at the request of the parliamentarians because of election schedules in several countries. The goal, objectives, methodology, participants' profile, and calendar were drafted and are awaiting further development in consultation with parliamentarian colleagues.

GHANA

The goals of POLICY Project assistance in Ghana are to assist the government in implementing the national HIV/AIDS and STI policy and to increase the level of support to FP/RH by national and district decision makers. Project assistance focuses on institution building for the National AIDS Control Program (NACP) and the Ghana AIDS Commission (GAC); on expanding the advocacy efforts of the National Population Council (NPC), Regional Population Councils (RPACs) and NGOs; and on supporting policy dialogue for newly elected members of the executive and legislative branches. This is accomplished through technical, material, and financial assistance and training for the NACP and its partner institutions; TA for regional and district advocacy events; and information dissemination through counterpart organizations, including the Population Impact Project (PIP).

**Summary of Major Activities
January 1—March 31, 2002**

As part of the effort to ensure that accurate, timely data are available to decision makers, POLICY's major activity in collaboration with the NACP and the Ministry of Health (MOH) was to complete work on the third edition of Ghana's AIDS Impact Model (AIM). Final products include a PowerPoint presentation, a presenter's notebook, and the "HIV/AIDS in Ghana" booklet, third edition, of which 5,000 copies were printed. The MOH initiated action on the distribution to the regions, districts, key partners, and stakeholders. POLICY collaborated with the NACP/MOH in holding a three-day presenters' Training-of-Trainers (TOT) workshop, March 11–13, for 30 participants, including regional AIDS coordinators and senior medical officers from the 10 regions as well as other stakeholders from the NPC, PIP, and NGOs. USAID participated throughout the three days and UNAIDS attended the closing ceremony. Workshop participants expressed their desire to obtain in-depth knowledge of the SPECTRUM system of models in order to better appreciate the AIM. The NACP/MOH, PIP, and POLICY are developing a proposed one-week training session, if resources can be identified, that PIP would conduct to transfer the knowledge and skills.

POLICY continued to work with the NACP/MOH, the Minister of Health, Ghana AIDS Commission (GAC), and stakeholders who prepared the draft national HIV/AIDS/STI policy during the previous administration, for resubmission of the draft policy to the current cabinet. There have been six revisions since November 2001; most of the review focused on the legal and ethical section of the policy. Changes made by the GAC are now reflected in the current edition, which has been submitted to the Minister of Health who in turn will submit it to the cabinet.

During this period, consultant Kate Parkes undertook activities to strengthen reproductive health advocacy at the district level and to promote replication of the methodologies used in the Eastern Region. POLICY prepared and facilitated a presenters' TOT workshop, March 18–20, for 30 participants from two of the six RH networks in the Eastern Region, which have previously been trained in policy and advocacy. Objectives were to update the participants on the third edition of the AIM and provide them with skills in proposal writing. The goal was to strengthen their ongoing advocacy work and to enable them to secure resources from other organizations and donors to sustain their activities in RH and HIV/AIDS. Two more workshops for the rest of the RH networks have been scheduled for next quarter.

POLICY made a one-half-day presentation, with follow-up discussion, on February 4, to the Minister of the Eastern Region, Dr. Sarfo Mensah, and his team of directors and regional heads of departments, regarding the RH policy and advocacy experiences of the Eastern Region. The outcome of this productive session was an invitation for POLICY to make a similar presentation at the regular monthly meeting of the district chief executives in his region in April. POLICY is also undertaking an effort to expand the district-level RH advocacy activities through collaboration at the ministerial level with the Ministry of Local Government. A presentation is scheduled to take place next quarter.

POLICY supported the GAC in conducting a technical review of proposals from the districts for the GARFUND (a World Bank loan to the government of Ghana for district-level activities in the prevention of HIV/AIDS and care of PLWHA); and POLICY participated in the USAID SO3 STI workshops and partners' meetings in February and March. POLICY collaborated with CEDPA Ghana in facilitating a three-day workshop on capacity building in policy analysis and advocacy.

PIP carried out activities that were not directly financed by POLICY, yet used POLICY-supported products. A presentation was made on adolescent RH and HIV/AIDS at the Achimota School, January 23, in collaboration with the Mammo Club of Ghana, which was attended by staff and students of the schools. A presentation was made January 30, entitled "Population Development and the Youth in Ghana," at a three-day advocacy seminar organized by the National Youth Council, which focused on Media Partnership for Youth Development.

April 1—June 30, 2002

POLICY continued to invest considerable time in advancing the approval process for the final National HIV/AIDS/STI Policy. POLICY has been working closely and meeting frequently with the NACP/MOH, the Minister of Health, Ghana AIDS Commission (GAC), and stakeholders who participated in the development of the original draft National HIV/AIDS/STI Policy to review and seek additional input into the draft. At the request of the Minister of Health, the NACP wrote an executive summary with POLICY assistance to facilitate review and comment on the draft policy document. A final version of the entire draft national policy was prepared with POLICY assistance and formally submitted, June 10 by the NACP to the Minister of Health for his approval. The next step is for the minister to approve the draft and submit it to the cabinet.

As part of the effort to ensure that accurate, timely data are available to decision makers, and particularly to the large numbers of officials who assumed office after the late 2000 elections, PIP, in collaboration with the Ministry of Local Government and Rural Development, the NPC, and with financial support from POLICY, organized a seminar, "Population, Development, Environment, and HIV/AIDS." This seminar was held on April 23–24, in Accra. Eighty participants, including District Chief Executives and Presiding Assembly Members from the Western, Central, Volta, and Greater Accra regions of Ghana, attended the seminar. The POLICY LTA chaired the seminar, and POLICY consultant Kate Parkes made a presentation on the Eastern Region experience with NGO RH Networks in RH Advocacy. Two recent POLICY documents, the third edition of HIV/AIDS in Ghana and the RH NGO Network Pamphlet, were included in the participant's documents package.

Parkes undertook activities to strengthen RH advocacy at the district level and to promote replication of the methodologies used in the Eastern Region. POLICY prepared and facilitated an NGO networks' capacity-building workshop, April 29–May 1, for 35 participants from the remaining four of the six RH networks in the Eastern Region, all of which have previously been trained in policy analysis, advocacy, and advocacy training. The purpose of the workshop was to strengthen their ongoing advocacy work and ability to become more sustainable. Objectives included updating participants' knowledge of HIV/AIDS in Ghana using the latest version of the AIDS Impact Model (AIM), strengthening their skills in proposal writing in order to secure resources from other organizations and donors, and reinforcing their skills in training others. Parkes also participated actively in the symposium, "Safe Motherhood: The Delays in Seeking and Receiving Life Saving Care," which was organized by the CEDPA White Ribbon Alliance and the MOH.

POLICY continued to support the GAC in conducting a technical review of proposals from the districts for the GARFUND (a World Bank loan to the government of Ghana for district-level activities in the prevention of HIV/AIDS and care of PLWHA).

KENYA

Kenya is experiencing a devastating HIV/AIDS epidemic; a slow down and possible decline in its family planning program; increasing numbers of unsafe abortions; high and possibly rising maternal mortality and morbidity; rising infant and child mortality; deteriorating financial and human resources available for health services; economic decline; and worsening poverty.

In response, POLICY's objectives are to increase political support for high-quality FP/RH and HIV/AIDS services and to improve planning and financing of such services. To achieve these objectives, POLICY is working with a wide range of government, nongovernment, and civil society stakeholders and interest groups at national, provincial, district, and community levels. In FP/RH, POLICY's assistance focuses on achieving renewed high-level commitment to family planning in the era of HIV/AIDS and building support and capacity for postabortion care services at district and community levels. In HIV/AIDS, POLICY is working to strengthen the capacity of government and nongovernmental organizations and institutions across all sectors to develop and implement HIV/AIDS policies and programs, emphasizing intersectoral collaboration and coordination. Key programs include education, military and police, faith-based organizations, orphans, youth, gender, law and human rights. POLICY is also working to strengthen health finance policies and systems at the national, provincial, and district levels to achieve improved planning, financing, and quality of FP/RH, HIV/AIDS, and other primary health care services.

**Summary of Major Activities
January 1—March 31, 2002**

Several of POLICY's major activities during this quarter focused on improving health policies and programs, including support for data collection and analysis, policy analysis and formulation, and broadening and strengthening advocacy.

Data Collection and Analysis

- *Strengthening the HIV/AIDS Sentinel Surveillance system.* In collaboration with the National AIDS and STDs Control Program (NAS COP) and Centers for Disease Control (CDC)/Kenya, POLICY organized a meeting of 30 stakeholders to provide technical review of the 2001 sentinel surveillance results. The meeting included several presentations by NAS COP staff, observations and recommendations by participants, a lively discussion facilitated by the Director of Medical Services (DMS), and general consensus on the main results and next steps including dissemination.

Policy Analysis and Formulation

- *Kenya Contraceptive Commodities Procurement Plan for 2002–2004 and Contraceptives Policy and Strategy for 2002–2006.* At the request of the Ministry of Health's (MOH's) Reproductive Health Advisory Board (RHAB) and USAID/Nairobi, POLICY will lead the development of these two important national plans/policy documents. During this reporting period, POLICY initiated planning for these activities, including several meetings with DELIVER staff, MOH staff, and new POLICY consultant Dr. Omondi-Odhiambo to discuss issues, timetable, and terms of reference, and to develop a detailed implementation plan.
- *Legal Task Force on HIV/AIDS.* POLICY contributed to HIV/AIDS-related legal reforms by providing information and support to the national Legal Task Force on issues focusing on (1) gender and HIV/AIDS, (2) orphans and vulnerable children (OVC), and (3) the rights and responsibilities of PLWHA.

- *Gender and HIV/AIDS*. POLICY convened several meetings of the Gender Task Force to obtain additional inputs into the draft national Gender and HIV/AIDS Strategy and Policy document and to prepare training on gender issues for key National AIDS Control Council (NACC) staff.
- *Orphans and Vulnerable Children (OVC)*. In addition to hosting OVC task force meetings, POLICY jointly with Family Health International (FHI)/IMPACT, UNICEF, and the government of Kenya's Children's Department prepared the OVC stakeholders' workshop report and developed draft OVC program guidelines and workplans for the task force. In addition, the Christian Children's Fund (CCF) requested and received TAs from POLICY for preparing a conference paper focusing on legal and ethical dilemmas concerning OVC policy and programming issues in Kenya.
- *Kenya's HIV/AIDS Joint Program Review*. At the request of NACC and key HIV/AIDS donor organizations, POLICY and the HAPAC Project led the process of planning for a national HIV/AIDS program review for Kenya, to review implementation progress and obstacles encountered and propose ways to achieve synergy and complementarity among the individual efforts of the various coordinating, implementing, and financing agencies involved in HIV/AIDS programs.
- *AIDS Home-based Care (HBC)*. POLICY is co-leading NACC's national HBC technical working group. During this reporting period, POLICY reviewed and provided recommendations on the draft national HBC curriculum and handbook.
- *Poverty Reduction Strategy Paper (PRSP) process*. POLICY held consultative meetings with key stakeholders (e.g., Department for International Development (DfID), the AMKENI Project; and the Health Sector Reform Secretariat (HSRS), Department for Policy, Planning and Development (DPPD), and the Division of Health Care Finance (DHCF) in the MOH) and led preparations for the analysis of policies relating to (1) waivers and exemptions, (2) pricing of public sector health services, and (3) flow and utilization of cost sharing funds devoted to primary/promotive health care. The process is expected to generate policy guidelines to address equity issues in health and to contribute to the forthcoming PRSP process that may bring additional funds to the health sector.
- *Annual Cost-Sharing Report (2000/2001)*. POLICY, together with DHCF, worked on the preparation of the *Annual Cost-Sharing Performance Report for 2000/20001*. This document provides information on key features, including cost-sharing performance disaggregated by province and district, impacts on access and equity, efficiency considerations, best practices, limitations, new initiatives, and financial sustainability. It will also be used for policy dialogue on improving the performance of the cost-sharing program.
- *Harmonizing Specific Cost-sharing Guidelines*. POLICY together with the DHCF organized several workshops and provided leadership for harmonizing two cost-sharing guidelines. These are *Health Centre User Fee Expenditure Guidelines*, and *Guidelines on Utilization of User Fees for Activities Supervised by the Provincial Medical Offices (PMOs)*. The latter focuses on the 10 percent of total revenues generated by provincial hospitals designated for discretionary use by the PMOs to strengthen district-level services. POLICY will lead the revision of the guidelines and forward them to the MOH permanent secretary for final approval and adoption.

Advocacy

- *FP Achievements and Challenges.* POLICY, in collaboration with staff of the National Council on Population and Development (NCPD), began work on the analysis and draft of a report and PowerPoint presentation to be used as a key advocacy tool to reinvigorate FP at all levels and in both government and non-government sectors.
- *PAC Advocacy.* POLICY in collaboration with the National Nurses Association of Kenya (NNAK) provided PAC advocacy skills training to 25 public and private nurse midwives from six districts. The trainees are expected to become advocates to district and community leaders to obtain their support for provision of PAC services. As follow-up to this training, POLICY plans to assist the newly trained advocates to hold PAC sensitization workshops in selected districts, for community leaders (e.g., government, church, women's groups, other opinion leaders) and district medical teams.
- *Interreligious AIDS Consortium (IRAC).* POLICY has been a leader in providing assistance to the organizational development of IRAC. During this quarter, POLICY continued to spearhead institutional strengthening and capacity-building for IRAC by providing the following assistance: (1) facilitating a forum that resulted in the appointment of new IRAC leaders and development of IRAC's bylaws, procedural guidelines, and workplan; (2) holding meetings and discussions to review faith-based HIV/AIDS initiatives in Kenya and make recommendations on future activities, together with FHI, NACC, World Conference for Religion and Peace (WCRP), Hope for African Child Initiative (HACI), Tropical Institute for Community Health (TICH), Catholic Fund for Overseas Development (CFOD) of the UK, and Shalom Outreach Ministries; and (3) providing technical input into the planning and formulation of HIV/AIDS strategic plans for the National Council of Churches of Kenya (NCCCKO) and the Supreme Council of Kenyan Muslims (SUPKEM).
- *International AIDS Conference in Barcelona.* To bring greater attention to gender, OVC, and HIV/AIDS issues, POLICY staff prepared and submitted two abstracts for the Barcelona Conference on the gendered experiences of women living with HIV/AIDS, and gender stereotypes affecting care of orphans by elderly grandparents. POLICY also provided assistance to the Kenya AIDS Drugs Alliance (KADA), a PLWHA organization, to develop and submit an abstract on use of herbal medicine as an option for care for PLWHA in resource-limited settings.
- *Network of People with HIV/AIDS in Kenya (NEPHAK).* NACC requested POLICY to participate in the network's stakeholders meeting where POLICY made inputs to the NEPHAK situational analysis report prepared by the Center for Family Studies (CAFS) and contributed to discussions on revitalizing NEPHAK. This led to the formation of a task force to prepare a NEPHAK constitution and strategy.
- *AIDS Control Units (ACUs) in Government Ministries.* POLICY assisted the ACUs in 20 government of Kenya ministries to establish a Networking Committee for ACUs. POLICY assisted the Networking Committee in preparing a briefing paper for the director of NACC on issues that constrain the effectiveness of the ACUs. POLICY also participated in a series of ACU consultative meetings to review past ACU experiences and make recommendations on next steps including possible assistance from POLICY and other organizations such as the HAPAC Project (Futures Group Europe), Price Waterhouse Coopers, and NACC.
- *Study Tour on Social Health Insurance.* POLICY helped to plan a study tour on social health insurance for policymakers from the MOH, National Hospital Insurance Fund (NHIF), and members of Parliament to eight countries, scheduled for April. POLICY staff in Washington and Nairobi prepared pre-trip briefing kits, which included discussion questions for study-tour participants,

identified key contacts in countries to be visited, and agreed to organize logistical and hosting arrangements in the United States, Mexico, and the Philippines. On their return, participants are expected to assist in the development of a suitable framework, strategy, and legislation to transform the NHIF into a social health insurance scheme.

During this quarter, POLICY/Kenya provided significant assistance to improve resource mobilization and improve planning and implementation.

Improved Resource Mobilization

- *Development of the Government's HIV/AIDS Proposal to the Global Fund for AIDS, TB, and Malaria (GATM).* At the request of the MOH, POLICY assisted the MOH to develop a proposal that the GOK submitted to the new GATM to fund a large HIV/AIDS program.
- *Cost-sharing Monitoring.* POLICY supported the DHCF in monitoring the implementation and management of the cost-sharing program in target facilities. POLICY also assisted the cash registers implementation team (CaRIT) to strengthen revenue generation through automated systems, notably the training and retraining of systems support staff and managers. This follows loss of key staff due to government downsizing.
- *Efficient Functioning of the Financial Information System (FIS).* POLICY provided technical support and facilitated arrangements to rectify FIS back-up problems in several PMOs. The FIS provides the only reliable source for updating cost-sharing data on a quarterly basis.
- *Increased Funding from the NHIF.* POLICY held two consultative steering committee meetings with the DHCF and NHIF as a follow-up to the implementation of the Kenya Commercial Bank (KCB) declaration to increase NHIF reimbursements to public hospitals. Remarkable progress was made as described in the results section below.
- *Field Visits.* POLICY supported field visits to the PMOs in Nyanza and Nyeri by senior management staff of DHCF (accompanied by POLICY staff). This is part of a plan to monitor the implementation of POLICY/Kenya-supported activities at provincial and districts levels and obtain feedback to improve the responsiveness of the health system to the needs of clients.

Improved Planning and Implementation

- *Application of the National HIV/AIDS Resource Allocation Model.* Dr. Steven Forsythe led the POLICY/Kenya team in a collaborative effort with NACC, DfID, and HAPAC in the application and training in the use of POLICY's Goals Model. This modeling exercise is intended to indicate the relative cost-effectiveness of various components of the national HIV/AIDS strategic plan as well as the impacts that might be achieved from additional resources and/or reallocation of resources.
- *Capacity-building for the FIS and Cash Registers.* POLICY continued to support skills building for four DHCF staff members on use of the upgraded FIS to enhance the MOH's supervisory roles for FIS activities at PMOs and lower levels of the health system.

Capacity Building. During the quarter, POLICY/Kenya provided the following significant additional capacity building assistance:

- *Government of Kenya Children's Department.* POLICY held a series of meetings with the Children's Department that resulted in a joint plan and commitment from POLICY to provide additional support

to assist in mainstreaming HIV/AIDS activities at all levels of the department's activities, from grassroots up to the national level. The Children's Department requested this assistance from POLICY pursuant to POLICY's well-received assistance to ACUs and the OVC task force.

- *Internship.* POLICY/Kenya's first intern, Leonard Onyonyi, successfully completed his project on "Participatory Management of Hospital Boards in the Context of Decentralization." Wasunna Owino was his principal advisor and mentor. This project is part of Onyonyi's Masters' Degree in International Development Studies at the University of Antwerp (Belgium) that he expects to receive in June 2002.
- *Institutionalizing Capacity Building in Health Finance, Policy, and Reform.* POLICY/Kenya convened the first workshop (jointly with the U.S. International University–Africa (USIU–A), DHCF, DPPD, and HSRS) to plan the POLICY-sponsored three-week course at USIU-A in Nairobi in July 2002 on "Hospital Planning, Budgeting, and Priority-setting." In its first year, the course will be supported with POLICY core funds. Some international donor organizations have already made commitments to provide funds for the second year.

April 1—June 30, 2002

Several of POLICY's major activities during this quarter focused on improving health policies and programs, including support for policy analysis and formulation and broadening and strengthening advocacy.

Policy Analysis and Formulation

- *Kenya Contraceptive Policy and Strategy for 2002–2006 and Contraceptive Commodities Procurement Plan for 2003–05.* At the request of the Ministry of Health's (MOH's) Reproductive Health Advisory Board (RHAB) and USAID/Nairobi, POLICY is leading the development of the MOH's Contraceptives Policy and Strategy and Contraceptive Commodities Procurement Plan. At its quarterly meeting in early June, the RHAB reviewed and approved POLICY's proposed scope of work and timetable. The RHAB named a task force of 10 key RHAB members (including the Health Sector Reform Secretariat, USAID, UNFPA, German Agency for Technical Cooperation (GTZ), and DELIVER that will meet regularly during the next three months to review and guide the process. During June and July, POLICY consultant Dr. George Rae will interview numerous stakeholders, and together with POLICY/Kenya staff will produce by late August drafts of both documents for review at the RHAB's quarterly meeting in early September.
- *Kenya's Joint HIV/AIDS Program Review (JAPR).* POLICY co-led the organization and implementation of the first JAPR together with the National AIDS Control Council (NACC) and its other core partners. The objectives of the JAPR were to review progress on implementing the Kenya National HIV/AIDS Strategic Plan (KNSPA); to develop an effective mechanism for joint review and collaboration under the coordination of NACC; to provide an opportunity for policy dialogue and joint consideration of key issues and constraints, including issues of equity and sustainability; and to identify and agree on the main priorities and a limited number of milestones for FY2002/3. Five working groups (WGs) addressed the following KNSPA priority areas: prevention and advocacy; treatment, continuum of care and support; coordination, management, and institutional arrangements; monitoring and evaluation; and planning, finance, and budgeting. More than 120 Kenyan and international stakeholders participated in the review. POLICY/Kenya staff played key roles in the JAPR process and outcomes: Angeline Siparo was a key facilitator in the WG that focused on institutional arrangements and other policy issues; Dr. Wasunna Owino and Julie Odhiambo were key participants in the WGs that focused on prevention and advocacy and monitoring and evaluation; and

the results of Steven Forsythe's assistance in applying the GOALS Model were used by the planning, financing, and budgeting WG.

- *Orphans and Vulnerable Children (OVC)*. POLICY continued to co-lead the OVC task force and this quarter provided significant assistance to the task force's workshop, June 10–13, for a broad spectrum of stakeholders to review the draft OVC program guidelines. At the workshop, POLICY staff led and facilitated group and plenary discussions on child protection and stigmatization, children infected with HIV, mainstreaming gender, community mobilization, monitoring and evaluation, and lobbying and advocacy. POLICY also provided guidance to Children's International, a U.S.-based NGO, on the development of their plan to set up an OVC project in Kenya.
- *Gender and HIV/AIDS*. POLICY continued to co-lead the gender and HIV/AIDS task force and this quarter coordinated research on perspectives on gender and HIV/AIDS at the grassroots level (funded by a World Bank grant to the University of Nairobi on behalf of the gender and HIV/AIDS task force). As a result of this research, the task force drafted the "Community Focus Review" report. Recommendations from this report will be used in revising the draft National Gender and HIV/AIDS Policy and Strategy.
- *Legal Task Force on HIV/AIDS*. To the legal task force, POLICY provided information, documents, and recommendations on task force reports on legal issues related to gender, children, and PLWHA. With assistance from POLICY and other organizations, the legal task force completed the process of stakeholder participatory consultation and produced its final report with recommendations to the Attorney General on issues of HIV/AIDS and legal reforms. The task force plans to formally submit this report to the Attorney General in July.
- *Poverty Reduction Strategy Paper (PRSP) process*. POLICY held consultative meetings with the Health Care Finance Implementation Committee on the implementation of three cost-sharing studies: (1) waivers and exemptions, (2) pricing of public sector health services, and (3) flow and utilization of cost-sharing funds devoted to primary/promotive health care. On the recommendation of the committee, the Permanent Secretary/Director of Medical Services (PS/DMS), MOH, granted approval for the studies. The fieldwork is underway, and the data analysis is to be completed in July. The results will be used to prepare policy guidelines to address equity issues in health and to contribute to the forthcoming PRSP process that may bring additional funds to the health sector.
- *Harmonizing Specific Cost-sharing Guidelines*. POLICY convened and facilitated the harmonization of three cost-sharing guidelines at a workshop held at the Aberdares Country Club, May 13–17. The workshop participants (1) shared experiences in the management of health care financing; (2) identified sections of the guidelines and manuals that require review and revision; (3) made proposals for policy changes; and (4) drafted new guidelines. The workshop brought together 30 participants drawn from various divisions and departments of the MOH (e.g., Health Care Financing; Policy, Planning, and Development; Environmental Health; Accounts; Provincial Medical Offices (Rift Valley, Central, Eastern); Provincial General Hospitals (Coast, Embu, Nakuru); the District Medical Officer of Health for Thika; and the National Hospital Insurance Fund (NHIF)). Workshop participants discussed problems with previous guidelines and made recommendations that were incorporated in new draft guidelines.

Advocacy

- *PAC Advocacy.* POLICY carried out the following PAC activities during this reporting period: (1) in April and early May, POLICY and the National Nurses Association of Kenya (NNAK) completed the report on the POLICY-NNAK advocacy skills training program (March 18–21, 2002), revised the script of the role play that is used as the icebreaker when advocacy activities are carried out in communities, and finalized plans for remaining activities under POLICY’s subcontract with NNAK; (2) in May, POLICY contributed to USAID’s evaluation of PAC activities in Kenya and worked with other partners to plan for the next phase of PAC activities (2002–2004), focused on a significant expansion of PAC advocacy and capacity-building in Coast Province (the partners are PRIME II, the AMKENI Project, PATH, and POLICY)—one priority will be to assist trained PAC providers to form networks to strengthen peer supervision and professional information sharing; and (3) in June, POLICY participated in the quarterly meeting of the PAC working group to exchange information on recent activities, lessons learned, and plans for the next quarter.
- *Interreligious AIDS Consortium (IRAC).* POLICY provided technical and financial support to assist IRAC in creating formal systems and structures. POLICY also assisted IRAC in preparing a constitution, workplans, budgets, and a common strategy, thereby enabling the leading FBOs in Kenya to have a shared approach and understanding on HIV/AIDS issues. The strategy includes IRAC’s mission, vision, core values, and priorities. POLICY assisted the World Conference for Religion and Peace (WCRP) in reviewing its plans for future assistance to IRAC. POLICY also supported the National Council of Churches in Kenya (NCCCK), an IRAC member, to prioritize its activities for mainstreaming HIV/AIDS into its programs and to develop activity-specific budgets and implementation plans for its projects targeting Christian police and the clergy.
- *Network of People with HIV/AIDS in Kenya (NEPHAK).* POLICY, in collaboration with Family Health International (FHI), the DFID-funded HAPAC Project, the Center for African Family Studies (CAFS), KANCO, and NACC, facilitated the process whereby representatives of the NEPHAK reviewed the existing NEPHAK constitution and strategic plan and made recommendations for improvements to both. POLICY assisted NEPHAK in the review of the draft OVC program guidelines on matters concerning children infected with HIV and in developing workplans and budgets, including reviewing and finalizing NEPHAK’s constitution and strategy in a participatory manner involving all stakeholders.
- *Advocacy Capacity Building.* POLICY is assisting KANCO (through a subcontract) to provide advocacy capacity building for youth, local government, and community and religious leaders. During this quarter, POLICY assisted KANCO in developing its monitoring and evaluation plan, implementation timetable, and plan for identifying key targets for technical assistance. Through support from POLICY, KANCO provided assistance to IRAC, NEPHAK, the JAPR, the legal task force, and the NGOs leadership and partnership conference. KANCO also developed a plan to conduct a meeting for members of Parliament (MPs) to review the Parliamentary Sessional Paper on HIV/AIDS and to provide onsite technical support to district networks.
- *AIDS Control Units (ACUs) in Government Ministries.* POLICY continued to provide capacity-building assistance to the ACUs; most of them made progress in “mainstreaming” HIV/AIDS into their operations. In June, POLICY drafted a questionnaire to be used during the next quarter to help assess POLICY’s contributions to capacity building in all 20 ACUs.
- *Kenya Police Force (KPF).* Through a subcontract to the Africa Medical and Research Foundation (AMREF), POLICY helped achieve improved dialogue and awareness raising on HIV/AIDS within the KPF. AMREF, KPF, and the ACU in the Office of the President planned and conducted a

meeting on HIV/AIDS for Provincial Police Officials; and AMREF conducted a needs assessment that will be used for policy dialogue within KPF. AMREF experienced many problems in implementing the subcontract, including high turnover among key KPF collaborators, bureaucratic obstacles, and lack of a functioning health system for KPF employees and families.

- *Study Tour on Social Health Insurance.* Jointly with USAID, POLICY facilitated arrangements for two study tours on social health insurance for parliamentarians and policymakers from the MOH and NHIF. POLICY provided pre-trip briefing kits that included discussion questions for study tour participants, a pre-trip briefing meeting led by POLICY/Kenya staff, and organization of logistical and hosting arrangements in the Philippines. On their return, participants are expected to assist in the development of a suitable framework, strategy, and legislation to transform the NHIF into a social health insurance scheme.
- *Study Tour on Community Health Financing Schemes in Tanzania:* Dr. Owino led a group of policy champions from the MOH (Dr. Kahindi, Stephen Muchiri, and D.M. Nzoya) on a one-week tour in Tanzania to study model community-based health financing schemes. This is expected to assist the policymakers, mainly from the Health Sector Reform Secretariat (HSRS), to develop policy guidelines aimed at strengthening similar schemes in Kenya and linking them to the NHIF to increase funds available for basic health services.

Improved Resource Mobilization

- *Cost-sharing Monitoring.* POLICY supported the Division of Health Care Finance (DHCF) in monitoring the implementation and management of the cost-sharing program in selected facilities. POLICY also assisted the cash registers implementation team to strengthen revenue generation through automated systems, notably by training and re-training systems support staff and managers. These activities were in response to the need to address administrative and technical constraints and gaps created by the loss of key staff due to government downsizing.
- *Efficient Functioning of the Financial Information System (FIS).* POLICY provided technical support and facilitated arrangements to rectify Financial Information System (FIS) backup problems in several Provincial Medical Offices (PMOs), gaps in data collection, and delays in updating and remitting timely data to the DHCF. The FIS provides the only reliable source for updating cost-sharing data on a quarterly and annual basis.
- *Strengthened the Monitoring, Management, and Implementation of the Cost-sharing Program.* POLICY continued to support the DHCF's quarterly monitoring of the implementation and management of the FIS at the facility/PMO levels. This has been complemented by POLICY assistance to maintaining the FIS, including resolving backup problems to provide timely and regular updates on cost-sharing collections; enhancing collections efficiency through the use of cash registers and sensitization and training interventions; and enhancing the capacity of the DHCF to effectively supervise the PMOs on the cost-sharing program. Cumulatively, these activities have strengthened financial management systems and reduced leakages; and we expect them to achieve significant increases in cost sharing revenue for FY2001/02.
- *Improved Process for Providing NHIF Funds to Public Hospitals.* POLICY held two consultative meetings with the DHCF and NHIF to follow-up on the NHIF Chief Executive's directives for strengthening the process through which public hospitals claim and receive funds from the NHIF. POLICY also monitored the changes in NHIF reimbursements through close oversight of FIS data.

- *Field Visits.* POLICY supported field visits to the PMO in the Coast Province and the Coast Provincial General Hospital (CPGH) by two senior management staff of DHCF (accompanied by POLICY staff). This was part of a plan to complete unfinished FIS-related projects started by the APHIA Finance and Sustainability (AFS) Project, including implementation of supplies tracking software, installation of pharmacy software, and extension of billing systems at CPGH. POLICY is in the process of contracting with a firm to implement these FIS software enhancements, which have great potential for strengthening the planning and management of cost-sharing funds.

Improved Planning and Implementation

- *Costing Analysis and Application of the National HIV/AIDS Resource Allocation (GOALS Model).* POLICY staff member Dr. Steven Forsythe assisted the NACC in conducting a costing analysis and producing a report on NACC's currently available "resource envelope." Results of the costing analysis were presented at the JAPR. In addition, Forsythe worked closely with local consultants in conducting an application of the GOALS Model. The team analyzed the impacts on HIV prevalence of three resource allocation scenarios: the current allocation pattern with existing resources; an improved allocation pattern with existing resources; and total resources required to achieve Kenya's goal of reducing HIV prevalence among 15–24 year olds by 20–30 percent by 2005. Reports are currently being completed on the costing analysis and on lessons learned from the application of the GOALS Model.
- *Capacity Building for the FIS and Cash Registers.* POLICY continued to support skills building for two DHCF staff members on the use of the upgraded FIS to enhance the MOH's supervisory roles for FIS activities at PMOs and lower levels of the health system.

Capacity Building

- *Constituency AIDS Coordinating Committees (CACCs).* Through a subcontract to KANCO, POLICY assisted with building technical, financial, and managerial capacity through four-day training programs for all 210 CACCs. POLICY and KANCO reviewed the CACCs' progress to date, performance indicators, and lessons learned, and developed a plan for an evaluation of this capacity-building program.
- *Government of Kenya Children's Department.* POLICY assisted the Children's Department to plan HIV/AIDS mainstreaming activities within the department and to develop a needs assessment tool to determine the department's specific capacity-building needs, especially in advocacy for policy development and formulation in the context of the impacts of HIV/AIDS on children. POLICY assisted a team to apply the needs assessment tool in seven districts in Coast Province.
- *Internship.* POLICY/Kenya recruited three research assistants, under its internship program, to support the work of lead researchers who are undertaking studies on waivers and exemptions, fee setting, and use of cost-sharing revenue targeting primary and preventive health care. The interns, all young professionals, are Kaninyu Kirigia, Johnstone K. Kamau, and George Kosimbei. POLICY is currently advertising for additional interns as part of expanding and institutionalizing the program.
- *Institutionalizing Capacity Building in Health Finance, Policy, and Reform.* POLICY held several working groups to develop the three-week course, "Hospital Planning, Budgeting, and Priority-setting," scheduled to begin in September 2002. Discussions are underway to obtain POLICY IR4 core funding as well as additional funds from other donors that are supporting health sector decentralization in Kenya. These funds will complement the amount already allocated from field support funds for this activity.

MALAWI

In Malawi, POLICY's objectives are to improve the HIV/AIDS/RH policy environment and the implementation of national policies on HIV/AIDS and RH, and to promote human rights and multisectoral participation, including the active participation of PLWHA, in the development, adoption, and implementation of a comprehensive national HIV/AIDS policy. POLICY is accomplishing this latter objective by working with and through the National AIDS Control Commission (NAC) and the Malawi Network of People Living with HIV/AIDS (MANET). POLICY is providing TA, training, and other support to the NAC and a multisectoral policy advocacy committee to shepherd the policy through the development, advocacy, and parliamentary review and approval stages. At the same time, POLICY is supporting MANET with TA, training, and other resources to build its capacity in policy analysis, advocacy, research, and networking, and to facilitate the network's active involvement in the national HIV/AIDS policy development process. With POLICY assistance, MANET will work to ensure that the national HIV/AIDS policy contains language supportive of PLWHA in combating HIV-related stigma and discrimination, and then advocate for its approval.

Summary of Major Activities January 1—March 31, 2002

National Reproductive Health Programme and Policy Adopted and Launched. On February 14, the Minister of Health and Population launched the National Reproductive Health Programme and Policy. This was the culmination of an 18-month process in which POLICY assisted the Reproductive Health Unit (RHU) in the Ministry of Health and Population (MOHP) and stakeholders in the development of the policy. POLICY assisted in the development of long-range, FP/RH user and resource needs projections to provide data for program planning and advocacy, and in the design and production of advocacy materials for the launch of the new program and policy. POLICY provided technical assistance (TA) to the RHU and stakeholders in assessing and reaching consensus on the need for an overarching RH policy, facilitating a policy drafting workshop, and reviewing and providing comments on drafts of the policy leading up to its finalization and approval. For the launch of the new program and policy, POLICY staff provided TA to the RHU and stakeholders in developing advocacy materials, which included a presentation given by the RHU director and an RH program promotion brochure, used for the launch and subsequent advocacy activities. POLICY assisted the RHU with in-country preparations for the launch, including training the RHU director on making the presentation.

FP/RH User and Resource Needs. The RHU identified the lack of data on long-range, FP/RH users and resource needs as a problem in being able to conduct effective advocacy and planning for approval and implementation of the new National Reproductive Health Programme and Policy. The release of the 1998 Malawi Census and 2000 Malawi Demographic and Health Survey (MDHS) provided an excellent opportunity for POLICY to assist the RHU in addressing this problem. In August 2001, POLICY facilitated a workshop with the RHU and stakeholders to develop FP/RH user and resource needs projections for 2000–2015. For the past several months, POLICY has worked with key stakeholders to review and update the projection results based on the availability of new and updated input data. These new data include the revised National Population Policy for 2002–2012 and recent long-range population projections developed by Malawi's National Statistics Office. Selected findings on long-range, FP/RH user and resource needs were presented at the February 14 launch of the National Reproductive Health Programme and Policy. Following the launch, POLICY used the projections to develop preliminary commodity budgets for 2002–2006 to assist the Mission in developing its family planning (FP) commodities budget request.

POLICY and John Snow, Inc. (JSI)/Deliver are collaborating to identify common inputs and assumptions that the two projects will utilize in developing projections, which will be used by the Mission, RHU, and other key stakeholders for advocacy and programming purposes. POLICY anticipates finalizing the FP/RH user and resource needs projections in May.

HIV/AIDS Policy. POLICY worked with the NAC to finalize details for its support of the development of a national HIV/AIDS policy for Malawi. The Mission gave final approval for NAC's proposal and budget for the development of the national policy in March. Implementation is expected to begin in April.

Malawi's Network for People Living with HIV/AIDS (MANET) Advocacy TA. POLICY staff continued providing TA to MANET in the development of its advocacy strategy. The focus of the strategy is to ensure that stigma and discrimination-related issues faced by Malawians living with HIV/AIDS are appropriately addressed in the context of the national HIV/AIDS policy as it is developed, and that this supportive national policy is approved. POLICY and Umoyo Network (an NGO network for health organizations) will provide technical and other support to MANET in implementing the strategy. During this reporting period, Country Manager Shawn Aldridge, POLICY's Danielle Grant, and Regional Advocacy Advisor Leah Wanjama assisted MANET with detailed review and comments on drafts of the advocacy strategy. The strategy is near completion, and implementation is expected to begin by May/June. As part of its work with MANET, POLICY will build the organization's capacity for it to be an active and effective participant in the development of the national HIV/AIDS policy. Capacity-building assistance to MANET will include training in effective data and information gathering, analysis, and presentation techniques. POLICY will facilitate ongoing collaboration between MANET and the NAC on the policy development process.

April 1—June 30, 2002

HIV/AIDS Policy. POLICY worked with the NAC to initiate the first phase of activities in the national HIV/AIDS policy development process. The NAC's policy development process proposal was formally approved by POLICY, allowing activities to begin. POLICY is providing two consultants to conduct desk research and expert consultations in the areas of HIV/AIDS-related biomedical and legal/legislative policy issues for NAC. The results of their work will be compiled with work already completed in other key policy areas to form a comprehensive policy recommendations document. This will be used to guide the production of the first draft of the policy.

The NAC identified the membership for the Multisectoral Policy Advocacy Committee (MPAC). This group is to shepherd the policy through its development and advocacy phases. Represented among the members are Persons Living with HIV/AIDS (PLWHA); legal, human rights, and gender experts; religious leaders; private sector; and others. The committee will also report to the Technical Working Group's (TWG's) policy subgroup to provide a mechanism for TWG policy development updates and input.

In June, the NAC and POLICY held a "kick-off" meeting, also attended by USAID and UNDP, to orient all parties on the process and timetable and to identify areas potentially requiring additional resources to ensure sufficient technical assistance (TA) and stakeholder participation. POLICY and UNDP will collaborate to support the process. Details of UNDP's assistance are still being worked out; however, it may include provision of additional consultants and sponsorship of additional advocacy/consensus-building forums for vetting the policy.

Although the NAC was outfitted several months ago with a donor-provided computer network server and office wiring for the Internet and email access, a lack of computers has hampered the ability of the staff to

use these communication and information resources. To partially address this situation, POLICY provided the NAC with a laptop computer this quarter to enable staff overseeing the policy process to communicate more effectively with POLICY and stakeholders involved in the process. POLICY also provided the NAC with a complete set of its small-grants materials to use as it develops its own small-grants program.

Malawi Network of People Living with HIV/AIDS (MANET) Advocacy TA. POLICY provided intensive TA to MANET, culminating in the completion and submission of its advocacy project proposal for POLICY support. The focus of the strategy is to ensure that HIV-related stigma and discrimination are appropriately addressed in the national HIV/AIDS policy as it is developed and that the government adopts this supportive national policy. To enrich its advocacy efforts, MANET will conduct focus groups with member support groups in each region of the country on how stigma and discrimination affect their ability and willingness to access voluntary counseling and testing (VCT) and care/support services, and to disclose their sero-status. MANET will advocate for the findings of this research to be incorporated into the content of the policy. The NAC invited MANET to participate on the Multisectoral Policy Advocacy Committee (MPAC), which will facilitate MANET's policy advocacy work.

MANET also completed and submitted its institutional capacity-building proposal to the Umoyo Network. POLICY and the Umoyo Network are collaborating to support MANET in carrying out the two advocacy and institutional capacity-building projects. The two projects are closely linked; they are designed to develop MANET's capacity to better serve its members—one focusing on PLWHA advocacy and the other on strengthened networking. During MANET's work on these two proposals, POLICY and Umoyo provided intensive TA to the Secretariat to greatly enhance its proposal development skills. Completion of both proposals was delayed, however, due to illness among the Secretariat staff responsible for the proposals and because of insufficient funding to maintain the Secretariat's operations. The situation has been remedied with the upcoming addition of several new positions and renewal of funding to MANET.

In June, POLICY participated in a MANET meeting with the NAC in which it orientated the NAC on the MANET Advocacy Project. Activities, timelines, and areas for collaboration and synergy with the NAC policy development process were discussed. As noted, MANET was invited to serve on the MPAC, and MANET invited the NAC to participate on MANET's advocacy project advisory body, the MANET Advocacy Team (MAT). In June, POLICY also provided MANET with a laptop computer to allow the advocacy officer to more efficiently work on project activities while on field assignments.

Between July and September, POLICY will provide TA, training, and orientation to MANET, MAT, NAC, MPAC, and the policy research consultants in the areas of advocacy strategy implementation, HIV-related human rights policy issues, and focus group research.

FP/RH User and Resource Needs. The Reproductive Health Unit (RHU) in the Ministry of Health and Population (MOHP) identified the lack of data on long-range FP/RH user and resource needs as a problem in being able to conduct effective advocacy and planning for approval and implementation of the new National Reproductive Health Program and Policy. In August 2001, POLICY began assisting the RHU to address this problem by facilitating a workshop with the RHU and stakeholders to develop preliminary FP/RH user and resource needs projections for 2000–2015. Since then, these projections have been reviewed by stakeholders and updated with additional input data, which include POLICY-supported HIV/AIDS prevalence projections by the National AIDS Secretariat, the total fertility rate goal from the revised National Population Policy for 2002–2012, and recent long-range population projections developed by Malawi's National Statistics Office. POLICY finalized the projections in May and co-presented the results with Jane Namasasu, RHU Director, at the quarterly USAID-funded Support to AIDS and Family Health (STAFH) Project meeting in Malawi on June 13. Participants at the meeting,

which was chaired by Namasasu, included RH/HIV/AIDS program managers, service providers, and donors. The draft projection report was distributed to stakeholders for comment, and the projection files were transferred to the RHU and DELIVER (which is housed at the RHU). The RHU and POLICY have tentatively scheduled presentations of the results to upper-level MOHP management and the RH Coordinating Committee in August. Plans for further dissemination of the results will be discussed at the next RHU Program Management Group and RH Coordinating Committee meetings.

In May, POLICY used the projections to provide the Mission with information on long-term and permanent contraception (LTPC) methods for 2000–2005, including users, acceptors, and commodities and procedures by source mix, to assist with its LTCP programming activities.

POLICY and DELIVER have been collaborating to identify common inputs and assumptions that the two projects can use in preparing projections for their Malawi programs. These projections are to be used by the RHU, Mission, and other key stakeholders for advocacy and programming purposes. In March, DELIVER/Malawi updated its contraceptive commodity projections through 2005; in April and May, POLICY and DELIVER met in Washington and Malawi to compare inputs and outputs from the two methodologies, identifying the commonalities, differences, and reasons for these, and relaying this information to the Mission. DELIVER/Malawi plans to use the POLICY projections in its support of long-range FP/RH advocacy activities.

Hiring of an LTA. In June, POLICY hired an LTA who will begin work in early August. POLICY will make a formal announcement once the LTA has officially announced her resignation from her current position. The LTA position was advertised in Malawi newspapers in April, and in May POLICY conducted first-round, in-country interviews of applicants. In June, POLICY conducted final round interviews with the top candidates to fill the position. POLICY will begin an LTA orientation as soon as the new staff begins her contract. In May, POLICY identified and rented office space for the Malawi program.

MALI

USAID/Bamako has requested POLICY assistance to achieve two objectives of its HIV/AIDS strategy: an enabling environment for a multisectoral response to HIV/AIDS and a National AIDS Program (PNLS) capability for providing leadership and direction. Assistance will take the form of (1) information generation and analysis using the AIDS Impact Model (AIM); (2) advocacy and policy dialogue using presentations based on AIM results; and (3) institutional strengthening of the PNLS by carrying out the first two activities through the PNLS and its related advisory bodies. To promote a sustainable capacity for information analysis and advocacy, POLICY will also carry out activities in close partnership with NGOs and other key stakeholders. The Mission has also requested that POLICY support two MOH offices: the Nutrition Unit (DSAN), located within the planning office, and the newly established Nutrition Division (DN) of the health services department. POLICY will help strengthen the institutional capacity of the DSAN and DN to implement their respective roles by focusing on nutrition advocacy using PROFILES and strategic planning.

Summary of Major Activities

January 1—March 31, 2002

POLICY LTA Modibo Maïga assumed his post at the beginning of the quarter. POLICY Regional Technical Advisor Martin Laourou and POLICY consultant Allé Diop provided onsite assistance to Maïga, while Country Manager Norine Jewell provided assistance from the United States, orienting Maïga to POLICY management and administrative procedures and advising him on setting up a local operation.

As part of the effort to provide the government of Mali with accurate, timely information on HIV/AIDS, POLICY and the PNLS conducted a workshop to seek input into the draft AIM PowerPoint presentation and the Mali HIV/AIDS booklet. Participants included stakeholders who have been involved in the AIM process as well as other public and private sector leaders at central and decentralized levels. Following the workshop, POLICY collaborated with the PNLS director and staff as well as other key stakeholders to review and write the final version of the HIV/AIDS booklet.

The president of Mali presided over a second high-level meeting on HIV/AIDS, during which information from the AIM was shared with participants to guide discussion on trends and projections of HIV prevalence. Despite Mali's relatively low prevalence (1.7%), the president commented that Mali would suffer serious consequences if it did not increase efforts to combat AIDS, pointing to the experience of other countries where low prevalence of HIV went unchecked and grew to epidemic proportions. The president expressed a desire to personally address the community leaders of villages in one of the communes (Banamba) regarding the evolution of HIV and its impact on development in Mali. Following the meeting, Maïga met with the Mission and the Minister of Health to consider advocacy tools that could be adapted to the rural setting and that would be appropriate for the president to use. The minister expressed interest in further identifying legal issues associated with HIV/AIDS. POLICY will follow-up the discussion on legislative issues and has started to work with the PNLS to develop the community presentation.

POLICY supported several presentations using AIM:

- Maïga presented the AIM PowerPoint presentation (a draft version) on January 28 to the U.S. Ambassador and senior staff of the Mission, including the Director, Deputy Director, and HPN Officer. POLICY helped facilitate discussion of the implications of the projections for Mali. The ambassador expressed great interest in using the presentation in a meeting with ambassadors of the European Union.

- At the request of the Minister of Health, Maïga presented the AIM PowerPoint presentation (a draft version) on February 8 to the minister and her senior staff, including the MOH Secretary General, principal technical advisors, the National Director of Health, and the PNLs Coordinator. POLICY facilitated discussions regarding the impact of HIV/AIDS in Mali and the kinds of materials needed for awareness raising, including those appropriate for use by the president. The minister expressed appreciation for the AIM activities and suggested some modifications in the presentation.
- At the request of the U.S. Ambassador, Maïga presented the AIM PowerPoint presentation on February 27 to a meeting of the ambassadors of the European Union and helped to facilitate a discussion regarding the implications for Mali.
- POLICY provided technical assistance (TA) to PNLs staff to prepare two high-level HIV/AIDS presentations and helped to strengthen their presentation skills. The first presentation, organized under the auspices of the Minister of Health, was made on March 1 in the region of Gao by PNLs staff in collaboration with regional health staff. The event, during which the presentation was made, was a celebration of Mali's annual Armed Forces Day, presided over by the president and senior military commanders. The second presentation was made by the PNLs on March 15 to a meeting of the mayors of Mali's 703 communes as well as mayors from several Francophone countries.

POLICY financed the postproduction costs of a video, entitled "Speaking Out: Women, Hope, and AIDS in Mali," in which three HIV-positive Malian women describe their experiences. The film is to be used in policy dialogue and awareness raising in Mali and other countries that have AIDS problems to help reduce stigma and discrimination against PLWHA, particularly women. In making the video, the producers worked closely with the Centre de Soins, d'Animation et de Conseil pour Personnes Vivant avec le VIH (CESAC) (Center for Care, Activities, and Counsel for People Living with HIV/AIDS) as well as with two major NGOs representing PLWHA. Prior to signing the contract, the contractor produced documentation that the MOH received background information on the film and approved its financing and that participants gave their consent and understood how the film would be distributed.

POLICY met with the Mission staff responsible for the nutrition portfolio to discuss nutrition activities envisioned under the workplan. POLICY and the Mission concluded that the units of the MOH that share responsibilities for planning and programming nutrition activities have not progressed sufficiently for POLICY to provide the kind of assistance envisioned. The Mission requested another meeting with POLICY to discuss options for assisting the MOH to develop a revised workplan and budget.

As part of the Mission's decision-making process on FY02 country planning, the Mission asked POLICY to prepare a proposal for the expansion of HIV/AIDS policy dialogue and advocacy activities for the next 18 months. Several meetings were held with the Mission to finalize the proposal, which includes capacity building in HIV/AIDS advocacy at decentralized levels. Once the Mission makes final decisions about FY02 funding, the proposal will be further elaborated and a workplan and budget prepared.

Also at the Mission's request in the context of its FY02 planning, POLICY developed a draft proposal for FP advocacy using the RAPID model as a means of generating needed data and preparing presentations regarding the role of FP in population and development. The Mission also asked POLICY to prepare an "illustrative" RAPID-based presentation focused on FP in the context of population and development, using readily available Mali data. The Mission plans to use the illustrative presentation within the Mission and with other partners to convey the urgency of moving forward with an advocacy strategy for FP. Once the Mission has made its FY02 decisions regarding funding for FP advocacy, POLICY will finalize the proposal and prepare a workplan and budget.

April 1—June 30, 2002

POLICY's LTA traveled to Washington, D.C., to participate in Technical Development Week, to receive orientation in policies and procedures of the POLICY Project, and to work with the Mali Country Manager and other POLICY colleagues in developing the Mali workplan and budget for Year 2. The LTA continued to oversee local operations including equipment purchases and vehicle procurement.

POLICY staff collaborated with the Mission and Malian counterparts to complete a draft workplan update for the period July 2002–June 2003 to be finalized in the next quarter. The LTA had multiple meetings with Mission staff responsible for HIV/AIDS, FP, and nutrition. Proposals were discussed and modified in meetings with Ministry of Health (MOH) counterparts to obtain inputs and reach agreement on objectives, strategies, and activities. Counterpart agencies with which the LTA met include the Division du Suivi de la Situation Alimentaire et Nutritionnelle (DSSAN), the Unit of Planning and Statistics (CPS); the Division Nutrition et Pratiques Alimentaires (DNPA); the PNL; the Centre National de Coordination du Programme de Population (CENACOPP), which oversees population activities; and the Reproductive Health Division. CPS invited POLICY to participate in a DSSAN workshop to explore the project's potential role in supporting their operations and strategies.

In the area of HIV/AIDS, the Minister of Health signed the preface of the HIV/AIDS booklet, which went into production at the end of the quarter. POLICY worked closely with the Minister of Health, the PNL, and the staff of the Office of the President to organize a high-profile HIV/AIDS Advocacy Day event in Banamba on May 27, and to produce a community AIM video requested by the president for use at the event. POLICY joined the president's advance team to ensure that the event was adequately supported and attended the event to assist the PNL and the minister. The minister personally oversaw the project, providing valuable input into the video production. Two religious leaders who were collaborating in the production of the HIV/AIDS booklet also supported the event by persuading the religious authority in Banamba to participate in the event's agenda and address live television and radio audiences on the need for greater support from the religious community. One of the two religious leaders spoke at the event.

On June 12, POLICY assisted the U.S. Ambassador in organizing a press conference on the issue of HIV/AIDS, using results from the AIM presentation. On June 13–14, POLICY and the PNL conducted a training-of-trainers (TOT) workshop with public and private sector counterparts who had previously received training from POLICY in making effective presentations. The purpose of the workshop was to provide participants with skills to train others at the national level in making effective presentations. On June 15, POLICY and the PNL, in collaboration with a religious leader from the previous days' workshop, facilitated a one-day skills training session with five counterparts who will be making HIV/AIDS presentations to religious leaders. POLICY then developed and submitted to the Mission and the PNL a proposed TOT strategy for developing skills in effective presentations on HIV/AIDS at the regional level, which includes training regional counterparts and making presentations to community leaders.

In the area of FP, POLICY drafted an instrument to be used in conducting a stakeholder analysis regarding FP, which will lay the groundwork for all subsequent FP advocacy activities. In early May, POLICY made a presentation of the "illustrative" RAPID-based presentation requested by the Mission in the previous quarter, to government colleagues and NGOs to introduce them to the use of RAPID in FP advocacy and engage them in a participatory RAPID application. Participants expressed their commitment to continue. POLICY met with UNICEF, UNFPA, and la Coopération Néerlandaise (Dutch aid agency) at the Mission's request to seek input into POLICY's proposed strategy for FP advocacy. Work on the RAPID will begin following the stakeholders analysis and final DHS figures are made available.

MOZAMBIQUE

POLICY objectives in Mozambique are to facilitate intersectoral collaboration and strengthen local capacity to conduct policy analysis in HIV/AIDS, and to strengthen planning and advocacy for national responses to the HIV/AIDS epidemic through the use of up-to-date and technically sound information. The portfolio is funded through the CDC Life Initiative; POLICY facilitates the participation of nonhealth sectors in CDC activities to strengthen and expand sentinel surveillance, and CDC collaborates in POLICY's work to update and expand HIV/AIDS projections and impact analyses.

With core funding, POLICY is implementing a package that will use the full range of POLICY tools and strategies in a single state in Nigeria in support of YARH. Activities are aimed at having the Nigerian state government approve a statewide YARH strategic plan and increase funding for YARH in the state.

Summary of Major Activities January 1—March 31, 2002

POLICY's counterpart is the Interministerial Technical Group, which consists of representatives from the National Statistics Institute (NSI); the ministries of Health, Plan and Finance, and Education; and the faculties of Medicine and Economics and the Center for Population Studies at Eduardo Mondlane University. During the previous reporting period, the technical group presented the results of new impact projections, using the AIDS Impact Model (AIM), at a consensus workshop called by the NSI. These projections have now been officially adopted by the government of Mozambique.

Activities carried out during the period included the following:

- *Preparation of an updated HIV/AIDS factbook, "Demographic Impact of HIV/AIDS in Mozambique—2000 Update," published in March 2002.* The purpose of the publication is to encourage sectors and organizations to incorporate new projections, planning, and advocacy messages. The factbook was signed by the Minister of Health and the president of the NSI, and printing was financed by UNICEF.
- *Dissemination/awareness raising of the new impact projections.* POLICY is working with the technical group to develop a dissemination plan and strategy to encourage the use of the projections in sectoral planning.
- *Response to ad hoc requests.* In January, technical group member Dr. Isabel Nhatave was invited to make a presentation on the HIV/AIDS situation to the Consultative Council of the Ministry of Justice. LTA Henriqueta Tojais provided assistance in incorporating the new impact figures into the presentation.

In February, at the request of UNAIDS and with the authorization of the Ministry of Health (MOH) and the National Deputy Director of Health, Tojais provided estimates of Mozambique country indicators for the new UNAIDS publication that will be distributed at the Barcelona Conference. These figures were taken from the updated factbook.

In mid-March, the prime minister traveled to Stockholm to participate in a WHO/UNICEF consultation on adolescent health and development. After the prime minister's departure, the Minister of Health discovered that the prime minister had taken the old (1999) HIV/AIDS projections instead of the new update and requested the STI/HIV/AIDS program to send the prime minister the new projections. Because the STI/HIV/AIDS program director was traveling, Tojais prepared a briefing packet that was forwarded to the prime minister in Sweden.

The NSI requested a one-hour presentation of the updated projections at its Consultative Council meetings on March 15. Tojais and three members of the technical group prepared materials and participated in the presentation. Attending the meeting were the NSI president, vice president, and national directors. As a result of the presentation, the delegate from Zambezia Province requested assistance from the technical group in preparing the provincial HIV/AIDS action plan, which will be presented to the National AIDS Council (NAC). In addition, the presentation will be posted on NSI's internal website, available to all provincial delegations.

- *Capacity building.* POLICY student assistant Matchecane Cossa prepared a list of possible training activities for the university and NGOs. The first of these will be a lecture on epidemiological surveillance in the Faculty of Medicine. The session, approved by Curriculum Director Dr. Marlene, will be held on May 3, 2002, and presented by members of the technical group. The session will be required for all fourth-year medical students and optional for fifth- through seventh-year students.

POLICY is assisting the STI/HIV/AIDS program of the MOH in revising its handbook on epidemiological surveillance and the facilitator's manual for the basic epidemiology course for district levels.

In coordination with the MOH, the Blood Bank Director of Maputo Hospital, and the Faculty of Medicine, POLICY is preparing a minicourse for clinical physicians on the new prevalence and impact figures. The course will be conducted April 15–19, 2002.

The higher education coordinating body, which includes all public and private universities in Maputo, asked the technical group to make a presentation on the new figures and their use, probably in April.

April 1—June 30, 2002

POLICY's counterpart is the Interministerial Technical Group, which consists of representatives from the National Statistics Institute (NSI); ministries of Health, Plan and Finance, and Education; and the faculties of Medicine and Economics and the Center for Population Studies (CEP) at Eduardo Mondlane University. During the previous reporting period, the technical group prepared and published an updated HIV/AIDS factbook, *Demographic Impact of HIV/AIDS in Mozambique—2000 Update*, which presents the new impact projections, officially adopted by the government of Mozambique. Activities carried out during the period focused on dissemination of the new projections and capacity building, and included the following highlights:

- *Dissemination/awareness raising of the new impact projections.* POLICY is assisting the Interministerial Technical Group in actively seeking out venues to present the results of the new projections and to incorporate them into program planning, implementation, and evaluation.

On April 19, at the request of the hospital director, the technical group presented the sentinel surveillance results and impact projections to the clinical staff of the Central Hospital in Maputo. Medical students from the community medicine track also attended the meeting, which served as a forum to present the newly published Ministry of Health (MOH) HIV/AIDS treatment norms that will govern the import and application of antiretrovirals and include, for the first time, prevention of mother-to-child transmission (MTCT).

On April 30, technical group member Isabel Nhatave spoke before the Mozambiquan Association of Economists in a program entitled "The Impact of AIDS on Mozambique's Socio-Economic

Development.” The email below was sent by Dr. António Alberto Paulo Matabele, one of the conference organizers, to another AMECON member. It reads in part:

Marcos, Yesterday you missed the best event that AMECON has ever held. Dr. Isabel Nhatave—the first woman to speak before AMECON—and her team (Aida, Henriqueta [Tojais, Mozambique LTA], [Dr.] Noya [another Technical Group member]) surpassed even the most optimistic expectations we had had for her. Most surprising is that she is very young, but she knows things that we greybeards have yet to grasp. . . . For this reason I repeat that AMECON has to create incentives for us to work with more youth and women. And for this reason I will continue to make a nuisance of myself in those political circles who still listen to me, that this country needs many organizations where youth and women can creatively participate in the multiple and always growing challenges of national reconstruction. . . .

On May 20, Aro Juvenil invited two members of the Interministerial Technical Group, Pedro Duce and Gloria Fazenda, to speak at the National Training Seminar for Provincial Coordinators and program officials responsible for operationalizing the National Strategic Plan to Combat HIV/AIDS and the Poverty Reduction Plan. They presented updated projections, with a special focus on youth, and were supported by technical group members Dr. Noya, Isabel Nhatave, Henriqueta Tojais, and Matchecane Cossa. Subsequently, the technical group revised the maps that will be included in the update of the Aro Juvenil/MOH publication, “AIDS in Mozambique: Information for Youth” (initial printing 50,000 copies).

On June 6, Mozambique Television (TVM) invited program directors Drs. Barreto (MOH) and Balanje (National AIDS Council) to participate in an interactive TV program, “Let’s Break the Silence.” Interministerial Technical Group members Nhatave and Duce also participated. The updated projections were presented and discussed live with viewers who called in.

On June 13, Isabel Nhatave gave an English-language presentation to the staff of the Swiss Cooperation on the national AIDS situation and updated data.

On June 18, the MOH national AIDS program invited the Interministerial Technical Group to participate in the workshop, “Strategies to Integrate the Tuberculosis and HIV/AIDS Programs,” preparatory to drafting a new TB proposal.

LTA Henriqueta Tojais and technical group members prepared the contents and assembled supporting materials to be included, along with the updated projections and publications, on a CD-ROM financed by CDC. POLICY edited an English translation of the updated factbook, which will be published by UNAIDS in response to requests by the National AIDS Council and donors for English-language materials, and translated the accompanying PowerPoint presentation into English.

- *Response to requests for information.* POLICY and the Interministerial Technical Group are responding to increasing numbers of requests for information about the status of the HIV/AIDS epidemic. Recent requests included Dr. Marc Biot of Doctors Without Borders/Luxembourg, who attended the presentation at the Central Hospital and requested technical group participation in a training course for 20 counselors and nurses the week of May 13. Florbela Fernandes, local coordinator of the USAID-funded SUNY Project for Parliamentarians, requested information to help the project monitor how national parliamentarians are responding to adverse social and economic factors.
- *Response to ad hoc requests.* At the request of the MOH, POLICY financed two members of the technical group (Pedro Duce and Victor Muchanga) to participate in a seminar on AIDS and development, “How to Contribute for Fighting AIDS in Lusophone African Countries,” in Lisbon.

The technical group provided backup for Dr. Barreto in his presentation of updated projections; Isabel Nhatave also participated. The intersectoral Mozambique team included three institutions: MOH, NSI, and CEP.

POLICY responded to a last-minute request from USAID/Maputo to coordinate the participation of technical group member Antonio Francisco in the USAID-funded workshop, “Investigating the Economic Impact of HIV/AIDS—Sharing Lessons in Relation to Research Methodology,” on May 23–24, in Pretoria, South Africa.

- *Capacity building.* POLICY student assistant Cossa prepared a list of possible training activities for the university and NGOs. The first of these, a lecture on epidemiological surveillance in the Faculty of Medicine, was conducted on May 17. The session, introduced by Curriculum Director Dr. Marlene, was led by technical group members Isabel Nhatave and Dr. Noya; 45 fourth-year medical students attended. In preparation for the lecture, POLICY reviewed the MOH STI/HIV/AIDS program, revised its handbook on epidemiological surveillance, and produced copies for the students.

NIGERIA

The POLICY Project is working to increase political support for high quality HIV/AIDS and FP/RH services and improve the planning and financing of such services. To achieve these objectives, the project is working with a wide range of stakeholders and interest groups through a multisectoral approach. Activities include the development of HIV/AIDS policies in the civilian and military population; development of a national population policy; development of strategic plans for HIV/AIDS and young adult and adolescent RH; advocacy for HIV/AIDS, FP and young RH health; research on the effects of HIV/AIDS on vulnerable segments of the population; and use of accurate information for advocacy and planning. The project is also working with faith-based organizations to develop policies on RH and to increase support among such organizations for RH policies.

Summary of Major Activities January 1—March 31, 2002

On January 11, POLICY and the Women's Health and Action Research Centre (WHARC) jointly organized the launching for the Young Adult and Adolescent Reproductive Health (YAARH) Project in Edo State through the aegis of an initial stakeholders meeting. POLICY is working with the WHARC as part of a core-financed package. This model project is geared toward the development of an adolescent RH (ARH) strategic plan that is universally acceptable, adopted, and implemented by the government and people of Edo State and will be implemented through an eight-point strategy that includes situation analysis, network formation, and advocacy training. Participating in this event were key stakeholders involved with youth or reproductive health and rights, which included government representatives from state ministries of Youth and Sports, Health, Justice, Women's Affairs, the state legislature, and local government councils. In addition, participants included adolescents and leaders of youth organizations, principals of secondary schools, members of the academia, religious/traditional leaders, youth serving NGOs, and members of the media. As part of this event, the YAARH Network in Edo State was inaugurated, comprising 31 member organizations.

As part of a delegation from Nigeria, which included the Federal Ministry of Health (FMOH), Centers for Disease Control (CDC), Family Health International (FHI), USAID, and two universities, POLICY assisted the National Action Committee on AIDS (NACA), in collaboration with other members of the Monitoring and Evaluation (M&E) Technical Working Group (TWG), to develop the presentations on Nigeria's National Response Management Information System (NNRMIS), fashioned after the global Country Response Information System (CRIS) for delivery at the multicountry M&E workshop, in Dakar, February 4–6. This workshop, jointly organized by the CDC, USAID, UNAIDS, WHO, and MEASURE Evaluation, was aimed at strengthening the M&E of national AIDS programs. Sixteen Anglophone and Francophone countries attended the workshop; and as an active participant, POLICY contributed to fashioning the action plan for HIV/AIDS M&E activities in Nigeria for the next 12 months, becoming a member of the M&E framework drafting team from March 22–24. POLICY will continue to offer technical assistance (TA) to ensure the institution of a robust and workable M&E system.

As part of its FBO strategy, POLICY provided TA to the Catholic Secretariat of Nigeria in preparation of the health and HIV/AIDS care and control policies for the Catholic Church, which were adopted by the Catholic Bishops Conference of Nigeria on February 21, during the church's biannual conference in Abuja. POLICY will continue to provide TA to the Catholic Church for the development of a strategic action plan to aid implementation of the policy prescriptions.

In preparation for a Presidential Forum on HIV/AIDS, at which former U.S. President Jimmy Carter and Microsoft Chairman Bill Gates were special guests, POLICY assisted the FMOH and the NACA in

preparing a brochure that served as an overview of the epidemic in Nigeria. In addition, POLICY also contributed to presentations used by both the chairperson of NACA and the minister of the FMOH, as well as briefings used by the USAID/Abuja field office. This event, which was held in Abuja on March 9, was geared toward mobilizing state governors and senior members of political and civil society groups to become more involved in the battle against the epidemic.

POLICY worked with the National AIDS and STDs Control (NASCP) Unit of the FMOH to reach consensus on assumptions and scenarios for inclusion in the AIDS Impact Model (AIM), using the latest antenatal care (ANC) sentinel surveillance data. In addition, work was completed on revisions to the Orphans and Vulnerable Children (OVC) projections that were developed using these same data. POLICY facilitated meetings for this purpose on March 4–5, during which all outstanding issues related to data inputs and assumptions for the projections were resolved, and the draft framework for the publication “AIDS in Nigeria” was finalized.

The HIV/AIDS Emergency Action Plan (HEAP) that POLICY contributed to calls for the development of state-level plans. In this regard, POLICY participated as a member of the Technical Advisory Committee of the Oyo State Action Committee on AIDS, providing TA to finalize the three-year HIV/AIDS action plan during a meeting in Ijebu Ode, March 18–20.

As part of ongoing advocacy efforts to increase political and budgetary support for the Armed Forces Program on AIDS Control (AFPAC) and the revised military HIV/AIDS policy, POLICY collaborated with the AFPAC and FHI to draft an advocacy plan to reach the military hierarchy. Preliminary meetings were held in March with Ministry of Defense officials, including the acting minister.

As a follow-up to the state-of-the-art (SOTA) workshop held previously for NGOs and other stakeholders in the area of ARH, POLICY facilitated a meeting from February 18–20 of a network of ARH-oriented NGOs, the Nigeria Association for the Promotion of Adolescent Health and Development (NAPAHAD). During this meeting, POLICY provided TA in developing a draft strategic plan for the association.

In 2001, POLICY provided TA to the FMOH to develop and implement an RH policy. As a follow-on to this, POLICY provided TA to the Department of Community Development and Population Activities (CDPA) of the FMOH for the development of a strategic framework and plan for RH and hosted a review meeting of core partners on February 11–12. This drafting process, which commenced January 27, will climax in June with a National Stakeholders’ Meeting for final review and adoption of the document.

In connection with ongoing work to update the RAPID presentation for Nigeria, a meeting of the Technical Advisory Group (TAG) on RAPID was facilitated with POLICY support on February 14. The TAG made recommendations for further improvement of the draft RAPID and advocacy tool, and final revisions will be made by the FMOH with assistance from POLICY.

As part of its OVC strategy, POLICY provided TA to and participated in the meeting of the task team to prepare for the West and Central African Regional Workshop on Orphans and Other Vulnerable Children (OVC) in Cote D’Ivoire from April 7–12. This workshop is being organized by UNICEF in collaboration with UNAIDS and USAID. In addition, it is anticipated that POLICY will provide subsequent TA to the Ministry of Women’s Affairs and other key stakeholders in the development of a national OVC strategy.

In connection with anticipated advocacy work with the private sector and the Federal Ministry of Labor in the area of HIV/AIDS, POLICY/Nigeria concluded work on a draft HIV/AIDS Enterprise-level AUDIT Model. This model, which is now awaiting field testing, will be used to assess the costs and benefits of HIV/AIDS interventions at the enterprise level. Work in this area is planned for the next project year.

POLICY collaborated with Physicians for Human Rights (PHR) and the Centre for the Right to Health (CRH) in designing a study on access of PLWHA to medical services. The study, which will begin in March and is expected to be completed by the end of the year, is part of the project's HIV/AIDS strategy in the area of human rights.

April 1—June 30, 2002

POLICY continued to provide technical assistance (TA) to the Department of Community Development and Population Activities (CDPA) of the Federal Ministry of Health (FMOH) for the development of a Strategic Framework and Plan for the National RH Policy. Comments on the draft Strategic Framework and Plan were received from the stakeholders. The final review of the draft document took place at the larger national informed stakeholders review meeting held in Abuja on June 26–27. The FMOH immediately adopted the document that is now slated for formal launching in September 2002.

Work continued on the updates of the RAPID presentation. A meeting of the Technical Advisory Group (TAG) on RAPID was held on May 23 at POLICY's Abuja office to review and adopt the final draft of the new RAPID advocacy tool for Nigeria. The TAG adopted the final draft with the recommendation that the FMOH should launch the revised RAPID on World Population Day, July 11. Additional follow-up activities will include presentation training for the staff of CDPA/FMOH and other sectoral representatives (including TAG members), dissemination of RAPID to high-level decision makers in the sectoral ministries, and advocacy skill building.

The POLICY office continued to support the newly formed Nigerian NGO Networks for Population and Reproductive Health (NINPREH) in the six geographical zones of the country. POLICY held a one-day meeting on June 5 for the six networks to coordinate the proposals for the inauguration of the networks in the six zones. The goal of the networks is to advocate for support for the new population policy and help put RH at the top of the agenda for public discourse and response. The major output of this meeting was the finalization of small grants proposals from members of NINPREH for follow-up advocacy activities.

As part of evolving support in the Orphans and Vulnerable Children (OVC) area, POLICY, represented by the Senior Program Officer (FP/RH), attended an interregional meeting, April 8–12, for West and Central African Regions on the OVC situation in Yamoussoukro, Côte d'Ivoire. POLICY, in partnership with the rest of the Nigerian delegates, drafted an action plan for Nigeria, which was ratified at a meeting of the OVC stakeholders in Abuja in May 2002. POLICY also commenced discussion with the Department of Child Development of the Ministry of Women's Affairs and Youth Development for TA in support of the development of national OVC strategies.

POLICY continued activities for the YAARH Core Package in Edo State. TA was provided to the Women's Health Action Research Center (WHARC) to develop data collection instruments for the situation analysis, which commenced at the beginning of May and for which data collection is now nearing completion. TA was provided to WHARC in data entry and data management techniques. Also, a two-day network building workshop was organized between June 10–11 for members of the YAARH multisectoral network that included a large number of civil society organizations (CSOs) as well as members of the public sector. This was to strengthen the institutional capacity of the network to support and advocate for the adoption of the Young Adult and Reproductive Health Strategy in Edo State.

POLICY, in collaboration with the Society for Family Health, continued work on finalizing Nigeria's National Response Information Management System (NNRIMS), which includes the monitoring and evaluation (M&E) framework for HIV/AIDS in Nigeria. In particular, POLICY provided the conceptual framework within which M&E activities are to be carried out at all tiers of the response. Workshops to

develop and review this took place from April 29–30 and May 15–17, and work continues to finish the document following the stakeholders' response.

In collaboration with Harvard University's Kennedy School of Government and the Harvard School of Public Health's project, "AIDS Prevention Initiative in Nigeria (APIN)," funded by the Bill and Melinda Gates Foundation, POLICY organized a five-day workshop on cost-effectiveness analysis for HIV/AIDS in Nigeria for policymakers and technocrats. The workshop, which took place in Abuja from May 13–17, used cost data collected from various organizations involved in HIV/AIDS in Nigeria to illustrate the concepts, methodology, and utility of cost-effectiveness analysis in program planning and evaluation.

Based on its successful work to develop an HIV/AIDS policy for the Catholic Church and as part of POLICY's ongoing efforts in faith-based initiatives, POLICY met the Interfaith Action Council on HIV/AIDS in Nigeria (IFACHAN) to discuss possible POLICY assistance. It was decided that POLICY will provide TA to IFACHAN to help develop policies that will be acceptable to different faiths.

Work continued to finalize the POLICY-sponsored study on Knowledge, Attitudes, Behavior, and Practice (KABP) of Nigerian Military Personnel on HIV/AIDS. TA was provided to the Armed Forces Program in AIDS Control (AFPAC) to finalize the technical report, and a PowerPoint presentation was developed with AFPAC to communicate key findings. Also, an informed stakeholders review of the survey report took place at AFPAC in Lagos on May 30. The report was well received and efforts are now underway to finalize its publication.

POLICY provided TA to the National Action Committee for AIDS (NACA) to develop a revised draft policy on HIV/AIDS and STIs, which was reviewed by a core review team, May 22. It was subsequently distributed for wider stakeholder comments and input and will be finalized over the next several months.

POLICY continued its support to a media-based, nongovernmental advocacy organization, Journalists Against AIDS (JAAIDS). Plans were made to update the popular Nigeria AIDS website run by JAAIDS, and POLICY provided TA to organize and facilitate a workshop for selected media personnel from five states on the effective use of the Internet for HIV/AIDS reporting. In addition, POLICY trained JAAIDS staff in order to build capacity of JAAIDS staff to maximize their use of information technology in their work. The workshop and training was from May 20–24 at JAAIDS in Lagos.

In preparation for Technical Development (TD) Week, POLICY produced a 10-minute video that highlights POLICY/Nigeria's program and achievements to date. The well-received video was produced with assistance of a professional consultant and will serve as a public relations tool for the project.

REDSO/ESA

POLICY activities seek to build the capacity of HIV/AIDS and reproductive health (RH) institutions in the region. One of the three principal African partners receiving REDSO support is the Commonwealth Regional Health Community Secretariat (CRHCS). POLICY will build the capabilities and capacity of the CRHCS to strengthen policy analysis, formulation, dialogue, and advocacy activities within the secretariat itself and across the 14-member countries. The Ministers of Health in these states have charged CRHCS with producing a regional HIV/AIDS strategy and resource mobilization plan. POLICY's objectives are, therefore, to assist in developing and advocating for the strategy and to strengthen CRHCS capabilities in policy work for key health issues and interventions.

Summary of Major Activities January 1—March 31, 2002

All 11 CHRCS senior staff and 14-member country counterparts from 13 countries convened in Kampala, Uganda, January 21–25, for the Health Policy and Advocacy Workshop. The SARA Project, the Center for African Family Studies (CAFS), and MEASURE DHS collaborated in conducting the workshop, and Steven Wisecarver, Director, REDSO/ESA, and the Hon. Capt. Mike Mukula, Minister of Health, Uganda, opened it. Objectives of the workshop were to strengthen and harmonize policy advocacy approaches and skills, train CRHCS staff and country counterparts in advocacy, produce a harmonized draft policy advocacy plan applicable across the region and adaptable for specific member states, and establish a sustainable health policy advocacy network across the ESA countries. Three follow-up steps were determined: for CRHCS to consolidate the country-specific action plans into one cohesive document and circulate it to all participants for revision and application as appropriate; for CRHCS to propose to the permanent secretaries of participating countries that each participant be designated by respective Ministries of Health (MOHs) to move forward with appropriate, in-country advocacy activities; and for CRHCS and POLICY to begin planning for a second advocacy workshop for July 2002, building particularly on the fledgling Health Policy Advocacy Network established during the January workshop.

With collaboration from the Kenya National AIDS Control Council (NACC) and POLICY/Kenya, Dr. Steven Forsythe, Director, Planning and Finance, HIV/AIDS, POLICY, provided an orientation on the Goals Model to selected REDSO and CRHCS staff, March 11–13, at REDSO offices in Nairobi. Three possible follow-up activities were identified for consideration in the ensuing weeks: additional training in Goals Model for selected CRHCS staff and country representatives; a series of technical and policy updates on issues such as voluntary counseling and testing (VCT), antiretrovirals (ARVs), health sector reform, and so forth; and an analysis of the multisectoral approach as used in HIV/AIDS program planning and interventions.

Planning for the Health Policy and Human Resource Development/Capacity Building (HRD/CB) Workshop in May was preceded by POLICY's providing CRHCS the Discussion-Oriented Organizational Self-Assessment (DOSA) Capacity Assessment Tool for its application to policy and HRD/CB issues in the region. This instrument was used to identify key objectives, outputs, categories of participants, and resources needed in strengthening HRD/CB. Follow-up activities based on the workshop will be designed to dovetail with CRHCS' mandate to build capacity within and through the East, Central, and Southern African College of Nursing (ESACON) faculties and standing committees, in order to use existing vehicles for sustaining HRD/CB interventions.

CRHCS managers asked Dr. William McGreevey, POLICY staff economist, to prepare a detailed report on the December 3–7, 2001, meeting on poverty reduction strategy papers and health sector reform in the REDSO region. Dr. McGreevey completed and submitted the draft report to CRHCS and selected

meeting participants for their review in January 2002. World Bank Institute staff who had organized and co-sponsored the meeting recommended that CRHCS publish and disseminate the report in light of its potential utility in other regions, including South Asia. Decisions on the treatment of the report are pending.

April 1—June 30, 2002

Joseph Deering participated in the REDSO Partners' Meeting in Nairobi, April 22–24, that reported on progress by African partners and cooperating agencies; assisted in the development of result targets and indicators in REDSO's integrated workplan; and identified areas of focus for partnering activities in workplans. POLICY subsequently worked with REDSO HPN staff and senior staff of CRHCS to specify activities for POLICY's second full year of work. These activities are principally (1) phase two of policy advocacy activities building on the Kampala Advocacy Workshop and resultant Health Policy Advocacy Network to assist CRHCS and country-level participants in undertaking policy assessments and establishing a program of health policy advocacy activities with POLICY coordination through its country-specific offices; (2) continued technical assistance (TA) to CRHCS in the development of policy briefs for high-level decision makers, health policy advocates, and opinion makers regarding key health and population problems, proposed interventions, and policies necessary to achieve appropriate interventions; (3) TA and training in health sector reform, health financing issues, and policy implications to assist CRHCS coordinators formulate their strategies and tactics in policy advocacy, taking into consideration the parameters of health sector reform; and (4) TA and training for CRHCS and the East, Central, and Southern African College of Nursing (ECSACON) to formulate key actions to address and ameliorate nursing and midwifery-related human resource development and capacity building (HRD&CB) issues through appropriate policies, advocacy, and capacity building across the region using the ECSACON structures and networks.

In June, Dr. John Ross assisted CRHCS senior staff in conceptualizing and developing policy briefs in four subject areas: family planning; voluntary counseling and testing (VCT) as key to HIV/AIDS prevention and care; improving nursing and midwifery through professional self-regulation; and contraceptive security. Ross and CRHCS staff produced draft policy briefs on these subjects for subsequent review, revision, and use, first by relevant technical and expert committees established by CRHCS as part of its mandate for the promotion of policy dialogue in the region, and subsequently by decision makers in the region. Briefs are designed specifically for high-level decision makers, health policy advocates, and opinion makers.

Deering also assisted CRHCS in the design and development of a study to survey and analyze policies in the CRHCS region regarding youth and HIV/AIDS by participating in a Nairobi-based planning meeting and providing pertinent information and selected POLICY Project materials. POLICY also continued to provide regular and routine policy-relevant information, documentation, data, and alerts to CRHCS staff concerning FP/RH, HIV/AIDS, human resource development for nursing and midwifery, and food/nutrition issues.

SAHEL REGION/CERPOD

POLICY's goal in working with CERPOD is to strengthen the role of government agencies, parliamentarians, NGOs, and journalists in promoting the Ougadougou Plan of Action (OPA) of the CILSS countries, which addresses the ICPD goals, and in reinforcing political commitment for HIV/AIDS programs. Technical and financial assistance is directed toward networks representing each of the three types of nongovernmental groups (parliamentarians, NGOs, and journalists) and assisting government counterparts in making effective use of the SPECTRUM system of models. POLICY organizes periodic workshops and conferences for each network and provides financial assistance to carry out advocacy activities and supports training and application of the SPECTRUM models.

Summary of Major Activities January 1—March 31, 2002

Major activities during this period consisted of working with POLICY/Washington in developing and processing three additional minigrants for NGO networks in Burkina Faso, Cape Verde, and Niger, and supporting POLICY participation at the Postabortion Care (PAC) Conference, held in Dakar, in which five CILSS countries participated.

April 1—June 30, 2002

LTA Allé Diop attended Technical Development (TD) Week in Washington, D.C., where he made a presentation on postabortion care (PAC), facilitated a SPECTRUM training session, and developed with POLICY colleagues strategies for future work in the Sahel countries. Activities during this period also included working with POLICY/Washington and NGOs in a follow-up to minigrant applications and monitoring of minigrant activities for NGO networks in CERPOD countries. POLICY also consulted with CERPOD staff in the preparation for the OUAGA+5 Conference scheduled for October. A strategy for supporting the role of NGO participants in pre- and post-conference activities was developed.

Minigrants were awarded to Cape Verde and Burkina Faso. The purpose of the grant to the Associação dos Jornalistas Especializados em População, Ambiente e Desenvolvimento (AJOPOP) of Cape Verde is to organize a series of workshops addressing adolescent pregnancy, gender, population, and reproductive health (RH), and to hold a general membership meeting of AJOPOP. The purpose of the grant to the Clinique pour la Promotion de la Santé Familiale (CPSF) of Burkina Faso is to organize a press conference and carry out a live broadcast on population and development, gender, RH, and the role of the NGOs; hold a general membership meeting of the NGO Population Network (REOPOD); and publish a bulletin describing REOPOD activities. A minigrant application was submitted and processed and is expected to be awarded early next quarter to the Réseau des ONG et Associations Ouvrant dans le domaine de la Population (RENOAPOD) of Niger, to organize a five-day workshop on population and sustainable development and the role of NGOs. POLICY continued to monitor and provide assistance to grantees of minigrants in Senegal, the Gambia, and Chad.

SOUTH AFRICA

The goal of POLICY Project assistance in South Africa is to continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STI program by assisting different role-players in developing and implementing effective advocacy strategies for HIV/AIDS; facilitating the effective planning for HIV/AIDS programs; increasing the information used for policy and program development, and strengthening collaboration between government and civil society organizations and institutions working in HIV/AIDS. With core funds, POLICY is also implementing a core package to reduce stigma and discrimination against PLWHA.

Summary of Major Activities January 1—March 31, 2002

On January 7–8, POLICY convened its annual strategic planning session to conceptualize the way in which its multisectoral HIV/AIDS program ought to be facilitated in the following year. With the central involvement of Dr. Nono Simelela, Chief Director, HIV/AIDS, STIs and TB; and John Crowley, Team Leader, Health, USAID/Pretoria, and their respective colleagues, POLICY was able to develop a comprehensive and participatory work program for 2002.

Because the POLICY Project in South Africa is designed to increase, strengthen, and build the HIV/AIDS capacity of a multisectoral group of role-players as identified by the South Africa National AIDS Council (SANAC), the country's highest HIV/AIDS decision-making body, key activities during this period have focused on the following sectors.

National Government Departments. POLICY continues to assist the Department of Public Service and Administration (DPSA) by providing technical support to its HIV/AIDS Impact and Action Project. In particular, POLICY has

- Provided technical input into establishing a draft HIV/AIDS Implementation Strategy for the DPSA (2002–2005); and
- Assisted in initiating a dialogue between the DPSA and the management of Daimler–Chrysler in the Eastern Cape Province, in supporting the work of the manager of the HIV/AIDS Impact and Action Project. The dialogue has focused on the possibility of establishing a learning exchange between the two HIV/AIDS projects; providing assistance in the development of a draft HIV/AIDS workplace manual for the DPSA; and presenting policy guidelines and amendments to the Public Service Regulations to key stakeholders within the government's Inter-Departmental Committee on HIV/AIDS the DPSA's proposed HIV/AIDS.

Local Government. Following the May 2001 national local government HIV/AIDS master training program—a collaborative initiative that POLICY facilitated with the Directorate, HIV/AIDS and STIs, Department of Health, Department of Provincial and Local Government, and South African Local Government Association—and the subsequent “roll-out” training of 410 local government personnel throughout the country, POLICY initiated a comprehensive program evaluation to assess the process and outcome(s) of the intervention. A local agency, the Centre for AIDS Development, Research, and Evaluation (CADRE), completed an initial set of interviews with the team of master trainers, councilors, and officials who attended the roll-out training and is currently conducting a series of in-depth interviews in three local government areas in the provinces of Kwa Zulu Natal, the Northern Cape, and Limpopo—all of which will be used as case studies for further learning.

Development NGOs. POLICY is continuing to provide support to 18 NGOs and community-based organizations (CBOs) and six hospice organizations in all nine provinces in South Africa through small grants. To ensure that the NGOs and CBOs are supported in implementing their activities effectively, POLICY has developed a unique mentorship program, which involves contracting local consultants and members of neighboring NGOs with prior capacity-building experience to act as mentors in building the capacity of the smaller CBOs and NGOs in order to ensure that their programs are more sustainable. Through site visits and regular telephone contact, the team of mentors provides support to 17 recipients of small grants.

In March 2002, POLICY awarded a subcontract to CADRE to write a booklet on the Hospice Integrated Community Home-based Care (IHC) Model. The need to write a booklet was the result of a particular aspect of POLICY's work, essentially that of funding six hospices across the country to train a group of trainers on the IHC Model, who in turn would train a group of community caregivers, in order that the model becomes integrated into existing hospice practice in the area of HIV/AIDS. The booklet will serve to document key aspects of this model so that others involved in HIV/AIDS care can become familiar with and review the model.

Disability Sector. POLICY has continued to support a joint initiative among the Directorate, HIV/AIDS and STIs, SANAC, and the South African Federal Council on Disability, as these groups build the capacity of representatives from local groups of disabled people to understand the implications of HIV/AIDS on their community. The outcomes of the series of nine workshops, facilitated during the last half of 2002 by POLICY, have been documented in a report to be presented at a National Disability Summit on HIV/AIDS in May 2002.

South African National Civil–Military Alliance (SACMA). In consultation with the National HIV/AIDS and STI Directorate and USAID/Pretoria, it was proposed in early January 2002 that POLICY assist SACMA in supporting an evaluation of the activities and outcomes of the alliance—from the time of the alliance's initiation to the present. The outcome of this evaluation will assist both the Directorate and SACMA Executive in identifying the current strengths and weaknesses of SACMA and redefine, or refine, its future role. POLICY is currently drafting a terms of reference for this evaluation, which it will present to the SACMA Executive for review at the end of May 2002.

South African Police Service (SAPS). POLICY designed and implemented 10 training workshops for the SAPS during January and February 2002. The workshops, held in all the provinces across South Africa, including at the Head Office of SAPS, were to provide participants with both an in-depth knowledge of their recently developed HIV/AIDS workplace policy and an increased ability to manage HIV/AIDS within their workplace within the existing policy and legislative framework. In total, POLICY trained 354 members of SAPS throughout South Africa during this particular intervention.

Faith-based Sector. POLICY, in collaboration with the government AIDS Action Plan, planned and facilitated a national faith-based Indaba (or meeting) on March 5–6, attended by 100 faith-based leaders, representing all provinces and faiths across South Africa. The national Indaba, representing the culmination of provincial faith-based workshops that have taken place in the past 18 months, aimed to provide a platform for sharing ideas and experiences in this sector as well as to assist provincial faith-based leaders in their future HIV/AIDS planning and interfaith collaboration. The national Indaba resulted in the formation of a National Working Group, tasked with coordinating, in partnership with the Department of Health, the faith-based sector's response to HIV/AIDS and providing the link between provincial and national HIV/AIDS structures within this sector.

POLICY also continued its support of the Anglican Communion's HIV/AIDS planning process through the facilitation of an additional three HIV/AIDS planning workshops, in the church dioceses of Umtata, Kokstad, and Pretoria during January and February. Using POLICY's comprehensive planning manual as a guide, two additional dioceses have submitted final plans to guide their local HIV/AIDS response.

Women's Groups. POLICY continued to support the HIV/AIDS and STI Directorate and the women's representative on SANAC in their initiatives to highlight the importance of issues related to HIV/AIDS and women. During this period, POLICY facilitated the launch of the second phase of the Women in Partnership Against HIV and AIDS (WIPAA) capacity-building initiative and assisted with a series of interventions comprising the following:

- A workshop aimed at equipping women in the provinces with skills, knowledge, and values to respond effectively to the HIV/AIDS epidemic, entitled "Women in Action: Making the Connections and Advocating for Change." A total of seven workshops were held with 210 women attending. One of the themes was to explore connections between women and HIV/AIDS within a context of gender and human rights.
- A capacity-building workshop for members of the WIPAA National Committee, entitled "Putting Gender in the HIV and AIDS Agenda: Expanding HIV/AIDS Advocacy Efforts through Partnerships in Action." This very informative workshop was attended by 40 women from nine provinces and a range of national women's organizations. Five key areas were explored in depth: female-barrier methods, mother-to-child transmission, voluntary counseling and testing, home-based care, and orphans.
- A networking event, held on March 8, celebrated International Women's Day and aimed to reaffirm South African women's commitment in the fight against HIV/AIDS and introduce WIPAA to other key strategic stakeholders in South and Southern Africa. The theme for this special event was "Stop the world and change it: for a new millennium, which values all women's work and all women's lives."

Traditional Leaders. On January 15–17, members of the National Traditional Leaders Task Team on HIV/AIDS attended a POLICY-facilitated HIV/AIDS information workshop. The workshop aimed to introduce participants to some basic facts about HIV/AIDS and to help them develop ways in which they, as leaders, could play a meaningful role in curbing the HIV epidemic in their communities. As a result of this workshop, (1) a provincial task team was formed in the Eastern Cape Province and launched on February 28; and (2) the national task team requested further capacity building in the area of HIV/AIDS, particularly focusing on HIV/AIDS and the law. A workshop was then convened on March 25–26 on this topic, co-facilitated by POLICY, the National Directorate, HIV/AIDS and STIs, and the AIDS Law Project, University of the Witwatersrand. A National Traditional Leaders Indaba was also held on March 27, attended by the Minister of Health.

Resource Allocation/Goals Training. John Stover visited South Africa in March to provide further training to the team from the Department of Health in refining the Goals Model for South Africa. The model is now complete and a number of presentations have been made to senior officials, including the Director General and Chief Director, HIV/AIDS Directorate, Department of Health. The presentations were to explain the model and the advantages of applying it to the directorate's strategic planning process. It appears that the model has been well received within the Department of Health.

Core-funded Initiative: HIV/AIDS-related Stigma and Discrimination Research Project. The South Africa's core package proposal, to undertake a two-year research project focusing on HIV/AIDS-related stigma and discrimination, was accepted by USAID and a proposed workplan for the three components of the project developed.

HIV/AIDS Capacity Building for U.S.-based POLICY staff. As part of POLICY's in-house HIV/AIDS capacity-building program (2002–2005) for U.S.-based staff, a two-day orientation workshop was held in Washington, D.C., in February, to explore and develop both personal and professional understandings of HIV/AIDS in order to support and strengthen U.S.-based staff's HIV/AIDS work. POLICY staff member Melanie Judge and POLICY consultant Rose Smart co-facilitated the workshop.

April 1—June 30, 2002

Because the POLICY Project in South Africa is designed to increase, strengthen, and build the HIV/AIDS capacity of a multisectoral group of role-players as identified by the South Africa National AIDS Council (SANAC), the country's highest HIV/AIDS decision-making body, key activities focused on the following sectors.

National Government Departments. POLICY continues to assist the Department of Public Service and Administration (DPSA) by providing technical support to its HIV/AIDS Impact and Action Project. In particular, POLICY has conducted five key informant interviews and three consultative workshops during May 2002 to collect comprehensive feedback from key stakeholders and increase their participation in the finalization of the HIV/AIDS workplace manual, which POLICY is currently compiling, to guide the South African public service response to the epidemic.

Local Government. Following the May 2001 national and local government HIV/AIDS Master Training Program—a collaborative initiative that POLICY facilitated with the Directorate: HIV/AIDS and STIs, Department of Health; Department of Provincial and Local Government; and the South African Local Government Association (SALGA)—and the subsequent “roll-out” training of 410 local government personnel throughout the country, POLICY initiated a comprehensive program evaluation to assess the process and outcome(s) of the intervention. A local agency, the Centre for AIDS Development, Research, and Evaluation (CADRE), completed a draft evaluation report, the preliminary results of which were presented on May 24, to stakeholders from USAID/Pretoria; the Chief Directorate: HIV/AIDS, STIs, and TB, Department of Health; the Department of Social Development; and SALGA.

Development NGOs. POLICY is continuing to provide support to 18 NGOs and community-based organizations (CBOs) and six hospice organizations in all nine provinces in South Africa through small grants. To ensure that the NGOs and CBOs are supported in effectively implementing their activities, POLICY held a capacity-building workshop for the above organizations on May 14–16. The 34 participants who attended the event were provided with input about monitoring their activities, reporting accurate results, and accessing future funding support from the Chief Directorate: HIV/AIDS, STIs, and TB.

In March 2002, POLICY awarded a subcontract to CADRE to write a booklet on the Hospice Integrated Community Home-based Care (ICHC) Model. The need to write a booklet was the result of a particular aspect of POLICY's work, essentially that of funding six hospices across the country to train a group of trainers on the ICHC Model, who in turn would train a group of community caregivers in their local communities. In order that the model becomes integrated into existing hospice practice in the area of HIV/AIDS, it was considered necessary to document key aspects of this model so that others involved in HIV/AIDS care could become familiar with and review the model. During this quarter, the first draft of this booklet was produced and is currently being reviewed internally by POLICY. It is anticipated that the final booklet will be available for distribution in August 2002.

Disability Sector. POLICY has continued to support a joint initiative among the Directorate: HIV/AIDS and STIs, SANAC, and the South African Federal Council on Disability, as these groups build the capacity of representatives from local groups of disabled people to understand the implications of

HIV/AIDS in their community. On May 28–29, a final report of the nine provincial HIV/AIDS workshops was presented to 100 representatives at a National HIV/AIDS and Disability Summit. A braille version of the report was also made available for participants at the summit. Hendrietta Bogopane, member of Parliament and SANAC representative who co-facilitated the initiative, will present the report to both SANAC and the Parliamentary Joint Monitoring Committee on the Improvement of Quality of Life and Status of Youth, Children, and the Disabled. During the summit, participants were assisted in drafting operational workplans in relation to HIV/AIDS for the next two years, which were compiled into a report and handed to the Deputy President of South Africa, Jacob Zuma, who addressed the summit on May 29.

South African National Civil–Military Alliance (SACMA). POLICY, in consultation with the SACMA National Executive Committee, developed the terms of reference for an evaluation of SACMA. The evaluation will assess both the activities and outcomes of SACMA, from the time of the alliance’s initiation to the present, and thereby assist the SACMA executive to strengthen—or redefine—the committee’s future role. It is anticipated that the evaluation will commence on August 1.

Faith-based Sector. POLICY, in collaboration with the Government AIDS Action Plan (GAAP), supported the establishment of the Faith Organizations in HIV/AIDS Partnership (FOHAP) national task team, which held its first meeting in April 2002. The terms of reference were set for FOHAP, as well as plans to extend and strengthen the network through nine provincial consultative meetings, scheduled to take place from July–September 2002. POLICY also continued its support of the Anglican Communion’s HIV/AIDS planning process through the facilitation of an additional two HIV/AIDS planning workshops, in the church dioceses of Johannesburg and Klerksdorp, during April 2002. These two additional dioceses have submitted final plans to guide their local HIV/AIDS response.

POLICY provided technical assistance (TA) through facilitating an HIV/AIDS workshop for the organization “Positive Muslims,” an HIV/AIDS awareness and support group active within the Muslim community. The capacity of 35 women leaders was strengthened to be better equipped at communicating effectively about HIV/AIDS and to advocate for a wider response to the epidemic from within the local Muslim community.

Traditional Leaders. On May 23, members of the National Traditional Leaders AIDS Forum hosted their bimonthly meeting, at which two significant decisions were made: (1) that the venue for the forum’s meetings be rotated among the different provinces to allow members an opportunity to learn about HIV/AIDS initiatives being implemented at the local level; and (2) that a national coordinator for this sector project be employed to take the current process forward. In addition, another provincial affiliate of this forum was launched in Limpopo Province on June 28.

Persons Living with HIV/AIDS: In April 2002, POLICY was approached to provide technical support to a new project initiated by the Care and Support Sub-Directorate of the Chief Directorate: HIV/AIDS, STIs, and TB of the Department of Health and the local UNDP Greater Involvement of Persons Living with HIV/AIDS (GIPA) Program. The aim of the project is to develop an advocacy training manual, which can be used by organizations to support PLWHA to acquire some of the essential skills to proactively engage with their colleagues at work, with their organizational partners, and in a broader sense within their immediate community. The manual will consist of five modules and focus on disclosure, legal and human rights, communication skills, facilitation skills, and strategizing and campaigning. From August 2002–March 2003, each module will be written with the assistance of a PLWHA advisor, the first draft of which will be pilot-tested in a series of workshops attended by representatives from organizations supporting PLWHA. The process of involving HIV-positive advisors and pilot-testing the draft modules with a group of PLWHA will ensure that the content and case studies used within the final manual are appropriate and relevant to the needs of PLWHA. During this quarter, POLICY prepared a project

concept paper together with the Chief Directorate and UNDP/Pretoria, and a team of writers and PLWHA advisors were recruited to collaborate on the project.

A Core-funded Initiative: HIV/AIDS-related Stigma and Discrimination Research Project. The Centre for the Study of AIDS (CSA), University of Pretoria, has been awarded the tender for managing this research project, and POLICY and CSA are at present laying the groundwork for the project. This has involved introducing the initiative to key stakeholders within the project, namely the Chief Directorate: HIV/AIDS, STIs, and TB; the Inter-Departmental Committee on HIV/AIDS (IDC); and the National Association of PLWHA (NAPWA)—all of whom have expressed their support and willingness to participate on the project.

Other activities included the following:

- POLICY has continued to provide TA to the Postgraduate Diploma in the Management of HIV/AIDS in the World of Work (a diploma offered jointly by the University of Stellenbosch and National School of Public Health at MEDUNSA), by developing two web-based modules for the diploma. On June 25, a team of 10 local POLICY staff members and consultants, along with Kevin Osborne, facilitated a one-day training program for 100 diploma students on HIV/AIDS workplace policies and programs. POLICY will continue to provide support and mentoring to these students over the course of the year.
- POLICY hosted a one-day visit by a delegation of donors participating in the Rockefeller Foundation Philanthropy Workshop on April 12. The workshop focused on HIV/AIDS grant making. POLICY staff and consultants briefed the delegation and arranged visits to local HIV/AIDS projects. As a result, the donors made grants to Fikelela Children's Center, the Networking AIDS Community of South Africa, and the Community Health Media Trust, totaling \$70,000 as a result of the event.

TANZANIA

The goal of POLICY Project assistance in Tanzania is to improve the policy environment for HIV/AIDS and reproductive and child health (RCH). Objectives include building and strengthening the capacity of government and civil society organizations and institutions across all sectors in order to advocate for policy change within and outside their organizations and to improve the design, implementation, and evaluation of HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STI program. Activities include assisting different stakeholders in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

Summary of Major Activities January 1—March 31, 2002

In early January, POLICY assisted in the first fact-finding trip of the Tanzanian Parliamentarians AIDS Coalition (TAPAC) to Mbeya and Iringa regions. This trip allowed 10 members of TAPAC's Executive Committee to experience first-hand two of Tanzania's most affected regions. The MPs were able to meet and discuss with regional, district, and village/communities and main actors in the battle against HIV/AIDS. Visiting these two regions allowed the MPs to contrast a region that has had a long sustained presence of major donor activity (Mbeya) and one that has not had such an organized response (Iringa). The MPs noted that drugs for prevention of mother-to-child transmission (PMTCT) were not available in public facilities, that testing facilities were limited, and that the government had not set aside sufficient funds for district-based activities. The MPs also discovered that there were substantial problems with the HIV/AIDS data reported from the regions to the National AIDS Control Programme (NACP).

During the January/February Parliament session, POLICY supported TAPAC by establishing visits to HIV/AIDS care and support facilities in Dodoma (AIDS Orphans and Youth Project, HIV-positive Persons Support Association, Traditional Birth Attendants Support Program, and a Street Children's Support Project). More than 115 MPs participated in the lunchtime visits. Speaker of the Parliament, the Hon. Pius Msekwa, demonstrated the Parliament's commitment and support of TAPAC's work by providing lunches, buses, and fuel for the Dodoma facilities visits (POLICY had originally planned to fund these expenses). Observations from these field visits will contribute to TAPAC's efforts at garnering more financial and political support for HIV/AIDS activities.

A new office was located and a lease negotiated for TAPAC's Dar es Salaam office, which will provide working space for POLICY staff supporting TAPAC as well as be an incubator for civil society groups working on HIV/AIDS advocacy issues, namely the Advocacy Network for HIV/AIDS in Tanzania (ANAT) and the nascent national network of HIV-positive persons, TANEPHA. The office is located several minutes from the Tanzanian AIDS Commission (TACAIDS).

On February 18–22, POLICY supported and facilitated a retreat with the TAPAC Executive Committee in Zanzibar where a clarification of TAPAC's mission statement and priorities and a short-term action plan addressing organizational and technical issues resulted. POLICY staff are working with TAPAC's subcommittees in revising the constitution, addressing the physical needs of the TAPAC office in Dodoma, and researching budgetary issues regarding HIV/AIDS to assist in formulating questions for Parliament's budget session.

In January, POLICY consultant Dr. Adeline Kimambo provided assistance to the HIV/AIDS component of the health sector reform midterm review. In March, POLICY supported the Tanzanian Health

Consumers Union in holding a one-day meeting to review the health sector reform midterm review and prepare comments for civil society groups to present when their review is presented.

In late February, POLICY provided logistical and financial support for the USAID SO1 Annual Strategy Meeting. This event brought together more than 70 USAID HPN partners for a review of the SO1 program and networking. Also in late February, POLICY met with TANEPNA, the nascent national network of HIV-positive persons, to discuss how the network is proceeding and how POLICY can assist it in becoming open and transparent in order to provide a voice to HIV-positive persons in Tanzania.

In January, four of POLICY's colleagues—Dr. Kimambo, Tanzania Public Health Association (TPHA); Lediana Mafuru, TAPAC; Julius Kaya, TANEPHA; and Sheikh Chizenga, BAKWATA, were selected to be commissioners of TACAIDS. In March, Dr. Kimambo was selected by the prime minister to be the Deputy Chairperson for TACAIDS. Also in January, POLICY provided background materials to TACAIDS as it prepared for a national meeting of religious leaders.

In March, Dr. Steven Forsythe initiated an assessment of the private sector's activities and capacities in HIV/AIDS advocacy, which will be available during the next quarter. Dr. Forsythe also held discussions with the Mission and TACAIDS on the possibility of applying the Goals Model in Tanzania.

In March, Country Manager Charles Pill began discussions with PACT regarding its support to developing ANAT. Pill also discussed POLICY's updated workplan with the Mission's SO1 and SO3 (D&G) teams. During the next quarter, a revised workplan will be developed based on these discussions. POLICY will continue to collaborate with and assist PACT as it scales up its support to ANAT and other mutual partners. POLICY met with the Management Sciences for Health's (MSH's) team working with TACAIDS; each side agreed to brief the other on a monthly basis. However, delays in hiring TACAIDS staff has slowed both POLICY's and MSH's support.

April 1—June 30, 2002

Support to Formation of Tanzania Network of PLWHA Organizations (TANEPHA). In April, POLICY assisted the TANEPHA interim committee in outreach visits to seven regions. In each region, they met with Regional and District AIDS Coordinators, PLWHA, and PLWHA organizations. These outreach activities were to explain the concept of a network for PLWHA organizations in Tanzania as well as identify participants to attend the networking and advocacy workshop to be carried out in May. The TANEPHA Network Development and Advocacy Training Workshop, May 20–24, had 42 participants representing PLWHA from 17 regions and nine different PLWHA organizations. The workshop was facilitated by POLICY's Advocacy and Networks Development Trainer, Leah Wanjama, who is based in Kenya, and was also attended by representatives of UNICEF and UNAIDS. The workshop resulted in formalizing the network, a six-month plan of action, and the first nationwide collaboration of PLWHA organizations. POLICY is continuing to work with the interim committee on implementing the plan of action and on increasing the capacity of the network to share information and develop an advocacy agenda for care and services to PLWHA. The workshop report is forthcoming. POLICY is working closely with the Mission and UNAIDS to ensure that there is balanced and collaborative support for TANEPHA from a variety of sources. UNAIDS and POLICY co-funded the workshop.

Support to Tanzanian Parliamentary AIDS Coalition (TAPAC). In April and May, POLICY worked with TAPAC to further develop its workplan and revise a questionnaire for the members of Parliament (MPs) to assess their understanding and perceptions of the epidemic and their roles. This questionnaire will be distributed to all the TAPAC members during the June–August Parliament session. In May, POLICY supported five TAPAC members to attend Candle Light Memorial Vigil activities in the Iringa Region. Support for the TAPAC members was part of TAPAC's plan to help influence MPs to organize similar events in their own regions. A Candle Light Memorial is planned for the Parliament, and TAPAC is

working with POLICY to adopt the Global Health Council's Candle Light Vigil Community Mobilization Manual for Tanzanian MPs.

During the Parliament's budget session, June–August, POLICY is funding a two-week Internet and computer training session for 60 TAPAC members to help increase their capacity and ability to do Internet research and use computers in their activities. There will be three sessions for 20 persons each, and training will take place during the Parliament's afternoon break from 1–4 p.m. The Parliament is contributing to the training by providing daily transport for the MPs to and from the training center.

In May/June, POLICY hosted TAPAC Executive Committee Member and Deputy Speaker of the Parliament, Honorable Juma Akukweti, in Washington, D.C. During Akukweti's five-day visit, he met with the USAID Deputy Administrator, Connie Newman; Senior USAID Democracy and Government staff; National Democratic Institute and Pact staff; and the White House Office on National AIDS Policy. POLICY also facilitated meetings with Akukweti and staffers of Representative McDermott (co-chair of the Congress' International AIDS Taskforce) and the Legislative Advisor to Senator Frisk. The meetings on Capitol Hill primarily focused on sharing the history of TAPAC's development. Meetings with USAID and the White House Office on National AIDS Policy focused on TAPAC, with an emphasis on the resource issues and the role of the Global Fund in the development and implementation of the Tanzanian National AIDS Strategy.

Akukweti also presented the experience of TAPAC to the African Liaison Program Initiative (ALPI) at the annual meeting between USAID and NGO partners from the United States and Africa. After the ALPI meeting, Akukweti was able to meet with Tanzanian NGO Network (TANGO) participants to the ALPI meeting. On the day of Akukweti's departure, he participated in a briefing on the FP, AIDS, and health sector logistics support activities with the DELIVER Project, TANGO, and the Executive Director of the Tanzanian Family Planning Association (UMATI). During his visit, discussions with the POLICY Project covered the role of TAPAC in expanding the discussion of HIV/AIDS in the current budget session in Parliament, and the longer-term vision for TAPAC. Akukweti has requested that further discussions be held during the Barcelona International AIDS Conference when he is there with the TAPAC Chair and Vice Chairpersons, and the Chairman of the Parliament's Social Affairs Committee.

During this quarter, the staging of a video on the biomedical elements of HIV/AIDS took place. The video shows Dr. Patrick Swai making his presentation of HIV/AIDS in Tanzania with an emphasis on defining HIV and AIDS. The video is presently being reviewed, and final edits are expected to be completed early in the next quarter. TAPAC members are the initial audience for the video, as they will share it with their constituencies at the regional and district/community levels.

AIDS Advocacy Strategy Development with Advocacy Network for AIDS in Tanzania (ANAT). In May, POLICY coordinated with PACT to carry out a three-day advocacy strategy development workshop with ANAT. The ANAT workshop, May 29–31, brought together 34 members of the network representing 23 organizations from about 12 regions. Leah Wanjama and B.J. Humplick facilitated the workshop, which was to clarify the organizational approach to be taken by ANAT initially and determine its first activities. The workshop resulted in agreement on the structure of ANAT and the selection of participants to serve on committees (Coordinating Committee, Resource Mobilization, Media Liaison, Coalition Building and Dialogue with Policymakers, and Research and Data). It was decided that Dr. Adeline Kimambo, Tanzania Public Health Association (TPHA), would be chairperson, a representative of WAMATA would be secretary, and that a bank account would be established requiring a tripartite signature. The workshop also resulted in workplans for each committee. Presently, ANAT is developing priorities and budgets for the workplans and an initial set of awareness-raising activities on the budget needs for HIV/AIDS activities targeted to the Parliament for late July. The workshop report should be finalized in early July.

Barcelona International AIDS Conference. POLICY facilitated the logistics for participation of three Tanzanian AIDS Commission (TACAIDS) commissioners and four TAPAC members to attend the Barcelona Conference, July 5–13. Two abstracts submitted by POLICY and local counterparts in Tanzania were accepted for poster sessions at the conference (“Invigorating the National Response to AIDS in Tanzania: The Importance of Political Commitment”; “Tanzanian Parliamentarians’ Role in the National AIDS Response Offers a Unique Approach to Political Commitment”). The posters will be presented during the conference by co-authors Dr. Kimambo and Honorable Lediana Mafuru.

Support for Anglican Church of Tanzania (ACT), HIV/AIDS, and Gender Coordinator. POLICY initiated a letter agreement with the ACT to continue support for its HIV/AIDS activities and policy implementation. Under this agreement, ACT hired an HIV/AIDS and Gender Coordinator to assist in the development of HIV/AIDS action plans and activities in the dioceses. Some of these activities will be funded with POLICY minigrants (grants will be discussed with the Mission prior to award to ensure coordination with other regional activities). POLICY is working with ACT to adopt methodologies developed by the Southern Africa Province of the Anglican Church for ensuring community involvement in HIV/AIDS problem identification and activities planning.

Planning National Islamic Council (BAKWATA) HIV/AIDS Policy Dissemination and Outreach Activities. In late June, POLICY staff met with Sheikh Chizenga, Director of BAKWATA, in Washington, D.C., to discuss dissemination and outreach activities to BAKWATA’s regional offices, building on the council’s policy statement launched last quarter. Sheikh Chizenga was in Washington as part of an International Visitors Program on HIV/AIDS for Muslim leaders from Africa.

Support to Mission’s Performance Monitoring Plan (PMP) and Monitoring of RCH and HIV/AIDS Policy Environment. The Mission has asked POLICY to support indicator development and data collection for its PMP for SO1 and IR1 on the policy environment. During late June, John Ross worked with Dr. Kimambo and local consultants to develop questionnaires in support of the PMP, SO1, and IR1 results documentation. The questionnaires cover components of the RCH and HIV/AIDS policy environment at the national level. Data will be collected by August, and preliminary findings will be available next quarter.

HIV/AIDS Legal Assessment. In late June, POLICY developed, with the Women’s Lawyer Association (TAWLA), amendments to the contract to finalize the HIV/AIDS legal assessment by the end of this year. By mid-July, there should be a Memorandum of Understanding (MOU) between TAWLA and the Ministry of Justice and Constitutional Affairs that will set the tasks and timeframe for reviewing the draft document with key stakeholders, developing recommendations for legislation, and finalizing the study. POLICY will continue to work with TACAIDS and additional legal consultants in Tanzania to develop a summary booklet and briefing materials for the Parliament, policy and decision makers, and civil society representatives as the study nears completion.

Review of Government’s Budget for HIV/AIDS Activities. In June, POLICY responded to a request from the Mission to work with TACAIDS and a local consultant to research and review the existence of HIV/AIDS activities in the medium-term expenditure frameworks (MTEFs) prepared by the government in its current budget submittal to Parliament. The analysis is now complete and is being written up for review by decision makers and civil society representatives. This initial analysis should help to develop a framework for getting HIV/AIDS more integrated into the government’s budget as well as assist in identifying the complete resource envelope for HIV/AIDS activities in Tanzania.

Local Staff Participation in POLICY’s Technical Development Week. During April 1–13, POLICY’s local staff (B.J. Humplick, Coordinator; Maria Tungaraza, TAPAC and Legal Issues Advisor; and Charles Gondwe, Civil Society Advisor) attended Technical Development (TD) Week and training sessions.

They were able to learn essential information about the POLICY Project as well as attend and share in sessions and seminars with local POLICY staff from around the world. Their participation in TD Week will help to ensure that there is increasing local capacity to assist in the implementation of POLICY's activities in Tanzania.

POLICY/TAPAC Support Office. The lease was signed in May for the POLICY support office for TAPAC and TANEPHA. The office will be used for civil society groups working on HIV/AIDS advocacy issues, namely ANAT, as well as TAPAC and TANEPHA. Located several minutes from TACAIDS, the office should be functional by mid-July.

SOI Cooperating Agency (CA) Partners' Website. In June, POLICY sent a memo to the SOI team outlining the Tanzania Partners' website and a timeframe for developing it. The website, envisioned to be in a first draft/prototype by September, is intended to facilitate communication between and with the SOI CAs.

UGANDA

USAID/Kampala is in the process of putting in place its new country strategy for 2002–2007 through various mechanisms. During this transition period, POLICY will continue activities that promote a vigorous nationwide dialogue on population and RH, building on the foundation laid by the dissemination of RAPID-based information over the past year. POLICY's strategy is to transfer equipment, skills, and other tools to the POPSEC for application and dissemination of RAPID, and to strengthen the capacity of POPSEC to provide leadership and direction on population and development issues. POLICY also provides technical and financial support and training to CSOs to enable them to plan, implement, and coordinate advocacy activities for RH.

USAID/Kampala has also requested POLICY assistance in developing community- and faith-based activities through the Inter-Religious Council of Uganda (IRCU) for people affected by HIV/AIDS. POLICY's strategy is to provide TA to the IRCU to enable it to manage a grants program for an OVC initiative. POLICY will provide assistance to the IRCU in each step of the process (i.e., soliciting applications, determining and evaluating grant criteria, reviewing applications, setting up the selection committee, awarding and dispersing funds, tracking grant use, and meeting reporting requirements).

Summary of Major Activities January 1—March 31, 2002

POLICY held the first of four training workshops in effective presentation of "Uganda: Population, RH, and Development" for all 56 District Population Officers (DPOs) in Uganda. There will be three more regional training workshops (for the Eastern, Western and Northern regions) in order to create effective advocacy on population and RH at the district level. Twelve DPOs were trained from the Central Region, and four of the trainers from POPSEC, the Uganda Reproductive Health Advocacy Network (URHAN), and other organizations were among those trained by POLICY last November to conduct presenter training. One objective of the workshop was to train DPOs in understanding population and RH interrelationships and how these impinge on development, based on the Uganda Demographic and Health Survey (UDHS) 2000/2001 results. Another objective was to provide the DPOs with the capacity to present "Uganda: Population, RH, and Development" to leadership and planning audiences in the districts. POLICY also organized a Training-of-Trainers (TOT) in Advocacy for 15 participants from POPSEC, URHAN, and the USAID bilateral health project (DISH). The training provided both acquisition of skills and hands-on practice that will enable the trainers to train other organizations and DPOs in RH advocacy.

At the request of the Mission, POLICY developed a proposal for its work during the transition period (2002–2003), in which USAID will be providing a new country strategy for Uganda using different funding mechanisms. The proposal emphasized field support activities that would pave the way and blend well with future Mission programs. The Mission approved the proposal, which will be developed into a concrete workplan and budget before the end of the current POLICY workplan. This was a collaborative effort by the Country Manager, Africa Regional Manager, and LTA in consultation with the USAID Mission in Uganda. In preparation for the proposal, POLICY assisted POPSEC in developing a position paper on RH areas that POPSEC felt POLICY should support during the transition period. These views were discussed and incorporated into the proposal for the transition period.

POLICY assisted the facilitators of a workshop sponsored by the Commonwealth Regional Community Secretariat for East Central and Southern Africa (CRHCS–ECSA) in partnership with POLICY. The workshop centered on strengthening capacity and the capability for advocacy and policy dialogue on health in the major focus areas of family planning and RH, food and nutrition, HIV/AIDS, healthcare

financing and reform, infectious and noninfectious diseases, information, human resources development, and resource mobilization. Participants included 11 CRHCS staff and country counterparts from 14 countries in the region.

During the period, POLICY met with Sarah Standiford and Judy Wechsler from Planned Parenthood of New England, who are providing technical assistance (TA) to the Uganda Women Medical Doctors Association, a member of URHAN. Discussions centered on collaboration and future support for the association's work with youth.

In collaboration with the DISH Project, POLICY obtained TA from Margaret D'Adamo, Media/Materials Librarian, Media/Materials Clearinghouse, Johns Hopkins University Center for Communication Programs, who was in Uganda to update the Ministry of Health's (MOH's) website and to improve POPSEC's website. Margaret was able to repair and make the left toolbar more functional; created separate directories for HTML files, document files, image files, and PowerPoint presentation files; created separate files for departments at POPSEC; added features to all web pages, which automatically display the current date and converted three-zipped Microsoft Word documents to Acrobat PDF files. A number of new pages were also added. As a result, POPSEC's website has been enriched with more information, and she left suggestions for POPSEC to follow in further improving the website.

POLICY's activities with civil society organizations continued with the URHAN Research Committee. URHAN embarked on the information-gathering phase of their advocacy plan, identifying and profiling influentials. This process will lead to approval by the cabinet of the draft National Adolescent Health Policy. POLICY also held meetings with URHAN to review the status of the implementation of activities and workplan, since URHAN received the first national migrant in November, and to finalize the first district migrant. URHAN activities were progressing well. Initial contacts had been made with the Office of the Vice President and MOH.

In keeping with its strategy to promote policy dialogue and advocacy on population/RH issues to a diverse audience, POPSEC presented "Uganda: Population, RH, and Development" to the Parliamentary Committee on Food Security, Population, and Development. The members of Parliament (MPs) commended the development of the accompanying document and proposed that men, mothers-in-law, and youth be targeted. The MPs were requested to team up with DPOs and advocate for an increased budget for RH and population activities at national and district levels. Deliberations from that discussion created an avenue in which POPSEC and the committee will be able to develop a strategy for the parliamentarians to work together with DPOs in the districts to advocate more strongly for population, RH, and development issues.

POLICY/Washington developed instructional materials for DPO trainers in a RAPID/Uganda presentation based on "Uganda: Population, RH, and Development." The material will be used in sessions that will provide the DPOs with background information on RAPID and the SPECTRUM system of models. These sessions will introduce the DPOs to the type of data required to produce regional and district-specific information models similar to "Uganda: Population, RH, and Development" after the 2003 census results.

April 1—June 30, 2002

POLICY and POPSEC held the remaining three of four workshops for District Population Officers (DPOs) in all 56 districts, for the effective use of the RAPID-based presentation, "Uganda: Population, RH, and Development" (Population Briefing Book) (April, May, and June). Workshops were facilitated by a team from POPSEC and the Uganda RH Advocacy Network (URHAN) that had been trained as trainers by POLICY. POLICY purchased projectors for each of the districts and provided DPOs with

transparencies produced from the Population Briefing Book. DPOs in several districts are already reporting positive results from their presentations such as increased political support and resources for RH.

In order to promote a public dialogue with all stakeholders on population and RH issues and exploit the recent DHS and the Population Briefing Book, POLICY assisted POPSEC by organizing the first in a series of seminars carried out on June 20 with the theme, “Persistently High Infant and Child Mortality Rates in Uganda: A Function of Poverty?” The event was attended by ministry officials, parliamentarians, academicians, NGOS, and donors. POLICY assisted the Uganda Private Midwives Association (UPMA) in developing a proposal to secure a minigrant from POLICY to conduct a survey on the effect of the MOH policy to eliminate user fees in public health facilities for maternal and infant care services. POLICY worked with the Contraceptive Social Marketing (CSM) Project to assist the UPMA in developing and testing the questionnaire.

With financing from a POLICY minigrant, URHAN developed a district-level adolescent RH (ARH) advocacy strategy, which entails the selection of a pilot district, development of supportive relationships with key district leaders to lay the groundwork for activities, and a formal launching event to carry out awareness raising and policy dialogue with targeted audiences. URHAN initiated the strategy in Hoima District, May 30–31, by holding a series of meetings with DPOs and government, NGO, religious, and traditional leaders. The team introduced URHAN, elicited information about community ARH needs and district leadership perspectives, and presented the case for elevating ARH on the district agenda. Leaders expressed support for ARH programs and for helping URHAN with a formal launching event planned for the next quarter. URHAN also met with the Minister of Health to urge approval of the draft ARH policy by the cabinet, and the minister promised to take action.

POLICY developed a proposal to be supported with core funds with Makerere University for capacity building in computer-based models, including the SPECTRUM system. The university will design a course to train students in degree programs as well as program managers and advocates in using these models to advance important policy-level discussions. Activities will be initiated in the next quarter.

USAID/Kampala requested POLICY assistance in developing community- and faith-based activities through the Inter-Religious Council of Uganda (IRCU) for people affected by HIV/AIDS. Beginning next quarter, POLICY will help complete the IRCU strategic plan and assist the IRCU to manage a small grants program by providing TA and training in each step of the process, such as soliciting applications, evaluating grant criteria, awarding and dispersing funds, and monitoring. POLICY prepared a detailed draft workplan update for July 2002–June 2003 based on the concept paper approved in the previous quarter by the Mission and the recent agreement on assistance to the IRCU. In May, POLICY hired a program assistant with a master’s degree from the Cairo Demographic Center and experience with secondary analysis of the Uganda DHS and SPECTRUM system of models.

ZAMBIA

POLICY's objectives in Zambia are to enhance HIV/AIDS advocacy and community mobilization and promote HIV/AIDS-related human rights. This second objective is supported by the following three activities: a legal effort in which Zambian laws and regulations related to employment, HIV/AIDS, and human rights are summarized and put into a manual for use by public and private sector employers; a media campaign to disseminate key information about human rights and referral services; and a HIV/AIDS and Human Rights Referral Center to provide counseling and advice.

Summary of Major Activities
January 1—March 31, 2002

Activities in Zambia supported POLICY's Community Alliances Initiative and the HIV/AIDS and Human Rights Project.

Community Alliances Initiative. Suzanne Matala, Team Leader for the Community Alliances Initiative, organized a training-of-trainers (TOT) workshop in Livingstone, Southern Province, November 19–27, 2001. The TOT workshop was designed to build the capacity of trainers and advocates at the community level who will assist in Community Alliance Initiatives in Southern Province. As a result of this workshop, the participating organizations organized an HIV/AIDS Advocacy Network in Southern Province under the coordination of Family Health Trust. This network continued to function during the reporting quarter.

During the January-March quarter, POLICY Project and the Advocacy Network organized three follow-up workshops in Namwala, Mazabuka and Choma. Representatives of Family Health Trust, Kara Counselling and Training, and Christian Council of Zambia who had been trained in the November workshop facilitated these meetings. Overall, 56 participants attended the workshops, including religious leaders (pastors, women's groups, youth groups), village headmen/women, chiefs and local councillors.

The overall objectives of these workshops were to (1) create an increased awareness of HIV/AIDS/STI issues; (2) build and strengthen alliances and leadership at community level for greater impact in the fight against HIV/AIDS; and (3) promote HIV/AIDS advocacy work at community level.

The workshops had important outcomes. Participants decided to start a campaign to change or abolish several harmful traditional practices (sexual cleansing, for example) that perpetrate the spread of HIV in the communities of Southern Province. They developed action plans for individual villages or groupings, and developed collaborative action plans in zones for IEC, advocacy and alliance building. They also organized three new networks (religious leaders, village headmen, village headwomen), and requested close collaboration with POLICY Project to nurture the new networks. The participants also requested follow-up support from POLICY for their other advocacy and community mobilization activities.

HIV/AIDS and Human Rights Project. POLICY support to the Human Rights Referral Center is on-going and is designed to assist NZP+ volunteers to provide information on where and how they can obtain legal redress to PLWHA or those affected, who feel they have been victimized because of their HIV status. The media advertisements on human rights developed by ZAMCOM continue to be aired in the print and electronic media. During the quarter, 10 messages were transmitted and four adverts appeared in newspapers. A review visit to the Human Rights Referral Center during the period by ZAMCOM staff indicated that the messages are continuing to have an impact, although the number of clients has decreased. As a result of ZAMCOM's involvement in the entire campaign, the institution has included a training program in television production on HIV/AIDS and Human Rights to its calendar for 2002. The

purpose of this course is to promote advocacy for media coverage of HIV/AIDS and Human Rights issues.

During the first quarter of 2002, the number of clients decreased to a few each week. The volunteers in the Referral Center think the decrease in clientele is due to boredom and complacency over the same advertisements appearing in the media. Consequently, POLICY should explore the possibility of changing the content of the media messages, or, changing the human rights issues addressed in the media messages.

Clients, who were referred by the Referral Center to legal services, were monitored during the period. The monitoring process revealed frustration by clients because of the delays in getting their cases resolved before the courts. Also, NZP+ believes the AIDS-related cases are not prioritized by legal firms but clients are told to come back over and over again until they drop out of the system in frustration. Consequently, strengthening the referral system so that cases are prioritised, and delays reduced or minimized is seen as an important opportunity for change.

Other: The Team Leader, Suzanne Matala, also attended the Commission on the Status of Women at the United Nations, New York, from 1-15 March. The key issues were poverty and the environment and how these impact on the lives of women and children. The attendance of Ms. Matala gave POLICY an opportunity to contribute to draft documents that will be used at relevant world summits later in the year.

April 1—June 30, 2002

During this quarter, activities in Zambia supported POLICY's Community Alliances Initiative and the HIV/AIDS and Human Rights Project.

Community Alliances Initiative. POLICY consultant Suzanne Matala undertook monitoring visits to Dumba Village, Chizwanyanga and Matimba areas, Sianjalika Village, Chalimbana Village, and Konkola Village. Community alliances in these areas have addressed issues, such as taboos and other traditional customs that increase the spread of HIV, orphans, modes of transmission of HIV, sexuality, misconceptions and the serious lack of information on HIV, voluntary counseling and training (VCT), gender, and team building and alliance sustainability. Also during this period—and as a result of POLICY interventions—communities formed five new HIV/AIDS alliances in the Southern Province. In addition, POLICY received four requests for further visits to strengthen alliances and one request to help develop a VCT program.

A report on workshops and training sessions undertaken by alliances in Choma District was compiled. In Kalomo District, with the support of the POLICY-trained partners, *Lets Build Together* held five workshops in the community and made plans for additional workshops as well. These were all held without outside technical or financial support. The District Administrator of Kalomo District took the lead in establishing a multisectoral committee and is serving as chairperson, as a result of participating in a POLICY-sponsored workshop.

HIV/AIDS and Human Rights Project. POLICY support to the Human Rights Referral Center has been an ongoing activity and is designed to assist NZP+ volunteers in providing information on where and how clients can obtain legal redress for Persons Living with HIV/AIDS (PLWHA), or those affected, who feel they have been victimized because of their HIV status. POLICY support continued through April 2002. As part of a new program, POLICY will support a participatory assessment of the referral center with a view to a strengthened program in the future.

Technical Development TD Week. LTA Robie Siamwiza and Community Alliances Coordinator Matala traveled to Washington, D.C., in April to participate in TD Week and to discuss prospective new activities in Zambia.

Strategy and Workplan Development. USAID has chosen Zambia as one of four rapid scale-up countries and is committing significant new resources to its program in Zambia. USAID/Lusaka has dedicated \$1.8 million in FY02 field support to POLICY to expand its program. A team composed of Mary Scott, Robie Siamwiza, Suzanne Matala, Anne Eckman, Rose Smart, and Thomas Goliber assembled in Lusaka for two weeks in June to begin development of a strategy and workplan for an expanded POLICY program, focusing on three areas: (1) information for policy dialogue and planning, including development of a comprehensive AIM application that will help disseminate the 2002 HIV and syphilis surveillance results; (2) strengthening and broadening POLICY's human rights work and support to NZP+; and (3) strengthening POLICY's advocacy work and collaborating with a wide range of partners on multisectoral HIV/AIDS initiatives, including at the district level.

ASIA/NEAR EAST (ANE)

BANGLADESH

The goal of POLICY assistance in Bangladesh is to improve the policy environment for FP/RH programs. Assistance will focus on formulating and improving policies and plans that promote and sustain access to effective health service delivery among the needy. Toward this end, POLICY works to ensure that NGO and community involvement is broad based for better services covering a larger clientele; builds consensus to increase resources for FP/RH programs; improves the ability of government planners and NGO managers to conduct rational and effective planning; and assists in the generation of accurate and timely information for meeting program requirements.

One of the fundamental roles of POLICY/Bangladesh is to act as a facilitator between USAID and the government of Bangladesh (GOB) on all FP/RH related policy issues. POLICY also frequently advises USAID and the National Integrated Population and Health Program (NIPHP) partners in matters relating to high-level negotiations with the government, and, in most cases, directly talking with the government.

**Summary of Major Activities
January 1—March 31, 2002**

With the new government coming to power after the elections, many administrative and policy changes are in the offing. In the health sector, the government initially considered the concept of unification on which the Health and Population Sector Program (HPSP) was built to be untenable. This idea created a considerable amount of uproar in the donor community, which felt that even with the change in government, the agreements signed with the World Bank and other donors should stand. The health secretary assured donors that the government will implement the sectorwide approach, which seems to have mollified the consortium to a large extent.

The three-day Bangladesh Development Forum in Paris concluded with a call for improving law and order and governance and curbing corruption. In its presentation, the government of Bangladesh seems to have withdrawn from its rigid health sector stand on unification, assuring the donor community that the concept would be further examined. The Bangladesh delegation further assured donors that a multi-sectoral approach in the health sector would continue. In closing remarks, the Vice President of the World Bank emphasized “significant progress” in “implementing decisive reforms faster,” linking future assistance with significant progress. The World Bank release said, “The development partners are prepared to increase their assistance to Bangladesh substantially, compared to the past, if the government makes significant progress in implementing reforms to address the issues discussed during the Development Forum.”

National Integrated Population and Health Program (NIPHP) Activities. NIPHP activities continued smoothly. One amendment relating to the life of the program was successfully passed, extending its validity to 2006. POLICY is now proposing a second amendment that would relate to an increased level of funding, which is hoped to begin shortly.

On the whole, the government seems to be satisfied with the performance of the NIPHP, as updated by the secretary in the last Corporate Steering Group meeting. While the government continues to remain concerned about the lack of effective family planning (FP) activities in the field, it acknowledges that the NIPHP is playing its part.

Activities Relating to Community Clinics. A proposal has been submitted to the government to transfer 12 community clinics to NGOs. This proposal is a part of the strategy to gradually ensure a greater role for NGOs in the government health service delivery system. This issue, which was taken up with the secretary on his return, is being expedited. It was also highlighted in the consortium paper discussed in Paris, which was well received. The case is now being processed by the government through the Ministry

of Health (MOH). POLICY is optimistic of a positive outcome within a month or so. Several rounds of meetings were held in this connection with senior officials of the ministry, including the secretary. In addition, the Country Director has had regular discussions with donors, USAID, the Department for International Development (DfID), and the government on this issue.

Contraceptive Security Program. A contraceptive security program, which takes into consideration the requirements of the Social Marketing Company (SMC), has been prepared and submitted to the government, where it was well received.

Activities Relating to the Bangladesh Centre for Communication Program (BCCP). The Bangladesh Centre for Communication Program (BCC) activities, spearheaded by the BCCP, has been appreciated both by the government and general public. Drama serials launched by the BCCP and other publicity materials developed periodically are having an impact on the public, and the government is fully supportive of these action plans.

Activities of the SMC. The SMC is now reorganizing. A draft reorganization plan, which is being studied both by USAID and SMC management, aims to clearly establish SMC's priorities, its aims and objectives for effective service delivery to the clients, and the downsizing of the organization. A number of meetings were held with USAID and SMC senior management, and a number are to follow with consultants. It is expected that the reorganization plan will be final within a month, which will then be submitted to the board for consideration and approval.

Meanwhile, USAID has hired consultants through Family Health International (FHI) to motivate the public, leading to higher sales and promotion of condoms by the SMC. A draft report is expected in April. A meeting was held with the consultants and USAID's Shiril Sarkar on March 6. Two major issues were raised at the meeting: advertising condoms on television and classifying condoms as an essential drug. It was suggested to the consultants that perhaps there was no need to classify condoms as an essential drug, since doing so would involve the drug administration, government, and others, thus jeopardizing the free distribution of condoms which is popular.

April 1—June 30, 2002

National Integrated Population and Health Project (NIPHP) activities:

- The strategic agreement between USAID and the government of Bangladesh was amended and the revised agreement signed. The amount was raised from US\$225 million to US\$333 million.
- In connection with the Strategic Objective Agreement (SOAG) amendment, POLICY undertook several rounds of discussions with the Secretary, Economic Relations Division (ERD), and Secretary of the Ministry of Health to agree to convince the government to accept the amended version of the SOAG. The project has been extended until 2006.
- With the approval of the government to hand over 12 community clinics to be run by NGOs, preparatory arrangements relating to the Memorandum of Understanding (MOU), selection of NGOs, and selection of sites are likely to be completed within one week.
- The government of Bangladesh is facing problems relating to the procurement of contraceptives because of cumbersome International Development Association (IDA) procurement guidelines. POLICY took up the issue with the Health Secretary, who assured POLICY that this would be attended to immediately.

Social Marketing Company (SMC) activities:

- POLICY provided technical assistance (TA) to the SMC in its reorganization. The board approved the final reorganization plan, which should result in improved efficiency and efficacy.

CAMBODIA

The goal of POLICY assistance in Cambodia is to build and strengthen the capacity of selected organizations to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support policies and programs. Project assistance focuses on improving multisectoral involvement in the country's National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS, 2001–2005. This framework has been developed under the auspices of the National AIDS Authority (NAA). POLICY aims to strengthen the functioning of the NAA by supporting and strengthening the HIV/AIDS response of three selected line ministries—the Ministry of National Defense (MND), Ministry of Women's and Veterans' Affairs (MWVA), and the Ministry of Cult and Religion (MCR)—and by expanding the meaningful role and contribution of Persons Living with HIV/AIDS (PLWHA). Particular emphasis is placed on improving the response by the faith-based sector, especially as catalysts for addressing HIV-related stigma and discrimination (S&D). POLICY will also undertake a number of the policy and advocacy activities within an integrated FH and HIV/AIDS framework. POLICY technical assistance (TA) is targeted at both the government and civil society.

**Summary of Major Activities
January 1—March 31, 2002**

Increased Advocacy Role of PLWHA Groups in Prevention, Care, and Support. The first of a two-part PLWHA Advocacy Workshop was conducted from March 25–29. The workshop was aimed at strengthening the capacity of PLWHA and AIDS service organizations in advocacy skills.

Strong Voices Program. All six small grants have been allocated and activities under each have commenced.

Increased Involvement of Selected Nonhealth Ministries in the NAA. POLICY has continued to work closely with the minister of the MOWVA, the secretary of state, the director of the Health Department, and the HIV/AIDS Unit on an agreed program of activities as follows:

- HIV/AIDS policy assessment, which began in March, is to review the status of the Women and Girl Child and AIDS Policy and assess its operationalization within the context of the NAA's multisectoral plan. Methodology includes interviewing key political and technical stakeholders in order to advise the MOWVA on the most strategic mechanism by which to proceed with an HIV/AIDS response.
- In March, a three-day training workshop, entitled "Gender, HIV/AIDS, and Policy Workshop," was undertaken with the HIV/AIDS focal points throughout all departments within the ministry. This workshop will be followed by HIV for Policymakers Training, which will fill knowledge and competency gaps identified through the first exercise.
- The MOWVA has been a key participant in planning the work for the first faith-based organization (FBO) small-grant recipient, which is to develop a community response to overcoming barriers to participation of monks and Buddhist leaders in the HIV/AIDS response in Battambang Province. This exercise is scheduled for April 8.

POLICY actively participated in the development of the MOND HIV/AIDS strategic plan, which resulted in the project being invited to facilitate

- involvement of military PLWHA, and spouses of military PLWHA, in the strategic planning process; and
- a component of the MOND Strategic Planning Workshop, which was to draft the section of the strategic plan related to creating an enabling environment.

POLICY is now actively engaged in finalizing the strategic plan, which includes reaching consensus and dissemination.

Increased Strategic Planning Capacity of Civil Society to Participate in the HIV/AIDS Response with a Focus on FBOs. This component includes two primary activities:

- *Small grants to FBOs.* Needs assessments have been undertaken and four organizations have submitted proposals that are being processed.
- *Strategies for involving religious leaders in addressing PLWHA-related stigma and discrimination.* An RFP was won by Save the Children UK. The organization will use the training of monk leaders to develop faith leadership kits, which will be a valuable resource for Buddhist leaders across the country. A steering committee was established for this work, with full participation of monk leaders and the MOCR.

Relevant Information Informs Policy Decisions. POLICY, in coordination with USAID, has agreed that an essential need of the NAA is to determine specific resources required for the next five years in order to succeed in implementing the national strategic plan. To initiate this process, Dr. Steven Forsythe, Director of Planning and Finance, HIV/AIDS Programs, met with the NAA and NCHADS in February 2002 to assist in costing Cambodia's national HIV/AIDS strategic plan and in evaluating the allocation of HIV/AIDS resources. Various approaches were discussed with the NAA and donors to determine the best approach for costing the plan. It was concluded that the best way to proceed would be to hire a local consultant who could review the existing data and plans together with Dr. Forsythe. POLICY, in collaboration with NAA and Options (a local contractor), is currently hiring a local consultant. The next step will be for Dr. Forsythe to return to Cambodia, following the completion of the data collection, where the data will be organized and a report completed to summarize the resources required to implement the plan.

April 1—June 30, 2002

Increased Advocacy Role of PLWHA in Prevention, Care, and Support. The second phase of the PLWHA Advocacy Workshop, conducted from June 24–28, aimed at strengthening the advocacy skills of PLWHA/AIDS service organizations. Of particular significance was the participation of the keynote speaker, Her Excellency Men Sam An,¹ who has been largely responsible for the passage of the Proposed Law on the Prevention and Control of HIV/AIDS. Her Excellency spoke to the PLWHA about the law and its use as a key advocacy tool in their campaigns. The National Assembly passed the country's legislation on June 14. POLICY supported this presentation by developing a training module to support the introduction of the legislation.

The CPN+ Advocacy Group (AG) was established as a result of the first PLWHA Advocacy Workshop and now meets regularly. The challenge faced has been that HIV advocacy continues to be an abstract concept and NGOs and PLWHA need to learn how to make the issues more relevant to themselves, their constituencies, and HIV advocates. POLICY has been providing the AG with technical support to specific advocacy campaigns, targeting increased access to treatments, elimination of S&D, participation in formal decision-making processes, and legislative reform.

PLWHA Strong Voices Program. Of the six allocated grants, two are currently being finalized. A summary sheet is attached (see Appendix).

¹ Member of Parliament Men Sam An is the Parliamentary Chairperson of the Commission for Public Health, Social Work, Labor and Women's Affairs, and is the President of the Cambodian Association of Parliamentarians on Population and Development.

Increased Involvement of Selected Nonhealth Ministries in the NAA. POLICY, in collaboration with Family Health International (FHI)/IMPACT, has been assisting in the development of the MND's HIV/AIDS Strategic Plan; and in the next quarter POLICY will assist in the dissemination and operationalization of this plan.

MWVA. Activities in this quarter include the HIV for Policymakers Workshop, completion of the policy assessment of the Policy on Women, Girl Child, and AIDS, and development of the Strategic Road Map exercise.

NAA Costing Study. POLICY continued to provide TA to the NAA with regard to determining whether financial resources for HIV/AIDS are being directed to the most cost-effective interventions. Data collection is complete and the report will be finalized using the GOALS Model by the end of the next quarter.

Faith-based Organizations Small Grants. All four grants have been allocated and all grantees are participating in the development of the faith leadership kits, which are an output of the Save the Children, UK, contract (RFP).

HIV-related Stigma and Discrimination–Faith Leadership Kit Project. Save the Children, UK, commenced work on the RFP in May 2002. The Steering Committee includes senior representatives from the MCR, PLWHA organizations, and a representative of the Supreme Patriarch.

Cambodian Midwives Study (CMA). In partnership with the CMA, POLICY cleaned the Midwife Mapping database. Additional TA was provided to analyze the database and identify cases requiring review of the original, completed questionnaire and to prepare data entry sheets for the corrected information. Additional cases that were not entered into the database during the first round of data entry in 2000 were identified. A local consulting firm was hired to input information of new cases and for review of existing cases, and to prepare midwife coverage maps from the database information. Data entry and map preparation tasks are expected to be completed by July 1, with a final version due next quarter.

EGYPT

The POLICY Project in Egypt supports USAID/Cairo's objective in the population/family planning (FP) sector—to reduce fertility. To achieve this objective, the coverage and quality of services offered by the Egyptian FP program are being expanded and the program's institutional and financial sustainability improved. POLICY is helping by providing technical and financial support to Egyptian institutions in the development and presentation of FP/RH policy analyses; developing FP/RH financial analyses and presentations in order that systematic attention can be given to sustainability issues; engaging in policy dialogue with relevant and influential government policymakers and institutions; and helping to strengthen the ability of NGOs to engage in constructive policy dialogue and advocacy.

**Summary of Major Activities
January 1—March 31, 2002**

Follow-up of Activities Implemented by the Aswan Coalition. POLICY continues to support the NGO coalition formed through its facilitating efforts. A meeting was held to discuss strategic plans of the Aswan Coalition that were developed November 2001. Dr. Yahia El Hadid, Head of the Population/FP Sector of the Ministry of Health and Population (MOHP), addressed the meeting, which was considered a very positive sign to the success of the coalition in attracting the interest of the government and has raised hopes for future cooperation between NGOs and the MOHP. Representatives of the coalition's Reproductive Health Counseling Office presented the issues and problems related to reproductive rights that it has been receiving from the community in Aswan. The office discussed the possibility of conducting a baseline survey for determining the most severe RH-related problems and then advocating for practical solutions. Also, 10 NGOs asked to establish women's clubs and to discuss ways to cooperate with the MOHP in this task. The meeting was attended by representatives of the coalition, staff members of the Population/FP Sector of the MOHP at the central level and from Aswan, and by two USAID Mission staff.

Seminar on the Use of Criteria to Waive Fees for Public Sector FP Services. In collaboration with POP IV Pathfinder, POLICY organized a seminar at the MOHP to present the results of a study, "Use of Criteria to Waive Fees for Public Sector FP Services." Dr. El-Hadidy opened the seminar and praised the role of POLICY in providing the MOHP with the most recent information and analysis of a variety of new issues. The seminar was attended by 47 participants from the MOHP, Health Insurance Organization, Clinical Services Improvement Project, the National Population Council, USAID, Population Council, POP IV, and other organizations. This was the first time that the issue of fee waivers was addressed in Egypt, which led to much discussion and antagonism, thus indicating that it is an issue that needs more extensive analysis and advocacy effort.

Seminar on Egypt FP Market Segmentation. In collaboration with POP IV, POLICY organized a seminar at the MOHP to present the results of a study, "Egypt Family Planning Market Segmentation: Planning for the Future." The aim of the seminar was to identify potential market segments most likely to result in increased contraceptive use in Egypt and to assess future market opportunities. Fifty participants from the MOHP, National Population Council, Clinical Services Improvement Project, Population Council, UNFPA, USAID, POP IV, and private sector attended the seminar.

Consensus Seeking about Expected Future Method Mix. POLICY organized a meeting and a series of discussions to get consensus regarding the expected contraceptive method mix, a decision that will influence the results of the population/FP projections. USAID and consultants finally agreed on a method mix to determine Egypt's future requirements for contraceptive commodities.

Seminar on Participation of Community and Decision Makers in Dealing with Population Issues. In response to the proposal developed in the previous reporting period by Al Azhar POLICY trainees,

POLICY organized this one-day seminar at Al Azhar University. The Grand Imam of Al-Azhar; Dr. Mohamed Sayed Tantawy, H.E., the Minister of Health and Population; the Head of Al-Azhar University; the Deputy of the Head of Al-Azhar University for Female Branch; the Dean of the Faculty of Humanitarian Studies; and Dr. Samia El Guindy, POLICY champion from Al-Azhar University, addressed the seminar, which was attended by about 2,000 female students from Al-Azhar University. USAID Mission staff attended as well as visitors from The Futures Group International. Speeches stressed that FP is not opposed by the Islamic religion; that the progress of countries is not measured by population numbers but by quality; that empowerment of women is an important element of development and that this event is a good opportunity to achieve cooperation among Al-Azhar Mosque, Al-Azhar University, and the MOHP; and that this cooperation will enhance the trust among all members of the community, which is highly needed nowadays. The Minister of Health and Population announced 10 rewards, each for 1,000 Egyptian pounds, to the best female FP/RH advocates. The seminar was covered by the media, and a video was shown after the news show on the main TV channel and by the press. The focus was on the Imam's words that FP is not prohibited by Islamic law and that Al-Azhar University has a role to play for FP/RH in Egypt and other Moslem countries.

Training-of-Trainers (TOT) Workshop on Advocacy for FP/RH for the Academic Staff of Al-Azhar University. This workshop lasted four days; two days were allocated for an orientation by Al-Azhar's team and the two days for training on advocacy by the POLICY team. POLICY staff provided technical guidance and played the role of workshop facilitator. The workshop was attended by 16 participants from the academic staff with different academic backgrounds (sociology, psychology, medicine, Islamic jurisdiction, and human geography). Parts of POLICY's advocacy manual (POLICY's 1999 Arabic version) were used as a training manual.

Technical and Financial Assistance to Al-Azhar University for Training Female Students to Advocate for FP/RH in their Local Communities. Following the advocacy TOT, 400 female students, divided into 16 groups, received training in advocacy from Al-Azhar trained staff. More than 32 sessions and background lectures were given to the students to introduce them to FP/RH issues from different perspectives, especially religious and health points-of-view. The academic staff that was trained in the TOT provided the advocacy training using POLICY materials. The academic staff asked the university president that the FP/RH advocacy training be included in the already existing population curriculum.

Ugandan Delegation of a USAID-funded Project. POLICY staff delivered a presentation on the regional training programs conducted by POLICY, and members of the Ugandan delegation had a long discussion with POLICY staff about project activities in Egypt, assistance provided by the project to the MOHP, and POLICY's role in training MOHP staff and others in FP/RH fields.

Contraceptive Security Projection. In collaboration with POP IV and its contraceptive security team, POLICY is currently calculating the future commodity requirements of the MOHP under different scenarios. These consider different levels of target fertility, a different method mix, importation prices for the MOHP (which may differ from current USAID prices), and level of leakage from the public sector to the private sector and domestic manufacturing market shares. Five scenarios have been developed thus far that provide the total costs for combinations of assumptions by type of method and brand. The SPECTRUM system of models, together with Excel spreadsheets designed and developed by POLICY, is being used to develop these scenarios. The linked spreadsheets were designed for use as tools to accommodate any future changes in values or assumptions.

April 1—June 30, 2002

Stakeholders' meeting to discuss establishment of an institutional mechanism at the Ministry of Health and Population (MOHP) for cooperation with NGOs in FP/RH. In collaboration with the Egypt Population Project (EPP), a World Bank-funded project, POLICY organized a stakeholders' meeting at

MOHP, which was attended by 25 and headed by Dr. Yahia El-Hadidy, Head of the Population and Family Planning Sector. POLICY's consultant delivered a PowerPoint presentation on the main findings of the study, entitled "Establishment of an Institutional Mechanism at MOHP for Cooperation with NGOs in FP/RH." This activity was intended to raise awareness of the need for an institutional mechanism and to motivate stakeholders to consider its specific structure.

Analysis of the desired family size in Egypt and its impact on future population growth. Despite a drop in fertility, Egypt's desired family size has generally remained constant, even increasing among certain segments of the population. POLICY prepared a PowerPoint presentation "Egypt's Future Population," which was presented at USAID/Cairo and followed by a question-and-answer session attended by senior members of different departments. The information was used to brief H.E., the U.S. Ambassador to Egypt by Dr. Brenda Doe, the FP/RH Team Leader. During the briefing, the U.S. Ambassador asked for more information, including more projections and some comparative data for other countries in the region, which POLICY provided.

Two seminars for planning the dissemination of the "Egypt's Future Population" presentation. POLICY organized two seminars for developing a dissemination plan for the presentation, "Egypt's Future Population," among ministry decision makers. A group of active POLICY champions attended these seminars. Participants realized the importance of the concepts shown in the presentation for decision makers in their respective ministries, and expressed a willingness to organize meetings for the POLICY team to show the presentation to policymakers and decision makers in their organizations or at the governorate level. A timetable for such visits is being prepared. The first event was completed in Alexandria, at the Institute for Training and Research on FP (ITRFP), of the Egyptian Family Planning Association in the opening session of a workshop on gender. The workshop was organized in collaboration with the Gender Unit of the Social Fund for Development (SFD). The audience included 25 participants, representing NGOs working on women issues in Alexandria.

Preparing the draft workplan with Tahseen. As USAID/Cairo plans to start its new POP V (Tahseen) Project for implementation by Catalyst, POLICY, and Measure, an integrated workplan needed to be developed. However, several activities were necessary before POLICY could formulate its new Tahseen workplan. A meeting in Alexandria took place for POLICY staff revising Year 2 activities of the project's lifetime and drawing the broad outlines of the strategy and workplan of Year 3. The meeting was also attended by a member of the USAID Mission. In addition, the Country Director attended a strategic planning workshop at Catalyst in Washington. After the workshop, the POLICY-proposed workplan was submitted.

POLICY continues work with Pathfinder and USAID on the contraceptive security projections. Several population and costing projections were made in support of the contraceptive security study. The projections form the cornerstone of the final report of the contraceptive security study that will be disseminated and used as the basis for advocating contraceptive security in the near future. As a by-product of this activity, POLICY developed a tool (a linked spreadsheet) that can be used for examining additional scenarios in this area. The MOHP expressed its desire to institutionalize this technique in the population sector.

A training-of-trainers (TOT) workshop. In collaboration with the Cairo Technical Office (CTO) of Partners in Population and Development, Ford Foundation, and the Regional Center for Training in FP/RH (RCT), POLICY conducted a 10-day TOT workshop, "Policy Analysis and Presentation Skills," for 11 trainees from South-to-South countries. Dr. Yahia El-Hadidy, Head of the Population and FP Sector of the MOHP, attended the opening ceremony and praised POLICY's role in building the capacity and developing the skills of the population and FP managers locally and regionally.

INDIA

POLICY Project activities in India focus primarily on supporting the USAID Mission's major bilateral project in Uttar Pradesh (UP), the Innovations in Family Planning Services (IFPS) Project. Objectives of the US\$325 million IFPS Project are to improve the quality of FP/RH services. POLICY staff work closely with the Mission and its NGO counterpart, the State Innovations in Family Planning Services Agency (SIFPSA). TA includes activities related to planning, monitoring and evaluation, data collection and analysis, operational and monthly activity plans, and development of management information systems. POLICY also works with the UP state government to implement the state's population policy, which was enacted in July 2000.

**Summary of Major Activities
January 1—March 31, 2002**

POLICY analyzed the baseline survey data for Azamgarh, Ballia, Balrampur, Chitrakoot, and Gonda districts and prepared baseline survey reports and online facility survey presentations. POLICY also prepared an alternate set of objectives for these districts using the SPECTRUM system of models. Workshops were conducted in the five districts for participants from the government, NGOs, and cooperative sectors in order to select district-specific objectives and strategies. POLICY prepared district action plan (DAP) proposals for the five districts. On February 20, 2002, SIFPSA's project advisory committee approved these proposals, allocating Rs159.22 million, or US\$3.34 million, for implementation in the next three years.

POLICY prepared a presentation, entitled "District Action Plans in Uttar Pradesh," and presented it to the National Consultative Meeting on District Action Plans, organized by Centre for Policy Research, in Delhi, on February 7–8, 2002.

POLICY completed the SO2 Indicator Survey with a sample of 10,000 households, and prepared the report and online presentation. POLICY presented the results to cooperating agencies (CAs), SIFPSA, and USAID.

POLICY initiated the work on the formulation of health and population policy for the state of Uttaranchal. A series of workshops and consultation meetings will be held to develop the draft policy.

April 1—June 30, 2002

POLICY conducted a workshop, "Population and Reproductive and Child Health Policy Issues in Uttaranchal," on May 2–3, 2002, in Dehradun. A total of 25 papers were presented at the workshop, covering various themes such as fertility and contraceptive behavior, safe motherhood and maternal child health services, access to and quality of services, gender issues, empowerment of women, and other program management issues. The Health and Family Welfare Minister of Uttaranchal inaugurated the workshop, which was attended by more than 60 participants from national and international organizations, the Uttaranchal Health Department, NGOs, the private sector, USAID, and cooperating agencies (CAs). Specific policy issues pertaining to population and RH were identified.

POLICY conducted a second workshop, "Health Programs and Health Policy Issues in Uttaranchal," on May 9–10, 2002, in Mussorie. A total of 22 papers were presented at the workshop, covering various themes such as epidemiological surveillance, HIV/AIDS, reproductive tract infection (RTI), TB, public and private partnerships, cost-recovery measures, implementation of national health programs, drug procurement policy, the care of elderly, and hospital waste management. The Chief Secretary of

Uttaranchal inaugurated the workshop, which was attended by 70 participants from national and international agencies, NGOs, Health Department personnel, the private sector, and donor agencies such as USAID, UNFPA, WHO, and UNAIDS. Policy issues related to health programs specific to Uttaranchal were identified.

After the workshops, the government of Uttaranchal constituted a committee to draft an integrated health and population policy for the state of Uttaranchal. POLICY is participating on the committee to draft the document.

POLICY also received a request from the government of Jharkand to formulate policies for health, population, and manpower. POLICY initiated the work and held the first meeting with officials of the Health Department in Ranchi on June 21 and 22, 2002, and identified steps to formulate the policies.

JORDAN

The POLICY Project is assisting USAID/Amman and its local partners to improve access to and quality of reproductive and primary health care services. POLICY is accomplishing this by promoting the adoption and dissemination of the revised National Population Strategy (NPS); increasing the awareness of and support for the NPS among members of Parliament, government policymakers, the private sector, civil society organizations, NGOs, religious leaders, women's groups, and other key leaders; developing a national plan to implement the NPS; and enhancing the capability of the National Population Commission's General Secretariat (NPC/GS) to plan, monitor, evaluate, and coordinate the national implementation plan for the NPS. In addition, the POLICY Project is working closely with national Jordanian NGOs to enhance their capacity by building a network of women's groups that promotes their participation in the policy process for RH with special emphasis on gender, human rights, and adolescent issues.

**Summary of Major Activities
January 1—March 31, 2002**

Second Reproductive Health Action Plan Retreat, February 3–4, 2002. POLICY organized a two-day retreat to complete the log frame, identify the coordinating organization, implementing organization, timing, and estimated cost for each activity, and revise the first draft of the RH Action Plan in light of comments received from all stakeholders.

Policy/Decision Making Debate. POLICY was invited to the debate organized by the King Hussein Foundation. The guest speaker was His Excellency Tahar Al-Musri, ex-prime minister and ex-speaker of the house. The debate was the first of series of meeting with key individuals in the policymaking process in Jordan. His speech focused on forces affecting the policy/decision-making process in Jordan, such as democratization, modernism/conservatism, accountability, politicalization and sensitivity of issues. POLICY seized this opportunity to draw attention to the impact of cultural barriers and religious interpretations on the outcome of RH policymaking.

Development of the National Council on Family Affairs (NCFA) Strategy, March 2002. POLICY assisted the NCFA in developing the council's long-term strategy.

April 1—June 30, 2002

POLICY provided TA to the government of Jordan for work on its national FP/RH strategies. For the National Council on Family Affairs (NCFA), POLICY reviewed the methodology for the rapid assessment of family issues/problems through qualitative/quantitative research on a selected sample of families and experts in eight different domains. Work with the NCFA began May 16 and a Memorandum of Understanding was reached with the NCFA on a workplan to complete the strategic framework necessary for drafting a national strategy for Jordanian families and their members. POLICY also translated and edited the RH Action Plan into Arabic for the national taskforce.

POLICY provided TA to its local partners in developing research protocols and materials. The Center for Information and Research, King Hussein Foundation asked POLICY to review the terms of reference for research aimed at identifying gaps and priorities in research on development programs and projects. POLICY reviewed a chapter on human capital in the *Human Development Report* upon request from the Queen Zein Al Sharaf Institute for Development (ZENID). POLICY also reviewed an information and training manual on STIs developed by a consultant working with the Princess Basma Women's Resource Center (PBWRC).

POLICY participated in three discussions with representatives from USAID, the Department of State, MACRO, CAs, and other line ministries to revise the final version of the DHS questionnaire. POLICY also supported USAID by preparing and submitting a Commodity Utilization Report for commodities purchased by USAID and then responding to USAID's recommendations and remarks.

POLICY staff participated in the Policy Analysis and Advocacy Strategy Development Workshop, May 6–9 and 13–14. The purpose of this workshop was to contribute to building the capacity of members of the Jordanian Network for RH in the area of policy analysis and policy advocacy and to develop a draft advocacy strategy for the network. At a subsequent network meeting on June 24, POLICY aimed at finalizing the network logo and organizational structure, and POLICY worked with network members on the network charter, brochure, a small-grant proposal, and an analysis of the target audience.

POLICY met with the University of Jordan and helped draft a document to establish a university entity for demographic and health research and training. One of the objectives of the unit is to upgrade and introduce university courses related to population/health policies. On May 21, POLICY participated in a seminar on Jordanian Challenges in the 21st Century, organized by the College of Humanities and Social Sciences at the University of Jordan. POLICY used this opportunity to address the population challenges.

PHILIPPINES

POLICY Project assistance in the Philippines aims to strengthen the capability of national government agencies and community-based people's organizations and institutions, both national and local, in the design, implementation, and evaluation of population policies and plans for resource mobilization and use for sustained political and financial support to population and FP/RH. POLICY/Philippines assistance is evident in multisectoral efforts such as the Contraceptive Interdependence Initiative, also known as the Sustainable Family Planning Initiative, and the development of the operational plan for the country's FP thrust. POLICY has also emphasized local advocacy in pursuit of increased local domestic resources to improve access to sustainable and quality FP/RH services. On the whole, POLICY assistance focuses on gradually achieving domestic FP/RH program financial support and improving the quality of FP/RH services that promote the health of Filipino families.

Summary of Major Activities January 1—March 31, 2002

Technical Assistance (TA) to Implement "Sustainable Family Planning." POLICY continued assistance to the Contraceptive Interdependence Initiative (CII) Technical Working Group (TWG) to operationalize a workplan on sustaining contraceptive supply in the country. The CII TWG met in February to discuss the implementation of activities in the workplan. POLICY's assistance remained crucial in generating data/information on contraceptive requirements and demographic projections, and on the private sector share of the contraceptive market. Moreover, POLICY also continued to provide technical assistance (TA) in preparing a forum to convene experts from the population/FP/RH field with experts on poverty and development to formulate a conceptual framework to show the population/poverty/development interrelationships. Part of the preparation is a survey among major stakeholders on the relationships among poverty indicators and population.

Advocacy Support for the National Reproductive Health Bill or Its Substitute. POLICY continued to support the Reproductive Health Advocacy Network (RHAN), a multisectoral non-governmental organization (NGO) led group, in its advocacy work to pass national legislation that will ensure sustained allocation of resources for population/FP/RH. To set the direction of its advocacy campaign, RHAN reviewed the results of the POLICY-supported study of the Lawyers' Group of RHAN on February 22. RHAN reached agreement on the proposed amendments on the PopDev (HB 31) and RH (HB 4110) bills and on how to proceed in its advocacy for the passage of such bills. Complementing information sources to improve the bills, the Philippine Legislators' Committee on Population and Development (PLCPD) came up with a matrix of bills related to population/RH filed in the Congress and Senate before September 2001. To date, the Integrated Population and Development Bill, or HB 31, is being deliberated in the first hearing of the House Committee on Population.

TA to Advocate for Inclusion of Additional FP Benefits in the PhilHealth Plus. POLICY continued to collaborate with SOLUTIONS in conducting an actuarial study to determine additional premiums needed to expand FP benefits in the PhilHealth Plus insurance coverage. SOLUTIONS is now working with the Philippine Health Insurance Corporation in generating data and building assumptions.

Advocacy for HIV/AIDS Support. POLICY formally implemented the HIV/AIDS component of the project with the hiring of a program officer for HIV/AIDS in February. The HIV/AIDS project consists of four components: strengthening of local policy responses; a study of the risks of men having sex with men (MSM); review of certain provisions of the Philippine Sanitation Law, or RA 856; and development of advocacy materials focusing on stigma and discrimination in the workplace. In its initial efforts, POLICY introduced the project to various government and NGOs through meetings to identify possible

collaboration and avoid gaps in areas where the project would be working. POLICY has organized an assessment team composed of one representative from the Philippine National AIDS Council (PNAC), Department of Interior and Local Government (DILG), and the POLICY program officer for HIV/AIDS, which is currently in the process of assessing possible sites recommended by PNAC for the implementation of the project.

Mobilization of Civil Society Groups to Broaden and Strengthen Support for FP/RH. POLICY conducted the FP/RH and Health Sector Reform Agenda Provincial Forums in the first two target provinces: Negros Oriental on February 26, and Pangasinan on March 1. These forums served as venues for civil society groups, local government unit (LGU) representatives, health advocates, and private sector representatives to collectively identify and set priorities for population/FP/RH issues in the provinces and to establish a common understanding of corresponding civil society actions and LGU responses. After the forums were completed, POLICY conducted FP/RH Advocacy Network Development Workshops, which have resulted in the initial formation of two provincial advocacy networks. The Pangasinan FP/RH Advocacy Network consists of 22 member organizations, and the Negros Oriental FP/RH Advocacy Network has 17 member organizations. Meanwhile, at the national level, POLICY supported RHAN, which was formalized as an advocacy network in a strategic planning workshop, held February 12–13, in Tagaytay City. RHAN has 14 national NGOs as members.

Advocacy for Increased Resources for FP/RH at the LGUs. POLICY pursued its support in the final phase of the Local Advocacy Project II (LAP). Implementation of the project, which began in June 2001, was completed on March 15. To formally wrap up the project and derive lessons from its implementation, POLICY supported an end-of-project assessment workshop on March 17–18 with its national partners and the respective Municipal/City Advocacy Teams (MAT/CAT) of the seven local government sites. Highlights of the assessment include a total allocation of PhP2.99 million in new funds for population/FP/RH by the seven LGUs. Most noteworthy, however, is the commitment by the national partners and LGUs to sustain the gains of LAP in the seven areas and promote the replication of LAP in other areas.

TA to Develop In-house Capability for Policy Analysis and Planning. POLICY supported the Population Commission (POPCOM) in conducting multisectoral consultative meetings in the first two weeks of March to enhance and update the 1995 Philippine RAPID presentation. Meanwhile, in line with POLICY's plan to institutionalize training in order to build local capacities, POLICY also conducted a SPECTRUM orientation meeting on February 27 for five faculty members and researchers from Silliman University and seven from Central Visayas Polytechnic College. The two institutions expressed interest in attending the SPECTRUM training that POLICY will organize during the next quarter and in exploring possibilities for integrating SPECTRUM into their graduate courses in public health and social sciences.

April 1—June 30, 2002

Technical Assistance (TA) to Implement “Sustainable Family Planning.” The major part of POLICY's assistance to advance the Contraceptive Interdependence Initiative (CII) has been in the generation of data/information on contraceptive requirements and demographic projections, and on the private sector share of the contraceptive market. The projections were extensively used in high-level policy dialogues that POLICY facilitated together with other partners in the initiative, such as the Department of Health (DOH), National Economic and Development Authority (NEDA), the private sector, and the donor community, particularly USAID.

TA to Advocate for Inclusion of Additional FP Benefits in PhilHealth Plus. Solutions Incorporated, with support from POLICY and Health Sector Reform Technical Assistance Project (HSRTAP)-MSH, completed the first draft of the actuarial study on May 29, on the planned changes/enhancements in the

National Health Insurance Program. The actuarial study considered the effect of improvements in FP and expanded maternity benefits in the PhilHealth Plus benefit structure. Currently, results and recommendations of the study are being reviewed by POLICY, HSRTAP-MSH, and USAID. Presentation of the initial results and recommendations to PhilHealth is tentatively scheduled on July 1.

Advocacy for HIV/AIDS Support. POLICY, in collaboration with the Philippine National AIDS Council (PNAC), conducted an orientation seminar and validation workshops in eight selected sites. This was done in support of earlier initiatives of PNAC, which had conducted planning workshops in almost all of the project sites in the previous year. The orientation seminar and validation workshops presented AIDS not only as a health concern but also as a governance issue, which ensured participation of all sectors in society as major stakeholders in the promotion of AIDS concerns. In the end, participants concluded that their respective areas are vulnerable to HIV, and thus a concerted response is needed to keep the problem below the threshold. Participants also recognized the need to strengthen further AIDS councils (where they exist) and review their existing policies on HIV/AIDS. Sites without an AIDS Council have opted to organize their own. An Executive Order creating AIDS Councils was enacted in Laoag City and San Fernando. All eight sites, however, identified the need for capacity-building activities for the council to be more responsive in keeping the spread of HIV/AIDS at bay.

Mobilization of Civil Society Groups to Broaden and Strengthen Support for FP/RH. POLICY assisted the Provincial Advocacy Networks (PANs) in Negros Oriental and Pangasinan in formulating their network building plans for June–December 2002. These plans focused on sharpening collaboration arrangements and organizational and task structures. POLICY has also started capacity-building activities to strengthen the two networks, beginning with training on basic concepts in FP/RH and policy analysis in May. POLICY also conducted an Advocacy Plan Development Workshop for the Negros Oriental FP/RH Advocacy Network on June 18–21. Fifteen network members attended the workshop and drafted their advocacy plan for June–December 2002. The PAN in Pangasinan, on the other hand, will attend the advocacy training/workshop in July. POLICY also provided TA to the Reproductive Health Advocacy Network (RHAN) in its advocacy work on the delisting of Levonorgestrel (Postinor). Related documents were retrieved by POLICY and an events chronicle was established for use by RHAN members in the media forums and discussions with concerned government agencies.

Advocacy for Increased Private Sector Participation in FP/RH. In light of USAID’s current thinking on the critical role of the private sector in addressing contraceptive security, POLICY conducted a dialogue on May 7 in Makati City with selected representatives from the private/commercial sector to expand the role of the private sector in FP service provision. Sixteen participants, mostly from the pharmaceutical companies, attended the dialogue, which yielded a concrete understanding of private sector concerns in FP service provision, the contraceptive supply situation in the Philippines, policy barriers, and the imperative of advocating for social acceptance of FP in all sectors to increase future demand for FP services.

TA to Develop In-house Capability for Policy Analysis and Planning. POLICY conducted training on the use of the SPECTRUM system of models for five central and 16 regional staff of the DOH from April 8–12. The training initiates the institutionalization of information-based policymaking in the DOH and strengthens the ability of in-house experts on demographic projections and analysis.

VIETNAM

The goal of POLICY assistance in Vietnam is to address HIV-related stigma and assist PLWHA in building PLWHA-controlled networks within the context of the Greater Involvement of People Living with HIV/AIDS (GIPA) principle. POLICY proposes to support the following two activities:

- Strategic planning process to determine how to best implement GIPA in Vietnam (this planning process will also be linked the Global Fund planning process).
- Design and delivery of a workshop program called “Applying GIPA.” The workshop program will focus on explaining what GIPA means and exploring models for PLWHA networking suitable for Vietnam. These workshops will be conducted in collaboration with local organizations.

It is anticipated that outcomes from both the strategic planning and workshop program will inform the development of future models for PLWHA networking, including models that have potential for funding. GIPA activities will also be linked.

Summary of Major Activities

April 1—June 30, 2002

During this quarter, POLICY completed the PLWHA Operational Plan, which is divided into two sections: a brief report outlining the key findings and a proposed plan of action.

Implementing GIPA in Vietnam presents a number of significant challenges because of the nature of the epidemic. Challenges include the following:

- *Working with HIV-positive injecting drug users.* Any PLWHA developments in Vietnam need to take into consideration the 05/06 Rehabilitation Centers where a substantial proportion of the known PLWHA are being accommodated.
- *Need to understand policy and decision-making processes.* In Vietnam, the government is centralized and decision making occurs at the central level. There are established systems by which the country organizes particular sectors through a system of “mass organizations,” and any developments involving social organization among PLWHA will need to take into account how they will relate to these organizations. This applies at both the local level for organizations and at the broader level for advocacy, networking, and coordination.
- *Developing the meaning of “advocacy.”* There is no word in the Vietnamese language for advocacy, nor is it likely that such an approach will be easily compatible with government policy and practice (as is the case in many countries). It will be necessary to carefully develop understandings of the value that PLWHA can add to policymaking, taking into account the established processes by which all policy is developed in Vietnam. Caution will need to be employed when referring explicitly to the potential for PLWHA groups to do advocacy.
- *Unique characteristics of the HIV epidemic in Vietnam.* During the assessment, the National AIDS Standing Bureau advised POLICY to take into consideration the unique characteristics of Vietnam and the influence of the HIV epidemic and potential PLWHA involvement, namely:
 - Distinct cultural characteristics in Vietnam and how these are different to those found in the West;

- Particular social structure in Vietnam and the ways in which society is organized;
 - High proportion of PLWHA who are intravenous drug users (IDUs); and
 - Level of HIV-related stigma that surrounds the epidemic and the way this will hinder the development of PLWHA groups.
- *Many stakeholders and the need for coordination.* There are already many local and international organizations that have commenced work in this area. Any future activities must build on the initial valuable groundwork. It is also important that GIPA-related activities are linked to planning for the scale-up of voluntary counseling and testing (VCT) services and the Global Fund.
 - *Need to explore the most appropriate model for PLWHA networking.* There is a need for greater clarification regarding the most appropriate model and membership of the PLWHA network. Due to the highly stigmatized nature of HIV and the general belief that most PLWHA are poorly educated and lack organizational experience, membership should be expanded to include non-HIV infected people. This proposal needs clarification.
 - *Need to consider the relationship between poverty and HIV/AIDS.* The relationship between poverty and HIV status needs to be better understood. In all the discussions with PLWHA, poverty emerged as a predominant theme, meaning that the present way of thinking about PLWHA groups and the models being used need to factor in strategies that try to address poverty. It is not apparent that the volunteer model is sustainable if participants are impoverished and hungry.

EUROPE AND EURASIA (E&E)

ROMANIA

The goal of POLICY assistance in Romania is to ensure that policies and plans promote and sustain access to high-quality FP/RH services by removing priority policy barriers and critical financing concerns. Building on past project efforts that led to social health insurance coverage of FP/RH services and state budget resources for contraceptives, POLICY is now implementing a core package of assistance pertaining to contraceptive security. The package aims to help the government identify and eliminate operational barriers affecting the implementation of three broad national contraceptive security policies approved by the Romania government in August 2000 and reaffirmed by the new government in 2001. These contraceptive security policies include: provision of free contraceptives to disadvantaged sectors of the population, establishment of local revolving funds to purchase and sell contraceptives to nontargeted sectors, and distribution of government-funded contraceptives by family doctors, especially in rural areas without FP clinics.

Summary of Major Activities January 1—March 31, 2002

The package approach involves research on barriers to the implementation of contraceptive security policies, data-based policy dialogue to develop recommendations for policy action, TA to the Ministry of Health and Family (MOHF), and advocacy for access to affordable commodities and client-responsive operational policies on contraceptive security.

Policy research included an assessment of the barriers to the implementation of the three new policies, government funding for contraceptives, and contraceptive market segmentation. Drafts of these studies were presented during the October roundtable organized by the MOHF and POLICY. Comments during the roundtable were used in revising the research studies. The market segmentation analysis was revised to encompass data for all women 15–44, and not just those married and in union. The policy barriers paper was updated to include newly available data on number of contraceptives procured centrally by the *Panait Sarbu* National Family Planning Reference Center (central procurement agency). The revised assessment now uses a 12-month procurement (August 1, 2000, to July 31, 2001), which is more appropriate for observing logistics systems.

In addition to policy research and dialogue, the core package also involves the formation and development of reproductive health (RH) advocacy networks in three USAID priority *judets*. Two advocacy workshops were conducted in Sinaia on February 4–6 and 8–10 for the Iasi, Cluj, and Constanta advocacy networks. A total of 46 network members attended. The purpose of these workshops was to provide judet networks with advocacy skills in order to advocate in support of contraceptive security issues. Network members were introduced to the concept and practice of advocacy, examined and applied tools for effective advocacy, and selected key contraceptive security issues. After extensive review of the contraceptive security issues identified in the roundtable, all three networks selected the lack of access to government funds by non-governmental organizations (NGOs) as their advocacy issue. This was reinforced by the presentation made by Eugenia Erhan, Director of Budget and Finance in the MOHF, who referred to MOH Order #54/2000, which stipulates that NGOs can access government funds. To date, this order has not been operationalized. In addition to NGO access to government funding, the Constanta Network selected a second advocacy issue, focusing on better contraceptive method mix at the judet level. Based on their selected issues, the networks drafted advocacy action plans along with proposed activities for implementation. These plans will be finalized and funded through POLICY's small-grant mechanism.

April 1—June 30, 2002

TA was provided to the three judet advocacy networks in Cluj, Constanta, and Iasi that were formed with POLICY assistance to finalize their advocacy action plans focusing on the operationalization of the Ministry of Health (MOH) Order No. 54/2000, which stipulates that NGOs can access government funding. These NGO advocacy networks want to tap this funding source so that the networks can undertake advocacy to promote various FP/RH concerns, including access to contraceptive services and commodities. To ensure that standard criteria are developed, representatives from all three networks met in Constanta for a two-day meeting to (1) draft the criteria that will be proposed to the Ministry of Health and Family (MOHF, the new name of the MOH) to implement the order and release funds to NGOs; and (2) identify advocacy actions needed to ensure the criteria are accepted and applied by the MOHF. This meeting, which was organized by the President of the Constanta network in late May, provided an opportunity for all three networks to work together for their first advocacy initiative. As a result of the meeting, a set of criteria was formulated and a negotiating team of representatives from each of the networks formed to present the proposed criteria to the MOHF and to engage them, particularly the Department of Family and Social Assistance and the Department of Budget and Finance, in a dialogue to secure access to government funds. This funding source was first brought up during the Contraceptive Security Roundtable that the MOHF and POLICY organized on October 15–16, 2001, and is evolving as a viable source. Recently, POLICY awarded small grants to the Constanta and Iasi networks for implementation of their advocacy plans. A small grant for the Cluj network is anticipated next quarter.

As the contraceptive security core package is expected to end soon, results, experiences, and lessons learned is being documented. POLICY staff are collecting government policy documents related to contraceptive security and contacting key informants to assess POLICY's role, if any, in such activities. One particular area of interest is assessing how closely the strategy proposed in the core package proposal was followed. It was originally proposed that policy proposals would first be pilot tested in the three judets prior to promulgating a national policy. For example, during the roundtable, participants recommended self-certification of poverty status to make it easy for the disadvantaged to access free contraceptives. Instead of pilot testing, the MOHF opted to meet with the Ministry of Finance for approval of self-certification as documentary proof of eligibility. Roundtable participants also recommended that free contraceptives be targeted primarily to the poor since resources are scarce. UNFPA, however, recently donated contraceptives (initially worth \$300,000 with the possibility of total donations reaching \$600,000) that will be provided to 18 UNFPA and USAID priority judets, while government resources will be used for the 23 remaining judets. As supply availability improved, the MOHF expanded target groups for free contraceptives to include all women in rural areas and women having an abortion in a government hospital. In a dialogue with the MOHF, POLICY emphasized that donor resources are limited and cautioned that long-term sustainability of commodity supplies must be addressed even though the immediate pressure was abated. Most recently, POLICY began exploring the potential for a future core package or field-funded program that would address a key dimension of Romania's most recent contraceptive security policy action: access and rights to FP information, services, and commodities for women receiving postabortion care. USAID/Bucharest and the MOHF want this concern to be a major focus for the future. This proposal is still being discussed, along with a request from Director Mihai Horga of the MOHF Department of Family and Social Assistance for POLICY TA in building MOHF–NGO partnerships in FP/RH advocacy.

RUSSIA

POLICY's primary goal in Russia is to strengthen the capacity of the Advocacy Network for Reproductive Health (Network) to advocate for policy change that promotes access to quality family planning (FP), maternal health, and STI/AIDS prevention services. POLICY will assist the Network to reevaluate its informational/data needs, assess its potential for sustainability, and develop a strategy to address long-term sustainability. To keep in step with USAID/Moscow's overall strategy and the reality of where RH policy decisions are being made, POLICY/Russia is turning its attention to regional initiatives. With previous USAID restrictions having been lifted recently, POLICY will explore opportunities to work directly with regional government officials. One definitive plan to segue into a regional focus will begin in early 2002 with a training-of-trainers (TOT) workshop, which will be followed by TA and minigrants to support the creation and advocacy efforts of two oblast-level Network branches.

**Summary of Major Activities
January 1—March 31, 2002**

From February 18–27, a Regional Training-of-Trainers (TOT) in Network Building and Advocacy was held in Moscow. Funding was provided by CEDPA's Women's Leadership Program, and POLICY staff designed and implemented the TOT. Eighteen participants were selected from 25 applicants. Members of the Network, as well as non-governmental organization (NGO) leaders and representatives from other civil society groups in Russia, were among the participants. In addition, two members of the POLICY-supported Ukrainian Network for Reproductive Health (URHN) participated in the training, and Armenia and Uzbekistan were each represented by two NGO leaders. In addition to this cultural diversity, the group was composed of a broad range of technical directors; participants represented not only FP/RH but also women's rights, gender, youth, women-owned businesses, antiviolenace and trafficking, and men's crisis centers. The training team consisted of Anne Jorgensen, POLICY/Russia Country Manager; Alexander Borovikh, Director of the Center for NGO Support in Moscow; and Olena Truhan, the Advocacy Coordinator for POLICY/Ukraine.

As is indicated in the agenda (Attachment A), the TOT included a "workshop within a workshop," whereby participants designed and delivered a one-day advocacy orientation to 14 Moscow-based NGOs and program managers from other USAID projects. By inviting a broad spectrum of civil society groups to this orientation, potential advocates in many social sectors (i.e., HIV/AIDS, education, disabled persons, orphans, legal rights advocates, and environment) were introduced to policy advocacy.

Participants gave the TOT high marks on the evaluation forms administered immediately following the workshop; POLICY plans to conduct three- and six-month evaluations to assess the extent to which participants conduct subsequent network building or advocacy training and/or establish local networks. To date, POLICY has received five small grant applications to support Network Building and Advocacy workshops in Russia's Far East Region, in Altay Kray, and in Perm, Tomsk, and Tver Oblasts. Expectations are that at least two teaching and training organizations will include advocacy training in their curricula and/or roster of training programs.

Design and implementation of the TOT was the major activity for the POLICY/Russia team this quarter. However, it should be noted that the Russian Network members continue to report ongoing advocacy efforts and promising conversations with policymakers. For instance, Network member Irina Bistrova reports that in late March, her NGO Woman and Family, together with other RH NGOs and government organizations in the city of Tver, held a meeting with City Duma Deputy, Tatyana Kazaishvilli, regarding the state of local RH services, advocating for a youth clinic and expanding the Family Planning Center.

Kazaishvili promised to provide her support. These NGOs also conducted a meeting with the head of Tver's Healthcare Department, Nicolay Rumanzev, and advocated for organizing RH services in the city's health-educational youth center and for improving the family planning (FP) services in the city. As a result of the meeting, RH has been put on the agenda for the Healthcare Department's April meeting. In addition, Bistrova and Tamara Gontareva, the Network's second member from Tver, have been distributing the Network's second newsletter at various public forums to identify NGOs to form an advocacy network in Tver.

Network member Natalia Grigorieva has submitted a small-grant application to publish a special edition of an established academic journal *Health Management*, with a focus on RH and RH advocacy in the former Soviet Union. This journal enjoys wide distribution among academic, civil society, and policy circles. In addition, the Network is drafting a small grant to support the development of a website. The Network published 1,000 copies of its second newsletter and is currently distributing it to NGOs and other organizations throughout Russia. The next Network meeting is planned for late April.

April 1—June 30, 2002

Since the February 18–27 Regional Training-of-Trainers (TOT) in Network Building and Advocacy, POLICY awarded four small grants (core funds) to TOT alumnae for creating and training regional network branches in Russia's Far East Region, in Altay Kray, and in Tver and Tomsk Oblasts. In the fall, a small grant will be awarded to a TOT alumnus from Perm Oblast.

The results of the three-month follow-up evaluation of the TOT showed that as of May 30, TOT participants had designed 10 different training workshops and conducted 26 advocacy workshops for 352 participants from NGOs, government organizations, and academic institutions. In addition, as of June 30, each of the four small-grant recipients had conducted network-building workshops, and two (Barnaul and Tomsk) had gone on to hold advocacy-training workshops for their new networks.

During this period, POLICY awarded a small grant (core funds) to Network member Natalia Grigorieva to publish a special edition of an established academic journal, *Health Management*, with a focus on RH and RH advocacy in the former Soviet Union. This journal enjoys wide distribution among academic, civil society, and policy circles. POLICY staff from Ukraine, Turkey, and Romania and their respective network partners have been encouraged to submit articles; publication is anticipated in September.

The Network organized a meeting in Moscow, June 17–18, to plan next steps in its advocacy efforts, to address its sustainability strategy, and to design its next newsletter. POLICY/Ukraine's Andriy Huk traveled to Moscow to facilitate a session introducing the Network to operational policies and the work that POLICY/Ukraine and the Policy Development Group have done to address operational policy barriers in implementing Ukraine's National Reproductive Health Program (NRHP). The outcomes of this Network meeting were a rough draft of an action plan for an advocacy campaign to include the definitions of RH/reproductive rights into draft federal and regional legislations; a Network baseline sustainability self-assessment (to replace the October 2001 version that was invalid due to the small number of responses); a chief editor; and an outline for the Network's third newsletter, which will be devoted to RH issues associated with STI/HIV/AIDS. The Network replaced two members of the Coordinating Committee, which will meet in September 2002 to finalize the advocacy campaign action plan, develop a sustainability action plan, and develop the agenda for the next Network meeting.

POLICY/Russia's Program Coordinator Katya Yusupova queried the Network about the scope and type of training and TA requested from POLICY for next year. In addition to support for two meetings of the national Network, additional meetings of the Coordination Committee, and publication of the third newsletter, the Network plans to submit small grants to support a website and the preparation of a

summary report of positive results of past regional and national FP programs in Russia to use in its advocacy campaign. At least 10 participants who were unable to attend the 10-day TOT in February were interested in receiving a “mini-TOT” in the fall.

In addition, two Network members and POLICY/Russia’s Program Coordinator were invited by their colleagues from the Ukrainian Reproductive Health Network (URHN) to attend its June 20–22 workshop in Odessa. During this workshop, POLICY piloted a training module on Planning and Finance for Networks, a URHN member provided training in Reproductive Rights as Human Rights, and the URHN planned next steps in its advocacy campaign to finance and implement the NRHP. The exchange between the two Networks was mutually beneficial; POLICY hopes to support this exchange in the future.

TURKEY

In Turkey, POLICY's assistance is designed to help the government achieve public sector contraceptive self-reliance in reaction to foreign-donor phaseout. Additionally, POLICY has helped create and now supports the capacity building of KIDOG, the leading NGO Network for Women, whose mission is to advocate for women's health, education, and legal rights. POLICY's partnership with the Turkish Ministry of Health (MOH), other key ministries, and KIDOG combines policy analysis, dialogue, and advocacy to secure sustainable funding for contraceptive commodities for the most needy people. Funds for contraceptives are generated through the government's budget and a cost-recovery strategy based on voluntary donations from family planning clients.

Summary of Major Activities January 1—March 31, 2002

POLICY worked closely with the MOH and the Health and Social Aid Foundation (HSAF) to ensure the sustainability of the cost-sharing mechanism. Through policy dialogue, the terms of partnership between the MOH and HSAF continued. Essential details related to donation collection, routing of funds from the service site to the central HSAF headquarters, and procurement of contraceptive commodities lie at the heart of the dialogue. As a result of recent meetings between the MOH and HSAF, the general director of the MOH Maternal–Child Health and Family Planning (MCH/FP) General Directorate (GD) issued a decree to all 81 provinces, with the signature of the undersecretary of the MOH, which states that “the Contraceptive Self-Reliance Program was initiated by our General Directorate of Maternal–Child Health and Family Planning as of 1997. The fundamental principle of this initiative is to continue to provide free contraceptive supplies to everyone, while asking those users who can afford and are willing, to make a voluntary donation following service delivery. The decree also explains the rationale for requesting donations, and says that donations will be directed toward the purchase of contraceptive commodities.” This decree is a sign for future sustainability that the ministry considers the contraceptive security issue as a program to be implemented along with other MOH programs.

During this period, POLICY conducted monitoring visits to the provinces of Izmir, Manisa, Samsun, and Trabzon, where the targeting strategy is being implemented. Technical assistance (TA) was provided to revise and improve the tracking tool (Excel spreadsheet) installed at the startup of the program. The tracking tool is used to store data from the reporting forms, and monitor and evaluate some critical aspects of the implementation of the targeting strategy and its outcome. Once data are entered, the provincial managers can automatically view, for example, the donation rates by facilities, districts, and type of facilities. The tracking tool also includes graphics to enhance visual analysis.

Based on discussions with the MOH and provinces scheduled for the rollout of the targeting strategy in the near-term (Ankara, Antalya, Bursa, and Konya), POLICY revised the timetable for rollout and for conducting orientation sessions. All provincial teams will be oriented by July. Most recently, POLICY held orientation sessions for Gaziantep Province in collaboration with the Gaziantep training team, which had received training in the previous quarter. Using previously trained MOH personnel to conduct orientation sessions for other provinces is a cost-effective and sustainable way to roll out the strategy. This is especially important for the future when POLICY ends and the MOH continues to expand the targeting strategy to additional provinces. In Gaziantep, 150 staff were oriented, and implementation of donation policy is now underway.

During this quarter, KIDOG continued to conduct advocacy training in Canakkale Province for local NGOs that support women's empowerment. During the training sessions there, KIDOG shared its experiences and shed light on how NGOs can translate international declarations signed by the

government of Turkey into action at the local level. POLICY financed the printing of the POLICY Advocacy Manual which was translated into Turkish.

In March, KIDOG conducted a meeting to evaluate its April 2001-2002 and April 2002-2003 workplans. It also discussed its future sustainability. KIDOG accepted an invitation to provide an advocacy training for the Child Rights Network. KIDOG considers this proof that it is accepted as an advocacy network that can provide training and generate funds through selling this type of service.

USAID/Ankara conducted its country program closeout on February 15, 2002, in collaboration with the MOH, other Turkish counterpart organizations, and USAID-funded cooperating agencies (CAs) (POLICY is extended until December 2002). In preparation for this symposium, POLICY provided feedback on the Turkey Final Report, compiled and provided all POLICY/Turkey documents mostly in electronic format, and developed presentations on lessons learned. Also, POLICY drafted a report of its own for distribution at the symposium. The draft document, entitled “The POLICY Project in Turkey: Overview, Results, and Lessons Learned,” is a summary document that will be updated at the close of the project in December 2002.

April 1—June 30, 2002

POLICY continued to provide assistance to roll out the new targeting policy in five more selected provinces: Ankara, Antalya, Bursa, Gaziantep, and Konya. As a result, full expansion was achieved ahead of schedule in all 12 selected provinces. Rollout activities were conducted in collaboration with staff from the MOH that POLICY previously trained for this initiative.

During the rollout, extensive orientation sessions were conducted. These sessions covered the rationale for the donation policy and how it was being implemented, as well as the roles and responsibilities among MOH FP service providers. It also included an orientation for Health and Social Aid Foundation staff at the provincial and facility levels and the setting up of administrative procedures for tracking the flow of data on commodity distribution and donated money. The MOH’s Maternal and Child Health and Family Planning (MCH/FP) Deputy Director and staff participated in several sessions, particularly for head physicians in public hospitals and district health directors, to endorse the rationale of the policy and to ensure proper implementation. The MOH training team also gained hands-on experience, thus enabling them to conduct future orientation sessions for the other provinces. They also conducted training-of-trainers (TOT) sessions for a few selected provincial health directorate staff who will be able to follow-up in their provinces and possibly in neighboring provinces as the rollout continues beyond POLICY. For each province, a set of orientation training materials was also provided including overhead transparencies.

Number of Trainers and Orientation Participants by Province

	Ankara	Antalya	Bursa	Gaziantep	Konya
Trainers	3	2	2	1	2
Facility Staff	713	572	448	155	485

Also, POLICY’s local consultant and the Istanbul Health Directorate team conducted monitoring visits to nearly all of the MCH/FP health centers and public hospitals where the targeting policy is being implemented. The monitoring visits served three purposes: (1) to reinforce compliance with the policy; (2) to clarify any questions or concerns that arose as the implementation got under way; and (3) to provide an updated version of the guidelines for each facility. Technical assistance (TA) was provided to revise the monitoring and evaluation tool based on the feedback from the central MOH and field staff. The

revised tool was prepared for each provincial health directorate and installed at eight provinces of 12 provinces.

POLICY also finalized the monitoring and evaluation (M&E) Excel spreadsheet tool for use at the central MOH. This tool allows the MOH to store and keep track of data from the reporting forms submitted by the health facilities and to evaluate critical aspects of the targeting policy and its outcome. For example, once data are entered, managers can automatically view the donation rates by provinces, type, and revenue collected. The tracking tool also includes graphics to enhance visual analysis. The Excel-based tool is now being adapted by the MOH to another programming language in order that it can be integrated into the MOH's Intranet.

During this quarter, KIDOG received a no-cost extension of its minigrant to conduct advocacy training in selected provinces. KIDOG conducted three advocacy workshops for Çanakkale Women NGOs and Local Agenda 21 Group, April 7–9; Samsun Women NGOs and Local Agenda 21 Group, May 6–8; and Adana Women NGOs and Local Agenda 21 Group, May 27–29. During the workshops, KIDOG shared its experiences and shed light on how NGOs can translate international declarations signed by the government of Turkey into action at the local level. KIDOG also distributed the Turkish version of POLICY's Advocacy Training Manual.

UKRAINE

POLICY's goal in Ukraine is to strengthen the ability of the Ministry of Health (MOH) and local partners to implement the National Reproductive Health Program 2001–2005 (NRHP) and policies that improve reproductive health (RH) services. This is accomplished by providing technical and financial assistance to a range of stakeholders, including the MOH and local partners responsible for implementing, monitoring, and evaluating the NRHP; members of the Policy Development Group (PDG) who forward policy and programmatic issues relevant to the successful implementation of the NRHP, including recommendations to remove operational policy barriers; and the Ukrainian Reproductive Health Network (URHN) as it plans, implements, and evaluates its ongoing advocacy campaigns in support of funding and implementing the NRHP. Partners will use data from the MOH, CDC, and POLICY-supported analyses to inform policy and program decisions. In addition, to help control and mitigate the impact of HIV/AIDS in Ukraine, POLICY supports a synergistic set of activities to improve policies that increase access to quality RH services for HIV-positive women. These activities will be grounded in a human rights approach. With core funds, POLICY is also implementing a core package to eliminate operational policy barriers and strengthen the government's ability to set RH program priorities.

Summary of Major Activities **January 1—March 31, 2002**

Field Support Activities. POLICY continued its support to the PDG to strengthen recommendations to remove OP barriers and to the URHN to implement its advocacy campaign.

During January and March 2002, POLICY held working group meetings for the PDG. On January 26, POLICY held a PDG meeting to complete the draft MOH Order on the Organization of Outpatient Ob-Gyn Care in Ukraine (MOH Order), the list of diagnostic and treatment measures for outpatient Ob-Gyn care. After the meeting, an edited version of the MOH Order and additional recommendations to overcome OP barriers were sent to POLICY for final review. On March 16, POLICY held a PDG meeting to discuss final edits, questions, and suggestions made by POLICY and Ukrainian RH specialists. POLICY's Carol Shepherd participated in this meeting to clarify POLICY's comments and suggestions. During the meeting, the PDG decided to send the MOH Order to the URHN for its review and suggestions on how it may help implement the order. PDG participants also agreed on an activity plan for addressing the remaining barriers that were not included in the order.

The MOH Order is now being finalized, before it will be sent to internal MOH departments and the Academy of Medical Sciences for approval. It will then go to the ministries of Economics, Finance, and Justice. If there are no major comments, the Minister of Health is expected to approve it on or about May 1. According to the PDG's activity plan, next steps include developing guidelines for the MOH Order and drafting a MOH Order on the Organization of Inpatient Ob-Gyn Care. In addition, once the results of core-funded efficiency studies are available, the PDG will draft recommendations and guidelines to remove these OP barriers.

POLICY provided further technical and organizational assistance to the URHN by supporting a March 2002 network meeting. During the last quarter, the URHN held four press conferences and three public hearings. The press conferences were held in Kirovograd, Kyiv, Lviv, and Ternopil to spotlight local RH programs. Public hearings in Lviv and Odessa focused on the implementation of and financing for local RH programs. To culminate the public hearings, the URHN held a national public hearing in Kyiv in March 2002, which constituted the first time representatives of government, NGOs, commercial organizations, public, and the mass media were gathered together for a national level NGO-organized public hearing on RH in Ukraine. Approximately 70 attended the national hearing, including

representatives of the ministries of Health, Finance, Education, and Labor; UNFPA; National Institutes of Health; Academy of Medical Sciences; Kiev City Administration; Institute of Reproductive Medicine; the World Bank; and USAID. A representative from the Latvian Embassy also participated in order to receive information for future Latvian legislation on RH. Ten journalists and two TV reporters attended, providing favorable press on the event. The resolution adopted at the national hearing, calling for greater attention to RH issues and increased financing for the NRHP, will be forwarded to Ukraine's President and Prime Minister. The hearings and conferences, which assist the network in accomplishing Advocacy Objective #1, resulted in increased public and political support for the implementation of the NRHP 2001–2005.

Also in March, POLICY conducted a workshop for the URHN to address a sustainability issue: working effectively with the mass media. A stronger skill set in working with mass media will contribute to the effective implementation of the network's advocacy campaign in the short-term and will help the network's long-term advocacy efforts. Training was conducted by a USAID contracting agency, the Ukrainian Market Reform Education Project. In addition, the network furthered another facet of its quest for sustainability by adopting its sustainability plan as drafted by URHN member Svetlana Drobisheva.

In an effort to begin identifying the next advocacy issue, the network invited Nina Berezina, a representative from the Ministry of Education (MOE), to speak at the network meeting. The MOE representative provided the network with information on how RH issues are taught in Ukrainian schools. In 2001, the MOE launched a new mandatory course, entitled "healthy life styles." The group discussed the need to revise existing materials used in the course that present incorrect and outdated subject matter. The URHN plans to advocate for updating the health book in a future advocacy campaign.

In February 2002, two URHN members, Ludmila Logginova and Larissa Skvira, participated in a Regional Advocacy Training-of-Trainers (TOT) in Moscow co-sponsored by POLICY/Russia and the Bill and Melinda Gates Foundation. Participants from Kazakhstan, Russia, Ukraine, and Uzbekistan received training skills, network-building expertise, and in-depth knowledge of the advocacy process. By the end of training, participants practiced their skills by facilitating their own training sessions for Moscow-based NGOs. The two URHN members are now equipped to conduct advocacy orientations for new URHN members, and are now able to help Advocacy Coordinator Lena Truhan design a future TOT in Ukraine. This opportunity will certainly ensure that all such future training workshops in Ukraine will be less dependent on foreign TA and less expensive. Logginova is planning to provide advocacy orientation workshops for trainers and follow-up TOT for those who would like to serve as advocacy trainers. Another outcome of the TOT is that a new regional network was created. "Partners for Change" includes representatives from all four former Soviet countries that participated.

Core Package Activities. POLICY continued to support a priority-setting initiative in the city of Kamianets-Podilsky, and a study of the efficiency of resource use in providing RH care, which will be conducted in the cities of Kamianets-Podilsky and Svitlovodsk.

In January 2002, POLICY designed the costing study component of the priority-setting activity and designed questionnaires to collect information on the service inputs to providing RH care. From March 4–15, the instruments were pretested in focus groups with RH providers in Kyiv. Feedback from the pretests will be used to strengthen the questionnaires for use in Kamianets-Podilsky. The focus groups will be conducted there in the next month, and efforts to collect service statistics and costs are currently underway. The cost analysis will be used during the next priority-setting workshop in Kamianets-Podilsky, which is tentatively scheduled for the end of June.

Also in January 2002, MEDMA and POLICY staff finalized data collection instruments for the study on efficiency of resource use. From January through March, MEDMA administered the survey instruments

in the cities of Kamianets-Podilsky, Svitlovodsk, and the rayon of Kamianets-Podilsky. Results from the studies are expected in May, and joint POLICY and MEDMA results and recommendations will be presented to the PDG at the end of June.

April 1—June 30, 2002

Field Support Activities. POLICY continued its support to the PDG to strengthen recommendations to remove OP barriers and to the URHN to implement its advocacy campaign. In addition, POLICY launched its RH/HIV/HR approach, which consists of five inter-related activities.

POLICY supported PDG working group meetings in May and June. The PDG was further broadened by including participants that have inpatient care expertise to assist in developing recommendations for the MOH Order on the Organization of Inpatient Obstetrical-Gynecological (Ob-Gyn) Care in Ukraine. During the May meeting, the group set priorities for OP barriers regarding inpatient Ob-Gyn care and initiated a plan to draft recommendations. On June 14–15, POLICY held a two-day PDG meeting to discuss the group's first draft of recommendations and components of the planned MOH Order. The group chose to focus on the two most important barriers: the uncoordinated service structure and weak referral system, and a general lack of standards for RH care and unsystematically developed standards among those that exist.

The group also discussed preliminary findings of efficiency studies conducted by Medical Management and Audit (MEDMA). The early findings of the studies show that there is a lot of waste in the RH-care system. For example, hospitals are overstaffed and have more beds than necessary, whereas the supply of equipment, drugs, linens, food, and medical supplies is inadequate. As a result, patients often must bring their own linens and food and purchase drugs, gloves, and other supplies, while health providers stand idle. The PDG intends to use the studies' final results to write recommendations to the Cabinet of Ministers in an attempt to remove the inefficiencies. Some of the inefficiencies are based on Ministry of Finance (MOF) and MOH norms. Removing them will require approval from the MOH, MOF, Ministry of Economics, and other ministries. The PDG is trying to engage MOF and Ministry of Economics counterparts in PDG meetings on these topics in the next few months.

During the last quarter, the URHN held public hearings in Makeevka and Ternopil promoting implementation of and financing for local RH programs. The hearings, which assisted the network in accomplishing Advocacy Objective #1, resulted in increased public and political support for the implementation of the NRHP.

In Ternopil, as a result of the public hearing, attendees adopted a resolution to remove barriers to implementing the local RH program. The resolution served several purposes. First, the resolution sets out to create a multiagency coordinating board to provide organization for and to exercise control over implementation of the NRHP in the city. Second, it proposes to help create a city AIDS prevention center to address this growing problem. Third, it proposes to improve legal mechanisms of health care financing and business activities in the health sector, including identifying additional financial resources and rationalizing the use of existing funds. Fourth, it seeks to ensure equal rights for providers of all sectors that deliver RH services to the population, and create a more favorable environment for the commercial health care sector through improved taxation mechanisms and other means. Finally, the resolution sets out to create an "RH room" in perinatal centers to provide a range of services to improve the population's RH. Local TV and radio stations in Ternopil held many news programs covering the public hearing. The news coverage is expected to further increase public support for the NRHP.

In Makeevka, public hearing participants proposed to establish a multisectoral board to better coordinate local RH program activities and effectively use the resources designated for it. The board will aim to

ensure 100 percent funding of the local RH program activities and to open an RH specialized center for adolescents.

In May, seven URHN members drafted and submitted proposals to the Ministry of Education and Sciences (MOE) on the implementation of the Presidential Decree, “On Urgent Measures to Strengthen Morality and Promote Healthy Lifestyles,” issued on March 15, 2002. The two main proposals are to include RH as a mandatory course in school curriculum and establish a policy dialogue between the MOE and NGOs working on education and public health in order to better address the unique RH problems of adolescents.

POLICY further provided TA to the URHN at its June 20–22 workshop. Anne Jorgensen conducted a training workshop focused on Planning and Finance (P&F) designed to help Network members appreciate the importance of effective P&F for RH. On the second day of the workshop, Victor Glukhovskiy, a URHN member, provided HR training, the goal of which was to impart the basic HR principles with regard to accessing health care and specific features of patient’s rights including reproductive rights and the rights of those infected with HIV/AIDS. This training on HR serves to introduce a tool that the URHN can use in its advocacy campaigns. On the final day, the URHN discussed its next steps: (1) to address Advocacy Objective #3 of the current campaign—implementation of the NRHP; (2) to continue fostering policy dialogue between the MOE and the MOH on making healthy lifestyle/RH curriculum in schools mandatory; and (3) to address the Network’s sustainability issues—issuing a newsletter, creating an RH NGO database, and holding an advocacy and network building training workshop for trainers.

The Network has shown its ongoing commitment to the successful implementation of the advocacy campaign and ensuring that the Network becomes sustainable. Four members (Bepsoyasnaya, Glukhovskiy, Kobets, and Nizov) co-shared the expenses for this workshop with POLICY. The members paid for the rent and operative expenses associated with the workshop.

An important lesson learned is that the Network did not have enough time to discuss all of its business because of the different kinds of training offered so frequently during workshops. In Odessa, the three-day meeting included two training sessions. The next meeting in October will be structured to focus on planning of next steps and sustainability.

Country Manager Monica Medrek and POLICY’s newest staff member, Oleg Semerik, launched POLICY/Ukraine’s RH/HIV/HR approach by meeting with potential partners, collaborators, and subcontractors to plan Phases 1 and 2 of the five-part approach. POLICY’s approach in Ukraine includes conducting five linked activities designed to achieve the following results: (1) conduct HR orientation to sensitize NGO leaders, policy champions, and local POLICY staff to internationally endorsed HR, specifically reproductive rights related to confidentiality, reproduction, access to quality RH, and avoidance of MTCT; (2) conduct focus groups to generate a qualitative analytic basis for documenting barriers to accessing quality FP/RH services; (3) conduct a targeted review of Ukrainian laws pertaining to problems in Ukraine’s health care facilities; (4) compare Ukrainian RH legislation to international treaties to which Ukraine is a signatory to determine if laws require modification; and (5) support national policy dialogue and advocacy on improving access to and quality of RH services for PLWHA by engaging Ukraine’s Coordinating Committee on AIDS (NCCA), other decision makers, and advocacy groups.

POLICY and the International HIV/AIDS Alliance discussed concrete ways to collaborate. Plans include sharing research findings and advocacy material and conducting a joint policy dialogue. Additional ways to collaborate that are being considered include working with the same NGOs specifically interested in conducting advocacy campaigns on ensuring access to quality safe motherhood services. The alliance may hold advocacy training for such NGOs; if so, POLICY would invite them to the HR orientation.

Another possibility for collaboration is for the alliance's Ira Barushek to help conduct focus groups with HIV-positive women.

In addition to laying the groundwork for the orientation and preparation of focus groups scheduled for September, POLICY and counterparts discussed plans to create an Advisory Board, consisting of PLWHA, RH service provider(s), lawyer(s), and policymakers. The Advisory Board will empower PLWHA and engage key stakeholders to ensure further participation among the key stakeholders throughout the process. Participation of the board will be especially important with regard to focus-group preparation and result analysis and policy dialogue. The Advisory Board will make certain the focus-group questions are appropriate and plans to conduct the focus groups ensure participants' confidentiality.

Core Package Activities. POLICY continued to support a priority-setting initiative in the city of Kamianets–Podilsky and a study of the efficiency of resource use in providing RH care conducted in the cities of Kamianets-Podilsky and Svitlovodsk.

From April through mid-May, POLICY developed spreadsheets for each RH intervention included in the costing analysis component of the priority-setting activity. At the end of May, Nicole Judice traveled to Ukraine to work with MEDMA and local consultant Viktor Galayda to begin conducting the expert focus groups and discuss other data needs for the cost-analysis and the priority-setting initiative. This information will be compiled into a briefing booklet for the priority-setting workshop. After Judice's departure, Galayda and MEDMA continued to conduct expert focus groups and collect data for each RH intervention included in the cost analysis. At the end of June, Suneeta Sharma and Judice traveled to Ukraine to work with Galayda and MEDMA to process and analyze data from the cost analysis. The cost analysis, as a part of the briefing booklet, will be used during the next priority-setting workshop in Kamianets–Podilsky, scheduled for September.

From April through May, MEDMA continued to administer the survey instruments for the efficiency studies in the cities of Kamianets–Podilsky, Svitlovodsk, and the rayon of Kamianets–Podilsky. Judice traveled to Ukraine at the end of May to discuss preliminary results of the studies and to train MEDMA to use the Statistical Package for the Social Sciences (SPSS) for data analysis. At the PDG workshop on June 14–15, MEDMA presented preliminary results of the studies to the PDG. At the beginning of July, Judice will work with MEDMA to further discuss results and recommendations from the efficiency studies. The final study results will be presented to the PDG at a workshop in September.

LATIN AMERICA/CARIBBEAN (LAC)

GUATEMALA

In Guatemala, POLICY works to promote and take advantage of unprecedented government support for FP/RH, which manifested itself earlier last year when the MOH approved the National Reproductive Health Program (NRHP) (January 2001), Congress passed the Social Development Law (October 2001), and the Executive Cabinet approved the Social Development and Population Policy (April 2002).

POLICY will continue to raise awareness and garner support among policymakers on FP/RH issues, with emphasis on FP, safe motherhood, human rights, and gender, and on maximizing access and quality. POLICY will update and facilitate the use of findings on several studies, such as medical barriers to accessing FP/RH services, maternal mortality baseline, policy environment, and the Family Health Survey (FHS) 2002, to convince decision makers and program managers of the need to improve national and operational policies and norms. POLICY will provide TA to the MOH for planning the implementation of the Social Development and Population Policy, including the increase of funding levels. With SEGEPLAN (Economic Planning Secretariat), the project will help develop the National Program on Social Development and Population and a diploma-level course on this issue. POLICY will continue to support and strengthen its local NGO counterparts and networks through TA, financial support, minigrants, and research. Specifically, POLICY will support individual NGOs and networks in implementing civic surveillance campaigns to monitor the implementation of commitments, such as the NRHP, Social Development Law, and Social Development and Population Law. POLICY will continue its collaboration with CDC in planning the FHS 2002. In preparation for the upcoming 2003 political change, POLICY will develop and implement an FP/RH electoral strategy in coordination with the Mission, CAs, and local partners. With core funds, POLICY is also implementing a core package to help develop and implement operational policies to reduce barriers to FP and support implementation of the national RH program.

Summary of Major Activities January 1—March 31, 2002

POLICY provided technical assistance (TA) to the Economic Planning Secretariat (SEGEPLAN) to reformulate the Social Development and Population Policy proposal according to a framework requested by the new Secretary of Planning. In April, SEGEPLAN will present this proposal to the Social Cabinet and subsequently to the national Cabinet for approval as a state policy. POLICY provided TA to SEGEPLAN's technical team in preparing them for the presentations and in developing an operational plan for implementing the policy. The operational plan includes a diploma-level training course on population, development, and policy designed to strengthen the skills of public sector officials responsible for implementing the policy in a multisectoral manner. The course will be co-sponsored by SEGEPLAN, San Carlos University, and the POLICY Project.

POLICY continues to provide technical and financial assistance to the Women's Network for Peace in its efforts to increase popular and political support for FP/RH issues and promote active civil society participation in the policy process. During this quarter, the network's active advocacy and lobbying efforts succeeded in galvanizing the new Secretary of Planning to arrange for the presentation of the Social Development and Population Policy to the Cabinet in April. With POLICY assistance, the network organized a five-day public *encuentro* in March to engage civil society in a dialogue about its role in promoting policies on reproductive and sexual health and rights. Topics of discussion included citizen participation and surveillance, funding of social programs and the effect of corruption, human sexuality, FP/RH, HIV/AIDS, gender-based violence, and human rights. One of the main conclusions that emerged was that more attention needs to be focused on reproductive rights and HIV/AIDS issues. POLICY also facilitated a work session with the network to assess its workplan and identify needs and opportunities for POLICY assistance.

POLICY provided technical and financial assistance to the Women's National Office in the Department of Huehuetenango in organizing and carrying out a campaign with the theme of human rights for women. The campaign, which took place on International Women's Day, included the U.S. Ambassador as a principal guest speaker.

In January, POLICY provided TA to the Ministry of Health's (MOH's) National Reproductive Health Program (NRHP) in conducting an evaluation of its 2001 program achievements. POLICY interviewed cooperating agencies (CAs) (namely, the Maternal and Neonatal Health (MNH) Project and University Research Corporation (URC) handling the Health Quality Project), the MOH, and USAID; and in collaboration with the NRHP/MOH, POLICY prepared a report containing the evaluation results. The Minister of Health publicly endorsed and officially presented the publication, remarking that future NRHP activities and achievements will be based on its results. Results of the evaluation and the minister's remarks were published in numerous newspaper articles.

POLICY in Guatemala is working more extensively in the area of maternal health. In response to a request from the NRHP and USAID, POLICY, in collaboration with the NRHP director, CAs, and USAID, developed a dissemination strategy for the upcoming results of an MOH maternal mortality baseline study initiated in 2001. One of the objectives of the strategy is to create a policy environment conducive and open to advocating for prevention of maternal mortality, its causes, and the challenges it poses for the country. To achieve this objective, the NRHP officially presented a policy document, "Family Planning and Maternal Health Care: Benefits for Maternal-Child Health," in March. The document, developed jointly by POLICY and the NRHP in 2001, included a foreword by the Minister of Health. The document was well received, and articles about it were published in the media. Other activities in the dissemination strategy will be carried out on completion of the baseline study, which is currently in the final stage of data analysis.

POLICY also provided financial support to the MOH to conduct a meeting at which an expert from the Center for Disease Control (CDC) presented the main issues on methodologies for measuring maternal mortality and an overview of the status of maternal mortality around the world to the Minister of Health and CAs. In addition, POLICY collaborated with the Central American Federation of Gynecology and Obstetric Associations on the upcoming International Congress of Gynecology and Obstetrics, to be held in Guatemala in May 2002. POLICY will support participation of key policy actors in the inaugural conference of the Congress, which will cover RH and maternal mortality topics. POLICY/Guatemala initiated conversations with U.S.-based staff about the possibility of applying the Safe Motherhood Model in Guatemala.

In February/March, POLICY provided TA to the MOH in revising the National Health Code to include issues related to Responsible Fatherhood in accordance with the Law of Social Development. The MOH and POLICY presented the proposal for approval to the National Network of Responsible Fatherhood and the Ombudsman's Office, which is responsible for the network's legal issues.

POLICY started a legal analysis to identify the steps necessary to ensure the institutionalization of the NRHP within the MOH structure. At present, the NRHP is a USAID-funded program that will last only as long as external funding is available. The main finding of the legal assessment is that the program must be reconfigured as an MOH "Unit" in order to appear as an MOH budget line item and receive direct funding. Thus, next steps include presenting findings to high-level authorities (including the Minister of Health), developing a proposal for policy reform, and lobbying for the implementation of recommended changes.

POLICY developed an introductory distance-learning module on the situation and policy issues around integrated women's health for an educational program that will be offered through the University Rafael Landivar and Central American and Panama Institute of Nutrition (INCAP) in April. The program is sponsored by the MOH, Social Security Institute (IGSS), and donors. The module includes an overview of policies, data, and approaches in family planning (FP), maternal health, and HIV/AIDS, and relates these issues to gender-based violence, human rights, and access to quality services.

POLICY initiated implementation of the core-funded package, which is designed to help develop and establish operational policies to reduce barriers to FP. In January, POLICY organized a multisectoral meeting to present package activities and a methodology and to get input from attendees. Participants included representatives from the Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), the MOH, IGSS, SEGEPLAN, the Secretariat of Women, the Women Physicians Association of Guatemala (AGMM), and the Guatemalan Association of Obstetrics and Gynecology (AGOG). Also during this period, a POLICY consultant assessed and wrote a draft report on the legal and regulatory environment for FP/RH, which will serve as a critical input to the package.

In addition, POLICY continued to work with the CDC to prepare for Guatemala's 2002 Family Health Survey (FHS). POLICY initiated the printing of questionnaires in Spanish; those in the Mayan languages will be ready to print in April. Fieldwork is planned for the end of April.

April 1—June 30, 2002

As part of the annual workplan and in response to a special request from USAID, POLICY initiated the preparation of an electoral strategy (2002–2004) for FP/RH that takes into consideration the role of POLICY and other CAs. The purpose of the strategy is to guarantee conditions for the continuity of FP/RH policies, resources, plans, and programs between the present and next government, and to ensure that access to quality FP/RH services and an individual's right to decide about FP are protected by the administration that comes into power in 2004. To develop this strategy, POLICY organized a series of policy analysis workshops and meetings involving representatives of the Ministry of Health (MOH), the Economic Planning Secretariat (SEGEPLAN), the Women's Network, the Guatemalan Association of Obstetrics and Gynecology (AGOG), the Guatemalan Social Security Institute (IGSS), the Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM), and USAID. The analysis took into consideration the Pope's planned visit to Guatemala. In July, POLICY will organize another work meeting with CAs to finalize the strategy and present it to the Mission.

Following the approval of the Social Development and Population Policy by the Social Cabinet, POLICY continues to provide TA to SEGEPLAN in developing an operational plan to implement the policy. A key component of the implementation plan is a diploma-level training course on population, development, and policy designed to strengthen the skills of public and private sector officials responsible for implementing the multisectoral policy. The course will be co-sponsored by SEGEPLAN, the National Institute for Public Administration (INAP), which is affiliated with San Carlos University, and POLICY. POLICY will provide financial support to INAP for administration of the diploma, which is expected to begin in July. Other activities already initiated include meetings with high-level public sector representatives, forums, and the organization of a workshop on models and decision making for key public sector officials.

Upon request from the MOH, POLICY and USAID met with the Vice Minister of Health to begin work on a plan to help the MOH implement the Social Development and Population Policy. One of the main topics identified was the issue of financing health. A primary concern is that the budget for the MOH declined to less than 1 percent of the GNP during the past year. POLICY is helping the MOH develop a

booklet that will be used by the Minister of Health to lobby Congress for more resources for health, particularly RH, interventions in 2003.

POLICY continues to provide technical and financial assistance to the Women's Network for Peace in its efforts to increase popular and political support for FP/RH. During this quarter, the Network lobbied for resources to implement the RH components of the Social Development and Population Policy. In May, it organized a campaign and published a press release demanding more resources for FP/RH, as well as transparency and efficiency in the investment of those resources. Also during this quarter, POLICY provided TA to the Network to follow-up on the *reservas* to Cairo in order to eliminate them. Formal communications with the Ministry of Public Affairs were initiated for this purpose. In June, with TA from POLICY, the network organized a strategic planning process for the next four years, which took into consideration the possible political changes that will result from the 2003 election.

In May, POLICY conducted a series of interviews with directors of FP services from the MOH, IGSS, and APROFAM to identify advances in eliminating medical and institutional barriers to FP service delivery. In June, POLICY organized a work meeting of the Medical Barriers Committee that was inaugurated by the Director of the National Reproductive Health Program (NRHP), who pointed out the importance of the results of the medical barriers study, the follow-up process, and decision and efforts of the MOH to eliminate barriers to FP services. This was the second time that the committee met to provide follow-up to policy changes designed to reduce medical barriers and to prepare for the follow-on study to be conducted in 2003. At this meeting, POLICY initiated the application of a matrix to record and validate policy changes and level of institutionalization and implementation. Each institution will continue this activity separately in the next months.

During this quarter, USAID/San Salvador asked the Mission for tools developed by POLICY in Guatemala—specifically the questionnaire that was used in the medical barriers study—to provide to the Salvadorian Demographic Association, which will carry out a similar study among service providers.

In May, POLICY provided technical and financial support to the MOH/NRHP for carrying out a Conference on Reproductive Health, Maternal Mortality, and the HIV/AIDS Situation in Developing Countries. The main speaker at the conference, which took place during the XXIII Central American Congress of Gynecology and Obstetrics (FECASOG), was Dr. Allan Rosenfield of Columbia University. The conference was part of the dissemination strategy for the results of the MOH Maternal Mortality Baseline Study (MMBS). POLICY also met several times with the Safe Motherhood Monitoring Group, which is in the final phase of processing data from the MMBS, and prepared a formal results report. POLICY and the NRHP are in the process of analyzing and writing a more comprehensive booklet for presenting the MMBS results and mobilizing support for implementing and expanding health, social, economic, and political interventions to guarantee safe motherhood for all Guatemalans.

POLICY continues the implementation of the core-funded package, which is designed to help develop and establish operational policies to reduce barriers to FP. In June, POLICY organized a multisectoral work meeting to present the contents of a POLICY publication on operational policies and the findings of the updated legal and regulatory framework for FP/RH. Participants included representatives from APROFAM, the MOH, IGSS, SEGEPLAN, the Secretariat of Women, MAQ group members, Population Council, MNH Project, University Research Corporation (URC), the Women's Network, AGOG, and USAID.

Guatemala initiated a qualitative research study on Access, Quality of Care, and Gender in Reproductive Health Programs. The research, funded by the Interagency Gender Working Group (IGWG), is being conducted by the Women's Network with the participation of gender experts. POLICY is collaborating with the IGWG by providing follow-up to the subcontractor.

POLICY continued to work with the CDC to implement Guatemala's 2002 Family Health Survey (FHS). POLICY finalized the printing of questionnaires in Spanish; those in the Mayan languages will be finalized in early July. Fieldwork began in May.

In June, POLICY initiated the third round of the Policy Environment Score (PES), applying the same methodology used in 1998 and 2000 for comparative purposes. A new instrument was developed that introduces changes in the content and methodology of the index, which will be used to establish a new baseline.

HAITI

The goal of POLICY Project assistance in Haiti is to fill the reproductive health policy void resulting from a severely weakened public sector by strengthening civil society's role, building public-private sector partnerships, and supporting the public sector's strategic planning process. Assistance will focus on helping NGOs and other civil society groups and national and departmental officials to implement reproductive health, HIV/AIDS, and other objectives in the national population policy. This will be accomplished by supporting the Ministry of Public Health and Population (MOH) in the development and implementation of a national HIV/AIDS strategy and in the creation and operation of a public-private sector national reproductive health commission. In addition, POLICY provides technical and financial assistance in advocacy and fundraising to civil society organizations with grassroots membership focused on youth, women, HIV/AIDS, and other interests. POLICY also provides assistance to the Secretary of State for Population by disseminating information on the national population policy. POLICY collaborates with the bilateral project and NGO grantees as well as with MOH officials to improve the quality of and access to FP/RH.

Summary of Major Activities January 1—March 31, 2002

POLICY provided extensive assistance to the MOH and the Institute of Child Health (IHE) to further the process of finalizing a National HIV/AIDS Strategic Plan by (1) participating in the analysis of comments on a draft plan (submitted in the previous quarter) that was circulated to multiple sectors and stakeholders and assisting with its revision; and (2) participating in the development of a budget for the plan. Formal adoption of the plan by the MOH is expected soon.

At the request of USAID/Port-Au-Prince, POLICY became a member of a committee whose mission is to support the preparation of Haiti's document for submission to the Global Fund for the Fight Against HIV/AIDS, Malaria, and Tuberculosis. The proposal that was prepared and dispatched to Geneva reflected POLICY's contribution during three working sessions with the MOH.

At the invitation of the Director General of Health, POLICY set up a public-private sector committee to develop a national plan for social and community mobilization in the fight against HIV/AIDS. The committee comprises key stakeholders in population and reproductive health (RH) in Haiti, including the MOH, local NGOs (Foundation for Reproductive Health and Family Education (FOSREF), *Volontaires pour le Développement d'Haiti* (VDH), *Konesans Fanmi*, UAPC) and international organizations and cooperating agencies (CAs) (CARE/HAITI, UNICEF, Population Services International (PSI), Family Health International (FHI), UNFPA, PLAN International, *Union des Amis Sociaux Culturels pour le Développement* (UNASCAD), SEP, and the *Cooperation Française*).

Within the context of the committee's effort to reinforce civil society's role in working with government to battle HIV/AIDS, POLICY provided technical assistance (TA) to the VDH to strengthen its capacity for planning and advocating on the issue. As a result, VDH organized the *Jacmel Carnival of Youth Against AIDS* under the topic, "I Care about AIDS...Do You?," which received extensive coverage by Haiti's popular media, thus ensuring communication of the message to decision makers.

POLICY continued efforts to build capacity of civil society in advocacy and policy formulation. POLICY helped *Konesans Fanmi* develop a model approach to women's empowerment entitled "*Là où les Problèmes des Femmes et des Familles sont Prises en Compte, Kote yo Regle Afè Fanm ak Fanmi*" ("Where the Problems of Women and Families are Taken into Account"). *Konesans Fanmi* will use a grant currently being negotiated with POLICY to test this model in Léogane. POLICY also provided TA

to strengthen the capacity of the Fenm Soley Lever (FSL) to plan a celebration of International Women's Day. FSL organized a march to raise awareness among decision makers about the problems of Haitian women and about RH issues. Two specific messages aimed at policymakers were developed and delivered during the march: (1) the need to improve the quantity and quality of RH services, and (2) the importance of enacting legislation on paternal responsibility.

In the previous quarter, the Mission asked POLICY to examine its education strategy. Specifically, POLICY was asked to organize two workshops in January 2002 for the education sector aimed at identifying strategic interventions likely to improve the situation of education in Haiti. The workshops were to initiate dialogue among stakeholders in the education sector and USAID grantees regarding current problems facing the sector, the reduced USAID budget for education activities, and future strategies. POLICY collaborated with the Mission's Education Office, prepared a document summarizing the current context, developed methodologies for conducting dialogue, and organized an initial workshop on January 18. POLICY concluded from the outcome of this workshop that more dialogue is needed among education sector stakeholders and USAID grantees before POLICY can be of further help; in agreement with the Mission, POLICY did not organize the second workshop.

Within the context of preparing the National Strategic HIV/AIDS Plan, POLICY produced a final update of demographic projections from DemProj, epidemiological projections of HIV/AIDS, and an evaluation of the results of Haiti's level of effort in HIV/AIDS as reported by UNAIDS through the AIDS Program Effort Index (API). POLICY organized a meeting with various partners to seek their input on these documents before final publication and the dissemination.

POLICY initiated a secondary analysis of the results of the last DHS EMMUS III 2000 Survey, expected to be completed in the next quarter.

In the area of capacity development, POLICY has become an active member of the advisory committees of two training and education institutions. First, POLICY's LTA was invited by the Haitian Institute for Community Health (INHSAC), a key nongovernmental health training institute, to participate as a member of an advisory commission formulated to help the INHSAC fulfill its mission of human resource development in public health. Second, UNFPA and the faculty of social sciences at the University of Haiti invited POLICY to become a member of the management committee for a course in population and development financed by UNFPA and conducted by the university's faculty. POLICY has contributed to the development and delivery of this course for the past three years.

POLICY continued to work in partnership with USAID-financed programs in Haiti through the HS-2004 bilateral health project. Building on assistance provided in previous quarters to improve supervision and management performance through training and systems development, POLICY helped develop and conduct additional training. In these workshops, 23 professionals from 10 grantees of HS-2004 received training in performance management (February 2002), and 21 professionals from 10 different health institutions were trained in supervision (March 2002).

April 1—June 30, 2002

POLICY collaborated with public sector partners and international donors, including participation at an April 26 meeting in which the National HIV/AIDS Strategy, for which POLICY provided extensive assistance, was officially presented by the Minister of Public Health and Population. Other activities included continued TA to the government of Haiti to plan for the implementation of the Global Fund in Haiti, and the facilitation of a workshop for experts organized by the MOH to contribute to the development of policies for the care and treatment for HIV/AIDS. POLICY provided TA to the SEP to help plan the celebration of World Population Day on July 11 and to plan and implement the training

program for 25 population agents. POLICY met with officials from several ministries, including the Director of the Family Life Education (FLE) Project of the Minister of National Education (MNE) to discuss TA needs for FLE curriculum and teacher training and the Minister for Women's Status to discuss TA to organize a workshop on gender statistics.

POLICY participated in several working sessions organized by UNFPA to develop a strategy for reducing maternal mortality in Haiti and submitted a proposal for additional POLICY support requested by UNFPA. POLICY participated in the donor-supported, public-private sector RH committee to discuss operating standards and policies in FP/RH.

POLICY continued to support civil society organizations, including participation in the General Assembly of the Fondation Haïtienne de l'Enseignement Privé (FONHEP), a long-time education sector partner in RH advocacy. POLICY assisted Konesans Fanmi (KF) in designing a collaborative project with the Ministry of Education to integrate HIV/AIDS planning into the education sector. POLICY also assisted KF on International Women's Health Day by helping to design workshops on maternal mortality with women's organizations in Léogane and Port-au-Prince and in developing materials, including a PowerPoint presentation. POLICY assisted Les Promoteurs de L'Objectif Zerosida (POZ) in celebrating the International AIDS Memorial, which elicited active participation from both the organized sports community and Catholic Church. POLICY also financed the creation of banners. POLICY supported a population advocacy radio broadcast managed jointly with Radio IBO, *Fondation Connaissance et Liberté* (Knowledge and Freedom Foundation), and the University of Haiti by organizing data from Population Development (POPDEV), participating in the inaugural broadcast. POLICY provided TA and training to Fanm Soley Lever to help it develop a fundraising plan, to the Foundation for Reproductive Health and Family Education (FOSREF) to develop a strategic plan to strengthen its institutional capabilities, and to the Foundation for Economic and Social Development (FODES-5) to design a training-of-trainers (TOT) workshop in RH.

POLICY continued to collaborate with the bilateral project HS-2004, managed by Management Sciences for Health (MSH), and with other CAs. POLICY participated with HS-2004 partners in two workshops on RH service delivery policies and strategies: the first to operationalize the strategy for the extension of long-term methods that POLICY produced at the Mission's request in February 2001 and the other to further refine operating standards and policies for FP/RH contained in the Minimum Package of Services, which POLICY helped to produce in 2001. Within the framework of the voluntary counseling and testing (VCT) strategy adopted by the Mission, POLICY participated in a workshop organized by Family Health International (FHI)/IMPACT, in which the national training curriculum for HIV/AIDS counseling was reviewed and a first draft of an updated curriculum produced.

JAMAICA

The goal of POLICY Project assistance in Jamaica is to strengthen plans for implementation of reproductive health programs at the local (parish) level in Jamaica and ensure a more rational allocation of resources at both the regional and parish levels. POLICY works with the Ministry of Health (MOH) and regional health authorities (RHAs) to disseminate the National Strategic Framework for Reproductive Health (NSFRH) within the Family Health Program, 2000–2005, and to ensure that workplans at the decentralized level are consistent with the framework and developed in a participatory manner. POLICY also continues to provide support to the National Family Planning Board (NFPB) to help implement its reorganization. POLICY collaborates with Youth.now, USAID/Kingston's bilateral adolescent reproductive health project, to ensure that POLICY's more general reproductive health policy activities support Youth.now's adolescent-specific policy activities.

Summary of Major Activities January 1—March 31, 2002

POLICY conducted the fourth regional strategic planning workshop in January 2002 for the Western Regional Health Authority (WRHA) in Montego Bay. More than 60 health services and administrative staff from the region and parishes attended the two-day workshop, producing draft program plans for RH for each parish. As a follow-on to strategic planning work with the WRHA and South East Regional Health Authority (SERHA), POLICY conducted two 3-day advocacy training workshops in March 2002 to help the regions and parishes identify priority RH issues and develop advocacy plans to address policy aspects of the issues. The project will continue to follow up with the advocacy working groups as they finalize their advocacy plans, develop proposals for funding advocacy activities, and implement campaigns. POLICY will also review the proposals to determine whether one or more would be appropriate for the project's small-grant funds. A representative from the Southern Region attended the Montego Bay advocacy training, and POLICY expects to receive a request from the Southern Region for advocacy training for its regional and parish staff. POLICY's long-term advisor (LTA) in Jamaica is working with the Southern Region to help it finalize its parish program plans (from the September 2001 workshop) and to define its needs for skills development in planning and finance. Following the advocacy training, regional technical directors from WRHA and SERHA requested further skills development in planning and finance, management information systems (MIS), proposal development and policy dialogue, as well as assistance with equipment needs for presentations and training. The North East Region has also expressed an interest in planning and finance skills development. The project will assess all requests in light of FY02 funding and respond wherever possible to the regions, as it continues to strengthen policy and planning skills among the regional and parish personnel.

In addition to field-supported activities, POLICY began implementing a substantial core package on operational barriers to the integration of RH and HIV/AIDS services at the parish level in the North East Region. The National Tripartite Committee (comprising the NFPB, the MOH's Family Health Unit, and National HIV/AIDS Program), which is in charge of national integration issues, is currently coordinating with the North East RHA to identify a date for the initial regional integration workshop, to be held early in the next quarter. During this workshop, participants will discuss and decide on the scope of integration in Jamaica. Parish-level work will begin shortly thereafter in Port Antonio and St. Ann's Bay.

After long delays by the Ministry of Finance (MOF) related to setting salary levels, the NFPB, through a POLICY subcontract with Peat Marwick and Partners (KPMG), commenced recruiting three new directors to oversee policy, monitoring, and evaluation; finance; and human resource development and administration. KPMG will also finalize the procedures manual and implement an orientation to the new

organizational structure as soon as the new directors have joined the board. All these activities are scheduled to be completed by the end of April 2002.

POLICY's program of assistance to the NFPB, through a subcontract with KPMG, entered its final stages this quarter, as the NFPB selected three new executives recruited by KPMG, filling the open positions in the board. This completes the contractual responsibilities of KPMG and brings this phase of POLICY assistance to a close.

Through its work with the NCYD and the Ministry of Youth, POLICY provided assistance in finalizing the "Situation Assessment Report: Youth in Jamaica 2001," and preparing the NCYD's executive director to deliver a presentation of the findings at an IDB-sponsored meeting in January. In March, POLICY helped support the NCYD as it organized an international donor meeting to discuss coordination and commitments on youth development issues. The project will continue to help the NCYD as it develops several initiatives aimed at coordinating a multisectoral response to youth development this year.

April 1—June 30, 2002

Decentralization. In response to a request from the Southern Regional Health Authority (SRHA) for training in advocacy, the project conducted a three-day advocacy training workshop in June 2002. This workshop was designed to help the region and its three parishes identify priority RH issues from its strategic workplan and develop advocacy plans to address the policy components of those issues. The project will continue to follow up with the advocacy working groups from all RHAs that have received this training, as each working group finalizes its advocacy plan for implementation and considers the proposals to determine whether they would be appropriate for funding through a minigrant. During the period, POLICY provided follow-up technical assistance (TA) to the Western Regional Health Authority (WRHA) Hanover Advocacy Working Group in progressing its advocacy workplan and bringing its newly appointed Medical Officer for Health into the process. The work of Youth.now, which has just begun in Hanover, will also benefit from the activities of the working group.

POLICY's LTA in Jamaica is working with the RHAs to help them define and prioritize their needs for skills development in planning and finance, proposal development, and use of management information systems to support decision making in policy. The NFPB, which benefited from POLICY assistance in organizational restructuring, has requested additional TA in skills development for its newly incorporated Policy Review and Monitoring Unit in the area of defining policy issues and formulating solutions and using data to support policy analysis. The project will assess all requests in light of FY02 funding and respond wherever possible to the regions and the NFPB as it continues to strengthen policy and planning skills among the regional and parish personnel.

Core Package. POLICY began implementing the core package on the integration of RH and HIV/AIDS services at the parish level in the North East Region. This package will determine the feasibility of integrating RH services following an evidence-based study in the parish of Portland and the town of St. Ann's Bay in St. Ann. In April, the proposal received the approval of the National Tripartite Committee, which is in charge of monitoring the implementation of the NSFRH. The regional integration workshop had to be rescheduled to accommodate the appointment of a new Regional Technical Director at the North East Regional Health Authority (NERHA), and will take place in early September. Data collection at the local level has commenced in order to allow mapping of service delivery points within the two parishes.

Multisectoral Approach to Youth Development. POLICY provided TA to the NCYD in response to the need expressed by donors at the donors meeting in March for a national strategy for youth development and an implementation plan to result from the policy review process. The NCYD is currently undertaking

a policy review with support from UNICEF and other donors. To help guide input into the review of the National Youth Policy with POLICY support, the NCYD engaged adolescent-serving organizations in a series of multisectoral consultations in April and May to provide feedback on the Youth Programmatic Inventory (YPI) and Situational Assessment and to solicit their input for the policy review. The five sectors covered in the consultations were (1) Education and Information; (2) Employability (employment and economic opportunities for youth); (3) Health; (4) Recreation and Leisure, the Environment, Social Justice, Violence and Crime; and (5) Socialization and Welfare. The project hired Amory Hamilton as Program Officer at the NCYD in charge of multisectoral consultation for youth development.

MEXICO

In Mexico, the POLICY Project works to promote enhanced participation in the planning process and to improve the policy environment for HIV/AIDS in targeted states by forming multisectoral planning groups composed of a broad range of state and local organizations working in HIV/AIDS and related fields and helping them develop integrated strategic plans for HIV/AIDS that address the needs of the states' vulnerable populations. POLICY provides follow-up TA to help establish the planning groups as permanent advisory boards that, among other things, advocate for HIV/AIDS policy in their states. POLICY provides technical updates and training on key HIV/AIDS issues, including youth and adolescents, MSM, gender, human rights, stigma and discrimination against PLWHA, and advocacy.

Summary of Major Activities January 1—March 31, 2002

POLICY LTAs devoted much of their time this period on preparations for the week-long workshop to be held in Vera Cruz in April, entitled "Policy Change and HIV/AIDS: Creating a Multisectoral Response." The workshop will exhibit the first use of the new model for POLICY's state work, which moves beyond a strict strategic planning focus and looks at the whole policy change process, in which strategic planning is one tool among others that include advocacy, partnering, conflict resolution, and political mapping. The new approach also emphasizes local ownership of the analysis and research leading up to the workshop; during the previous and current quarter, POLICY trained local partners, including PLWHA, government officials, NGOs, and university professors, to carry out situation and response analyses, stakeholders analysis, and mapping. During this quarter, with TA from POLICY, local partners completed the situation and stakeholder analyses and negotiated the final list of participants for the April workshop. POLICY finalized the workshop methodology, materials and logistics and invited expert speakers on men who have sex with men (MSM), gender and other key themes, as well as representatives from the cooperating agency (CA) community and the National Center for AIDS Prevention and Control (CENSIDA).

In the state of Mexico, POLICY met with the MCG to begin drafting its multisectoral strategic plan, drawing on the work of the various subcommittees that have been gathering and analyzing information and formulating recommendations since the group was formed in March 2000. The final document is expected next quarter, when it will be presented to the state Secretary of Health and CENSIDA, as well as the secretaries of other key sectoral ministries. In Guerrero, where the MCG was heavily dependent on the state Secretary of Health, who left office in early 2001 following the change in government, POLICY LTAs met with the new state secretary and MCG members to discuss the status of the MCG and how to reactivate it, finish the strategic plan, and get the plan approved. POLICY will hold a two-day workshop in Guerrero in the next quarter in order to bring members together with the Secretary of Health and relaunch activities.

POLICY LTAs also worked with the Red de Jovenes project coordinators to modify their approach to integrating youth into the MCG work and the policy process in the states. While the current approach worked quite well in one of the three states, it met with less success in the other two; the team will test the new approach next period in the hope of replicating its early successes in introducing and sustaining a focus on youth issues in HIV/AIDS and the full integration of youth into the HIV/AIDS policy process.

The outside evaluation team looking at POLICY's program in Mexico completed its final report in March 2002 and submitted it to POLICY and USAID/Mexico City. The report will be translated into Spanish and made available to counterparts and the MCGs during the next quarter. Among the recommendations in the report is the need for POLICY to strengthen the ability of MCG members to influence top-level decision makers by training them in the use of decision-making computer models developed by The Futures Group International and used elsewhere with much success.

As part of a renewed effort to integrate gender issues in POLICY's work in Mexico, not just as a technical theme or training session at workshops but as a crosscutting issue in all activities, POLICY LTA Martha Alfaro traveled to Costa Rica in March to attend a regional conference on gender, policy, and health. She worked with POLICY's Senior Advisor on Gender, Anne Eckman, who also attended the conference. Together they developed a proposal for addressing gender issues related to MSM and HIV/AIDS in Mexico; following a review of the proposal and presentation to USAID/Mexico City, activities will commence next quarter.

Activities on the core-funded package on stigma and discrimination began this quarter as the local project coordinator met with key counterparts to develop workplans and budgets for the various components. Plans are in place for two of the four package components (media and legal/regulatory policies) and corresponding subcontracts will be signed in April, following presentation to the local advisory committee (composed of representatives from CENSIDA, the National Institute for Public Health, Academia, PLWHA organizations, and POLICY). The final configuration of the baseline/indicators component and the barriers to access to services component are still being negotiated, pending the outcome of discussions with the Measure Project and the National Institute for Public Health in Mexico.

April 1—June 30, 2002

In early April, POLICY local staff conducted a two-day workshop with 32 members of the MCG/Guerrero, including several new members. The workshop focused on completing the strategic plan for HIV/AIDS in the state, as well as updating the situation analysis for Guerrero. On April 21–26, the team organized a one-week workshop for 41 representatives of the government and NGO sectors, media, academia, and faith-based organizations (FBOs). The workshop, "Multisectoral Actions to Confront HIV/AIDS in Vera Cruz," presented information on the epidemic in the state, as well as offered training in policy change methods and skills. It culminated in the creation of a new MCG for the state. Representatives from the National Center for AIDS Prevention and Control (CENSIDA), including the Executive Director, participated in the workshop to lend support and learn more about how the process works.

The POLICY team held several coordination meetings with partners and collaborating agencies, including meetings on June 12 and 19 with the local partner of the HIV/AIDS Alliance, to develop a strategy for a joint program in Oaxaca; CODESEX, an NGO member of MCG/Mexico, to discuss forming a municipal-level MCG in Ciudad Neza; FRENPAVIH, a network of Persons Living with HIV/AIDS (PLWHA), to discuss increasing its participation in the MCGs; and ANUIES, the National Association of Universities and Tertiary Education Institutions, which is based in Merida, to encourage their participation in the MCG in Yucatan as well as in other states.

In May, POLICY consultant Dr. Deborah Caro delivered a presentation to representatives of USAID and CENSIDA of her evaluation of the POLICY/Mexico program, conducted between October 2001 and February 2002. The evaluation report gave a favorable view of the program's process and results. Participants agreed that, in large part, the areas identified in October 2001 as needing further attention had been addressed sufficiently in the subsequent months, including improved communication with mid-level staff of CENSIDA.

The core package on stigma and discrimination proceeded slightly behind schedule this quarter, but at a pace which ensured maximum participation in decision making by Mexican counterparts. The newly formed Advisory Board for the package met several times to review workplans and the methodology for the various components. The board met with all implementing partners in a large meeting at the National Institute of Public Health (INSP) in June to review progress and workplans, and agree on the parameters of the international expert group meeting on stigma and discrimination indicators, August 21–23, at INSP.

PERU

The goal of POLICY assistance in Peru is to strengthen civil society organizations to advocate for sexual and reproductive health and rights, and to participate in the design and surveillance of FP/RH policies and programs to ensure that they respond to the needs of both women and men. Project assistance focuses on training and TA to local partners in the area of sexual and reproductive rights. POLICY supports policy dialogue and advocacy in the context of Peru's changing political climate and conducts analyses and disseminates information on reproductive health issues.

**Summary of Major Activities
January 1—March 31, 2002**

POLICY continued working with the National Network for the Promotion of Woman (RNPM) to strengthen their citizen surveillance committees (CSC). POLICY staff provided TA to the RNPM to design and conduct four 2-day advocacy workshops on RH and sexual rights for leaders of grassroots organizations and members of current CSCs in Huanuco, Ica, Piura, and San Martin. Workshops included discussions of sexual and reproductive rights issues, contents of the Ministry of Health (MOH) FP/RH norms, and specific surveillance tools for monitoring local health services.

POLICY also continued providing TA to a recently formed coalition of 24 non-governmental organizations (NGOs) working on youth issues. As part of this assistance, POLICY financed a two-day workshop to discuss the institutionalization of youth policies and to elaborate a proposal for presentation to the government in a public forum. These activities are being conducted in collaboration with UNFPA.

On January 29, POLICY conducted an update workshop on RH policies and human rights for 15 participants from NGOs, cooperating agencies (CAs), and the government. The purpose of this workshop was to discuss local and international material produced during the last year on these issues.

The Consortium of Economic and Social Research (CIES), under a subcontract with POLICY, completed four policy papers that analyze and provide recommendations on health policies related to child nutrition, community participation, financing, and intercultural approaches to health promotion. These papers will be included in a book to be used for policy dialogue and discussion among a wide variety of audiences, including the MOH, next May. This book will also include other papers elaborated with financial support of the Department for International Development (DfID).

Under this same POLICY subcontract, CIES is supporting the formation of a broad coalition of stakeholders to discuss health policies on an ongoing basis. The coalition, named ForoSalud, has already initiated policy dialogue activities; in January, the coalition invited the Vice Minister of Health to present MOH policies. Soon thereafter, a Peruvian newspaper carried a press release on ForoSalud and its activities in the arena of health policy, and two members of ForoSalud appeared on a political TV program to discuss health policies. ForoSalud also sent two letters to the MOH—one asking for a more participatory policy discussion and the other providing feedback and reactions to an MOH proposal on decentralization. To obtain additional funding for their ongoing activities, ForoSalud has presented two project proposals for financial support.

In collaboration with the RNPM, POLICY commenced field activities to monitor national compliance with the Tiaht Amendment and Family Planning Norms. Fieldwork began in January and a sample of 33 hospitals and 135 health centers covering 17 departments was selected for interviews. Five types of questionnaires, designed to collect both quantitative and qualitative information, will be applied at each service delivery point. Those interviewed include one family planning (FP) provider, five FP users, one

voluntary surgical contraception (VSC) user if found, one maternal care provider, and five maternal care users. POLICY trained 30 network members in administering the questionnaires. To date, interviews have been completed at 71 percent of sampled health centers and hospitals. On March 25, at a meeting with the USAID task force on Tiahrt compliance, POLICY staff delivered a presentation on preliminary results and technical issues surrounding the monitoring to Joseph Rees and John Cusey, staff members of Congressman Chris Smith.

POLICY continues to provide assistance to the MOH Office of Financing and External Cooperation to assess current external assistance projects and to develop a strategy for integrating them into the MOH structure. POLICY also financed the participation of five high-level officials in the Forum on Health Sector Reform, which was held in Malaga, Spain, in February.

During this period, POLICY small grants in Peru had successful outcomes. Advocacy activities conducted with grants awarded to the NGOs COTMA (Ayacucho and Apurimac) and SURMUBI (La Libertad and Amazonas) had the following results: in January, the Mayor of Chachapoyas (Amazonas) approved the creation of a youth area as part of the municipal structure; and in November 2001, the Mayor of Vilcashuaman in Ayacucho created a Counseling Office for Sexual and Reproductive Health.

POLICY's small grant to CENDOC Mujer for the elaboration and dissemination of information sheets on FP/RH policy came to an end at the beginning of this quarter. Subsequently, CENDOC continued this task on their own, producing and disseminating six information sheets between January and March.

April 1—June 30, 2002

POLICY supported its different civil society counterparts, providing TA and information, as those counterparts participated in various policy changes affecting the country—constitutional reform, changes in government structure, and decentralization. POLICY provided TA to the National Network for the Promotion of Woman (RNPM) to present its citizen surveillance strategy in two NGO activities—the *Conferencia Nacional de Desarrollo* (CONADES) and Calandria's forum on Civil Society and Government. POLICY assisted the RNPM in its campaign to defend the Ministry of Woman and Human Development (PROMUDEH) after some of the government's cabinet members proposed its elimination. POLICY also supported the RNPM in the defense of PROMUDEH's National Policy on Equal Opportunities for Men and Women, which is under consideration by the National Congress. As a new stakeholder for advocacy purposes, POLICY fostered an alliance between the RNPM and the *Federacion de Comedores Populares* (Federation of Community-based Organizations).

POLICY continued to provide TA to a coalition of 24 NGOs working on youth issues. The coalition prepared a proposal on the institutionalization of youth policies and presented it to the National Congress, to be considered during the discussion of the government's proposal for a National Youth Council.

POLICY provided TA to the Association of Midwives (Colegio de Obstetricas) to develop an advocacy-training plan, which will cover their department-level associates. The association is advocating for the approval of a law governing midwifery, which currently is under consideration by the National Congress.

Through a minigrant from POLICY, Redess Jovenes held a public forum in which it presented its findings and proposals on municipal programs for youth and adolescents. CENDOC Mujer, an NGO that received a POLICY minigrant earlier in the year to produce information sheets on RH, continued producing and disseminating the information sheets with its own funds. POLICY also provided TA to the RNPM to develop proposals for two small grants to strengthen its institutional and financial sustainability processes. The minigrant proposals were presented to IR1 and accepted for core funding.

The Consortium of Economic and Social Research (CIES), with POLICY TA and financial support, is fostering the formation of a broad coalition of stakeholders, ForoSalud, to promote ongoing policy dialogue on health policies. During this period, ForoSalud members had monthly meetings to discuss specific health issues, design a web page, and organized the First National Conference on Health to be held August 22–24.

In collaboration with the RNPM, POLICY continued field activities to monitor national compliance with the Tiahrt Amendment and Family Planning Norms. During this period, POLICY trained 23 network members from the Amazonia and the Central Andes regions to administer a set of questionnaires elaborated for this purpose. Fieldwork ended in May, which covered 194 FP providers, 843 FP users, 35 voluntary surgical contraception (VSC) users, 187 maternal and child health (MCH) providers, and 741 antenatal care (ANC) users, covering 17 departments across the country. Results are being discussed with the RNPM Directive Council and a dissemination plan prepared to present these results at the decentralized level. On June 24, POLICY and the RNPM presented a preliminary report to the USAID Task Force on Tiahrt Compliance. Related to compliance with Tiahrt, POLICY provided TA to the Ombudsman Office on Women's Issues in the design of a questionnaire for a public opinion survey on FP/RH issues.

As part of its program of assistance to the government of Peru, POLICY responded to a request by PROMUDEH's Division of Human Development to participate in a discussion of the National Program on Population and Development, which it subsequently presented to UNFPA for funding. POLICY also contributed to the Division of Human Development's Youth Office, helping to prepare the installation of the Intersectoral Commission that will be charged with developing the government's plan for youth. At the request of PROMUDEH's Division of Children and Adolescents, POLICY participated in the discussion of an information system to monitor the implementation of the National Plan on Children and Adolescents.

During the Safe Motherhood Campaign, organized by the MOH's Division of Women, Adolescents, and Children, POLICY participated on the Multisectoral Group on Safe Motherhood. During the discussion of regional experiences, a member of Sullana's Citizen Surveillance Committee presented the RNPM Model.

POLICY continues to provide assistance to the MOH Office of Financing and External Cooperation to assess current external assistance projects and to develop a strategy for integrating them into the MOH structure. POLICY also financed the participation of an official from the National Hospital to attend the Conference on Hospital Management, held in Brazil in June.

In other work, in coordination with Macro International, POLICY conducted a workshop on April 10 with DHS users and analysts to discuss Macro's proposal to conduct an annual DHS by splitting the sample into five annual samples. Participants supported this proposal, emphasizing the need to promote the extended use of DHS data and to tie them to health program design and evaluation.

COLLABORATIVE ACTIVITY HIGHLIGHTS

Collaboration is a hallmark of POLICY's management philosophy. POLICY strives to partner with CAs to not only further the POLICY mandate but also to promote synergies between projects thereby advancing USAID's goals. Mechanisms of collaboration vary and include partnering with CAs in designing and implementing programs, enhancing advocacy efforts, training efforts, and conducting workshops. POLICY also responds to requests from other CAs to participate in meetings and to share information and materials. In addition, POLICY staff serves as active members of USAID working groups. In addition to attending meetings, POLICY staff leads task forces, provides TA, conducts training, and prepares and presents papers. Highlights of the many ways in which POLICY collaborates with USAID CAs and other organizations appear below.

Program Design and Implementation

- In **Kenya**, POLICY collaborated with Family Health International/IMPACT, UNICEF, and the government of Kenya's Children's Department in the development of the national OVC policy. POLICY and UNICEF are co-leading the national task force in close coordination with IMPACT and HAPAC. POLICY, UNICEF, IMPACT, and HAPAC have co-authored the OVC stakeholders' workshop report and developed draft OVC program guidelines and workplans for the task force. In addition, POLICY has hosted the OVC task force meetings.
- POLICY/**India** regularly works with CEDPA, CMS, Engender Health, and Intrah /PRIME in many of its country activities. This period's collaboration included preparation of district action plans and participation in two health and population workshops conducted to provide a consultative input to the state health and population policy. In addition to attending, representatives from these CAs prepared papers for the workshop on "Reproductive Health and Child Health and Population Policy Issues in Uttaranchal" held on May 2–3, 2002. Representatives from CDC and UNFPA prepared a paper and served as a discussant and chairperson for the workshop on "Health Policy Issues and Health Programmes in Uttaranchal" held on May 9–10, 2002.
- POLICY/**Nigeria**, UNFPA and WHO collaborated to plan, finance and facilitate a workshop in collaboration with the Federal Ministry of Health in the national informed stakeholders review and adoption of the draft Strategic Framework and Plan for the National RH Policy. The workshop was conducted in Abuja on June 26–27. The FMOH immediately adopted the document that is now slated for formal launching in September 2002.
- (*Ongoing.*) A consortium of CAs including POLICY, Ipas, Intrah, Population Council, Family Care International, EngenderHealth, JHPIEGO, SARA, Advance Africa, and Population Reference Bureau joined forces to facilitate and advocate for the expansion of PAC services in **Francophone Africa**. This consortium is designed to help generate needed data and build political and popular support to put in place national policies for improved access to PAC services in the region. In March 2002, 200 representatives from 14 African countries met in Dakar for a four-day conference on PAC. This conference examined the steps needed to initiate or further expand the availability of PAC services in Francophone Africa through three main themes: Policies and Advocacy for PAC Services, Developing Trainer Competency, and Integration of PAC into national reproductive health programs. POLICY was a co-organizer of the conference and carried out specific preparatory activities including development of two PAC case studies in Guinea (Conakry) and in Burkina Faso. During the conference, POLICY made three presentations: (1) Status of PAC in Participant Countries; (2) Political Commitment and Advocacy; and (3) Lessons Learned from Advocacy Activities by Parliamentarians, Journalists, Islamic leaders, and NGOs.

- POLICY/**Kenya** collaborated with numerous USAID CAs and other international and Kenyan organizations, including the following: NACC, Futures/HAPAC, DFID, and Price Waterhouse Coopers on the Joint HIV/AIDS Program Review (JAPR) (the first ever carried out in Kenya); SUNY–DG Strengthening Parliament Project on planning activities and strategies for further collaboration; FHI, HAPAC, NACC, KANCO, CAFS, and NEPHAK on reviving and strengthening NEPHAK; FHI, KANCO, NACC, IRAC members (Supreme Council of Kenya Muslims, NCKK, Hindu Council, Kenya Catholic Secretariat, Organization of African Instituted Churches) to strengthen the response of the religious sector to HIV/AIDS in Kenya; DELIVER to develop an implementation plan and commence work on the National Contraceptive Policy and Strategy and the Contraceptive Commodities Procurement Plan; HAPAC to conduct a costing analysis of the Kenya National Strategic Plan for HIV/AIDS (KNSPA) and to apply the GOALS Model to analyze the cost-effectiveness of key components of the KNSPA; DELIVER and AMKENI on capacity building in health planning and systems for decentralizing districts; DFID on a comprehensive assessment of the impact of cost sharing on households.
- In **Malawi**, POLICY collaborated with the Umoyo Network, the USAID-sponsored local network of consortium partners of NGO Networks for Health on three occasions including: (1) Umoyo’s monthly audit of MANET expenditure receipts for the Advocacy Project during its regular audit of MANET’s receipts for the Institutional Capacity Strengthening Project; (2) joint support of several MANET technical staff positions that will work across both projects; and (3) joint assistance to MANET in the planning and implementing of the projects to realize synergies in improving advocacy and networking among the MANET members groups and the MANET Secretariat itself.
- POLICY/**Peru** collaborated with the UNFPA Tripartite Table in the design and elaboration of its strategic plan. POLICY and DFID are coordinating activities in support of the ForoSalud initiative. POLICY participated in a workshop organized by Save the Children to discuss a module to raise awareness on discrimination against children. Finally, POLICY collaborated with ORC Macro to gather local inputs for the design of the next DHS.
- POLICY collaborated with the CDC in preparing for the **Guatemalan** 2002 DHS.
- POLICY/Mozambique continues to collaborate with the CDC Life Initiative. The CDC resident advisor and his senior staff member are active members of the POLICY-supported technical group. POLICY and the CDC are discussing additional Life Initiative funding for POLICY to continue interagency facilitation for capacity building and using information for program planning into FY03, and to incorporate new activities such as focused behavioral surveillance surveys and an informatics unit for the National AIDS Control Program within the MOH.
- POLICY/**Haiti** collaborated with UNFPA in discussions regarding a strategy for reducing maternal mortality; and with the UCC, UNAIDS, and Sogebank Foundation regarding the Global Fund.
- POLICY collaborated with Pathfinder International in FUTURES Search II Conference, a participatory workshop wherein participants identified key areas of RH concern. Led by Pathfinder and focused on northern **Nigeria**, the workshop was held in Katsina, January 30–February 2. The conference deliberated on the major RH problems affecting women, men, and children as well as the constraints and problems against effective program implementation in northern Nigeria.

Advocacy

- POLICY collaborated with the **Egypt** Family Planning Association: Institute for Training and Research on Family Planning (ITRFP), and other CAs and donors, to plan and conduct training for 898 religious, youth, governmental and nongovernmental leaders in reproductive health advocacy. After receiving advocacy training from POLICY, ITRFP conducted training programs in collaboration with the following international and national agencies and institutions: USAID; The Institute for International Education (IIE) in the “Training for Development Project II”; CEDPA; the Advocacy Component Project, an MOHP/UNFPA project; and the National NGO Commission for Population and Development (NCPD). ITRFP translated *Networking for Policy Change* into Arabic with funding from POLICY to use in training sessions.
- POLICY/**Ghana** collaborated with CEDPA/Ghana to facilitate a three-day workshop in capacity building in policy analysis and advocacy. POLICY’s Kate Parkes facilitated the workshop.
- **Mali** JSI/PDY (the USAID bilateral project), UNAIDS, and CDC participated in the continued development of the AIM materials as members of the AIM technical team collaborating with the National AIDS Control Program (PNLS). POLICY met with UNICEF, UNFPA, and la Coopération Néerlandaise (Dutch aid agency) with the Mission’s approval to seek input into the proposal for family planning advocacy using the RAPID model.
- All POLICY/**Jamaica** activities include collaboration with Youth.now, USAID/Kingston’s bilateral adolescent reproductive health project. Youth.now has adapted *Networking for Policy Change* (POLICY’s Advocacy Training Manual) to incorporate advocacy into their meetings with stakeholders. All activities with the National Centre for Youth Development are closely coordinated with Youth.now leadership.
- POLICY/**Cambodia** and FHI/IMPACT engaged in dialogue with nonhealth ministries to encourage them to develop and implement their own HIV/AIDS responses. These nonhealth ministries include Women’s Affairs, Cults and Religions, and Defense. POLICY and FHI also approached monks— influential community members who are currently providing care for AIDS patients and orphans in pagodas—to become policy champions.

Training

- In collaboration with the Cairo, **Egypt** Technical Office (CTO) of Partners in Population and Development, Ford Foundation, and the Regional Center for Training in FP/RH (RCT) of AIMS Shem University, POLICY conducted a 10-day TOT workshop in June 2002, “Policy Analysis and Presentation Skills,” for 11 trainees from South-to-South countries. Dr. Yahia El-Hadidy, Head of the Population and FP Sector of the MOHP, attended the opening ceremony and praised POLICY’s role in building the capacity and developing the planning and advocacy skills of population and FP managers locally and regionally. This workshop is one of a series of workshops to train partners in policy analysis and presentations, and TOT methodologies. The Ford Foundation sponsors all participant costs, the MOHP provides the venue and on-site support, and POLICY contributes staff time to design and deliver the workshops hand-in-glove with RCT staff. Subsequent workshops will be conducted in September 2002 and January 2003.
- POLICY collaborated with Measure/DHS and the SARA Project in the design and implementation of the POLICY-sponsored Health Policy and Advocacy Workshop conducted in January 2002 in Kampala, **Uganda**. Participants included 11 senior staff from the Commonwealth Regional Health Community Secretariat (CRHCS) and 14 MOH representatives. POLICY’s IR4 Director Joe Deering

facilitated the workshop with POLICY LTA Leah Wanjama, Dr. Gregory Pappas, Measure/DHS, Dr. Stephen Kinoti, SARA Project, and Esther Nagawa, Senior Trainer, Centre for African Family Studies (CAFS). Additionally, Dr. Pappas delivered two technical presentations: one on the key findings from DHS surveys in the region and one on the pros and cons of using secondary data. Dr. Kinoti presented key concepts on monitoring and evaluation and progress in policy development and implementation. Dr. Musinguzi and Dr. Samuel A. Okuonzi, Head, Health Policy Analysis Unit, MOH, Uganda, each delivered principal technical presentations on the policy process. This collaborative activity helped to better define the roles and responsibilities of the various CAs in continuing to work with CRHCS to foster the Health Policy and Advocacy Network.

- In collaboration with Harvard University’s Kennedy School of Government and the Harvard School of Public Health’s project, “AIDS Prevention Initiative in Nigeria (APIN),” and with shared funding from the Bill and Melinda Gates Foundation, POLICY organized a five-day workshop on cost-effectiveness analysis for HIV/AIDS in **Nigeria** for policymakers and technocrats. The workshop, which took place in Abuja from May 13–17, used cost data collected from various organizations involved in HIV/AIDS in Nigeria to illustrate the concepts, methodology, and utility of cost-effectiveness analysis in program planning and evaluation. Harvard contributed \$30,000 toward this event and worked with POLICY to plan, implement, and facilitate the workshop.
- Building on productive collaboration in the African Regional Midwives Advocacy and Leadership Workshop, conducted in December 2001, POLICY staff collaborated with the MNH Program and the ICM to plan and carry out an **ANE** regional advocacy workshop for midwives. The workshop will take place in Manila from July 22–26, 2002. The workshop will provide midwives with skills to exercise leadership and effectively advocate for the development and implementation of policies and programs to reduce maternal and neonatal mortality and morbidity. Participating midwives will gain skills to advocate for increased commitment and resources for maternal health, and to facilitate improved collaboration between midwifery associations, women’s organizations, community groups, and other stakeholders in their respective countries. Moreover, the country teams will develop draft advocacy plans and may seek small grants from POLICY for implementation. As a result of the workshop, midwives will be better able to participate in decisions affecting policies related to maternal health. POLICY organized and will conduct the workshop, ICM assisted in the identification of midwife teams, and MNH sponsored the participation of the Indonesian team and will send a maternal health specialist from JHPIEGO headquarters to serve as a resource person during the workshop.
- POLICY/**Haiti** collaborated with Management Sciences for Health (MSH) in the design and implementation of two workshops for HS-2004 grantees. HS-2004, USAID’s bilateral project in Haiti, implemented by MSH, sponsored the training, and POLICY contributed to curriculum development and supplied instructors for two weeklong courses. POLICY’s LTA co-facilitated the five-day training session in February on performance management for 23 professionals from HS-2004 grantee organizations. In March, POLICY’s LTA co-facilitated another five-day training session on supervision for 21 professionals from HS-2004 grantees organizations and the public sector. Both workshops were based on the *Performance Management Training Plan* that POLICY helped develop in 2001. The co-facilitator of both workshops was Marie Christine Bertrand Brisson, training director for HS-2004.
- (*Ongoing.*) From February 18–27, POLICY conducted a regional TOT in “Network Building and Advocacy” in Moscow, **Russia**, with funding from CEDPA’s Women’s Leadership Program. POLICY staff designed and implemented the TOT. Eighteen participants from Russia’s Advocacy Network for Reproductive Health attended, together with NGO leaders and representatives from other civil society groups in Russia. In addition, two members of the POLICY-supported Ukrainian

Network for Reproductive Health (URHN) participated in the training, and Armenia and Uzbekistan were each represented by two NGO leaders. In addition to this cultural diversity, the group was composed of a broad range of technical directors representing such diverse concerns as FP/RH, women's rights, gender, youth, women-owned businesses, antiviolenace and trafficking, and men's crisis centers.

- POLICY's **Russia** and **Ukraine** offices collaborated to exchange relevant information for use in advocacy campaigns. In February 2002, two URHN members and POLICY's Truhan participated in a Regional Advocacy TOT in Moscow co-sponsored by POLICY/Russia and the Bill and Melinda Gates Foundation. Those trained were from Kazakhstan, Russia, Ukraine, and Uzbekistan. Truhan co-facilitated the training, which was designed and implemented by POLICY/Russia as part of CEDPA's Women's Leadership Program.
- At the invitation of UNFPA/**Turkey**, Zerrin Baser participated as a resource person during an UNFPA-sponsored Advocacy Strategy Workshop, April 25–26. The aim of the workshop was to develop strategies to achieve "Increased support among policymakers for policies and strategies that promote RH/reproductive rights, gender equity and equality, and population and development" goal of UNFPA Turkey program, which is being conducted by Turkish Women Status General Directorate.
- On March 22, POLICY collaborated with the Ukrainian Market Reform Education Project, another USAID-funded project, to train the **Ukraine** Reproductive Health Network in working effectively with the mass media. The one-day training resulted in raising and improving the level of knowledge about mass media communication. The skills received at the training included message development and delivery, and understanding an individual's rights during an interview. The knowledge acquired will be helpful in further advocacy campaigns. POLICY-sponsored a trainer from the Ukrainian Market Reform Education Project to conduct the training.

Meetings/Workshops

- POLICY collaborated with a combination of donors including Agence Nationale de Recherches sur le SIDA (ANRS), Merck, UNAIDS, the World Bank, the World Health Organization (WHO), and the Health Economic and HIV/AIDS Research Division (HEARD) of the University of Natal to conduct a preconference meeting of the International AIDS and Economics Network (IAEN). The meeting was conducted on July 6–7, prior to the beginning of the **XIV International Conference on AIDS** in Barcelona, Spain. Steve Forsythe (POLICY) and Alan Whiteside (HEARD) jointly planned and co-facilitated the meeting. By generating over \$165,000, POLICY secured the participation of a total of 15 individuals (five from developed countries and 10 from developing countries), to attend and present their work during the meeting. Funding from ANRS and WHO covered travel, per diem, and lodging expenses of the 15 individuals, and the World Bank sponsored IAEN website updates. Approximately 100 individuals, predominantly economists and other social scientists, attended the meeting. The meeting provided a venue for new researchers (predominantly from developing countries) to present innovative work from the field and to give them the opportunity to meet policymakers and leading researchers in the field of AIDS and economics.
 - Merck contributed to the publication of 2,000 copies of an edited volume, "State of the Art: AIDS and Economics," featuring 12 chapters written by 23 authors. Authors voluntarily contributed their time and effort to this volume. The three parts of the edited volume included: (1) The Various Roles of Economics in Addressing the HIV/AIDS Pandemic; (2) Understanding the Impact of HIV/AIDS; (3) Using Economics to Respond to the Pandemic.

POLICY distributed approximately 1,500 copies of the book the conference. It is also available on CD and on the IAEN website (www.iaen.org).

- In addition to the IAEN meeting, POLICY's participation in the XIV International Conference on AIDS was extensive and involved collaborative efforts. POLICY sponsored two satellite workshops, played an integral role in three USAID satellite sessions along with other CAs, and chaired a session on HIV Vaccines in the preconference meeting sponsored by the Canadian HIV/AIDS Legal Network, the AIDS Law Project, and the Lawyers Collective HIV/AIDS Unit (India).
- Packard Foundation/**Ethiopia** conducted a workshop for its grantees on monitoring and evaluation. POLICY staff made a presentation on monitoring and evaluation at the one-half day seminar.
- POLICY consultant Kate Parkes participated actively in CEDPA/**Ghana's** symposium, "Safe Motherhood: The Delays in Seeking and Receiving Life Saving Care," which was organized by the CEDPA White Ribbon Alliance and the MOH. During an open forum, Parkes facilitated a discussion on the reduction of maternal mortality with a special focus on community-based care and home deliveries.
- POLICY/**Nigeria** collaborated with UNAIDS, CDC, and FHI to provide assistance to the National Action Committee for AIDS (NACA) in developing an M&E framework for HIV/AIDS. As part of a delegation from Nigeria, which included the Federal Ministry of Health (FMOH), Centers for Disease Control (CDC), Family Health International (FHI), USAID, and two universities, POLICY assisted NACA, in collaboration with other members of the Monitoring and Evaluation (M&E) Technical Working Group (TWG), to develop the presentations on Nigeria's National Response Management Information System (NNRMIS), fashioned after the global Country Response Information System (CRIS) for delivery at the multicountry M&E workshop, in Dakar, February 4–6. This workshop, jointly organized by the CDC, USAID, UNAIDS, WHO, and MEASURE Evaluation, was aimed at strengthening the M&E of national AIDS programs. Sixteen Anglophone and Francophone countries attended the workshop; and as an active participant, POLICY contributed to fashioning the action plan for HIV/AIDS M&E activities in Nigeria for the next 12 months, becoming a member of the M&E framework drafting team from March 22–24. POLICY will continue to offer TA to ensure the institution of a robust and workable M&E system.
- POLICY/**Ethiopia** collaborated with Pact International, UNAIDS, and the MOH to develop a comprehensive communication framework for HIV/AIDS in Ethiopia. POLICY has been an active participant in planning and strategy sessions and was a key member of the organization and planning committee for a two-day workshop held in Nazareth in March. Objectives of the workshop were to develop a comprehensive communications framework. POLICY prepared the presentation, "Policy, Advocacy, and HIV/AIDS Communication," and was also responsible for leading small-group and plenary discussions on policy. PACT has been the lead support agency for this effort; POLICY has been a member of the technical working group. UNAIDS has provided additional support. The national framework was an output of the meeting, and it will be launched at the end of this month, and wide distribution to all Regional AIDS Councils (RACs) and NGOs.
- UNICEF, FHI, and CEDPA partnered with POLICY/**Nigeria** in the Task Team for the OVC Conference. The task team submitted a joint paper on the OVC situation in Nigeria. POLICY, represented by the Senior Program Officer (FP/RH), attended an interregional meeting, April 8–12, for West and Central African Regions on the OVC situation in Yamoussoukro, Côte d'Ivoire. POLICY, in partnership with the rest of the Nigerian delegates, drafted an action plan for Nigeria, which was ratified at a meeting of the OVC stakeholders in Abuja in May 2002.

Sharing Information and Expertise

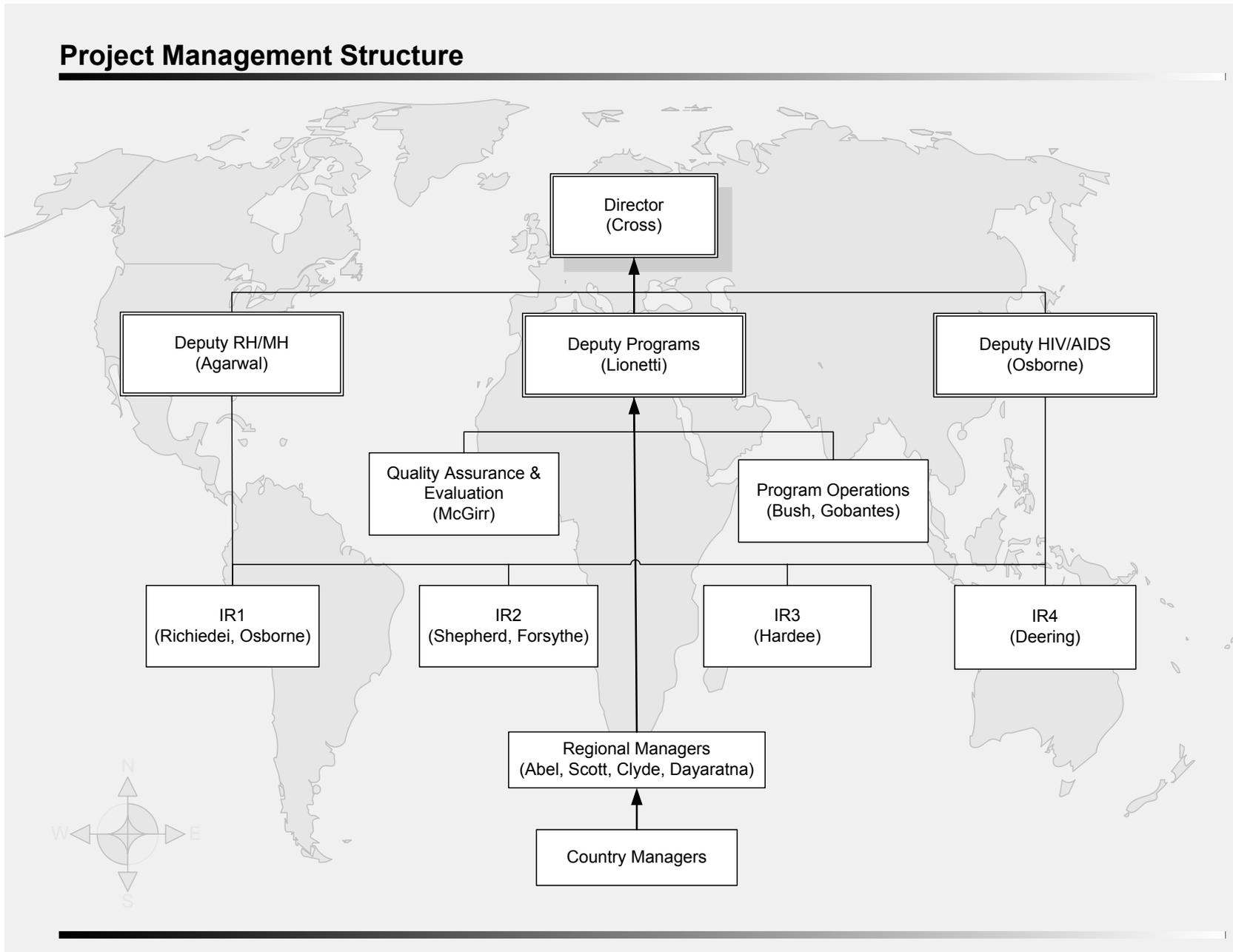
- POLICY/**Ethiopia** is working with DELIVER to initiate the application of the FamPlan Model.
- Imelda Feranil briefed six NGO leaders from Uzbekistan on the POLICY/Romania program and results. The leaders were study-tour participants of the U.S. Department of State's International Visitor Program arranged by the Meridian International Center.
- POLICY/**Mozambique** collaborated with UN agencies, including UNICEF, which is financing production of the next HIV/AIDS publication and UNAIDS and will, in turn, finance translation of the publication from Portuguese into English. A CD-ROM of the publication and projection files will be produced, with possible financing from CDC.
- POLICY, in close collaboration with **Mali's** National AIDS Program, provided training and TA in application of the AIM, preparation of a presentation, and training in making presentations. Population Services International (PSI) was one of the participants in this process and subsequently organized the Nioro workshop, April 10–12, for religious leaders. In this workshop, PSI and the National AIDS Program used the AIM presentation and their skills and knowledge gained from POLICY.
- POLICY collaborated with the SARA Project in providing TA to Commonwealth Regional Health Community Secretariat (CRHCS) on the design and development of a study to survey and analyze policies in the CRHCS region regarding youth and HIV/AIDS by participating in a Nairobi-based planning meeting and providing pertinent information and selected POLICY Project materials.

POLICY collaborates with numerous other organizations to share its materials. The following examples highlight just a few of these uses:

- Democratic Youth Initiative (DYI) is translating portions of *Networking for Policy Change* into Croatian and will distribute it to trainers. DYI, a Croatian nongovernmental, nonprofit youth organization, is currently implementing an education project on social advocacy of youth activists in Croatian NGOs, trade unions, and political parties. The translated manual will be distributed to youth trainers and posted on the group's website www.dim-dyi.hr once completed.
- The International HIV/AIDS Alliance, which works to support community action on AIDS in developing countries, has included *Networking for Policy Change* on its "HIV/AIDS NGO/CBO Support Toolkit" CD-ROM and on their website.
- KIDOG, a Turkish network, translated *Networking for Policy Change* into Turkish.
- Two newsletters, IAPAC and SafAIDS, are reprinting the paper *How Does HIV/AIDS Affect African Businesses?* IAPAC Monthly reaches an audience of 2,000. Southern Africa AIDS Information Dissemination Service (SafAIDS) is sent to policymakers, academics, and senior government/NGO personnel in Southern Africa. The paper was prepared by POLICY for presentation at the African Growth and Opportunities Act Forum Plenary Session on HIV/AIDS.

APPENDIX
MANAGEMENT STRUCTURE AND STAFF LISTING

Project Management Structure



MANAGERS OF CORE-FUNDED ACTIVITIES

Deputy Director	IR/Working Group	IR/Working Group Director	Administrator/ Administrative Backstop
<i>Core Activities:</i> Koki Agarwal (FP/RH/MH) Kevin Osborne (HIV/AIDS)	IR 1 (FP/RH)	Susan Richiede	Vicky Bush/Kristen Totino
	IR1 (HIV/AIDS)	Kevin Osborne (acting)	Rodrigo Gobantes/Elisabeth Huth
	IR2 (FP/RH)	Carol Shepherd (FP/RH/MH)	Vicky Bush/David London
	IR2 (HIV/AIDS)	Steven Forsythe (HIV/AIDS)	Rodrigo Gobantes/Aguil Deng
	IR3	Karen Hardee	Rodrigo Gobantes/Cesar Borja
	IR4	Joseph Deering	Vicky Bush/Cesar Borja
	SSO2 – Safe Motherhood	Koki Agarwal	Vicky Bush/David London
	SSO4 – HN/HIV/AIDS	Kevin Osborne	Rodrigo Gobantes/Elisabeth Huth
	Quality Assurance	Nancy McGirr	Vicky Bush
<i>Working Groups:</i>	Adolescent RH	Nancy Murray	Vicky Bush/Kristen Totino
	Gender	Anne Eckman	Rodrigo Gobantes/Cesar Borja
	Human Rights	Lane Porter	Rodrigo Gobantes/Megan Noel
<i>Core Packages:</i>	Romania	Inday Feranil	
	Ukraine	Monica Medrek	
	Nigeria	Scott Moreland	
	Guatemala	Norine Jewell	
	Jamaica	Karen Hardee	
	Mexico (HIV/AIDS)	Mary Kincaid	
	South Africa (HIV/AIDS)	Nikki Schaay	
	Peru (Safe Motherhood)	Patricia Mostajo	
	RH Goals	Carol Shepherd	
<i>Miscellaneous:</i>	Grants	Determined by Funding Source	Vicky Bush/Kimberly Lohuis

MANAGERS OF COUNTRY AND REGIONAL PROGRAMS

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Africa:</i> Mary Scott Backstop: Denise Lionetti	Africa Regional Funds	Kevin Osborne	Rodrigo Gobantes/ David London	Rose McCullough
	Southern Africa	Anna von Esch Nikki Schaay		
	Ethiopia	Charles Pill		
	FHA/WCA	Norine Jewell		
	Ghana	Norine Jewell		
	Kenya	James Kocher		
	Malawi	Shawn Aldridge		
	Mali	Norine Jewell		
	Mozambique	Karen Foreit		
	Nigeria	Scott Moreland		
	REDSO/ESA	Joseph Deering		
	Sahel/CERPOD	Norine Jewell		
	South Africa	Nikki Schaay*		
	Tanzania	Charles Pill	(Megan Noel)	
Uganda	Norine Jewell			
Zambia	Thomas Goliber			
<i>Asia/Near East:</i> Ed Abel Backstop: Harry Cross	ANE Regional Funds	Koki Agarwal (FP/RH/MH) Kevin Osborne (HIV/AIDS)	Vicky Bush	Elizabeth Schoenecker
	Bangladesh	Syed Ahsan*		
	Cambodia	Felicity Young*		
	Egypt	Mona Khalifa*		
	India	Gadde Narayana*		
	Jordan	Ed Abel		
	Philippines	Aurora Perez*		
	Vietnam	Felicity Young		
<i>Eastern Europe & Eurasia:</i> Maureen Clyde Backstop: Harry Cross	Russia	Anne Jorgensen	Rodrigo Gobantes/ Ben Clark	Rose McCullough
	Turkey	Zerrin Baser*		
	Ukraine	Monica Medrek		

** Indicates overseas staff member*

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Latin America:</i> Varuni Dayaratna Backstop: Denise Lionetti	Guatemala	Lucia Merino*	Vicky Bush/ Cesar Borja (Aguil Deng)	Elizabeth Schoenecker
	Haiti	Norine Jewell		
	Jamaica	Mary Kincaid		
	Mexico	Mary Kincaid		
	Peru	Patricia Mostajo*		

** Indicates overseas staff member*

POLICY STAFF

U.S.-BASED TECHNICAL STAFF

Edward Abel, ANE Regional Director, Jordan Country Manager
Kokila Agarwal, Deputy Director for FP/RH/MH
Shawn Aldridge, Reproductive Health/AIDS Specialist, Malawi Country Manager
Jane Begela, HIV/AIDS Specialist
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