

**SIXTH SEMI-ANNUAL
UPDATE**

January 7, 2003 –
July 6, 2003

**POLICY II PROJECT
SIXTH SEMI-ANNUAL UPDATE**

January 7, 2003 – July 6, 2003

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANC	Antenatal care
ANE	Asia/Near East
API	AIDS Program Index
ARH	Adolescent reproductive health
CA	Cooperating agency
CDC	Cairo Demographic Center
CEDPA	Centre for Development and Population Activities
CUP	Condom use program
DFID	Department for International Development
DHS	Demographic and Health Surveys
E&E	Europe and Eurasia
EPP	Epidemic Projection Package
ESA	East and Southern Africa
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
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
IR	Intermediate result
IWG	Interagency Working Group
LAC	Latin America/Caribbean
LTA	Long-term advisor
M&E	Monitoring and evaluation
MCH	Maternal and child health
MH	Maternal health
MMR	Maternal mortality ratio
MNH	Maternal and Neonatal Health (Project)
MNPI	Maternal and Neonatal Health Program Index
MOH	Ministry of Health
MSM	Males who have sex with males
MTCT	Mother-to-child transmission
NGO	Nongovernmental organization
OHA	(USAID) Office of HIV/AIDS
OVC	Orphans and vulnerable children
PAC	Postabortion care

PDB	Programmatic Data Base
PEC	Policy, evaluation, and communication
PLWHA	Persons living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PRH	Population and reproductive health
QA	Quality assurance
REDSO	(USAID) Regional Economic Development Services Office
RH	Reproductive health
RHAP	Regional HIV/AIDS Program
RTI	Research Triangle Institute
SADC	Southern Africa Development Commission
SO	Strategic objective
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
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
UN	United Nations
UNAIDS	United Nations AIDS Organization
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WARP	West African Regional Program
WG	Working group
WHO	World Health Organization
WRA	White Ribbon Alliance for Safe Motherhood
YAARH	Young adult and adolescent reproductive health
YARH	Young adult reproductive health

PROJECT OVERVIEW

The POLICY II Project began July 7, 2000 and is funded by the U.S. Agency for International Development, GH/PRH/PEC 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 29 countries and with three regional organizations. 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 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.

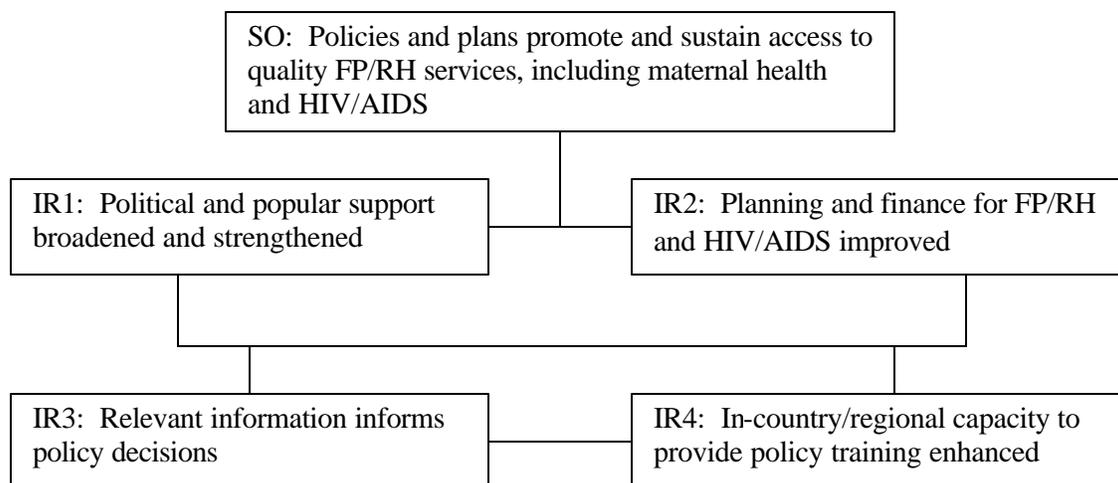
RESULTS FRAMEWORK

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.

For the sixth reporting period, 26 SO-level results are presented below for 15 countries, and 52 IR-level results are presented for 21 countries, for a total of 78 results in 24 countries. Table 1 shows the total number of results achieved by country. A complete listing of results achieved in the sixth reporting period follows.

Table 1. Project Results Tally (# of results) for SAU Period 6
January 7, 2003 to July 6, 2003

COUNTRY	SO	IR1	IR2	IR3	IR4	Total Results
Africa						
Ethiopia						-
Ghana						-
Kenya	5		2	4		11
Madagascar						-
Malawi				1		1
Mali						-
Mozambique	1					1
Nigeria	2	1	1	1		5
REDSO/ESA						-
South Africa	2			2	1	5
Southern Africa		1			2	3
Tanzania				1		1
Uganda	2		1		3	6
WARP/FHA/CERPOD	2					2
Zambia		3				3
Zimbabwe						-
Asia/Near East						
Bangladesh	1					1
Cambodia				1		1
Egypt	2			1	2	5
India		1	1			2
Jordan				1		1
Nepal						-
Philippines	1	1		1		3
Vietnam						-
Europe and Eurasia						
Romania	1		1	2		4
Russia	3	1			1	5
Turkey						-
Ukraine	1	3	1	1	1	7

Latin America/Caribbean						
Guatemala	1		1	1		3
Haiti	1	1				2
Honduras						-
Jamaica			1	1		2
Mexico	1	1				2
Peru		2				2
Global						
Total Results	26	15	9	18	10	78
Total Countries	15	10	8	12	6	24

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

- The value of modern contraception, particularly its associated benefits for women, families, and the nation is well-established in **Kenya**. For this reason, the MOH has reiterated its commitment in various policy documents (including the National Health Sector Strategic Plan (NHSSP) 1999–2004) to adopt and implement policies and plans to sustain the current decline in overall fertility and to ensure a supply of appropriate contraceptives to all service delivery points (SDPs) and users. Notwithstanding this commitment, a supportive policy environment, prudent planning, and predictable and stable financing are lacking. For the first time in the country’s history, the Director of Medical Services, on behalf of the government of Kenya (GOK), approved the *Contraceptives Commodities Procurement Plan, 2003–2006* in February 2003. The purpose of the plan is to promote contraceptive security and expand contraceptive choice by ensuring that contraceptive clients have continuous access to the commodities they need to meet their family planning needs. The plan will guide the GOK and international donor partners to systematically and routinely provide funding and procure commodities in a timely manner and develop and strengthen Kenya’s commodities logistics and management systems. In 2002, POLICY, on behalf of the Reproductive Health Advisory Board (RHAB), spearheaded the development of the plan. In March, at the request of the RHAB, POLICY finalized the document and printed 3,000 copies that will be provided by the MOH and other stakeholders to all interested parties.
- Francophone countries in **West Africa** are notorious for having perhaps the poorest collective policy environment for FP/RH. The continuing large unmet need for family planning in Francophone Africa is reflected in the region’s high maternal and neonatal mortality and morbidity rates. Successful repositioning of FP in the region urgently calls for greater political will, a legal-policy framework based on accurate and timely data, and a permanent FP/RH advocacy presence in civil society that can sustain improvements in the policy environment. Legislators across West Africa were represented in a March 1997 symposium on barriers to reproductive health in Francophone countries organized by the IPPF West Africa Office, with POLICY technical and financial support. Follow-up to the symposium culminated in a June 1999 workshop for Francophone parliamentarians, organized by FAAPPD, with technical and financial support from POLICY. During the workshop, participants produced a model reproductive health law to implement the ICPD *Program of Action*. FAAPPD, POLICY, and other regional partners subsequently supported activities of parliamentarian networks to enact similar legislation in Sahel countries. Thus far, Guinea and Mali have enacted legislation based on the model law. Additional countries are following suit:

- The National Legislature of **Mali** enacted a reproductive health law in June 2002 to implement the ICPD *Program of Action*.
- The National Legislature of **Benin** enacted a reproductive health law in January 2003 to implement the ICPD *Program of Action*. The law was enacted following advocacy activities with Beninese parliamentarians by the Réseau d'ONG béninoises de santé (ROBS), the POLICY-supported network of reproductive health NGOs in Benin, and the President of the Association Beninoise pour la Promotion de la Famille (ABPF).
- **Haiti's** Ministry of Health is extremely concerned about the continuing high rates of maternal mortality, fertility, and unmet need for family planning and therefore requested support to develop a strategy for reducing maternal mortality. The *Plan National de Réduction de la Mortalité Maternelle* was formally adopted by the Ministry of Health (MSPP) in May 2003, and is now being used by the MOH as its frame of reference for activities to reduce maternal mortality (public statements of ministry officials). POLICY provided TA to a steering committee of the MSPP in developing the national strategic plan for reduction of maternal mortality. Also collaborating in this effort were the Pan American Health Organization, UNFPA, and Futures Group International, which provided local expertise under a contract with UNFPA. POLICY contributed to a diagnosis of the maternal mortality situation in Haiti that identified the key areas for intervention and helped organize a workshop (March 26–28, 2003) to validate the design of a draft strategy. More than 100 people, including representatives from major international organizations and local NGOs, participated. The strategy includes interventions that address laws, regulations, and policies that can help to reduce maternal mortality over the next five years.
- Prior to its creation, the **Guatemalan** MOH's efforts related to FP/RH were conducted only under an agreement with USAID. In November 2002, the Ministry of Health (MOH) created a Reproductive Health Unit through Ministerial Decree No. SP-M-1, 123-2002 signaling newfound commitment to reproductive health. The Reproductive Health Unit is a legal entity dedicated to reproductive health and will have its own budget. POLICY played an important role in the creation of the unit by providing TA to the MOH's National Reproductive Health Program (NRHP) in conducting a legal analysis of the situation of the NRHP within the MOH. Based on that analysis, POLICY helped to develop the policy proposal for increasing the level of institutionalization of the NRHP. The new unit was formed on the basis of this analysis and proposal. Official notice of the unit's creation appeared in the newspaper on March 11, 2003. Subsequently, the Minister and Vice Minister of Health, Secretary of the Presidential Secretariat of Women's Affairs, and the Vice President of the Congress made public statements supporting the National Reproductive Health Program (NRHP), women's health needs, role of human sexuality in health, and need for financial resources for reproductive health services.
- To ensure the successful implementation of the **Ukraine** National Reproductive Health Program 2001–2005, the MOH-led Policy Development Group (PDG) is developing recommendations to remove operational policy barriers that impede health care providers from delivering quality RH care in an efficient manner. On December 28, 2002, the Minister of Health approved the MOH order, "On improvement of outpatient obstetric-gynecological care in Ukraine." Developed by the PDG under the leadership of the MOH and with POLICY's support, the order aims to improve the quality of and access to reproductive health outpatient services. It focuses on improving the referral system, promoting evidence-based management approaches and instructions, and instituting regulations for health care providers in reproductive health. This is the first national policy that includes guidelines to reduce key operational policy barriers in reproductive health outpatient care. The order is now being disseminated widely.

- Through the Far East Advocacy Network activities in **Russia**, network members, including Irina Tayenkova, have established themselves as adolescent health specialists and advocates. Consequently, they are frequently called on to comment on programs developing youth-related activities. For example, on March 3, 2003, the governor of Khabarovsk Kray signed the Kray-level Decree “About the plan for Kray high priority activities on the prevention of homeless and neglected underage children in 2003.” The final version of the decree includes all of Irina Tayankova’s suggestions regarding the training of volunteer instructors among youth in family planning, alcoholism, drug use, and STI prevention. The decree is the first official regional document in Khabarovsk Kray since the late 1990s in which there is approval for family planning activities and the term “family planning” is used instead of “hygiene/sanitary/other measures.” The decree was developed and will be implemented through a multisectoral process involving various departments/ministries of the Kray, the city administration, and advocates. Additionally, on July 26, 2002, the governor of Khabarovsk Kray signed the program ‘Basic directions in prevention and treatment of socially meaningful diseases in Khabarovsk Kray’ on behalf of the Kray Duma. Irina Tayenkova and colleagues drafted and advocated for including sections on STI prevention and adolescent reproductive health.
- Improving the health and RH status of the large population of youth in the Tomsk region of **Russia** is the priority for the Tomsk Oblast Advocacy Network. The network is working to focus the attention of policymakers at oblast and rayon (county) levels on creating and supporting adolescent RH policies and programs. On January 28, 2003, A.M. Yemelyanov, the Head of the Kozevnikovo Rayon Administration adopted and signed Decision #132 implementing the program “Reproductive Health Care of Youth and Adolescents of Kozevnikovo Rayon.” With support from its second POLICY small grant, the Tomsk Oblast Advocacy Network organized and conducted an advocacy campaign in November and early December 2002 to create a rayon-level (similar to a county-level) reproductive health program in the Kozevnikovo Rayon in Tomsk Oblast. As previously reported, due to the network’s advocacy efforts, the rayon authorities drafted the program and submitted it for approval. Funding for the program in the amount of 90,000 rubles (US\$2,900) is included in the approved program. Network members plan to transfer the successful experience to other rayons and at the oblast level.
- There are many inconsistencies among **Egypt’s** laws, sectoral strategies, and the national population goals with respect to social policies including FP/RH. For example, the Labor Law grants paid maternity leave three times per woman while the National Population Strategy aims to achieve two children per household by 2017. Therefore, the law was recently updated to reflect the country’s population goal. The Labor Law was approved by the Assembly and issued by the President of Egypt on April 7, 2003. The law is to be implemented after 90 days of its official publication (July 7, 2003). Among other things, population-related interventions considered in the law include: 1) forbidding child-labor before the age of completing basic education or 14 years of age (whichever is higher), as well as specifying various conditions related to their work; 2) ensuring equality between both sexes in the labor market and organizing the conditions for their employment; and 3) emphasizing the concept of a two-child family, to be consistent with the national goal. Between December 2002 and July 2003, POLICY conducted policy dialogue with members of Parliament (in the People’s Assembly and the Shura Council) as well as with members of the Health and Population Committee to identify key population priorities related to labor and to urge that the population dimension be taken into consideration in the debate of various population development frameworks. The introduced changes demonstrate awareness of the gender dimension and the need to eliminate dropouts from the education system.

- In the context of the ongoing decentralization and reform efforts within **Kenya's** Ministry of Health, the roles and responsibilities of key institutions and structures have changed with respect to the supervision and management of cost-sharing funds targeting FP/RH, HIV/AIDS, and other health services. Yet, no guidelines exist to reflect the changes in the policy environment with respect to supervision of the cost-sharing program in health centers that charge for services but lack sound accountability criteria. Jointly with the Department of Health Care Finance (DHCF), Health Sector Reform Secretariat (HSRS) and Department of Policy Planning and Development (DPPD), POLICY provide stewardship in the development of the policy guideline, *“Facility Improvement Fund (FIF) Supervision Manual for Provincial Medical Offices (PMO), District Health Management Boards (DHMB), District Health Management Teams (DHMTs), Hospital Management Boards (HMB), and Hospital Management Team (HMT),”* which were formally approved and signed by the Permanent Secretary/MOH (June 2003) on behalf of the government through MOH circular, DHCF/Vol 1(138). This is the culmination of a 22-month process of dialogue, consultations, and policy formulation with key stakeholders. POLICY reproduced 3,000 copies of the manual and provided logistical support for wide dissemination of the document and implementation by health facilities. The manual outlines the new roles and responsibilities of the key actors in the planning, coordination, monitoring, and supervision of the cost sharing funds generated by the health centers and targeting FP/RH, HIV/AIDS and other health services. The focus is on collections efficiency and best practices in ensuring improvements in the quality of services provided.
- In **Egypt**, improving the quality and expanding coverage of the National Family Planning Program in order to increase contraceptive prevalence to attain FP goals requires devotion and intensive work by MOH and other public sector staff. H.E. Minister Zaki Abu-Amer, the Minister for Administrative Development issued a Ministerial Decree on May 31, 2003 to operationalize the implementation of the system for incentives to improve quality of care by family planning workers (including Physicians and Raidat Riffiat - RR) in rural units. The incentive scheme rewards public sector rural workers based on merit and quality performance. A total of 3,545 rural health units in all governorates will be covered and will support the national campaign aimed at expanding contraceptive prevalence and reducing population growth. The Minister indicated that the upper ceiling of incentives is LE 200/month for physicians and LE 150/month for extension workers. This action resulted from the Shura Council report *“Population Problem and Strategies to Curb Population Growth,”* which POLICY helped the Health, Population, and Environment Committee of the Shura Council to prepare.
- The private sector plays a vital role in the distribution of condoms in **Bangladesh**. For example, the Social Marketing Company (SMC) has aided in the distribution of 70 percent of all condoms in the country over the past several years. Yet the government of Bangladesh recently blocked the release of 309 million condoms procured by SMC with funding from the bilateral Health and Population Sector Program (HPSP) funding pending a review of the condoms distribution mechanism. This lengthy review resulted in a shortage of condoms, which led to a subsequent increase in the price of condoms by retailers creating a burden on consumers. Through intensive dialogue with the Director General of the Directorate of Family Planning, POLICY was able to facilitate a release letter from the government of Bangladesh in June 2003, and the condoms became immediately available for distribution to the marketplace.
- High infant and maternal mortality in **Uganda** results, in part, from poor hygiene and sanitation. Following a presentation made by a POLICY-trained District Population Officer (DPO) to the Sironko District Town Council, the Council enacted a by-law on sanitation and hygiene on September 25, 2002, which was ratified by the newly created District Council on October 25. The district also passed another by-law, which ensures that no child is prohibited from going to school because of child labor, which is rampant in the district. These actions are an outgrowth from advocacy revolving

around the RAPID presentation on “Population, Reproductive Health, and Development” and its accompanying briefing book. In May 2003, POLICY visited Wakiso, Sironko and Kayunga districts and provided TA to District Population Officers, which included preparing presentations for the town council meetings and drafting workplans and budgets.

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

- The **Kenya** Ministry of Home Affairs (MOHA) and the National AIDS Control Council (NACC) approved and adopted the *National Programme Guidelines for Orphans and Other Children Made Vulnerable by HIV/AIDS* in March 2003. The Director of the Department of Children’s Services signed this policy document on behalf of MOHA. The policy was launched in June 2003 at a ceremony presided over by the Honorable Minister for Home Affairs. In May 2001, the national HIV/AIDS technical working group highlighted challenges facing OVC programs in the advent of HIV/AIDS, and asked NACC to develop specific policies for OVC programming. An OVC task force led by NACC, MOHA, POLICY, UNICEF, and FHI was set up to work on this request. POLICY mobilized resources and coordinated involvement of FHI, NACC, UNICEF, MOHA, GTZ, and over 74 other stakeholder organizations in the research, consultations, deliberations, formulation, production, printing and launching of the initial 5,000 copies of the national program guidelines. The organizations involved represented stakeholders from GOK, private business sector, NGOs, CBOs, FBOs, children’s and community groups. The guidelines empower OVC program managers with critical information and direction for developing and implementing effective OVC interventions within the context of a national, coordinated, multisectoral response to HIV/AIDS.
- After a series of multiple stakeholder consultations and review, the President of **Nigeria** approved the revised *National HIV/AIDS Policy*, developed by the National Action Committee on AIDS (NACA) with technical assistance from POLICY for developing the policy framework and facilitating the stakeholder reviews of the draft policy. Approved in June 2003, the policy revises and substantially extends the coverage of the 1997 policy, developed while the national response was still focused on health and led by the Federal Ministry of Health (FMOH). The revised policy now reflects a multisectoral approach to HIV/AIDS, recognizes the new structures for coordinating the response, incorporates new knowledge and understanding of the epidemic, and extends the policy to address new issues, such as antiretroviral drugs and human rights. POLICY will provide TA for the production of this document and will support the formal launch, which is expected to take place in August 2003. The revised policy will serve as the overriding policy instrument guiding all HIV/AIDS-related activities in Nigeria for the foreseeable future.
- The State Secretary of Health for Vera Cruz (VC), **Mexico** formally approved the Multisectoral Citizen’s Group (MCG)/VC’s Multisectoral Strategic Plan for HIV/AIDS on behalf of the State HIV/AIDS Program. The National HIV/AIDS Program has also approved the plan, which is a coordinated, multisectoral approach to reduce sexual and mother-to-child transmission of HIV/STIs, improve access to treatment and care services, including antiretrovirals, and to reduce stigma and discrimination of PLWHAs in the state of Vera Cruz. In early May, during the regular quarterly meeting that the MCG/VC holds with the State Secretary of Health, the group made a formal presentation of the plan and received his approval for it. The MCG/VC also presented the plan to the State Health Council, a public sector body that meets periodically to address health problems from an inter-institutional perspective. During this meeting, the group submitted the plan to the Municipal President of Coatzacoalcos, who serves as the president of the Red de Municipios Saludables (Network of Healthy Municipalities), a network that includes the majority of the municipalities in the state. Additional presentations of the plan were made to the Technical Council of Oportunidades, a social program of the federal government that promotes socioeconomic development of the Mexican

population. The dissemination of the plan during May and June to these various organizations and public bodies is an important aspect of the MCG's efforts to advocate for and help coordinate its implementation; getting these officials to listen to a plan regarding HIV/AIDS is, in and of itself, an important result and represents a departure from the norm of just one year ago. The MCG also engaged the mass media to announce the approval of the plan, calling press conferences in Jalapa, the state capital, on June 13, and in the Port of Vera Cruz, site of the highest incidence of HIV/AIDS, on June 20.

- As an outgrowth of POLICY/South Africa's involvement with the Post-Graduate Diploma in HIV/AIDS Management in the World of Work at the University of Stellenbosch (on which POLICY contributes course material and training), POLICY has provided TA to several students in developing workplace policies for their respective organizations. SA Eagle, a private insurance company with 1,200 employees, formally adopted an HIV/AIDS workplace policy in May 2003. POLICY worked with an HR manager and the HIV/AIDS policy task team to develop the content and scope of the company's HIV/AIDS policy. One of the task team members was a student in the University of Stellenbosch diploma program, who applied the policy development training she received in the course to form the HIV/AIDS task team and sought additional TA from POLICY to draft the workplace policy. The policy outlines a comprehensive approach to HIV/AIDS management for the company and its employees following the guidance described in the "Managing HIV/AIDS in the Workplace," standards that POLICY assisted in developing. Ingwe Collieries Ltd, also approved an HIV/AIDS workplace policy in December 2002. Another student from the University of Stellenbosch program independently developed the integrated HIV/AIDS policy following completion of the POLICY course module on HIV/AIDS policy development. Ingwe Collieries, Ltd., is a subsidiary of BHP Billiton, which employs about 8,500 employees, and is one of South Africa's biggest coal mining companies.
- In October 1997, in response to a recommendation from a national HIV/AIDS review in **South Africa** that highlighted the need for greater multisectoral and/or inter-departmental collaboration around HIV/AIDS, the Minister of Health formed the Inter-Departmental Committee (IDC). The purpose of the IDC is to create a forum where senior government officials can meet to collectively develop a policy and program response to HIV/AIDS, to advocate for the initiation and implementation of appropriate HIV/AIDS workplace programs, and to ensure that appropriate capacity is developed within departments to manage the impact of HIV/AIDS. The IDC has been meeting on a regular basis since 1997, and POLICY has assisted the committee in various ways in the past: either by providing facilitation support to their annual strategic planning processes or by providing capacity building workshops around specific HIV/AIDS-related issues. On March 4, 2003, the IDC on HIV/AIDS formally adopted the 2003/2004 IDC Operational Plan. The operational plan for 2003/2004 aims to increase information and publicity about the activities and accomplishments of the committee, strengthen collaboration between the IDC and other national stakeholders such as the Department of Public Service and Administration (DPSA), and provide technical support to departmental HIV/AIDS focal-point staff members and/or coordinators in mainstreaming HIV/AIDS into relevant departmental policies, procedures, and programs. POLICY facilitated a strategic planning session for the IDC in January 2003, which contributed to the development of the plan. This work builds on POLICY's previous work with IDC in the development and adoption of the operational plan on HIV/AIDS (2001/2002) on May 8, 2001.

of countries that increase resources available for FP/RH/HIV/AIDS

- The interagency "Healthy Child 2003" program was passed on March 27, 2003, by the Tomsk Oblast State Duma, **Russia** (Resolution #551) and approved by the Tomsk Oblast Governor, V.M. Kress, on April 4, 2003. The total funding for the program is 42.29 million rubles (approximately \$1.4

million), and according to the network coordinator, the first 20 million rubles from the federal and regional mandatory medical insurance funds have already been allocated. POLICY supported the creation of the regional network “Network on Reproductive Healthcare Advocacy in Tomsk Oblast,” which played a key role in shaping the program. Over a six-month period, network members worked with various health care specialists, administrative officers, and policymakers at the oblast and rayon levels, gaining practical experience about the steps involved in developing a regional program and in working with policymakers. During the advocacy campaign, the network gained special support from regional Duma representatives from the Kozevnikovo rayon and the city of Tomsk, and from several representatives of regional and municipal legislative and executive authorities. One of the policy champions was a chief specialist of the Tomsk Municipal Healthcare Department, O.A. Mokhova, who was trained in the RH policy formulation process at the POLICY-supported Policy Analysis Forum in December 2002 in Perm. The network convinced the head of the Oblast Healthcare Department to introduce and present the program personally to the regional Duma, which the network considered an important component of the program’s final adoption. Although the final version of the program did not include the entire RH section that the network was advocating for, by means of compromise, it did manage to save much of the program the network had drafted, due in part to its previously successful policy advocacy results in Kozevnikovo Rayon in the fall and winter 2002. Another part of the program that was kept in the final version was a provision to develop medical standards for adolescent preventive health care as well as training for social workers and psychologists at Tomsk Oblast obstetric and infant facilities.

Although the regional authorities had received a letter from the Russian Federation Ministry of Health in November 2001, entitled “On the Upgraded Version of the *Healthy Child 2003* Federal Targeted Program,” thereby encouraging the oblast to develop and fund a program (and this letter is cited in the program as the initiation point for the program); the oblast health department was not obliged to follow the federal recommendation. However, these recommendations provide the regions the chance to develop and approve (on the regional level) programs according to targeted federal programs. Once coordinated with the federal authorities and approved by the regional governors, these programs can be implemented. In addition, referencing the federal recommendation in the regional program allows the regions to apply for, and if approved, use federal funds for the approved program activities, supplementing regional funds as necessary to support the program. This is particularly important for relatively resource-strapped regions, such as Tomsk Oblast. Nevertheless, such regional programs have been developed and approved only in regions where there was a moving force behind them, such as the Tomsk Network, their primary target audience, and the head of the Oblast Healthcare Department, who were committed to initiating, developing, and advocating for the program at the regional level.

- In **Nigeria**, as a result of TA provided by POLICY to the PLWHA support group Organization for Positive Productivity (OPP), the group was awarded US\$65,976 in World Bank HIV/AIDS Program funds to implement “Mitigating the Impact of HIV/AIDS Among PLWHA in FCT.” Increased access to financial resources should enhance OPPs capacity to implement projects and contribute significantly to the care and support needs of PLWHA in the Federal Capital Territory (FCT). Increased visibility of OPP has attracted several other donor agencies. For example, the Gede Foundation—a private foundation founded by the wife of the vice president of Nigeria Mrs. Jennifer Abubakar which is headquartered in Washington D.C.—provided OPP with resources to obtain its own office, which opened on March 26, 2003.
- The POLICY-supported Multisectoral Technical Group (MTG) is responsible for providing assistance to the government of **Mozambique** on the interpretation of HIV/AIDS sentinel surveillance data and estimates of HIV/AIDS prevalence and impact projections. Last year, the MTG added a new activity, conducting special studies, to its workplan and developed a list of 10 themes

related to determinants of HIV prevalence in Mozambique. These special studies will be coordinated by the Center for Population Studies, Eduardo Mondlane University, one of the three institutional leaders of the MTG. POLICY agreed to fund four studies; the MTG then approached the National AIDS Council to find additional resources. On February 24, 2003, UNICEF agreed to provide \$30,000 to fund several special studies on determinants of HIV prevalence in Mozambique.

- With the advent of decentralization, local health budgets have to cover myriad services and activities; FP/RH often takes a “back seat” to more pressing local health concerns. As a result of a series of advocacy presentations given by District Population Officers to district officials, the reproductive health budget of Wakiso District, **Uganda**, was increased from 7 million (US\$4,046) to 19 million (US\$10,983) Ugandan Shillings. The funds will be used to strengthen the district vital registration system, integrate population and RH issues in district planning, conduct a district Population Day, and disseminate census results in the district. In May 2003, POLICY staff visited Wakiso, Sironko and Kayunga districts and provided TA, which included preparing presentations for the town council meetings and drafting workplans and budgets. Following this technical assistance, the District Population Officer made a RAPID presentation, which catalyzed the district to direct more funds to reproductive health.
- The Naga City Council in **Philippines** approved Ordinance No. 2003-053 “An Ordinance Creating the Naga City Multisectoral STD/HIV Council for the Prevention and Control of Sexually Transmitted Diseases, Defining its Functions and Providing Funds and for Other Purposes” with a budget of PhP 300,000.00 (US\$5,636) on May 21, 2003. POLICY and Programs for Appropriate Technologies in Health (PATH) collaborated to organize a study tour for local policy advocates and AIDS Council members. The purpose of the study tour was for the Cebu Local AIDS Council (LAC) to share its experiences implementing local HIV/AIDS activities. This showcased the political commitment, government/NGO collaboration, community response, and extension of social hygiene services and syndromic approach in treatment in STDs. The experience of the study tour mobilized action on the part of the Mayor of Naga who, after the study tour, accelerated the passage of the ordinance. At the end of the study tour, two additional project sites (cities of Butuan and Dipolog) drafted ordinances on HIV/AIDS.

of countries that adopt (approve) measures that encourage efficient and/or equitable resource allocation and use

- In March 2003, “Government Order 248,” approved self-certification of poverty status as a requirement to access free contraceptives in **Romania**. This order revises earlier guidelines that specified a client must provide official documentation proving eligibility to receive free contraceptives. In 2000 and 2001, eligible categories included students, the unemployed, people with low or no income, and those from families receiving social protection allowance. A POLICY study on the implementation of the August 2000 policies that approved free contraceptive distribution to vulnerable population sectors reported that service providers were often more likely to provide free contraceptives to students with valid school or university identification cards. A client claiming eligibility but bearing no official documentation or proof of poverty status, however, could not be given free contraceptives. POLICY-supported research made representatives of the MOHF, Ministry of Finance, NGOs, and private commercial firms aware of three basic equity and efficiency issues: market segmentation, targeting, and equity. The research highlighted the cost and difficulty of obtaining contraceptives, particularly the difficulty of obtaining certificates bearing the signature of the mayor and the stamp of the local government. Network members and public sector champions advocated to the MOHF on several occasions to approve self-certification of poverty.

- Since the inception of the cost-sharing program in **Kenya** in 1989, various policy guidelines have been developed to enable its successful operation and management. With time, the policy environment has changed (for example, with the gazzettelement of various health boards, appointment of health center management committees, and implementation of the decentralization policy) creating lapses in operations and ambiguity in certain lines of communications. With the development of the National Health Sector Strategic Plan, it became pertinent to review and/or harmonize the key cost-sharing policy guidelines to bring them in line with new policy documents and provide new thinking and policy direction for effective operation of the program. In December 2002, the MOH/ Permanent Secretary (PS) formally approved and signed two cost-sharing guidelines, *Guidelines for District Health Management Board* and *Facilities Improvement Fund “Operations Manual” for Health Centers*, on behalf of the government through the MOH circular DHCF/Vol. 1(138). These policy documents were developed in response to the need to improve the collection, management, and use of cost-sharing revenues by providing guidelines for the effective operation of the health boards and committees, and best practices for ensuring the use of the respective funds to improve quality of services. Approval of the documents was the culmination of 16 months of dialogue, consultations, and policy formulation with key stakeholders. Jointly with the Department of Health Care Finance (DHCF) and the Health Care Finance Implementation (HCFI) Committee, POLICY provided leadership and spearheaded the development of the guidelines. A description of the new documents is provided below:

1. *Guidelines for District Health Management Boards*. This document provides the principal instrument for overseeing the management of the cost-sharing program. In the context of changes in the policy environment, the guideline defines the new roles and responsibilities of the various health institutions with respect to the management of cost-sharing funds. It further clarifies (1) issues that have created ambiguities between the boards and health/hospital management teams; (2) roles of the center and PMOs in supervision; and (3) lines of communication between the boards and committees in the districts and district/hospital management teams.
2. *Facility Improvement Fund “Operations Manual” for Health Centers*. The manual is directed to health center staff involved in the management of cost-sharing or community funds and provides the policy framework to improve collections, management, and use of cost-sharing funds. Areas targeted include (1) the roles and functions of the health center committees with respect to the collection of funds; (2) abolition of co-financing schemes at the health-center level and consolidation of the community fund with cost-sharing funds to conform to the *Exchequer and Audit Act*; (3) new accounting procedures for efficient use 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.

IR1: Political and popular support broadened and strengthened

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

- In April 2003, the Deputy Ministry of Labor and Social Security in **Zambia** spoke out for the first time in support of the rights of workers living with HIV/AIDS. Since its inception, the POLICY-sponsored HIV/AIDS and Human Rights Project has focused on employment issues and the rights of PLWHA to access and maintain formal employment status. Over the past three years, the media component of the campaign advocated for the rights of workers living with HIV/AIDS. Although the Ministry of Labor and Social Security gave moral support to these efforts, it had never acknowledged the rights of workers living with HIV/AIDS in Labor Day speeches or the parade. In April, POLICY's two staff members seconded to the Human Rights Referral Center obtained permission

from the Ministry of Labor and Social Security for partners in the HIV/AIDS and Human Rights Project (ZAMCOM, NZP+, WLSA, YWCA, Zambia Business Coalition, and ZARAN) to march under a banner supporting the rights of HIV+ workers in the Labor Day parade. On the eve of the Labor Day parade, the Deputy Minister in the Ministry of Labor issued a statement at an open forum meeting, supporting HIV+ worker's rights and discouraging employers from practicing stigma and discrimination. This was the first time the Ministry had commemorated Labor Day by issuing an official statement supporting the rights of PLWHA in the workplace.

- In May 2003, District Administrators and Local Government Councilors in **Zambia** spoke out supporting HIV/AIDS interventions in the Southern Province, many for the first time. POLICY organized a meeting for Southern Province civic and political leaders in Siavonga, May 16–18, 2003. The purpose of the meeting was to discuss the role of politicians and civic leaders in combating HIV/AIDS in the Southern Province. It was the first meeting of its kind in Zambia in which District Administrators and Local Government Councilors interacted with members of Parliament on nonpolitical issues. District Administrators (DAs) chair district development coordinating committees (DDCC) of which HIV/AIDS district task forces are subcommittees. The DDCCs recommend development and social priorities to the Local Government Authority. Local Government Councilors approve plans and resource allocation to district-level social programs. Prior to the meeting, the Southern Province Councilors and DAs had never made a resolution or public commitment to bring down the prevalence in the province. As a result of the meeting, district administrators from 10 districts in the Southern Province met together and pledged to reduce HIV prevalence in the province by 50 percent in five years time and to change traditional practices that lead to vulnerability. The Local Government Councilors also met as a separate group and pledged to reduce HIV prevalence in the province by 10 percent in five years time. These politicians and civic leaders will meet again with the provincial MPs in six months to ascertain progress in establishing processes and setting up structures to achieve these objectives. It is expected that their commitment to vigorously fight HIV/AIDS will influence decision making at DDCC and local government levels.
- For two years (2002 and 2003) in a row, the launching of the **Nigeria** Insecticide Treated Nets Massive Promotion and Awareness Campaign (IMPAC) had been postponed. Moreover, taxes on imported treated nets had been imposed to as high as 75 percent in contravention of Nigeria's support for the Roll Back Malaria (RBM) program. These conditions reflected an apparent lack of political commitment to RBM. On May 14, 2003, however, new high-level political support for RBM-related efforts was shown when IMPAC did in fact take place in Abuja. Moreover, the President of Nigeria himself officiated and, while delivering his speech during the formal launching of IMPAC in Abuja, reaffirmed a directive reducing taxes and tariffs on materials for insecticide treated nets (ITNs). The launching of the IMPAC, which was timed to coincide with the commemoration of the celebration of the Africa Malaria Day, would not have taken place had not intense public interest been generated after a live interactive national radio program two weeks prior to the date of the launch. The radio show had taken place with TA from POLICY and participation in it by POLICY staff. With the launching of IMPAC and the reduction in tariffs on ITNs, it is anticipated that malaria incidence will decrease as Nigerians purchase more ITNs and take more precautions to avoid malaria.
- For the first time in **Haiti's** battle against AIDS, traditional religious leaders, through such associations as "Zantray" and other groups, participated in transmitting life-saving messages about HIV/AIDS as part of the 20th International Memorial for AIDS organized by Promoteurs de l'Objectif Zerosida (POZ) on May 11, 2003. The health community has long pursued traditional leaders, with little success, to take a more active role in the fight against AIDS because they are believed to be very influential in Haiti's population. The May 11th event was one of the largest public expressions of support for HIV/AIDS programs in recent history, all departments and communes were involved in the celebrations through the sponsoring organizations and churches. POLICY provided technical and

financial support to POZ to help them seek the participation of the traditional religious leaders. As part of their involvement in this public forum, the two associations expressed concern that many of their adherents engage in behavior that places them at high risk of HIV/AIDS. POZ will continue to elicit their support in getting out the message about HIV/AIDS prevention.

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

- To ensure implementation of the **Ukraine** National Reproductive Health Program 2001–2005 (NRHP), members of the Ukrainian Reproductive Health Network (URHN) are advocating for creation of local coordinating boards (CB), bodies created at the level of the city council executive committee. The aim of the CBs is to coordinate the activities of city institutions and facilities within the framework of implementing the NRHP, and to analyze and monitor the implementation status of the program activities. On February 14, 2003, the city administration of Kremenchug, in Poltava Oblast, Ukraine, issued an order, “On the creation of the interdepartmental coordinating board to implement the National Reproductive Health Program 2001–2005.” The order sets out the regulations of the Board’s operations, its objectives to coordinate and monitor the program’s implementation, and contains a list of the Board’s members. The order was the result of URHN member Larissa Skvira’s personal meetings and roundtable activities advocating for improved implementation of the local reproductive health program and more effective coordination among implementers. On April 25, 2003, as a result of URHN member Anna Seredinskaya’s advocacy meetings and roundtable in Makeevka, Donetsk Oblast, the Makeevka city administration adopted the “Order on the Creation of the Coordination Board on Implementation of the Reproductive Health Program 2001–2005.” This board, using the multisectoral approach in its membership, will coordinate the activities of partners in the implementation of the local RH program and provide monitoring and evaluation. The head of the committee is the first deputy mayor. The charter of the committee is attached to the order. The URHN hopes to achieve the same result in two additional oblasts.
- A needs assessment conducted among health workers and medical officers in four districts of Jharkhand, **India**, highlighted that in addition to operational constraints, human resource barriers such as a lack of uniformity of knowledge and skills among health staff hampers access to and quality of health services. Therefore, the Jharkhand government has decided to establish a State Institute of Health and Family Welfare to provide quality training to improve skills, knowledge, and commitment levels of health personnel in all health institutions to achieve the objectives of the health and population and reproductive and child health policies of Jharkhand. Upon request from the Jharkhand government, POLICY prepared a plan for the establishment of this state-level training institution in addition to detailed budget estimates for the construction of buildings and recurring expenditures for the next five years. The proposal was submitted to the state government on June 30, 2003, and has subsequently been forwarded to the national government for funding.

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

- As a result of the Multisectoral Citizen’s Group (MCG) program in the state of Vera Cruz, **Mexico**, a spin-off regional MCG was formed. Several municipalities in the Cordoba Region coalesced in early 2003 to form their own MCG, referred to as the MCG/Cordoba. The MCG/Cordoba is composed of representatives from municipalities, businesses, health and education sectors. During the first quarter of 2003, MCG/Cordoba held periodic meetings, including one on January 29 attended by POLICY staff, at which a principal topic of discussion was whether it should register itself as an NGO and subsequently broaden its activities to include opening a hospice facility for PLWHA in the region. MCG/Cordoba has actively sought collaboration with the Catholic Church, including a formal

agreement with a local Bishop to collaborate on prevention activities around abstinence and fidelity. The Bishop also agreed not to openly oppose the MCG's efforts to promote condom use as part of prevention campaigns. Another important activity of the MCG/Cordoba is its current advocacy efforts with other municipalities to create a network of regional MCGs under the leadership of the regional health authorities (Regidurías de Salud) with the objective of carrying out HIV/AIDS prevention activities. POLICY's LTA attended a January 29 presentation by the MCG/Cordoba in the municipality of Fortín de las Flores for representatives from that municipality and three others in the region, which led to a written commitment by the municipalities to organize and undertake joint, multisectoral prevention activities. The MCG/Cordoba held a similar meeting in the municipality of Huatusco on January 28. In the state of Vera Cruz, the MCG program has clearly had a wide-reaching impact at the local level, resulting in local level commitments by municipal officials and local NGOs to undertake joint, multisectoral prevention activities. As this new iteration of the MCG program continues to develop, it will yield interesting possibilities for increasing political and popular support for HIV/AIDS prevention and care in other states as well.

- In June 2003, in the Southern Province of **Zambia**, members of Parliament (MP) officially formed a coalition to work together against HIV/AIDS in their provinces and drafted a mission statement. They are now finalizing a set of articles of association and will work with POLICY on a set of interventions and programs in their districts. In February, POLICY organized and hosted a meeting for the Southern Province MPs to inform them about planned POLICY work in the province and to encourage the formation of a coalition to address HIV/AIDS issues in the province. This first meeting resulted in the formation of an informal coalition to work with the District Task Forces (DTF) in their respective districts. In March, members held a second formal meeting in the POLICY offices. Participants discussed modalities for involving MPs and other political leaders in district HIV/AIDS interventions. NAC commended the POLICY initiative with parliamentarians and expressed interest in using the model elsewhere in the country. On June 28–29, POLICY supported a two-day meeting of Southern Province parliamentarians. POLICY arranged for a facilitator and rapporteur to support the deliberations, and the meeting was held in the POLICY offices. During the meeting, the MPs identified a name for the coalition (*Atuzunde* HIV/AIDS – Southern Province Parliamentarian's Coalition). *Atuzunde* means “let us conquer.” Also, developed were a mission statement (“To provide leadership in the fight against HIV/AIDS in Southern Province through mobilization and advocacy”), strategic objectives, priority activities, and rules of engagement. Subcommittees were formed to work on the organizational structure and further refine proposed activities.
- As a result of the June 3-4, 2003 meeting of NGOs working in HIV/AIDS care and support in **Ukraine**, the NGOs, including representatives of the PLWHA Network, decided to form a coalition. The goal of the coalition is to strengthen the sector's role in planning, implementation, and monitoring and evaluation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Project in Ukraine. A resolution was drafted for submission to all GFATM primary recipients and international donors to formalize the decision, calling for transparency in decision making with regard to planning and implementation of the GFATM grant in Ukraine. The grant is aimed at fighting HIV/AIDS by reducing risky behaviors among youth, extending the life span of PLWHA, and reducing the negative consequences of the epidemic. Currently, Ukraine has received \$18.8 million of the total \$92 million awarded. The resolution also announces the creation of the yet to be named NGO coalition of approximately 40 NGO representatives. POLICY worked in collaboration with the International HIV/AIDS Alliance to conduct this workshop.
- As a result of POLICY's two-year support to the Anglican HIV/AIDS Program in **Southern Africa**, the Church of the Province of Southern Africa (CPSA) HIV/AIDS Network was launched during the “Inaugural Meeting of the Church of the Province of Southern Africa's HIV/AIDS Network” on April

22–26, 2003, which was attended by 150 delegates from the HIV/AIDS task teams from 19 dioceses of the CPSA. This will be the implementing body of the Church Province’s HIV/AIDS activities over the next three years, with the funding support of Christian Aid. The 23 dioceses of the CPSA, under the leadership of the Most Reverend Archbishop Njongonkulu Ndungane, are represented in the network.

- An alumnus from the condensed version of the **Russia** TOT in Advocacy in December 2002, Sergey Oleinik, reports that he used his new skills and knowledge in April 2003 to form a regional advocacy network in Penza Oblast, named “For a Healthy Generation.” Furthermore, Oleinik reports the network has already planned and begun to implement an advocacy campaign for a healthy life-style educational program for school students in Penza Oblast. On June 12, with the support of the oblast government and the city administration, the network initiated and conducted a roundtable with heads of schools where general agreement was reached about the need for systematic prevention work, and a verbal agreement was provided for the creation of an appropriate program in schools. Network members prepared follow-up reports about their work and directed them to the oblast government; they received verbal approval from the deputy head of the oblast government as to the regional authority’s readiness to approve the healthy life style prevention program for youth at the municipal level first. He also promised that in August Penza city school councils and administrators would be tasked to begin work with NGOs and state institutions to discuss questions and issues of introducing healthy life style prevention programs into educational institutions. It is of particular significance that this network formed, and it planned and implemented this campaign with no financial or technical support from POLICY.
- The PAN ABLE Pangasinan Reproductive Health Network in **Philippines** has added 10 new members representing a total of five NGOs: four local NGOs from five of the Contraceptive Self Reliance (CSR) project sites and another representing an international NGO. Ten participants attended the three-day training on Basic Networking and Advocacy Skills from April 8–10, 2003, conducted by POLICY. At the end of the training, all 10 participants signed-up as new members of ABLE Pangasinan.
- Following the formation of ForoSalud in Lima, **Peru** and its recognition by the MOH as the civil society representative on the National Health Council, ForoSalud focused its efforts on creating regional groups similar to the one in Lima. Two regional ForoSaluds were established in La Libertad and Ayacucho in January and February 2003. During the first phase of forming the regional Foros, local organizations are encouraged to form a coordination group to identify specific organizations (*grupos impulsores*) that will mobilize activities directed at organizing a public forum in which main local groups and organizations working on health in the department participate. During several meetings, the *grupo impulsor* discusses the importance of constituting a local coalition for debate proposals and provide oversight of health policies. Through this process, which was supported by POLICY, and with the participation of 50 persons, ForoSalud of Ayacucho was formed on January 20, 2003; and in a two-day meeting, February 14–15, 2003 with 200 participants, ForoSalud of La Libertad was constituted. In each case, a board of directors was elected. The local Foros will be seeking mechanisms to participate in the coordination committees created at the level of regional government and the Regional Health Direction.
- Three new NGOs have been added to the **Ukrainian** Reproductive Health Network (URHN). During the February 12–14, 2003 meeting, two NGOs joined the network, expanding it to represent 12 oblasts. The new member organizations are from geographical areas formerly not represented. The “Party of Kamianets-Podilsky Renaissance (Renaissance)” is from the city of Kamianets-Podilsky (Khmelnitskiy Oblast), where POLICY supported priority-setting activities. Renaissance focuses on participating in policymaking and implementation processes that improve the social welfare of

citizens, including attention to healthy lifestyles and reproductive health. The second NGO to join the URHN, “Anti-AIDS for Children of Ukraine,” is from Dnipropetrovs’k. Anti-AIDS addresses stigma, discrimination, and the violation of HIV-positive children’s rights. At URHN’s June 19–21 meeting, another NGO “Saint Maria” from Lugansk Oblast was added to the network. This group’s focus, working with street children in the city Popassnaya, is new to the network. As part of URHN’s plan to become more sustainable, it decided to register itself as a national NGO. Ukrainian law requires national NGOs to represent at least 14 oblasts to be registered. So, in addition to expanding the network, the addition of the two new NGOs helps the URHN move closer to its goal of registration.

- Five regional branches of the RNPM—in the northern, southern, central coast, central sierra, and Amazonian regions of **Peru**—were strengthened through the development of sustainability plans. These sustainability plans were a direct result of POLICY-supported sustainability workshops. In November–December 2002, POLICY provided TA to the RNPM in conducting five regional sustainability workshops. Two representatives from each department branch of the network participated in the regional workshops (14 representatives in the northern workshop, 12 in the southern, six in the central coast, 12 in the central sierra, and six in the Amazonian). During each workshop, a sustainability plan was prepared and reviewed by the other members of the network in each region. Each plan identifies specific objectives and activities related to financial sustainability, network expansion and strengthening, and strategies that respond to the regional political context. These plans will help the regional branches move toward institutional, financial, and programmatic sustainability and will serve as guides to the departmental branches as they develop their own departmental sustainability plans.

IR2: Planning and finance for FP/RH/HIV/AIDS improved

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

- While generally healthy, a large proportion of **Jamaican** youth are made vulnerable by a lack of focus on the social circumstances that limit their growth and development and put youth at great risk for a range of negative outcomes including early sexual activity and its sequelae—unintended pregnancies, sexually transmitted infections (STIs), and HIV/AIDS. Jamaica’s *National Youth Policy* (1994) was the focus of a critical assessment by stakeholders in 2001 that identified the need to improve the policy to more adequately address the development of youth from a holistic perspective. In response to this need, POLICY worked closely with the National Centre for Youth Development (NCYD) providing technical and financial support to develop an updated policy. Specifically, POLICY supported several stakeholder meetings that provided inputs into the conceptualization of the policy, worked with NCYD to develop several analyses that outline the issues and needs facing youth in their environment and to identify the critical areas for focus in the revised *National Youth Policy*, and assisted in the drafting, review and editing of the policy. The NCYD submitted the final draft of the *National Youth Policy* (NYP) to the Ministry of Education on May 1, 2003 for approval. The health component of the NYP advocates for the full implementation of the HIV/AIDS/STI National Plan of Action. NCYD developed the youth policy as a multisectoral policy, which highlights youth at risk for STIs/HIV/AIDS as a key target group for interventions.
- In **Uganda**, the Parliamentarian Standing Committee on HIV/AIDS revealed a three-year HIV/AIDS strategic plan and a one-year workplan on April 15, 2003. POLICY and the Legislative Support Assistance Project (LSAP) provided TA to the Committee during a planning retreat, April 4–6, 2003 and helped the committee define and fulfill its parliamentary role in confronting major issues such as legal reform, civil society participation, and effective oversight of the executive branch, in Uganda’s continuing battle against HIV/AIDS. POLICY supported a team of local experts who were

instrumental in facilitating the retreat and shaping the outcomes of the planning process into a formal plan document, which the Parliamentarian Committee is now deliberating.

- Despite the priority accorded to reproductive health in **Kenya's** National Health Sector Strategic Plan (NHSSP) 1999–2004, the Division of Reproductive Health (DRH) has had difficulties effectively implementing the RH component of the plan. For a long time, DRH activities have been characterized by weak planning, budgeting, coordination, and monitoring and evaluation. In April 2003, POLICY worked with the MOH's Reproductive Health Advisory Board (RHAB) to finalize the development of the *DRH Workplan (2002/3)*. Upon completion, the workplan was forwarded to the DRH for approval. This is the culmination of a six-month process, co-led by POLICY, of dialogue and consultations among key government, NGO, and international donor and project organizations. Jointly with DRH and RHAB, POLICY provided technical guidance in the production of several drafts and the final version of the workplan. The final plan provides the DRH's strategy within the context of the NHSSP (1999–2004) and increases the visibility of the division in program operations and planning, ensures effective prioritization of activities, proper resource allocation, better linkage of goals to activities, and active involvement of key partners.
- Between May and June, POLICY/**Guatemala**, in collaboration with University Research Corporation's (URC) Calidad en Salud Project and the National Reproductive Health Program, provided TA in developing an official decree to create a National Commission on Contraceptive Security (CS). The purpose of that commission is to develop a framework to address contraceptive security in Guatemala, promote the involvement of the private and public sectors in CS issues, and provide TA to the government in developing a CS strategy. The decree was presented for approval to the MOH's legal advisory group on June 11, 2003 and is currently under review. POLICY developed the background and justification for the creation of the decree. Additionally, POLICY worked with a legal advisor of the MOH to understand what the MOH needs in order to approve the decree.
- Jharkhand is a newly formed state in **India**. The government of Jharkhand requested assistance from USAID in the development of several state policies, including the population and reproductive health policy, health policy, and the drug (medicine) policy. In response to the request, POLICY convened stakeholders at a series of workshops to identify key policy issues and elicit input from various stakeholders. POLICY staff participated as members of the core committee constituted by Jharkhand Government to draft policies. Once drafted, the policies were submitted to the Jharkhand Health Ministry. The Jharkhand Health Ministry approved the policies on June 29, 2003 and subsequently submitted them to the Ministries of Law and Finance. Once these ministries have approved the policies, they will be placed before the Council of Ministers for final approval. Policies address a wide range of issues aimed at improving the health status of Jharkhand people particularly vulnerable groups such as tribal groups, women, and the economically disadvantaged. The policies also aim to reduce population growth rate. The main interventions include improving effectiveness and efficiency of service delivery systems, building partnerships with the private sector, development of health infrastructure, improving quality of and access services, and addressing gender and human rights issues.
- Many hospitals and health institutions in **Nigeria** do not have any policies to guide them to respond to issues of HIV/AIDS. The few institutions that have attempted to develop operational policies have policies that still remain in draft form, are weak, and have many gaps that help to perpetuate the rampant cases of stigma and discrimination that emanate from health service providers. On February 4–5, 2003 POLICY assisted in the development of the first draft of an HIV/AIDS workplace policy "Draft HIV/AIDS Policy for Health Facilities, Enugu State, Nigeria." The policy addresses issues for all cadres of health institutions in Enugu State. POLICY's collaboration with UNIFEM in presenting

the latest draft of the National HIV/AIDS Policy and serving as resource on all policy questions and the HIV/AIDS Emergency Action Plan (HEAP) led up to the development of this workplace policy.

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

- On January 23, 2003, the **Romania** government approved “Decision 97,” which contains norms and criteria to operationalize public sector funding of NGOs involved in public health programs. The Prime Minister and the heads of six other ministries, including the Ministry of Health and Family (MOHF), signed the operational policy. The policy provides specific guidelines and criteria for state budget funding of NGO involvement in public health concerns and builds public/private partnerships for implementation of RH activities. Mihai Horga, head of the General Directorate for Family and Social Assistance of the MOHF, championed this policy initiative after several meetings with representatives of three district (*judet*) networks that POLICY helped form and develop. The networks learned about the existence of Government Order 54/2002, which approved government funding of NGOs in public health initiatives but had not been operationalized. With small grants and TA from POLICY, the networks worked together to draft norms and criteria, which were submitted to Horga. Impressed by the networks’ extent of preparation and commitment, Horga worked with them to finalize the draft and in turn advocated to the MOHF Minister for approval of the networks’ proposal. Network coordinators also reported that Horga helped the networks present the draft norms and criteria to health sector decision makers. The draft was then approved by the MOHF and forwarded to the National Health Insurance House and other ministries for final review and approval.
- Notwithstanding the new government’s commitment to provide affordable health services to all **Kenya**s through a mandatory national social health insurance, a suitable framework had been lacking to implement the envisaged scheme. As part of POLICY’s ongoing support to the Social Health Insurance (SHI) Task Force established by the President in November 2001, the “*National Social Health Insurance Strategy*” was finalized and submitted to the government in February 2003 and obtained Cabinet approval in April 2003. In the same month, the Cabinet recommended that the SHI Task Force use the policy document to develop the “*SHI Sessional Paper*” to be discussed in Parliament to obtain final approval on implementation modalities including funding. The SHI Strategy will assist in this process as it details (1) the framework for converting the NHIF into a social health insurance program to provide basic health insurance benefits to low-income families, (2) appropriate bridge financing mechanisms, and (3) a framework for enforcing levies on special products to raise additional funds.

of countries that identify, test, or adopt new financing mechanisms

- (** core package) In **Ukraine**, in January 2003, the Policy Development Group (PDG), the city administrations of Kamianets-Podilsky, Svitlovodsk, Simferopol, and Komsomolsk, and the Verkhovna Rada Committee on Health Care, Motherhood, and Childhood jointly submitted a draft decree to the Cabinet of Ministers (COM) “On activities to enhance the efficiency of public resource utilization in the health care system.” This decree called for the implementation of a pilot project in the four above-mentioned cities to introduce new health financing mechanisms that would allow for more efficient allocation and use of resources. This mechanism would be based on a system of contracts between each city and health facilities and staff. POLICY assisted the group in developing the decree, which referenced preliminary results of the POLICY-funded reproductive health efficiency studies. The revised decree was submitted to the Cabinet of Ministers on May 29, 2003.

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

- During the April 2003 Parliament Session in **Tanzania**, the Minister of State for Planning and Policy, MP Lukuvi, reported to the press and the Parliament that the Ministry of Justice and Constitutional Affairs (MOJCA) was currently drafting legislation on HIV/AIDS that would come before Parliament very soon. This statement is a reflection of TAPAC's (Tanzanian Parliamentary AIDS Coalition) increasing role in awareness raising and advocacy concerning the issues raised in the Tanzanian Women Lawyer's Association (TAWLA) legal assessment on HIV/AIDS in Tanzania. TAWLA prepared the assessment of HIV/AIDS laws in Tanzania over the last 20 months at MOJCA's request. POLICY has provided technical and logistical support to TAWLA in preparing, carrying, and funding the assessment. In 2003, there has been an intergovernmental meeting and a wider national conference to discuss the draft report. The assessment final report contains recommendations and suggestions for draft legislation. The recommendations and suggestions for revised and new legislation reflect the evolving awareness and concerns of Tanzanians as they increasingly confront the realities of the AIDS epidemic. The legislation will set the structures under which much of the national response is carried out, which will also help in the struggle to reduce stigma and discrimination.
- Selected data from POLICY supported studies/surveys in the **Philippines** have been used by local FP implementers including health and population officers in the development of municipal contraceptive self-reliance (CSR) action plans as well as for advocacy activities targeted to local chief executives and other stakeholders. The goal of the advocacy activities is to mobilize local executives to pass ordinances allocating funding to purchase contraceptives. The CSR action plans were prepared in a strategic planning workshop conducted by POLICY on June 10–11, 2003. POLICY-funded studies include: 1) Survey of Public and Private FP Facilities; 2) Survey on Willingness to Pay for Contraceptives; 3) FP Market Segmentation Study; and 4) Projections of Commodity and Cost Requirements in the 10 CSR project sites in Pangasinan.
- The Western Cape Provincial Government AIDS Council of **South Africa** used a POLICY workshop report from the December 2002 Western Cape Provincial NGO Summit—called the *NACOSA Masibambisane Summit*—as support in their application to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria submitted in May 2003. The report highlights gaps in NGO funding that were identified at the summit and provided evidence of the need for additional funding for provincial NGO activities. The report was included as an appendix in the application submitted by the Provincial AIDS Council. POLICY provided TA to the Western Cape Networking AIDS Community of South Africa (WC-NACOSA) provincial NGO summit, held between December 3–6, 2002 and attended by 350 delegates. POLICY supported the compilation of a comprehensive report of the summit, which has been distributed to 350 participants from across the Western Cape Province.
- A long-awaited cost study conducted by **South Africa's** Health and Finance ministries has concluded that antiretroviral therapies (ARV) are affordable and that a nationwide rollout is feasible, according to people with detailed knowledge of the report's contents. The study on the cost of ARVs in South Africa draws on results from the GOALS Model to estimate the number of people needing ARVs over time as the program expands. POLICY provided assistance to the South African Department of Health to prepare these projections in May 2003.
- In the last year, population issues have gained momentum and high-level political support emphasizes the need for adopting specific actions in order to change the demographic trends. POLICY/**Egypt** is

the main source of information on the implications of various alternative population scenarios and the costing of various levels. The Committee for Health, Population, and Environment of the Shura Council, one of Egypt's Parliament Houses, discussed and approved on March 24, 2003, the report entitled "The Population Problem and Strategies to Curb Population Growth." The report included eight chapters discussing the various dimensions of the population situation in Egypt. POLICY provided information and substantive materials for seven chapters, especially the one outlining the proposed strategies to deal with the dimensions of the population problem. The report was debated and approved by all members of the council and now provides the government with a detailed framework to cope with the population problem in Egypt. Some of the strategies outlined in "Population Problem and Strategies to Curb Population Growth" have already been implemented by major agencies such as the MOHP and the Ministry of Information. For example, the Ministerial Decree approving adoption of the incentive schemes for rural health workers; the Minister's of Health and Population statements concerning the study of other components of the incentives schemes that are outlined in the report; the Minister of Information statement, during the debate of the report, indicating a change in the direction of the IEC campaign along the lines proposed in the report. POLICY played a critical role in the development of the report including providing data and information on the current population situation and implications of various growth scenarios, a cost-benefit analysis of the National Family Planning Program, and Egypt's ranking within the region and global context.

On several occasions, President Mubarak has used the information and analysis included in the Shura Council report. In addition, the frequency of references to population issues and related impacts has significantly increased. For example:

- On Labor Day, May 1, 2003 H.E. President Mubarak emphasized the gravity of the population problem that leads to a huge burden on both the family and the government. H.E. added that the situation stresses the need for an immediate response, basically against social conventions and cultural traditions that are not in conformity with the current prevailing factors. He indicated that serious efforts toward gender equality, empowerment of women, and deepening the concept of a small family, would lead to families living with higher educational, health, and social standards.
- Within the context of a ministerial meeting, covered by the Al-Ahram newspaper on May 21, 2003, the President emphasized the importance of including population education within the curricula of various education institutions.
- In response to great concern about recent leveling off in contraceptive prevalence in **Jordan**, POLICY was asked to conduct a detailed analysis of possible reasons behind recent the plateau. This study revealed that the use of tubal ligation as a method of family planning is inhibited by a number of barriers. The research findings were disseminated at a national workshop that involved all public sector stakeholders. Subsequently, on March 17, 2003, in letter No. 125/11/4/3276, the Ministerial Council approved the Ministry of Health's request to provide free tubal ligation services at all public facilities to couples who want the service. Barriers were identified in the POLICY research report, "Analysis of Policy and Legal Barriers to Improved Reproductive Services."
- Various public and private organizations in **Guatemala** used information produced with support from POLICY for policy formulation, dialogue, planning, advocacy, and/or training:
 - The National Reproductive Health Program (NRHP) used the legal analysis of the NRHP situation developed by POLICY for preparing a policy proposal for institutionalizing the NRHP within the MOH structure (July 2002–March 2003).

- The Director of SIAS used findings of the operational policy barriers study and workshop results to develop program situation analyses at the departmental level (February 2003).
 - The Minister of Health used the 2002 National Reproductive Health Report, prepared by MOH, IGSS, and APROFAM with POLICY TA, in a presentation to the Social Cabinet to show the positive impact of reproductive health programs on maternal and child health conditions (March 2003).
 - The Minister of Health continues to use documents on health financing produced by POLICY to lobby the Congress for more financial resources for the NRHP. In a meeting on March 14, the minister informed POLICY and the USAID representatives of his advocacy efforts directed at the Vice President of Congress to convince her to assign a specific budget for reproductive health (January–March 2003).
 - The main Guatemalan newspaper and the official newspaper of the Secretary of Communication of the Presidency published information and arguments contained in the 2002 National Reproductive Health Report to inform the public about advances in reproductive health (March 2003).
 - The Women’s Network for Peace used the civic surveillance for reproductive health arguments developed with POLICY TA in a publication financed by the International Development Network (IDN) for the purpose of strengthening political support for FP/RH (March 2003).
- During the February 2003 Joint AIDS Program Review (JAPR), the National AIDS Control Council (NACC) used *Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan, 2000–2005*, as a key reference document for guiding its partners on the issues in HIV/AIDS and gender in **Kenya**. The document also assisted the NACC in understanding key issues in gender and HIV/AIDS, to thus provide leadership in this area. This document was produced by the NACC’s Gender and HIV/AIDS Committee with POLICY’s leadership and financial support.
 - In **Kenya**, during the MOH Decentralization Implementation Support Mission, carried out by the Health Sector Reform Secretariat (HSRS), World Bank, and their core partners, March 3–14, 2003, the panel review groups and participants used the *Contraceptives Commodities Procurement Plan* and the Division of Reproductive Health (DRH) Workplan as the principal sources of information on specific areas of reform and as the basis of developing joint workplans in two technical areas: development of the Kenya Medical Supplies Agency Medium-term Procurement Plan and Essential Packages Workplans and Integration. The POLICY-supported Health Finance Information Specialist (HFIS) also provided the required data on “District Financial Management Systems,” demonstrating potential areas for integration with other systems. The information generated from specific POLICY sources was used by the HSRS and World Bank in the discussion of options for achieving greater impacts during decentralization. The Mission recommended POLICY to other MOH departments in integrating the existing health financial information and management systems and use of the *Contraceptives Commodities Procurement Plan* and DRH Workplan in their programming and planning.
 - **Kenya** has had a successful family planning (FP) program. However, there is growing evidence that FP progress and fertility decline have slowed in the past few years. To reverse this situation, there has been need for an advocacy tool to strengthen and re-energize the Kenyan FP Program, particularly in the advent of increased attention to HIV/AIDS and the potential switch in funds to the latter. In March 2003, POLICY submitted the draft *Kenya Family Planning Achievements and Challenges* (FPA&C) analysis and presentation to the MOH and NCPD for review/approval and forwarding to the DMS (MOH) for his review and approval on behalf of the government. POLICY led the development of the FPA&C by convening and facilitating consultative meetings of core local FP program players (DRH, NCPD, and FPAK) to review and guide the process. Starting from July 2001,

POLICY interviewed and collected the views of numerous stakeholders, reviewed existing data and documents, led the drafting process, and in March 2003 finalized and submitted the draft FPA&C analysis and presentation for approval. The document has since been used by the core local FP program players for advocacy and for mobilizing funding and other support for strengthening family planning in Kenya. The first advocacy campaign in May 20 brought together 40 policy champions and officials from the MOH, PMOs, DMOH, Regional RH Supervisors, District Public Health Nurses, private practitioners, and FP program managers/professionals. The initiative was extended to the Kirinyaga and Kiambu District Stakeholders' Forums on June 11 attracting the participation of an additional 35 key FP advocates, who will then roll out the initiative to the districts and advocate for enhanced access to quality FP services at health facilities and more favorable consideration of FP in the district health budgets. POLICY will spearhead the advocacy campaign by attracting the attention of additional players (such as USAID CAs, the Parliamentary Health Committee, health professional groups) to use the tool in strengthening and re-energizing FP programs in the country.

- The IEC Working Group of the RH Committee in **Romania** used information from two POLICY reports to highlight 1) the size of the market to be provided free contraceptives and 2) limited access among the poor to free contraceptives. This information was used in February 2002 to plan the launch of the National IEC Campaign. The IEC Working Group is composed of the MOHF, donors (USAID and UNFPA), JSI (the lead CA for the Integrated RH Project bilateral), other USAID CAs and NGO partners in various planning and implementing representatives.

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

- **Jamaica's** National Centre for Youth Development (NCYD) used information produced with financial and technical support from POLICY, in development of the new *National Youth Policy*. In June 2002 POLICY undertook a Situational Assessment of Youth in Jamaica that outlined the issues facing youth in their environment, highlighting their needs and aspirations as identified by the youth themselves. POLICY also provided support to the NCYD in developing a Youth Programmatic Inventory (YPI) database, capturing all the youth-serving organizations in Jamaica by area of focus and geographic location in 2002. Using these two documents, POLICY worked with NCYD to produce a Gap Analysis in July 2002 that identified the critical areas for focus in the National Youth Policy and provided the basis for its development. POLICY was also instrumental in developing the methodologies used for sectoral, youth, and public consultations at each stage of decision making.
- POLICY research was used to develop several national policies and plans in **Romania**. For example:
 - a) Horga of the MOHF General Directorate for Family and Social Assistance used data from the POLICY-supported studies in developing Government Decision 216/2001 and Government Decision 41/2002, which increased government resources for contraceptives in 2001 and 2002, respectively. Most of the increase was to fund the procurement of contraceptives for free distribution. The three POLICY studies were the contraceptive market segmentation analysis which showed the large numbers of poor women and their high unmet need; the assessment regarding implementation of August 2000 policies, which showed very limited supplies of free commodities in the clinics; and the report on public sector funding of free contraceptives.
 - b) MOHF key informants informed POLICY that data from the three POLICY studies were also used to refocus central procurement on cheaper brands and other contraceptive methods, not just pills. Horga reported that MOHF used the findings of the POLICY studies and JSI estimates of contraceptive logistics requirements in planning and budgeting for public sector commodities. These estimates were in turn used as a rationale for USAID's commodity assistance to Romania (approximately US\$1 million) to augment donations from the UNFPA global contraceptive procurement program.

- c) Finally, the findings of the three POLICY studies and recommendations from the contraceptive roundtable in October 2001, particularly those on increased funding and making procurement more efficient, were used by the MOHF—along with key partners like JSI, SECS, USAID, and UNFPA—in developing the National Program Strategy, which included family planning.
- POLICY/Malawi works with the Malawi Network of People Living with HIV/AIDS (MANET), on an ongoing basis to increase their meaningful participation in HIV/AIDS policy dialogue and formulation. POLICY provided funding and substantial TA to MANET to conduct focus group discussions (FGD) on stigma and discrimination, specifically on how stigma and discrimination affect decisions concerning accessing VCT and care, treatment, and support services, and disclosure of sero-status. The results from the FGDs also highlighted the need for the greater involvement of people living with HIV/AIDS in all HIV/AIDS-related policymaking and implementation processes. The results of this research have been used in many settings as an advocacy tool to influence change; however, the most important use of this information has been to inform the draft national HIV/AIDS policy. MANET presented the study, “Qualitative Research on Stigma and Discrimination Issues as They Affect PLWHA in Malawi” to the Multisectoral HIV Policy Steering Committee (MPAC) and the policy drafting team initially in November 2002 to ensure that the policy addresses the needs and realities of PLWHAs in Malawi. Since that time, MANET has used the findings to support its policy recommendations during stakeholder draft policy review and consensus building forums. The MANET research findings have been incorporated in several chapters in the policy, namely “Strengthening and Sustaining a Comprehensive Multisectoral Response to HIV/AIDS” (concerning the effective participation of PLWHA in the national response); “Promotion of HIV/AIDS Prevention, Treatment, Care and Support and Impact Mitigation” (concerning PLWHA access to quality care, treatment and support services); “Protection, Participation and Empowerment of People Living with HIV/AIDS” (concerning protection of human rights of PLWHA and reduction of HIV/AIDS-related stigma and discrimination); “Protection, Participation and Empowerment of Vulnerable Groups” (concerning reduction of stigma and discrimination targeted at HIV infected and affected orphans and vulnerable youth); and “Traditional and Religious Practices/Services” (concerning prohibiting the making of false claims for HIV/AIDS cures).
 - In **Cambodia**, POLICY and Care International collaborated to develop the report *Voluntary Confidential Counseling and Testing in Cambodia: An Overview*, which was finalized in February 2003. The report is intended to provide NGOs and the public sector with an overview of the current situation regarding voluntary confidential counseling and testing (VCCT) in Cambodia as well as to highlight some options for developing greater NGO/government interaction on VCCT. Many of the VCCT report recommendations were subsequently embraced by NCHADS in the NCHADS (National Centre for HIV/AIDS, Dermatology and STDs) *Continuum of Care Framework for People Living with HIV/AIDS Operational Framework*. For example, the following report recommendations are addressed in the framework: explore a diversity of VCCT models, improve counseling services within existing testing sites, market VCCT services to increase demand and access, particularly among ANC women, couples and young adults, strengthen referral networks; create and maintain a database of all relevant services, improve coordination through the VCCT sub-working group, strengthen legislation and licensing of private sector VCCT, and improve supervision and monitoring and evaluation (M&E) systems. Additionally, the report has resulted in the formation of four government/civil sector working groups under the auspices of NCHADS to implement recommendations arising out of the report in the areas of counseling, supervision, demand, and community counseling networks.
 - One of the objectives of the core-funded young adult and adolescent reproductive health (YAARH) project in Edo State, **Nigeria** is the formulation and adoption of a strategic plan for improving YAARH in Edo State. As part of this project a situation analysis was conducted that included a

population-based survey of about 2,000 youth. The survey was conducted during May and June, 2002, by the Women's Health and Action Research Centre with technical assistance from POLICY. Results of the survey, as well as complementary qualitative data, were used by the YAARH strategic plan drafting committee (composed of key stakeholders in Edo state) during meetings that took place in April and May 2003 in Benin City (Edo State) and Abuja, respectively, to guide the key issues to be addressed in the draft strategic plan. Issues (and strategies to address them) that were particularly informed by the situation analysis included the high rate of unplanned pregnancies and induced abortions, girl trafficking, forced sex, female circumcision, and irregular and low use of contraception including the condom. The information from the situation analysis appears in various sections of the draft five-year plan, which will be presented to key stakeholders for ratification in fall 2003.

- (** core package) In **Ukraine**, POLICY assisted the Policy Development Group (PDG) in developing the decree "On activities to enhance the efficiency of public resource utilization in the health care system." This decree references preliminary results of the POLICY-funded reproductive health efficiency studies. The decree was submitted in January 2003 by the city administrations of Kamianets-Podilsky, Svitlovodsk, Simferopol, and Komsomolsk, and the Verkhovna Rada Committee on Health Care, Motherhood, and Childhood jointly to the Cabinet of Ministers (COM).

of new tools created or adapted to address FP/RH/HIV/AIDS Issues

- The Financial Information System (FIS) in **Kenya** was implemented in 1998 with support from USAID to provide a reliable source for collecting, analyzing, and updating cost-sharing data including those relating to FP/RH and HIV/AIDS. Since then, it has not been adapted to the rapid changes in technology and information needs by the health system, including those supportive to FP/RH and HIV/AIDS service provision. In June 2003, the DHCF on behalf of the MOH, received the newly redesigned FIS (2003) and approved it for pilot testing in two provincial medical offices (PMOs), before approving it for general adoption in Kenya's public hospitals. The development of the new software (FIS-2003) was a concerted effort of key partners under POLICY's technical guidance and leadership. During the period (June 2002–February 2003), POLICY, jointly with the DHCF, PMO, MOH's Health Information Systems (HIS) and Health Management Information System (HMIS) units, led the interviews and collection of the views of numerous stakeholders on FIS gaps, reviewed existing FIS data and documents, redesigned the FIS 1998, and finalized the software for review and submission to the MOH (DHCF). The new software has improved the planning and management of revenue generated from the cost-sharing, thereby enhancing efficiency in program operations at the hospitals. By providing updated information on key FP/RH and HIV/AIDS variables (such as workload, revenue generated, priority expenditure items, and bed occupancy levels) by different levels of care provision, the new software has improved planning, decision making, and access to management information. More detailed summaries and reports in a graphical forms are available at the touch of a button, and the respective data have been integrated with MS-Office software so that the generated reports can be easily distributed on a timely basis and emailed to the users of information.

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

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

- The results of the 12-month follow-up evaluation of the February 2002 TOT in **Russia** showed that from October 1, 2002–March 15, 2003, TOT participants have conducted an additional 34 advocacy workshops for 553 participants from NGOs, government organizations, and academic institutions in Russia, Uzbekistan, Ukraine, and Armenia. Thus, together with the results of the three- and seven-

month follow-up evaluations, the February 2002 TOT participants have held a total of 70 workshops and have trained 1,080 people in network building and advocacy. This is the last planned formal evaluation of the February 2002 TOT.

The results of the 3-month follow-up evaluation of the December 2002 condensed TOT showed that from December 7, 2002–March 15, 2003, these TOT participants had already designed and conducted nine advocacy workshops for 162 participants in four regions of Russia. From April 1, 2003–June 15, 2003, participants of this TOT designed and conducted an additional 10 advocacy workshops for 402 participants in five regions of Russia. Thus, since December 2002, alumnae of the condensed TOT have conducted 19 workshops for 564 participants. Beyond the initial TOT, none of these follow-up workshops were initiated or funded by POLICY.

In addition to the significant number of training workshops conducted by the participants in the two TOT workshops, the process of institutionalizing advocacy courses and training is taking root in several ways. For instance:

- An alumna from Novosibirsk reported that, with financial support from a UN project, he conducted workshops on developing networks among HIV/AIDS information centers in Volgograd and Barnaul.
- In June, an alumna and other trainers from the Russian National Office of the Association of Crises Centers for Women conducted a five-day seminar on network building for women's organizations in Tashkent, Uzbekistan.
- An alumna from Moscow reported that her NGO started publishing a magazine on the issues of homeless children; the first two editions included advocacy issues in this area. In addition, this group developed and designed an Internet portal, which is devoted to advocacy issues and network building within the context of the homeless children's project.
- Uzbek TOT participants Malika Kasimova and Malika Mirzayeva have created two distance learning manuals entitled, "Textbook for Distance Learning Education on Advocacy" and "Textbook for Distance Learning Education on Building of the Networks." Both are available in Russian and in Uzbek.
- A TOT participant from Armenia, Rubina Ter-Martirosyan, has created and plans to pretest an Armenian language version of the *Networking for Policy Change: An Advocacy Training Manual*, entitled "Defense of Public Interests." The context for this version is broader than reproductive health, and the examples presented in the manual have been modified with Armenian examples.
- Alexander Borovikh, the co-facilitator of the TOT and Director of the Center of NGO Support in Moscow, has launched a course in advocacy within the framework of the Center's NGO Management School. Although this course was envisioned within the Center's proposal to USAID in 2001, Borovikh noted that his collaboration with POLICY and CEDPA influenced his understanding of the complex issues related to advocacy. He reported that his involvement in the TOT helped him to see the bigger picture and nurtured new thoughts and ideas, thereby shaping his vision of the future advocacy course.
- TOT alumnae with teaching positions at various institutions of learning in Moscow, Khabarovsk, and Novosibirsk report that they routinely, and to an increasing degree, include lectures on advocacy in their courses.
- There are also some other interesting outcomes described in the 12-month evaluation. In terms of forming networks, alumnae from Uzbekistan created the network "Youth Net" to involve youth in addressing youth issues, and an alumna from Armenia created the

network “Women’s Network on Conflict and Change Management” to encourage women’s involvement in local policy formulation.

- As a result of advocacy training and TOT, POPSEC staff in **Uganda** have now begun to train others. For example, two POPSEC TOT participants trained 40 participants including district population officers, community development officers, and health service providers at the district and subcounty levels, and NGOs during July 2002 in advocacy skills in five districts (Mbale, Sironko, Kumi, Kaberamido and Soroti). POPSEC also trained staff from Agency International Care and Relief–Uganda, which subsequently produced an advocacy booklet, entitled “Enhancing the Capacity of Young People: Adolescent Sexual and RH Advocacy Project–Advocacy Strategic Framework Handbook for District Advocacy Teams, 2003–2005,” for use in training adolescents to use as a guide in influencing policies, programs, and resource allocation for adolescent RH programs in the five districts.
- In an effort to build long-term technical capacity in **Uganda**, POLICY staff organized a SPECTRUM TOT workshop in December 2002. Two trainers of the workshop then conducted training in February and March 2003 at Makerere University. Four participants were trained in DemProj and FamPlan at the workshop entitled “Training of Trainers Workshop in SPECTRUM Models” from February 26–27, 2003 by Gideon Rutaremwa. These same participants attended an additional training session entitled “Training of Trainers in SPECTRUM Models (RAPID, EPP and AIM)” on March 5–11, 2003, which was also conducted by a POLICY-trained trainer.
- In **Egypt**, the Ministry of Youth (MOY) initiated a peer-to-peer advocacy program in youth summer camps that is expected to continue in the future. The Department of Public Service and Voluntary Work and the MOY invited four youths—two females and two males trained by POLICY—to advocate for the concept of small family size among their peers at El-Kresh Youth Camp at Ismalia on March 1–7, 2003. The camp was attended by 85 representatives from students’ unions at Cairo and Al-Azhar Universities. Trained youth leaders proved to be competent and knowledgeable and successfully initiated a discussion about the need to change attitudes regarding POP/FP/RH. As a result, the MOY decided that POP/FP/RH is to become a permanent item on the agenda of all youth summer camps.
- Building capacity for using SPECTRUM models as policy tools to provide decision makers at various levels with accurate information and strategic options is considered one of the important factors for upgrading planning capabilities and achieving better results. These skills are important at the governorate level in **Egypt**, which is currently shouldering the responsibility for the implementation of the national family planning program. A participant of the “Policy Analysis and Presentation Skills Training of Trainers (TOT) Workshop,” implemented by POLICY from September 22 to October 2, 2002 successfully conducted a local training workshop in the use of SPECTRUM. Seven staff members of the Information Center, the Health & Population Directorate for Port-Said Governorate attended the workshop, held from March 22–24, 2003.
- In November 2002, a **Ukrainian** Reproductive Health Network (URHN) member who participated in a POLICY/Russia-sponsored advocacy TOT in 2002 received a POLICY minigrant to provide a three-day advocacy and network-building TOT for 15 Ukrainian trainers. The 15 newly prepared trainers then provided two-day training workshops for approximately 50 youth leaders in Kherson on January 25–26, 2003; in Luhansk on February 1–2; and in Rivne on February 8–9. The youth activists that live in south, east, and west Ukraine will use their new advocacy skills to advocate for healthy lifestyle programs for youth on the local level. The trainers, including POLICY’s Oleg Semerik, will further use their skills to assist those youth activists who will develop advocacy campaigns and possibly provide training for others.

- POLICY has provided advocacy training to several NGOs that participate in the U.S. Ambassador's Initiative Program in Botswana, Lesotho, and Swaziland, as part of the **Southern Africa Regional HIV/AIDS Program**. As a result of this training, Women in the Law in Southern Africa (WLSA), a POLICY small grant recipient, conducted a paralegal training workshop from November 18–20, 2002 for 20 participants. The purpose of these training sessions was to introduce legal services and rights to the community so that women are empowered to exercise their rights, especially as a result of AIDS-related deaths. WLSA has also disseminated information in the community regarding legal rights, Swazi customs, and HIV/AIDS and its implications for women.

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

- As a result of training received in FamPlan and DemProj in December 2002, the Department of Population Studies, Makerere University in **Uganda** began teaching DemProj to 44 postgraduate students and 120 undergraduates in May 2002. Demproj is incorporated in the “Advanced Demographic Methods” course for postgraduates and in the “Demographic Methods” course for undergraduates. The knowledge gained will increase their analytical skills when preparing their dissertations.
- POLICY/**South Africa** has continued supporting the University of Stellenbosch and the National School of Public Health at MEDUNSA in developing three newly revised course modules for a one course segment, entitled “HIV/AIDS Policy Development: Content, Process, Challenges, and Implementation,” which forms part of the Postgraduate Diploma in Management of HIV/AIDS in the World of Work. These interactive, adult-learning modules (and accompanying assignments) are available in booklet form and on the internet for all registered students. On June 24, 2003 about 300 students were trained using this course segment.
- POLICY supported the development and piloting testing of the first Wellness Management Curriculum in March 2003 for the Church of the Province of **Southern Africa** (CPSA). The curriculum represents a unique training tool and accompanying materials that expand the information base for church structures to better provide for the care and support needs of their communities. Thirty-seven master trainers from 21 dioceses of the CPSA underwent a four-day TOT workshop on wellness management. This team of master trainers is now in a position to effectively run workshops at the diocesan level across the CPSA using the curriculum. The curriculum, in the form of a training manual was finalized based on the feedback received during the TOT workshop and is now ready for use in the diocesan rollout phase.

CORE-FUNDED ACTIVITIES

IRs

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

Director, FP/RH: Danielle Grant (acting)

Program Objectives: 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; development and support of public, private, and NGO sector policy champions; and creation and strengthening of public-private sector partnerships in policy formulation and implementation.

Summary of Major Activities:

- Conducted two advocacy interventions to raise political awareness and commitment to FP/RH from key political leaders as part of USAID’s repositioning family planning in Africa initiative.
 - For the Francophone region, supported the Sub-Regional Forum on Promotion of Family Planning Through Advocacy and Legislative Reform, in Conakry, Guinea. Twenty parliamentarians from Benin, Burkina Faso, Chad, Guinea, Mali, and Senegal and 15 of their close allies from the public and nongovernment sectors adopted legislative reform agendas, which aim to enact RH legislation where not yet in place, implement laws already enacted through regulations and operational policies, and improve the legislative framework by addressing areas of law that impact on FP/RH access and quality.
 - In Kenya, conducted a series of meetings and forums with national, provincial and district leaders to debate the key issues surrounding the Kenyan Family Planning Program. Using the presentation *Family Planning: Achievement and Challenges*, participants discussed how to raise awareness among decision makers on the need to reposition family planning and develop strategies for influencing parliamentarians and government ministries. The Division of Health Care Financing organized meetings with (1) the Director of Medical Services, (2) regional and district stakeholders in health provision from five provinces, and (3) district stakeholders from the Central Province. Originally planned for June 2003, the “Parliamentarian Family Planning Leadership Meeting” could not be held. Targeted leaders, including members of Parliament, representatives of the Ministry of Health (MOH), and key FP stakeholder organizations, had to attend urgent FY2003/4 budget and constitutional review meetings. The leadership meeting will take place when key leaders are available.
- Designed and conducted a regional TOT workshop in Ghana in May on FP/RH Advocacy to strengthen the skills of selected policy champions to train and lead others in advocacy efforts. Twenty participants represented both the government and nongovernment sectors from six POLICY countries (Ghana, Kenya, Malawi, Nigeria, Uganda, and Zambia).
- Together with IR3, revised the draft “policy circle” paper. The latest version was presented during the Asia and Africa Technical Development (TD) Weeks as a framework for policy analysis and development. IR1 work during the period included a review of selected literature and tools to determine their potential adaptability for FP/RH policy analysis and advocacy. IR1 also helped supervise a summer intern in conducting an extensive literature review for materials that could be used in the drop-down window of the policy circle, including those relevant to various stages of the policy advocacy process.

- At the country level, IR1 staff provided ongoing technical and financial assistance to advocacy networks. In Ghana, assistance was provided to two district-level networks in advocating for RH issues. In Romania, IR1 staff supported three judet-level networks formed by POLICY in successful efforts to advocate for contraceptive security policy changes and approval of the operational policy on government funding of NGOs that will be involved in public health programs, including FP/RH.
- IR1 staff, in collaboration with POLICY/Maternal Health (MH), JHPIEGO's Maternal and Neonatal Health (MNH) Project, and the International Confederation of Midwives (ICM), designed and facilitated the "Regional Advocacy and Leadership Workshop for Midwives" in Lima, Peru to provide midwives with skills to exercise leadership and effectively advocate for the development and implementation of policies and programs to reduce maternal mortality and morbidity. A total of 26 participants, representing eight countries in the Latin America and Caribbean (LAC) region, attended.
- Continued follow-up technical assistance (TA) to various midwife associations undertaking advocacy activities. IR1 also awarded minigrants to participants from Ghana and Cambodia who had previously attended a "Regional Advocacy and Leadership Workshop for Midwives." Minigrants are designed to support such activities as stakeholder meetings, analysis of the impact of user fees on the quality of care, curriculum review/revisions, development of informational materials and advocacy messages for policymakers, and additional advocacy training.
- Finalized the following modules/manuals:
 1. Working with the IR2 staff, finalized the training module on Reproductive Health Planning and Financing: Challenges, Approaches, and the Advocate's Role.
 2. Working with POLICY/MH and the MNH Project, finalized the Maternal Health Supplement to the Advocacy Training Manual.
- Participated in the Asia and LAC TD Weeks. IR1 staff conducted sessions on the Planning and Finance advocacy module, using the GOALS Model for Advocacy, and "What Does Gender Integration Mean for POLICY?"
- Trained POLICY staff on population and FP challenges and their implications for advocacy. Worked with IR2, IR3, and IR4 staff in training newly hired POLICY staff on the DemProj, FamPlan, and Ben-Cost Modules of the SPECTRUM System. Emphasized the importance of advocacy during these technical training activities.

IR1: Political and Popular Support Strengthened (HIV/AIDS)
Director, HIV/AIDS: Felicity Young

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 in both government and civil society. 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:

Advocacy Manual: Moments in Time: HIV/AIDS Advocacy Stories. POLICY's unique advocacy manual, which offers a tapestry of "real-life" stories as a practical resource for advocacy training, reflective learning, and strategic planning, was published in June 2003. The *Moments in Time* advocacy manual

draws on the lessons learned from women's groups, persons living with HIV/AIDS (PLWHA) networks, and faith and community organizations and presented these lessons in a format that allows the user to learn from and possibly replicate successful interventions. The manual contains stories from 16 HIV/AIDS advocacy groups in countries such as Argentina, India, Kenya, Thailand, and Uganda. A comprehensive dissemination is currently being implemented with plans to debut the manual during the upcoming ICASA Conference in Kenya and the 11th International Conference of People Living with HIV/AIDS, in Uganda.

ASICAL. The POLICY Project, in collaboration with the ASICAL network, sponsored training on Advocacy Strategies for HIV/AIDS Prevention and Care Services, targeting the community comprising males who have sex with males (MSM). The training was held in Quito, Ecuador, January 26–31. ASICAL-member organizations from 13 countries worked together on the development of advocacy strategies and exchanged experiences with representatives from various ministries of Health. The training helped develop the conceptual basis for the production of a guide on advocacy to promote men's health for effective HIV/AIDS prevention among MSM. The advocacy guide (in Spanish and Portuguese), entitled "Guía de incidencia política en VIH/SIDA: hombres gay y otros HSH," is available for distribution.

CORE Initiative. POLICY's involvement with the CORE (Communities Responding to the Epidemic) Initiative officially ended in December 2002, but several activities have continued beyond this time period. Major activities completed include:

- *World Relief/NBEA.* POLICY supports the partnership between the National Black Evangelical Association (NBEA) and World Relief. In June 2001, the organizations began building an international coalition to address AIDS in Africa and the populations of African descent in the United States and the Caribbean. Since October 2002, this partnership has developed a coalition/network, now known as the International Christian Coalition for AIDS Reversal and Education (ICCARE). ICCARE's Steering Committee drafted the mission and purpose of the coalition on November 12, 2002, and subsequently agreed on the network's name. As a step toward strengthening the coalition, the Steering Committee also appointed committees on values, resources/networking, prayer, and fundraising/development and is recruiting members from Africa and the Caribbean. Currently, World Relief/NBEA is drafting a report on the coalition building of African and African-descended faith and community organizations. The report will be completed in August 2003.
- *Organization of African Instituted Churches (OAIC).* POLICY has partnered with OAIC in conjunction with their Building Community Support Systems for HIV/AIDS Prevention, Care, and Support (BUCOSS) Project in various African countries. Under this project, POLICY works with OAIC to accomplish its project goals by mobilizing member churches around HIV/AIDS issues, facilitating effective HIV/AIDS policies at denominational levels, and strengthening the capacity of the member churches and community-level structures to design and implement effective HIV/AIDS programs and responses at the grassroots level and for specific denominations. Currently, the OAIC has moved toward its goals by facilitating TOT workshops and leadership and pastoral counseling workshops. In addition, the OAIC is working to improve program capacity through skills training of local and regional staff.
- *Small Empowerment Grants.* POLICY has awarded 45 grants totaling more than \$200,000 to community and faith organizations from 29 countries. Grant awardees are finishing their activities under this grant program and submitting final reports.

An illustrative example of a grant recipient during this reporting period was the funding of Society of Women and AIDS in Africa (SWAA) in Uganda. With a small grant of less than \$5,000, SWAA/Uganda was able to set goals to mobilize and sensitize people on Mother-to-Child

Transmission (MTCT) of HIV/AIDS, establish factors that affect health-seeking behavior among women, create a space for cooperation between male and female networks by involving men in women's sensitization and information sessions on STI/HIV/AIDS, and provide voluntary counseling and testing (VCT). Through a series of training sessions for community leaders, capacity building for traditional birth attendants, community health forums, and radio spots targeting men's involvement in the prevention of MTCT (PMTCT), SWAA set forth to accomplish these goals. The training, forums, and radio spots allowed women and men in the community to become better informed on risks and benefits of breastfeeding and PMTCT, ways to practice prevention, and the need for VCT centers in the community. Several community organizations including The AIDS Service Organization (TASO) Jinja, the National Community of Women Living with HIV/AIDS (NACWOLA), and the AIDS Information Center will follow up the work done through the CORE Initiative grant with SWAA.

- *Anglican Communion's HIV/AIDS Program.* POLICY completed its two-year support of the Anglican Communion's HIV/AIDS Program, a demonstration project of the CORE Initiative, by designing and facilitating the program for the "Inaugural Meeting of the Church of the Province of Southern Africa's HIV/AIDS Network," held on April 22–26, 2003. This inaugural meeting was attended by 150 delegates from the HIV/AIDS task teams from 19 dioceses of the Church of the Province of Southern Africa (CPSA). The meeting successfully established a framework for the monitoring, evaluation, and overall management of the implementation of the diocesan HIV/AIDS strategic plans for the next few years. At this event, the R45 million grant from the United Kingdom's Department for International Development (DFID) for implementation of the POLICY-supported CPSA HIV/AIDS strategic plan (2003–2006) was officially granted. Following the conference, POLICY produced 19 summary reports—one for each diocese—capturing agreements reached and action plans of each diocesan HIV/AIDS task team for implementation and evaluation of its HIV/AIDS strategic plan in the coming year.

POLICY also assisted the CPSA HIV/AIDS Ministries and UNAIDS in documenting the process of developing CPSA's strategic plan for HIV/AIDS. The booklet is entitled "From Boksburg to Canterbury: Steps to Putting HIV/AIDS on the Anglican Map."

Earlier in the reporting period, as part of POLICY's ongoing support to the strategic planning process for CPSA, POLICY assisted in the development and design of a website to document the project from its inception in August 2001 to date, in collaboration with UNAIDS. Because strategic planning is on the agenda of the worldwide Communion for the next three years, this website is expected to help faith and community leaders launch such efforts locally and nationally. Also, it will become the repository of success stories that emerge from the worldwide Communion over the next three years.

In addition, POLICY continued to support the Anglican Communion's HIV/AIDS Program by facilitating a two-day planning process with the Council of Anglican Provinces of Africa (CAPA) in Uganda. The aim of the workshop, which took place from January 29–30, was to take participants through an experiential and interactive process of skills development. The focus was on capacity building in HIV/AIDS strategic planning, as a tool to strengthening the HIV/AIDS response across CAPA, within the provinces and at the diocesan level. This training replicated the strategic planning process that POLICY supported within the CPSA as part of the CORE Demonstration Project. The Anglican Communion has raised more than \$250,000 in response to the needs identified through supporting the planning process in Africa with CAPA.

GNP+ Policy Activities. In partnership with the Global Network of PLWHA (GNP+), the POLICY Project developed an Advocacy/Policy Program Coordinator position to lead the implementation of the Global Advocacy Agenda. The Global Advocacy Agenda, developed at the Ninth International Conference of People Living with HIV/AIDS, promotes advocacy around access to care and treatment,

addressing HIV/AIDS-related stigma and discrimination, and promoting the Greater Involvement of PLWHA (GIPA) Principle, which is part of the Declaration on HIV/AIDS emanating from the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. Once hired, the Program Coordinator will be responsible for becoming the critical link between PLWHA groups by meeting with regional and national PLWHA representatives to promote the agenda and lead joint-fundraising efforts. GNP+ is currently in the process of hiring for the position. The position should be filled by early July 2003.

IR2: Planning and Finance Improved (FP/RH)

Director, FP/RH: 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:

- Reviewed and revised the Reproductive Health Action Plan costing spreadsheets developed by participants in a 4-day training course in Aqaba, Jordan. The training on *Costing the Reproductive Health Action Plan* was specifically designed to (1) generate an understanding of concepts and approaches to costing and (2) help cost the RH action plan. Approximately 15 high-level policymakers from the MOH, Ministry of Finance, Ministry of Population, Jordanian Association for Family Planning and Protection, and United Nations Relief and Works Agency for Palestine Refugees participated and identified inputs and determined costs for 60 subactivities.
- Revised the *Reproductive Health Planning and Financing: Challenges, Approaches, and the Advocate's Role* module, after the IR2 team conducted a three-day training on planning and finance for advocates in Jordan. The module imparts an understanding of planning and finance issues and approaches among advocates, NGO networks, and/or NGOs in POLICY countries.
- Developed strategic planning and budgeting modules for the RH and population sector. The budgeting module was pilot-tested in Jamaica for MOH staff from the Western Regional Health Authority and the Northeast Regional Health Authority. The module was followed by a two-day training session on grant writing, which built on the material covered in the previous two days.
- Managed and worked on the Jamaica core package, including documenting the current service delivery structure for FP/MCH/STI/HIV/AIDS services in the Northeast Region and actively participating in developing detailed plans for potential integration approaches for feasibility testing.
- Designed a study to look at lessons learned in countries that have experienced phaseout of USAID support for contraceptives. Prepared a workplan, including a framework for information collection; selected Mexico as the case study; identified a consultant to collect and analyze data; and began data collection.
- Produced two final reports for the FY1998/1999 and FY1999/2000 portions of a FP cost study for Egypt.

- Provided ongoing TA in Nigeria, following the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) field test, to develop the framework for a draft strategic plan for contraceptive security.
- Negotiated and prepared the scope of work for a one-year bridging project in Madagascar that focuses on RH commodity security. Planned for and led the SPARHCS pilot test in Madagascar, in collaboration with DELIVER, PHRplus, and UNFPA. Presented findings and provided feedback on the pilot test to USAID/Washington. Continue to provide TA for the one-year bridging project and strategic plan development.
- Provided support to JSI-funded DELIVER Project to develop conceptual framework and select indicators to be used for contraceptive security. Obtained, analyzed, and provided to DELIVER information for the following indicators: private sector climate, disparities in contraceptive prevalence by income class, public sector health spending as a proportion of total public spending. Also provided advice on development of an indicator for appropriateness of a country's method mix. Prepared a list of data sets and work to be done to obtain information about distribution of public sector contraceptive supplies by income group.
- In collaboration with the DELIVER Project, prepared a concept paper on contraceptive security in Ethiopia that will be used to foster understanding of contraceptive security issues among key stakeholders and advocate for the initiation of work toward achieving contraceptive security.
- Conducted individual stakeholder meetings in Addis Ababa to plan for a National Conference on RH Security to learn stakeholders' perspectives on key RH security issues in Ethiopia. Presented a conceptual framework for RH security to a special meeting of the Logistics Technical Committee of the National RH Task Force. Prepared scopes of work for collection and analysis of RH security background information.
- Participated in a five-day workshop, "Contraceptive Logistics," made a presentation on contraceptive security; and, in conjunction with DELIVER, led the discussion on next steps in Addis Ababa, Ethiopia. Subsequent to this, IR2 continued to provide TA.
- POLICY was one of three primary cooperating agencies (CAs) (together with DELIVER and CMS) named to the SPARHCS Executive Committee, which was responsible for developing the final draft of SPARHCS. This work resulted in significant broadening of the IR2 portfolio. In addition, prepared and revised SPARHCS consolidation document. Collaborated with SPARHCS partners to further refine the SPARHCS process and finalize instrument.
- Participated in the JHU-led Contraceptive Security Media Advocacy Planning Workshops, in collaboration with DELIVER and Population Action International, to prepare for an upcoming workshop in Bali, Indonesia.
- Produced "ready lessons" for USAID's Contraceptive Security Logistics (CSL) Division, in collaboration with DELIVER and CMS, to document lessons learned in contraceptive security. These lessons focused on the benefits of ensuring a multisectoral approach, coordination, commitment, and public-private partnerships, capacity, and the importance of building an information base, to move forward in contraceptive security.
- Prepared policy briefs on "Targeting: An Essential Element of National Contraceptive Security Planning" and "Creating Conditions for Greater Private Sector Participation in Family Planning/Reproductive Health: Benefits for Contraceptive Security."

- Made presentations on contraceptive security during regional TD Weeks in India, Peru, and South Africa.
- Participated in and provided technical direction to the development of new POLICY “package” proposals and other proposals to advance our technical knowledge, facilitate identification and use of innovative approaches, and provide additional resources at the field level.
- Provided TA to the USAID Mission in the Philippines mission to determine the impact of current phaseout initiatives on contraceptive prevalence. Also provided TA to assist the field office to develop a targeting strategy for Pangasinan.

IR2: Planning and Finance Improved (HIV/AIDS)

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:

- In April 2003, organized a meeting in Washington, D.C., on “Current Issues in the Economics of HIV/AIDS,” attended by more than 150 economists and policymakers. The meeting was simulcast on the Kaiser Family Foundation website and a written summary of the meeting was made available to the 8,000 members of the International AIDS and Economics Network (IAEN). IR2 has also begun planning for a larger conference of economists involved in HIV/AIDS during the 2004 HIV/AIDS Conference in Bangkok and a revised version of the *State of the Art: AIDS and Economics* book. IR2 also mobilized resources from the World Bank to expand the IAEN website and sponsor the next face-to-face meeting.
- As follow-up to the GOALS Advocacy Workshop in Bangkok, reviewed proposals for small grants from workshop participants and awarded funds to two teams from Nepal and Vietnam.
- Calibrated the GOALS Model with the World Bank ABC Resource Allocation Model, in order to compare the results. The resulting analysis was presented as a paper at the IAEN meeting in April. This work was done in cooperation with World Bank staff.
- Presented the GOALS Model and trained regional representatives in its use at the LAC TD Week.
- POLICY received approval from USAID’s Office of HIV/AIDS (OHA) for the OVC Policy Gaps paper, entitled *Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead*. The paper presents a summary of the global OVC situation and current policy responses; outlines existing policy frameworks for responding to OVC; identifies policy-level gaps in national responses to the growing crisis of OVC; and proposes a country-level “OVC policy package” and recommendations for future policy dialogue and action. The paper highlights the “disconnect” between policies, principles, and frameworks on the one hand, and practice and action on the other, as a major

impediment to effective responses for OVC, and calls for more action to manage the impending crisis. POLICY plans to disseminate the document to other CAs, UN agencies, and the CABA listserve (a major focal point for many agencies and individuals working in the OVC area).

- Conducted OVC policy activities in Uganda and Kenya. In Uganda, POLICY is collaborating with the USAID-funded Applied Research in Child Health (ARCH) Project and the Ministry of Labor, Gender, and Social Development's OVC Policy and Program Plan Development Project, to undertake a study that analyzes OVC-related laws and policies and institutional frameworks that exist or can be strengthened. A local consultant with legal expertise on children's issues was contracted at the end of April to conduct an in-depth study of the legal/policy and associated institutional issues identified in the situation analysis to provide for a stronger legal-policy framework for OVC. In Kenya, POLICY is collaborating with UNICEF/KCO, the Children's Department, and the OVC Task Force to carry out a participatory OVC situation analysis that will provide a basis upon which to make hard choices about how and where to direct available resources to benefit the most seriously affected children and families.
- Initiated background research on studies related to the impact of HIV/AIDS on OVC. This background research will serve to inform an OVC impact study in Cambodia that will assess the social and economic impact of the HIV/AIDS epidemic on children, their families, and caregivers.
- Participated in the work of the UNAIDS Reference Group on Estimates, Models, and Projections. Specific activities during this reporting period included (1) participating in the meeting of the full reference group in December; (2) updating model patterns of HIV prevalence by age and sex that are in the SPECTRUM system of models; (3) adding a new orphan section to the AIDS Impact Model (AIM) that estimates maternal, paternal, and dual AIDS and non-AIDS orphans by age and sex; (4) updating the AIM manual; and (5) participating in a TOT in Geneva in preparation for regional workshops to teach national programs to use EPP and SPECTRUM to estimate and project national prevalence.
- Began the application of the 2003 round of the AIDS Program Effort Index (API). POLICY developed a revised API questionnaire; field tested it in Haiti and Kenya, and recruited national consultants in 55 countries. Results have been collected from all but two of the selected countries.
- Initiated the creation of health task teams in Guateng Province, South Africa and in Namibia, to assist the ministries of Health in mitigating the impact of HIV/AIDS on their workforces.
- Initiated development of a database of HIV/AIDS workplace policies. The database now contains policies from more than 45 companies in developing countries.
- Participated in the French National Agency for AIDS Research (ANRS) Workshop, "Economic Issues Related to Access to HIV/AIDS Care in Developing Countries," and published a related paper, "Construction Workplace Interventions for Prevention, Care, Support, and Treatment of HIV/AIDS," in the ANRS volume, *Economics of AIDS and Access to HIV/AIDS Care in Developing Countries*.
- Prepared the foreword to the SIDALAC final report, "El financiamiento de las respuestas nacionales contra el SIDA en América Latina y el Caribe y el flujo de financiamiento internacional," published by the Mexican Foundation for Health.

- Papers and presentations prepared for various meetings, conferences, and journals:
 - “GOALS: A Model for Guiding HIV/AIDS Resource Allocation Decisions,” Asia TD Week, Delhi, India, February 2003
 - “HIV/AIDS Finance and Planning in Asia and the Near East,” Asia TD Week, Delhi, India, February 2003
 - “Show Me the Money,” Editorial for www.iaen.org, February 2003
 - “Cost of Care and Support,” in *HIV/AIDS, Economics and Governance in South Africa: Key Issues in Understanding Response*, edited by K. Kelly, W. Parker, and S. Gelb.
 - Notes and Commentary: Eleventh Meeting of the International AIDS and Economics Network (IAEN) Conference
 - “Traditional Authority and Local Government in Lesotho,” in *Grassroots Governance? Chiefs in Africa and the Afro-Caribbean*
 - “Back to Basics in HIV Prevention: Focus on Exposure.” *British Medical Journal* 326, June 21, 2003
- Participated in meetings organized by UNAIDS to bring together groups producing data on resource flows and National HIV/AIDS Accounts, in March 2003 (Washington, D.C.) that aim to improve the efficiency and effectiveness of financing for HIV/AIDS.
- Provided technical support to the UNAIDS Reference Group on Economics and UNAIDS Reference Group on Monitoring and Evaluation with draft papers, including “Comment on Estimates of HIV/AIDS Private Spending in Middle-income Countries,” and “Resource Flows and National HIV/AIDS Accounts.”
- Provided technical support to UNFPA and Netherlands Interdisciplinary Demographic Institute (NIDI) in review of data collection procedures for estimating resource flows for family planning, reproductive health, and HIV/AIDS.
- Provided technical reviews for national proposals to be submitted to the Global Fund to Fight AIDS, TB and Malaria, on behalf of the governments of Jamaica and Guyana.

IR3: Accurate, Up-to-date, 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 FP/RH 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 goals.

Summary of Major Activities:

Models:

- Training
 - In conjunction with IR4, conducted training for POLICY staff and USAID personnel in the DemProj and FamPlan models of the SPECTRUM system.

- In conjunction with IR2 and IR4, supported the training of IR2 and other POLICY staff on the SPECTRUM BenCost Model.
- Models development and adaptation
 - Continued to test and debug the incorporation of the GOALS Model in SPECTRUM.
 - Supported the first field application of the Excel version of the Safe Motherhood–Postabortion Care Model in Uganda. Experiences gained during the field applications of the Excel version will be used in designing model incorporation into the SPECTRUM system.
 - Programmed Postabortion Care (PAC) to become a component of FamPlan within the SPECTRUM system.
 - Initiated discussion about developing an STI Model.
 - Initiated discussion on pilot-testing of the RH Goals Model (Excel version), possibly in Ukraine, Ethiopia, and Guatemala.
- TA for country applications
 - Started preparatory work for a Mozambique application of PMTCT.
 - Continued collaboration with the Reference Group on Estimates, Models, and Projections of UNAIDS to provide technical support to the use of SPECTRUM in converting HIV/AIDS prevalence projections that were derived under UNAIDS’ Epidemic Projection Package (EPP) to numbers of people affected. UNAIDS has been conducting regional training for some 90 countries.

Research:

- Completed and disseminated the publication, “What Works: A Policy and Program Guide to the Evidence on Safe Motherhood,” by Jill Gay, Karen Hardee, Nicole Judice, Kokila Agarwal, Katerine Fleming, Alana Hairston, Brettania Walker, and Martha Wood. Thus far, more than 600 persons have received copies. The guide provides policymakers and program staff who are deciding among priorities in reproductive health with evidence on the effectiveness of RH interventions in an accessible, easy-to-read format. The publication has received favorable reviews from country counterparts, CAs, and bilateral and international donors, and has been noted as a valuable resource for designing safe motherhood programs. This work has been used to change safe motherhood program norms in Ukraine and Guatemala.
- Drafted the Policy Circle, a framework for policy analysis and development that includes the six “Ps” of policy (problem, people/places, process, price, paper/paperless, and programs/performance). The Policy Circle, which is both an explanation of the components of policy and an interactive tool with links to policy analysis tools for each “p,” will be available on CD-ROM and on the Internet. In addition, a paper on the Policy Circle was drafted, and the Policy Circle was presented at an advocacy workshop in Jamaica.
- Provided assistance to country programs and core package teams to develop and review research protocols and data collection instruments.

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 and implementation of health policy and policy advocacy becomes self-sustaining. IR4’s two objectives are to (1) improve the skills of all

POLICY staff to advance the policy process, in particular POLICY long-term advisors (LTAs); and (2) strengthen institutional training capacities in policy topics at regional and local institutions and universities.

Summary of Major Activities:

- Enhanced knowledge and skills of POLICY staff through support for the design and delivery of three regional TD Weeks that provided training for 163 POLICY staff representing 27 country and regional programs, including U.S.-based staff. TD Weeks were held in New Delhi, India for the ANE region; in Lima, Peru for the LAC region; and in Cape Town, South Africa for the Africa region. The range of subjects included policy analysis and advocacy; safe motherhood; repositioning family planning; modeling; application of GIPA principles; integration of crosscutting issues of gender, human rights, and adolescents; monitoring and evaluation; and program planning, budgeting, and accounting.
- In collaboration with the Gender Working Group, supported the participation of four POLICY field staff from Ghana, Malawi, Nigeria, and Uganda at the World Bank Institute Course, “New Agendas for Poverty Reduction Strategies: Integrating Gender and Health,” in February in Arusha, Tanzania. The course focused on the links between poverty, gender inequality, and health and poverty reduction strategies that build on an understanding of cross-sectoral linkages and synergies.
- Together with IR3, supported the training of 24 mostly US-based POLICY staff in the application of the SPECTRUM models DemProj, FamPlan, and BenCost in three distinct training sessions during this period.
- In Uganda, with POLICY colleagues and selected in-country counterparts, completed course delivery for TOT at Makerere University in use of the SPECTRUM models in data analysis and presentations. Subsequently, university faculty members in the Department of Applied Economics and Statistics have begun teaching the DemProj Model to 44 postgraduate students. The SPECTRUM models have been integrated into the advanced demographic methods course. Selected senior district population officers of the Ministry of Finance, Planning, and Economic Development and the National AIDS Commission were also trained.
- In collaboration with POLICY/Kenya, negotiated with the Kenyan MOH regarding approaches and mechanisms for developing and conducting a tailored course for MOH personnel on planning, resource allocation, budgeting, and priority setting in decentralized hospital and health facilities management and administration systems. POLICY/Kenya issued to universities and training institutions the required request for proposals to invite bids on the course development and delivery. POLICY/Kenya then assessed responses and selected the U.S. International University to design and deliver the course in Year 4.
- Supported POLICY/Egypt to provide ongoing TA to the Cairo Demographic Center (CDC) for the design, delivery, and integration of the course, “Policy Analysis and Development of Presentation Skills with Focus on Reproductive Health,” delivered to degree program students in June 2003 at the CDC. Course content and approach drew from previously delivered courses on “Policy Analysis and Presentation Skills,” done in collaboration with the South-to-South Initiative, the Ford Foundation, UNFPA, and the government of Egypt. Shifting course delivery responsibilities to CDC from POLICY/EGYPT has, in effect, institutionalized an important policy course in a permanent setting. Negotiations are underway for replication of this course in other university settings in Egypt.

- Collaborated with POLICY/Jordan to propose courses on demography and policy issues to the University of Jordan, the Jordan University of Science and Technology, and the MOH Health Academy. The Graduate Programs Committee at the University of Jordan subsequently voted in favor of establishing a graduate program in Demography and Reproductive Health. POLICY/Jordan, with support by IR4, began responding to the Dean of the College of Humanities and Social Sciences, who requested TA for establishing the courses and curricula before the 2003 fall academic year begins.
- In collaboration with POLICY IR2, the Madagascar Smaller Families/Healthier Families Project, and the DELIVER Project, IR4 developed the capacity-building components of a proposal to strengthen and maintain capabilities to implement a FP/RH commodities security strategy in Madagascar in an evidence-based coordinated plan leveraging other sources at the MOH, World Bank, USAID/Antananarivo, UNFPA, the National HIV/AIDS Campaign, and UNAIDS. The Mission accepted the proposal and the one-year project began May 2003 under the aegis of POLICY's IR2 mandate to improve planning and finance for FP/RH and HIV/AIDS interventions.
- Constructed a database framework for the Intranet website to increase IR4 web presence and provide relevant information about capacity building, approaches used successfully to date, and materials available for application in other settings.

SSO2

SSO2 Core Activities (Maternal Health)

Director: Koki Agarwal

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

In addition, in May 2003, the White Ribbon Alliance for Safe Motherhood (WRA), a grassroots organization that was formed in 1999 by a group of 35 international NGOs, United Nations (UN) agencies, and USAID, joined the POLICY Project. The group recognized the need for a multisectoral effort to ensure that no woman dies in childbirth from preventable causes and agreed to work together to make or keep safe motherhood a priority for international organizations and governments. The WRA's goals are to raise awareness of safe motherhood in developing countries, build alliances to save women's lives, and act as a catalyst for action to address the tragedy of maternal deaths and expand safe motherhood efforts.

Summary of Major Activities:

Maternal and Neonatal Program Index (MNPI). In response to the need for data on MNH programs, POLICY used results from the MNPI to develop customized advocacy briefs for 25 countries. MNPI briefs highlight the gaps and strengths of MNH policies and programs. POLICY continues to distribute these briefs widely through regional advocacy training workshops for midwives and in-country dissemination seminars. For example, the brief was used in Uganda in January 2003 as the centerpiece of an advocacy seminar and Safe Motherhood Model application. The First Lady of Uganda cited the MNPI brief in a speech about maternal health that she made at the advocacy seminar.

Safe Motherhood Model. POLICY developed a statistical model to represent the relationships between a national MH program and the resulting maternal mortality ratio (MMR) and the number of maternal deaths. POLICY also developed a costing component to the Safe Motherhood Model, which was applied for the first time in January 2003 in Uganda. Following the application and a presentation of the findings from the MNPI, the First Lady from Uganda offered three weeks of her time to raise awareness for safe motherhood in Uganda. In April, the Safe Motherhood Working Group trained several POLICY staff in using the model. Then, in May 2003, POLICY provided introductory training in using the model to POLICY's CTOs as well as other USAID staff working in the area of safe motherhood.

Safe Motherhood Module of "What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions." In April 2003, POLICY published this guide, which presents a comprehensive review of the interventions (with supporting evidence) that have been shown to enhance maternal health in developing countries. The Safe Motherhood Module brings together the best available evidence on a range of interventions and packages it in one convenient source, covering topics such as labor and delivery, postnatal care, care during pregnancy, prepregnancy care, and policy and program issues. The module was disseminated to international organizations, donors, policymakers, and program managers beginning in May 2003. In July 2003, excerpts from this guide were distributed at USAID's "Consultation on Programming for Birth and Immediate Postpartum Care in the Home." Several organizations and individuals have expressed the usefulness of this module and POLICY may receive funding from USAID to create a similar module on postabortion care.

Regional Advocacy and Leadership Workshop for Midwives held in Peru. Building on productive collaboration in the African and Asian Regional Midwives Advocacy and Leadership Workshops, conducted in December 2001 and July 2002, POLICY staff continued collaboration with the MNH Project and the ICM to carry out a regional advocacy workshop for midwives in Lima in February 2003. The workshop provided 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 gained skills to advocate for increased commitment and resources for maternal health and have sought small grants from POLICY for implementation of their advocacy plans. POLICY continues to follow-up with the midwives that attended the workshop in developing their advocacy plans and activities.

Small Grants to Midwives for Advocacy. Following the Regional Advocacy and Leadership Workshops for Midwives, held in Africa, Asia, and Latin America, country teams have been encouraged to apply for POLICY's small grants to support their advocacy activities. POLICY has awarded grants to midwifery organizations in Cambodia and Ghana. Using grant funds, the Ghana Registered Midwives' Association provided advocacy training to 15 council members and nine regional representatives in April 2003. These trainers have gone on to provide advocacy training to others in their districts. A fact sheet on maternal health as well as a presentation will be created to support their advocacy efforts. The grant to the Cambodian Midwives' Association will fund the creation of a technical committee that will develop the framework for the national menopausal care protocol. The protocol will be presented to the MOH for approval and implementation across the country. The Cambodia country team initiated activities later than expected and will provide an interim report in summer 2003.

POLICY awarded grants to midwifery organizations in Nepal, Pakistan, Uganda, and Vietnam in previous reporting periods. The Uganda Private Midwives Association conducted research on the impact of reinstating user fees for maternal health care services with respect to quality of care. Results were presented to the MOH, and further research is being conducted on the impact of user fees in other districts of Uganda. The Vietnamese Association of Midwives (VAM) conducted a meeting for more than 30 stakeholders to provide an overview of the organization and to share its strategy, including advocacy

plans related to continuing education for midwives. The Vietnamese MOH, UNFPA, the General Association of Pharmacy and Medicine, the Viet/American Cervical Cancer Project, and the Japanese Embassy all pledged to provide TA or funds for future VAM activities. The Pakistan and Nepal country teams reported that they are currently finalizing the small-grant final reports and will submit them in fall 2003. POLICY is currently following up with midwives in Ethiopia and Tanzania to prepare small grant applications.

Maternal Health Core Package in Peru. See core package section.

Maternal Health User Fee Study. POLICY is preparing to conduct a cross-national study in Egypt, Ghana, India, Kenya, Peru, and Vietnam to identify barriers that formal and informal costs pose to accessing MH services. POLICY has developed an overall research protocol and is currently in negotiation with organizations in these countries to conduct the study.

SSO4

SSO4 Core Activities (HIV/AIDS)

Director: Felicity Young (acting)

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. The success of all HIV/AIDS prevention, care and support, and mitigation programs depends, in large part, on the creation of an enabling policy environment. In an enabling environment, individuals live free of stigma and discrimination; relevant stakeholders—from both government and civil society—have the capacity, skills, and opportunities to meaningfully participate in the policy process; and sufficient human and material resources are mobilized to address priority action areas.

Through work in policy advocacy and development, human rights promotion, multisectoral engagement, and capacity building, POLICY's HIV/AIDS strategy builds and strengthens the policy synergy between the HIV/AIDS efforts of national governments and key sectors of civil society. In particular, the project strives to encourage participation by those groups best positioned to address the human aspects and impacts of the HIV/AIDS pandemic, such as PLWHA networks, FBOs, the private sector, and NGOs operating in the development sector. A broad and comprehensive multisectoral response based on principles of human rights, gender equity, and youth empowerment—POLICY's crosscutting issues—has ensured that a wide range of influential policy champions have been cultivated and that issues, especially those related to how stigma and discrimination affect policy processes, are appropriately addressed. This last point is especially important given that stigma and discrimination can confound all efforts to prevent HIV transmission, improve care and support, and mitigate the impacts of HIV/AIDS. By enhancing individual and institutional capacity to respond to the ever-increasing demands of the pandemic, POLICY has helped catalyze improved policy, program, and operational approaches at national and community levels.

Core HIV/AIDS funds are used to

- Advance and update technical knowledge of global HIV/AIDS trends within a multisectoral framework;
- Demonstrate or test new and innovative approaches for tackling issues of global HIV/AIDS policy constraints; and
- Explore critical HIV/AIDS policy issues that would not otherwise be funded by a Mission.

HIV/AIDS activities carried out with core funds from OHA are programmed according to POLICY's IRs, especially in the areas of advocacy (IR1) and planning and finance (IR2). Core funds also cover activities carried out by the human rights and gender working groups, project development, and responses to ad hoc requests from OHA to address specific concerns. In addition, HIV/AIDS core funds are used to plan and implement core packages. Currently, POLICY has core packages underway in Mexico and South Africa that address stigma and discrimination issues (see Core Packages section). Also, core packages have been finalized for Nepal addressing the HIV prevention and care needs of injecting drug users and sexual and reproductive health in Swaziland. These two new packages will commence in July 2003. Hence, HIV/AIDS core-funded activities are described in the corresponding sections of the semi-annual update.

Other HIV/AIDS activities are carried out with funds from regional bureaus—Africa and ANE—and field-support funds from USAID Missions in individual countries (see Regional/Bureau Activities and Country Activities sections, respectively).

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:

- Prepared "POLICY Project Focus on HIV/AIDS: Accomplishments, Areas of Technical Leadership, Lessons Learned, and Future Challenges", a summary of POLICY achievements in the area of HIV/AIDS over the past five years, for the OHA Strategic Review Process.
- Completed all inputs for HIV/AIDS activities in the Programmatic Database (PDB).
- Prepared and made three presentations on monitoring and evaluation and HIV/AIDS reporting requirements for three regional TD Weeks.
- Reviewed country workplans and kept project results database up-to-date.
- Reviewed, edited, and produced the following project publications: *Moments in Time: HIV/AIDS Advocacy Stories*; *HIV/AIDS in the Mekong Region*; and *Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead*.

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, TA, and training to POLICY staff and by providing technical leadership on the GH Interagency Gender Work Group (IGWG).

Summary of Major Activities:

- Laid the foundation for the development of gender and policy analysis tools in project Year 4. In addition to the draft GEMI (gender-equitable male involvement) Tool, the GWG completed a review

of available gender and policy analysis tools to inform the development of tools targeted to gender integration in policy.

- Provided training to more than 100 POLICY staff on gender using adapted IGWG modules at the regional TD Weeks. In collaboration with IR4, sponsored four LTAs to attend the one-week World Bank *Integrating Gender into Poverty Reduction Strategies* Conference in Arusha, Tanzania, February 2003.
- Maintained IEC activities by preparing monthly e-mail newsletters, highlighting recent key resources, and adding new resources to the gender resource collection on gender, reproductive health, and HIV/AIDS.
- Provided technical leadership to USAID through contributions to the IGWG. POLICY staff contributed to the completion of final reports for three different IGWG Task Forces: *Integrating Gender and HIV/AIDS: Key Issues, Program Implications and Promising Approaches—Findings from a USAID and Cooperating Agency Assessment*; India, Kenya, and Guatemala country reports on *Gender, Access and Quality of Care in Three Countries*; and “*The So What Report*” *Does Integrating a Gender Perspective into Reproductive Health Programs: Does It Make a Difference to Outcomes*. In addition, through the IGWG Task Force, POLICY contributed to the development of two core training modules on Integrating Gender into HIV/RH Programs and Gender and HIV, and participated in the successful piloting of the modules with three different USAID and CA field locations.

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 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:

- Sponsored brown bag lunch on “The Determinants of Transactional Sex Among Women in 12 Sub-Saharan African Countries,” for POLICY Project staff. Subsequently, this paper has been revised to include information on the determinants of transactional sex for men and will be prepared as a working paper next reporting period.
- In June, piloted the specialized ARH module of *Networking for Policy Change: An Advocacy Training Manual* in Jamaica, in collaboration with Futures Group’s YouthNow Project. Representatives from the Regional Health Authorities of Jamaica’s Ministry of Health as well as NGO representatives and National Centre for Youth Development (NCYD) staff participated in the advocacy training.
- Presented papers at conferences:
 - “*Are Young Women More Likely to Choose Commercial and Private Sector Providers of Modern Contraception?*” at the CMS Forum: The Role of the Commercial Sector in Adolescent Reproductive Health, May 20, 2003.

- “*Factors Influencing Induced Abortion among Young Women in Edo State, Nigeria,*” using data from the Nigeria ARH core package work in Edo State at the PAA in May 2003.
- Advanced work on the ARH Policy Compendium, in collaboration with the YouthNet Project. More than 60 documents will be available through a searchable database, via links to web sites and in full text documents. The compendium will identify key elements of ARH policies and criteria for good practice language. Expert meetings on the trafficking of women, pregnancy, and nutrition have been held; additional expert meetings will occur in the next six months.
- Designed TD Week sessions for the three regional TD Weeks and shared tools and working papers with POLICY country staff in attendance.

Human Rights Working Group (HRWG)

Chair: Lane Porter

The Human Rights Working Group (HRWG) defines crosscutting human rights issues and works to create a shared understanding of those issues concerning FP/RH/MH and HIV/AIDS; develops human rights tools through collaboration of staff, CAs, USAID, and outside professionals; and promotes a rights-based approach in core and field activities.

Summary of Major Activities:

- Continued co-chairing the USAID stigma and discrimination working group. At the May IWG meeting, presented a proposal for country application of stigma and discrimination indicators, as part of the USAID expanded response to HIV/AIDS.
- Began co-chairing a USAID human rights working group and made a presentation at the May IWG meeting.
- Completed and launched a searchable database of international human rights documents—by country, by legally binding document, by standard setting document, or by specific right—of significance to POLICY’s country activities.
- Conducted sessions on human rights at two regional TD Weeks (Lima and Cape Town), including use of the searchable database of international human rights documents.
- Participated in the planning for and helped conduct a human and reproductive rights orientation for Ukrainian counterparts and POLICY/Ukraine staff. The orientation served as part of the Ukraine country program’s RH/HIV Initiative aimed at documenting the problems HIV-positive women face accessing reproductive health services in Ukraine.
- Participated in the World Human Rights Day celebration program on health and human rights at the World Health Organization in Geneva.
- Collaborated with the George Washington University and Georgetown Law Center in hosting interns.
- Continued dissemination of monthly HRWG informational email ‘updates’ featuring new developments, documents, and events in the field of international human rights and reproductive health.

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, the Romania core package had concluded and 11 other core packages were underway. Brief descriptions of the status of the core package activities appear below.

Romania. Activities completed and final documentation report drafted, entitled “A Policy Approach Toward Contraceptive Security in Romania, 2000–2003.”

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 first component of the package 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 applying an adaptation of the Columbia Framework model for priority setting in Kamianets-Podilsky.

This package is near completion, and the efficiency report is being finalized. The report will be disseminated at a policy dialogue event, which is expected to take place in September.

Nigeria. This package uses the full range of POLICY tools and strategies in Edo state that will result in the state government approving a young adult reproductive health (YARH) strategic plan and increased funding for YARH programs. The strategy will outline interventions that target specific YARH problems and subpopulations, have resource requirements and a detailed budget, and include a monitoring and evaluation plan to guide progress. In the course of establishing the plan, a youth advocacy network was formed to participate in the development of the plan, garner political and budgetary support for the strategy, and continue support for other YARH issues.

During this reporting period considerable progress was made. The situation analysis was completed and a draft report prepared. The report was used to inform the development of the YARH strategic plan for Edo state which also occurred during this period. Stakeholders reviewed the draft plan; the final draft will be reviewed during a meeting scheduled for September 2003. Also in connection with the situation analysis, an in-depth analysis of induced abortion was carried out as it was noted that some 50 percent of pregnancies to women between the ages of 15 and 24 are terminated. Lastly, progress was made on estimating the necessary parameters for the *NewGen* model application for Edo state. These estimates used data from the situation analysis.

Guatemala. This package expands the effort to reduce barriers to FP services by developing and putting in place improved operational policies. The core package is designed to permit in-depth analysis of the underlying policy causes of the barriers that were identified in a 1999 medical barriers study and of other policies that could undermine corrective measures taken to address those barriers. The package will also help formulate operational policies and contribute to the processes for removing these barriers. The main findings of the medical barriers study included barriers pertaining to provider attitudes and unnecessary restrictions on eligibility criteria. The core package strategy consists primarily of analyzing the legal and policy framework that affects the delivery of FP services, conducting extensive interviews with officials and providers at all levels of the services system to obtain additional information, and preparing proposed operational policy changes linked to barriers and ongoing corrective measures.

In the reporting period, POLICY analyzed the results of the interviews completed at the end of the previous period which involved more than 40 stakeholders from national to operational levels and presented the findings to counterparts in a February workshop opened by Guatemala's Minister of Health. Workshop participants reviewed findings and drew conclusions regarding the implications of the interviews, and identified policy actions to address priority policy barriers to FP access. In subsequent meetings, POLICY and the Mission identified two priorities that POLICY will support: formal recognition and institutionalization within the MOH structure of the National RH Program, and creation of a mechanism to ensure systematic, regular budget allocations to reproductive health and particularly to family planning. These two policy interventions are intended to help ensure the continuity and sustainability of Guatemala's RH programs in the face of changing governments and mercurial political climates. The next steps are to meet with counterparts to map the process for implementing the priority policy actions identified during the February workshop; create a concrete action plan for the Ministry to implement, including identification of resources from CAs and others; implement the two policy changes that POLICY will directly support; and present the final results to advocacy groups to encourage them to support counterpart efforts to implement other policy changes.

Jamaica. The Jamaica core package is designed to help the MOH delineate the extent, feasibility, and potential scope of integration in FP/maternal and child health (MCH) and STI/HIV/AIDS services. POLICY activities will consist of studies of selected interventions pertaining to the integration service activities, including a cost-effectiveness study on screening and treatment for STIs, an operational policy barrier study, provider interviews, and client focus groups. Using information from these analyses, POLICY will help develop a plan that addresses operational policy barriers that may impede integration at the parish level. POLICY will conduct a regional workshop (with national representation) to disseminate the chosen models of integration for the parish of Portland and the urban area of St. Ann's Bay in St. Ann Parish. The experience gleaned at the parish level will be used to guide integration approaches for other parishes. This experience will also be useful to donors and program managers in other countries as they make decisions on integration of RH services.

To date, activities have included: conducting a regional workshop on integration and identifying operational policy barriers; documenting the current service delivery structure for FP/MCH and STI/HIV/AIDS in Portland Parish and St. Ann's Bay Health District; and developing and finalizing 22 potential interventions to enhance integration in the two parishes. The interventions were designed in collaboration with MOH staff at the NorthEast regional office and within the two parishes. The project is due to be completed by March 2004.

Kenya. The overarching goal of this package is to improve financial access to FP services for the poor and other underserved groups. The package seeks to enhance access to FP services among the poor and underserved by ensuring that waivers and exemptions are appropriately applied to those who need them; ensure that revenues generated from FP-related fees are retained and used to improve the quality of FP/RH services; and generate additional revenues to move the public sector toward eventual financial sustainability in the delivery of FP services, including the management and logistics systems. This package will apply elements of POLICY's framework for reforming operational policies through a participatory process to address access issues for poor/underserved populations in Kenya. It will focus on fees, waivers, and exemptions for FP services and targeting of services (e.g., targeted to low-income households and other priority groups).

Following approval of the core package, POLICY convened and facilitated consultative meetings (February–May 2003) and a stakeholder workshop (May 2003) to increase awareness, build consensus on the pertinent issues, and devise an implementation strategy for the program. We also identified a consultant, Prof. G. Mwabu, to oversee package implementation under POLICY's guidance. POLICY/Kenya staff are currently reviewing policies and guidelines that document the status of family

planning service provision and making plans for the market segmentation study that will take place later this summer.

Peru. The Peru core package is intended to help develop and put in place solutions to reduce operational policy barriers that impede client access to use of services essential to reducing maternal mortality and ensuring safe motherhood in low-income areas. Barriers may exist at the household, community, or service delivery levels. Although this package may identify the barriers at the household and community levels, the focus will be on the service delivery level. The package will identify and study such policies and address, *through policy change*, operational policies that are at the root of these barriers.

POLICY staff and consultants have completed a review and analysis of quantitative and qualitative studies on topics related to maternal health, safe motherhood services (delivery, prenatal care, etc.), and maternal mortality conducted in Peru during the past decade. Twenty studies were reviewed for the purpose of identifying operational and cultural barriers that impede access to professional delivery and prenatal care. The team also completed a DHS data analysis. Based on the data analysis and literature review, four departments—Huánuco, Piura, Puno, and San Martín—were selected for the study. POLICY staff traveled to the study sites to hold initial meetings with key informants and prepare for the information collection phase. POLICY staff/consultants also developed the research protocols and numerous data collection instruments for two components of the core package: a costing study designed to assess the adequacy of health insurance reimbursement rates at hospitals and health centers, and a qualitative study (including interviews and focus groups) designed to gather in-depth information about access barriers from users and nonusers of prenatal and delivery care, as well as service providers. Local consultants from each of the study sites were identified and trained in data collection techniques. Data collection for both the costing and qualitative study are currently underway. Cost information has been collected from three of the four departments, and qualitative data was completed in Piura.

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 package emphasizes empowering PLWHA to be more proactive about tackling both the internal and external manifestations of stigma and discrimination. It also seeks to help health care providers and PLWHA 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 media component of the package aims to show how public perception of PLWHA, as influenced by media images, can be improved and thus contribute to eliminating stigma and discrimination.

During this period, local subcontractors carried out qualitative research with PLWHA and health service providers, conducted a media scan of major newspapers in the target states, drafted the media training curriculum, and initiated work on the legal and policy review, qualitative research with labor unions, and institutional strengthening with a nationwide network of PLWHA to help it develop an advocacy strategy around stigma and discrimination.

South Africa. The purpose of the South Africa core package is to demonstrate how HIV/AIDS-related stigma and discrimination can be reduced using careful analysis and the design of replicable interventions. It aims to identify, document, and disseminate indicators of internal and external stigma, best practice activities, and interventions in three sectors: PLWHA, FBOs, and the workplace. Work with PLWHA will show how public perceptions of PLWHA are influenced by the media and can be improved to contribute to reducing stigma and discrimination. Work with the faith-based community is designed to help it better understand stigma and how it adversely affects the availability and accessibility of services. The workplace component involves working with national government departments to show how workplace policies can reduce HIV/AIDS-related stigma and discrimination.

Thus far, there are contracts in place with the Centre for the Study of AIDS at the University of Pretoria and Insideout Research to manage the implementation of the project and to conduct the research. The project is further supported by four reference groups, including a National Reference Group and three sector-specific groups. Each of the reference groups has met twice since January 2003 and will continue to meet quarterly. In addition to the research into the three sectors, a literature review and media scan have been researched and completed. The media scan was conducted between January 1 and March 31 and provides a context and background to the project. The verification of preliminary indicators began in March. Data was collected through 23 focus-group discussions and key informant interviews. The results from the media scan and the first draft indicators report will be presented at the second consultative meeting on July 30–31.

Nepal. The purpose of this core package is to develop a model for increasing the meaningful participation of IDUs in the HIV/AIDS policymaking environment, thereby increasing the effectiveness of HIV/AIDS prevention, support, and care among IDUs. The package has three component activities: leadership and advocacy, which will build the skills of IDUs to participate in HIV/AIDS policy dialogue; stigma and discrimination, which aims to increase the understanding of the impact of HIV/AIDS and drug use-related stigma and discrimination; and partnership building, which aims to build strategic relationships among key stakeholders, especially among the IDU community, MOH, and the Ministry of Home Affairs (MOHA) for the purpose of improving the HIV/AIDS and drug use policy environment. The Nepal core package was approved at the end of this reporting period and will initiate activities in July.

Swaziland. This core package will identify and address high-priority operational policy barriers to improve the reproductive and sexual health rights (RSHRs) of HIV-positive women in reproductive and sexual health (RSH) care programs, including VCT, PMTCT, and antenatal care (ANC). This activity will produce the following results:

- Strategies to address the RSHRs of HIV-positive women will be integrated into national operational and policy guidelines.
- The capacity of organizations serving PLWHA, especially women’s organizations, to advocate for RSHRs will be strengthened.
- Awareness of the RSHRs of HIV-positive women will increase.

In May and June, POLICY staff traveled to Swaziland to meet with the National Emergency Response Committee on HIV/AIDS (NERCHA) to work on a final timeline of activities, go over contract options agreements, and develop terms of reference for the task team. During these initial consultative meetings, it was decided that the NGO, Swaziland Infant Nutrition Action Network (SINAN), would serve as the lead implementing NGO, working closely with NERCHA and POLICY to ensure activities for the core package are successfully carried out. The first task team meeting was held on July 3.

RH GOALS Model The purpose of this core package is to develop an Expanded GOALS Model for Reproductive Health to help countries develop comprehensive RH action plans (RHAP) and to achieve greater efficiency in the use of available funds. The model will help improve the allocation of resources both within and across the components of RH programs. Once the model is complete it will be applied in two countries, possibly in India and Jordan, to assess its applicability in field settings. The model’s application will provide opportunities for multisectoral involvement in planning and finance, policy dialogue, and the use of advocacy skills to disseminate the results.

Three of the four components of RH GOALS are now assembled: HIV/AIDS (GOALS), Safe Motherhood (Safe Motherhood Model), and Postabortion Care (PAC Model). Initial work has begun on modeling the fourth component, family planning. Test versions of GOALS and the PAC Model are now in SPECTRUM, and draft manuals for both are available as well. A field application of the SM-PAC Model was

undertaken in Uganda, and local consultants continue to field the necessary surveys through August 2003. The final report and dissemination workshop of this field test are scheduled for September 2003.

REGIONAL/BUREAU ACTIVITIES

Africa Bureau

FP/RH/MH Activities

Family Planning Status and Trends in Countries Hard Hit by the AIDS Epidemic. POLICY conducted expert interviews on the status of FP programs in Ethiopia and focus-group discussions in Kenya. POLICY has also initiated focus-group discussions in Zambia to supplement the expert interviews. Once the studies are completed, POLICY will prepare a report summarizing cross-country experiences with FP programs in the context of high HIV prevalence and drawing lessons learned for the development and implementation of both FP and HIV/AIDS programs. Preliminary findings from the Kenya focus-group discussions were shared with USAID's working group on integration and with POLICY staff at the Africa TD Week. POLICY is coordinating with Advance Africa and Population Council to conduct future activities on repositioning family planning in Africa. POLICY assisted with the recent World Bank video conference on FP–HIV/AIDS integration, where nine African countries made presentations on integration. In addition, POLICY is supporting a paper on the cost-effectiveness of integrating family planning into PMTCT programs, to be presented at the International Conference on AIDS and STDs in Africa (ICASA) in Nairobi, September 21–26. POLICY will also assist in conducting a FP–HIV/AIDS integration session at ICASA .

HIV/AIDS Activities

OVC. In Kenya, the OVC task force members, including POLICY, UNICEF, Hope for the African Child Initiative (HACI), Family Health International (FHI), German Agency for Technical Cooperation (GTZ), National AIDS Control Council (NACC), and Ministry of Home Affairs (MOHA) identified a lack of crucial information for OVC programming. The task force agreed on a coordinated and concerted effort by stakeholders to undertake a national situational analysis (SITAN). The SITAN aims at providing a basis for priority setting and resource allocation in OVC programming, and facilitating coordination and networking among the OVC-serving organizations; it will also be used to produce OVC advocacy reports and tools. POLICY took the lead in drawing up terms of reference; identifying, hiring, and supervising consultants; providing information to consultants; and coordinating SITAN activities pertaining to a desk review and participatory SITAN. UNICEF is co-funding the initiative.

In Uganda, a legal consultant with expertise on children's issues conducted a more in-depth study of the legal, policy, and institutional issues identified in the situation analysis in order to provide for a stronger legal-policy framework for OVC in Uganda. The consultant submitted a first draft of a report on the legal rights of children for review within POLICY.

Southern Africa Regional HIV/AIDS Program (RHAP)

Through a coordinated strategy for dealing with HIV/AIDS, POLICY, through the Regional HIV/AIDS Program of Southern Africa (RHAP), is working with the Southern African Development Commission (SADC) and individual countries to improve HIV/AIDS policies in the region. In particular, POLICY supports and provides assistance to the following areas: regional policy activities, networking and information sharing, and improved consistency and comparability of data. A large part of POLICY's assistance to RHAP is provided through the U.S. Ambassador's Initiative Program in Botswana, Lesotho, and Swaziland.

U.S. Ambassadors Initiative Small Grants/Capacity Building

POLICY continues to build on political and popular support of HIV/AIDS issues by providing TA and support to the U.S. Ambassador's Initiative Small Grants Program. The current grant cycle began in October 2002 and ends September 2003. NGOs that attended POLICY advocacy sessions/workshops were identified and selected to receive the U.S. Ambassador's Initiative Small Grants for this cycle. The current grant cycle provides support to NGOs/community-based organizations (CBOs)/FBOs in carrying out HIV/AIDS-related activities and in developing partnerships with local affiliates and constituencies on policy programs. A detailed report of the site visits in Lesotho and Swaziland has been drafted and is currently being completed. In addition, lessons learned and highlights from the small grants program will be included in the RHAP Best Practice Report, which will be released in November 2003.

Capacity Building (Small Grants Initiative–Lesotho). In Lesotho, funds were disbursed to six NGOs: Lesotho Red Cross Association, Lesotho Scouts Association, Lesotho National Federation of the Disabled (LNFOD), Lesotho Preschool and Day Care Center Association, Matelile Tajane Community Development Trust, and Tsosane Seli-la Lefatse. During March 2003, POLICY conducted site visits in collaboration with the U.S. Embassy to all the above-mentioned CBOs to assess progress and identify difficulties encountered by the NGOs in carrying out grant activities and to provide in-service facilitation and training. During the site visits, POLICY provided the CBOs with strategies to assist them in achieving their objectives. A detailed report of the site visits is currently being prepared.

Capacity Building (Small Grants Initiative–Swaziland). In Swaziland, funds were disbursed to seven NGOs: Swaziland Conference of Churches, The AIDS Information and Support Centre (TASC), Women's Resource Centre (Umtapo wabomake), Women and the Law in Southern Africa (WLSA), Caritas-Hope House, and Save the Children. The Good Shepherd Hospital also receives support for its home-based care program. During April 2003, POLICY conducted site visits in collaboration with the U.S. Embassy to all the above-mentioned NGOs. From these visits, it was determined that the Swaziland Conference of Churches needed assistance in planning and implementing activities. It was decided that POLICY would facilitate a study tour of faith-based HIV/AIDS programs in Gauteng Province, South Africa in mid-July 2003. On April 30, USAID RHAP Manager Michele Russell, U.S. Ambassador to Swaziland McGee, U.S. Embassy PAO Roger Kenna, and U.S. Embassy Nurse Julie Cory met with POLICY staff to present key findings of the site visits. It was agreed that support would continue for the grantees.

Capacity Building (U.S. Ambassador's Initiative–Botswana). In Botswana, POLICY continues to assist the Nurses Association of Botswana (NAB) in the development of an in-service training manual, *Caring for the Caregivers*, to support counselors and caregivers. NAB requested an extension for completing the training manual and has submitted a final draft, which POLICY is now reviewing.

Country-Specific Activities

Leadership Development Program–Lesotho. POLICY continues to enhance regional capacity to provide policy training by supporting 15 NGOs through the Leadership Development Program in Lesotho. This capacity-building program aims to augment the general and project management capacity of 10 senior managers from local NGOs and five senior managers from CARE/Lesotho. POLICY, working in close collaboration with CARE/Lesotho, developed the Terms of Reference for this project. CARE/Lesotho identified six training institutions and is still selecting an institution to carry out the training of the 10 senior managers.

Mainstreaming Lesotho. In Lesotho, the government committed 2 percent of the budget of each ministry to activities directed at fighting HIV/AIDS. However, the Lesotho AIDS Programme Coordinating

Authority (LAPCA) noted that some ministerial sectors were uncertain of how to use the funds and uncertain of how to mainstream HIV/AIDS into their core functions. Realizing this need, LAPCA carried out a mainstreaming assessment activity with TA and financial support from Ireland AID, the U.S. Embassy, and POLICY. Through this project, it is hoped that multisectoral HIV/AIDS initiatives will be mainstreamed into the national government departments. A full report on the findings is currently being completed. A series of training programs will follow the needs assessment, and the program will be expanded and rolled out across all government departments.

Journalists Program–Lesotho. In February 2002, POLICY supported a workshop for journalists on responsible reporting of HIV/AIDS issues in the media in Lesotho. The workshop noted that HIV/AIDS reporting remained a serious challenge for the media. As a result, a Red Ribbon Award was created for journalists by the U.S. Ambassador’s Initiative in partnership with UNDP. The Red Ribbon Award serves to encourage nondiscriminatory and sensitive coverage of HIV/AIDS issues in the media. In March, the U.S. Embassy in Lesotho and UNDP held two meetings to review the selection criteria for the Red Ribbon Award, select a winner, and generate ideas on awarding journalists in the future.

Journalists Program–Swaziland. Following the initial POLICY-supported workshop for journalists in Swaziland in February 2002, the U.S. Embassy Swaziland invited journalists to submit their work on HIV/AIDS issues for a Journalist Award. The U.S. Ambassador will announce the winner of the Journalist Award in April 2003.

National Emergency Response Committee (NERCHA)–Swaziland. POLICY has been providing TA to NERCHA, the HIV/AIDS coordinating authority, to review and revise the existing National HIV/AIDS Strategy and National HIV/AIDS Policy. A POLICY consultant has been working with local counterparts and consultants in revising of the National Strategy and Plan. In addition, POLICY will provide TA on plans to operationalize the strategy and implement key programs identified in the plan.

Regional Advocacy and Policy Development Activities

Health Promoting Schools Initiative. In Lesotho, POLICY supported the introduction of a Health Promoting Schools Project, through the U.S. Ambassador’s Initiative. For this project, POLICY is collaborating with the MOH and Social Welfare and the Ministry of Education, and supporting two CBOs in the development and implementation of the Health Promoting Schools Initiative. The initiative will not only address the health needs of students at the school but will also promote a setting of healthy living, learning, and working in the wider community. A meeting was held on the May 14 with the U.S. Ambassador, the Minister of Health and Social Welfare, the Deputy Principal Secretary of the Ministry of Education, two NGO Project Coordinators, and U.S. Embassy and POLICY staff. The purpose of the meeting was to introduce the concept to the primary stakeholders—the ministries of Health and Education. In addition, the spirit of the presentation was to consult and, for stakeholders, identify similar activities that are already in place and areas needing strengthening. The five critical components of the Health Promoting Initiative requiring support are: services, environment, policy, community, and skills building. Currently, the two pilot sites are completing a needs analysis questionnaire that will assist in identifying the priority problems. Information from this analysis will guide the design of the training program, which will be provided to all stakeholders beginning August 2003.

RHAP Website. POLICY continues to support Into the Limelight for its maintenance of the RHAP website and the development of RHAP presentations, publications, and workshop reports.

Peer Educators Meeting. As part of the policy and planning development process in the SADC region, RHAP is implementing activities in eight SADC countries within the Corridors of Hope cross-border sites. A key component of this project is peer education and behavior-change activities and provision of

outreach services for sex workers. A three-day HIV/AIDS Peer Educators and Project Implementers Workshop was held in Stellenbosch, Cape Town, from June 11–13, to address problems and challenges encountered in the project, such as identifying, retaining, and equipping peer educators to better deal with sex workers and working on ways to engage them effectively.

HIV/AIDS and Food Security. POLICY has begun to address HIV/AIDS and Food Security issues in the three nonpresence countries. The Food Security Project will provide key stakeholders within SADC countries an opportunity to explore the relationship between food security and HIV/AIDS, to identify areas of policy intervention required in HIV/AIDS programs for the integration of HIV/AIDS into food security, and to work across all sectors to implement programs and effectively plan for food security.

A teleconference on May 19 included the U.S. Embassy coordinators and staff in the three countries, POLICY, and NERCHA. The purpose of the teleconference was to highlight the current Food Security programs and activities, address in-country needs, discuss how to strengthen existing programs, and identify priority areas for research and policy development around food security and HIV/AIDS.

ANE Bureau

FP/RH/MH Activities

ANE Regional Advocacy and Leadership Workshop for Midwives and Advocacy Minigrants. Four of the eight countries that attended the “Advocacy and Leadership Workshop for Midwives” in July 2002 in Manila submitted applications for minigrants to implement their advocacy plans for addressing safe motherhood issues in their countries. These countries are Cambodia, Nepal, Pakistan, and Vietnam. Three of the country teams are working to improve or provide higher quality training programs for midwives, staff midwifery schools with trained midwives, and/or revise midwifery curricula. Cambodia is advocating for the development and implementation of a protocol for menopausal care. The Vietnam country team submitted its final report on small grant activities. The Vietnamese Association of Midwives (VAM) conducted a meeting for more than 30 stakeholders to provide an overview of its organization and to share its strategy, including advocacy plans. The Vietnamese MOH, UNFPA, the General Association of Pharmacy and Medicine, the Viet/American Cervical Cancer Project, and the Japanese Embassy all pledged to provide TA or funds for future VAM activities. The Pakistan and Nepal country teams are finalizing their small grant final reports. The Cambodia country team has initiated activities later than projected and will provide an interim report this summer.

ARH Profiles. POLICY has completed the country profiles on ARH policies, programs, and issues for 13 ANE countries. The individual country reports were shared at POLICY’s ANE regional TD Week in February and then finalized. The synthesis paper and presentation has also been completed and will be used for advocacy in the ANE region.

Plateauing of Contraceptive Prevalence Rates in Selected ANE Countries. POLICY completed the paper on ANE countries in which the contraceptive prevalence rates and total fertility rates appear to be plateauing. After the paper is revised and comments from CTOs received, the paper will be shared with the ANE Regional Bureau.

HIV/AIDS Activities

HIV/AIDS Advocacy and Resource Allocation Workshop and Small Grants. Between January and June 2003, the POLICY Project provided funds to two of the countries that attended the “Advocacy and GOALS Training Workshop” in Bangkok (the workshop itself was conducted in December 2002). The

two recipient organizations were NGOs from Nepal and Vietnam. Each of the two country teams worked collaboratively to develop a proposal that reflected the need to advocate for resource allocation issues. Since receiving funds (each country received \$15,000), each of the country teams received TA from POLICY on the advocacy and the GOALS portion of the respective proposals.

In addition to the provision of grants, POLICY also produced a summary document, ‘HIV Advocacy and Resource Allocation: A New Approach!’ This report summarized POLICY’s experience in using GOALS and the lessons learned from involving advocates, modelers, and policymakers from the government and civil society in a regional training workshop. In sum, the workshop achieved its overall goal of laying a foundation for increased collaboration by advocates and modelers in resource allocation. It also achieved many of its objectives related to building technical capacity of advocates and modelers.

Regional AIM Booklet. In June 2003, POLICY printed 1,000 copies of *HIV/AIDS in the Mekong Region: Cambodia, Lao PDR, Thailand, and Viet Nam*. The publication is currently being distributed throughout the region.

GIPA CA/Mission Project. A questionnaire was developed to assess how GIPA principles are being operationalized in the planning, implementation, and evaluation of HIV/AIDS programs supported by USAID and their CAs in five ANE countries. The questionnaire was distributed to five USAID Missions and approximately 26 programs. Completed questionnaires, returned by approximately 61 percent of study participants, are currently being tabulated and analyzed. A report highlighting major findings and recommendations will be produced by the end of September.

Political Commitment Assessment. Using the Political Commitment Assessment Tool developed by POLICY, approximately 80 interviews were conducted with high-level key stakeholders in five countries representing the following sectors: national governments, international donors, NGOs, media, academia, PLWHA, and human rights groups. Transcripts of the interviews have been summarized and analyzed. A report highlighting major findings and recommendations will be produced by the end of September.

Advocacy and Sex Work. POLICY continued to lay the foundation for programs and projects that aim to empower and engage sex workers in the policymaking process through capacity-building activities and advocacy training. As a result of this initiative, POLICY was recently invited to attend a meeting on the 100% Condom Use Program (CUP), sponsored by the Western Pacific Regional Office of the World Health Organization (WHO), which will take place from August 18–21, in Vientiane, Lao PDR. Objectives of the meeting include sharing experiences and lessons learned from the 100% CUP and reviewing assessment findings and evaluations conducted in different countries. POLICY will present its report on ‘Perceptions of the Cambodia 100% Condom Use Program: Documenting the Experience of Sex Workers.’

POLICY has also negotiated for a consultant to start work on a project that will build the capacity of sex workers to advocate for policies that address their needs. The goal of this project is to (1) engage sex workers (in a few representative countries) in revealing and prioritizing their needs; (2) brief sex workers in basic research skills such as research design, ethics, and field methods; (3) finance and oversee a research project, designed and conducted solely by sex workers; (4) conduct a training workshop for communicating results in an advocacy framework; and (5) organize meetings with policymakers and other key stakeholders in which sex workers can present their findings and lead discussions on finding solutions to their priority issues. This project should commence in early August 2003.

Second International Muslim Leaders’ Consultation (IMLC) on HIV/AIDS. POLICY offered to provide funding, via the Malaysian AIDS Council (MAC), for the publication of the consultation’s proceedings.

Because a number of orthodox Muslim leaders have objected to the publication of the proceedings, all papers have now been submitted to an international panel of six Muslim clerics, who will review the contents and report to the consultation's organizing committee. An outcome is unlikely before November/December 2003. The MAC is hoping to avoid any significant degree of censorship. While the MAC is still keen to publish the proceedings, assuming a reasonable outcome from the review process, it has indicated that it is not in a position to sign the POLICY contract and would like the money to be released for other faith-based initiatives. POLICY is currently exploring other options. The MAC has been told that it can resubmit a funding proposal to POLICY late this year, although a commitment on funding has not been provided. This activity builds on POLICY's support of the 'First IMLC on HIV/AIDS.'

Asia Pacific Network of People Living with HIV/AIDS (APN+). On April 29, POLICY supported a four-day regional strategic planning meeting in Bangkok, Thailand. The main objective of this meeting was to develop and strengthen the organizational structure of APN+ to enable the organization to effectively respond to growing demands of the epidemic including issues related to human rights and access to treatment. The meeting, which brought together 40 participants from 17 countries, allowed for elections of leadership positions within APN+, an appointment of a new Regional Coordinator, a new constitution, and recommendations for actions to improve the functioning of the Regional Secretariat. In addition, participants began networking with the Thai Treatment Access Group, the International Red Cross/Red Crescent, Australian Red Cross, and other local, regional, and international organizations in hopes of strengthening support and building the skills of APN+ members.

POLICY is currently working with APN+ to enable the network to implement the recommendations arising from the strategic planning exercise with a focus on the capacity building of the organization and its members. Additional funding is likely to commence in September 2003. Capacity building will focus on establishing good governance, developing a focused and achievable workplan, mentoring of the coordinator, increasing understanding of how to effectively operate a network, and developing advocacy skills.

Policy Assessment (China). In June, USAID held a planning meeting with the four CAs (POLICY, Family Health International, Population Services International, and the International HIV/AIDS Alliance) that will be developing and implementing the China/USAID Program in Yunnan and Guangxi provinces. The planning meeting addressed the recommendations arising from USAID's exploratory visit to Yunnan Province in February 2002. USAID and the CAs agreed that a written framework would be developed to provide strategic direction for the initial three years of the China/USAID Program. POLICY, in collaboration with the other three CAs, USAID, and local representatives, shall be conducting a design visit in mid-August, followed by a design visit to Guangxi Province in October or November 2003. It is anticipated that the first draft of the framework will be written during the Yunnan design visit and completed after the Guangxi design visit.

Vietnam Country Activities. ANE regional funds also support activities in Vietnam, which are described in the country activities section.

LAC Bureau

POLICY, in collaboration with JSI/DELIVER, is conducting a Feasibility Study on Contraceptive Security for the LAC Region. The purpose of the study is to help the USAID/LAC Bureau determine whether contraceptive security might be appropriately addressed by a regional (cross-country) approach. This determination would then be used to develop regional interventions. The feasibility study will attempt to answer the following questions:

- What are the priority issues with respect to contraceptive security in the LAC region? Which of these are shared across countries?
- Are any of these issues amenable to regional interventions, which would likely improve effectiveness and efficiency?
- If so, how could regional assistance efforts be structured to produce maximum benefit?
- What are the national-level issues that should continue to be dealt with in-country, and why are they not appropriate for “regionalization”?

The joint strategy includes (1) conducting a Regional Contraceptive Security Meeting to raise awareness about contraceptive security and gain support for the feasibility study; (2) compiling and analyzing data on contraceptive and condom needs and commitments in the region; (3) conducting up to five country assessments and two to three regional research studies; and (4) synthesizing the report and draft recommendations and presenting findings to relevant stakeholders. These activities will be conducted from July 2003–April 2004, beginning with a regional workshop in Nicaragua in July.

COUNTRY ACTIVITIES



AFRICA

ETHIOPIA

POLICY activities in Ethiopia are directed toward expanding the national population, RH, and HIV/AIDS efforts by providing support in policy development and strategic planning to the National AIDS Council, Regional AIDS Councils, key HIV/AIDS NGOs, and public and NGO FP/RH programs. POLICY supports 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 also 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, 2003****FP/RH**

Assessment of Policy Barriers to the Expansion of FP/RH Activities in Ethiopia. The draft assessment was reviewed with OPTAC (the technical advisory committee) in late February. Final comments are being integrated, and the report will be available for wider distribution early next quarter. The emerging Reproductive Health Advocacy Network has decided to take up the issue of repealing the taxation on imported contraceptive commodities. POLICY met with the network to present preliminary findings of the assessment and will continue to assist the network in developing an advocacy strategy and materials during next quarter. The departure of Dr. Haileyesus Getahun, who left POLICY in February, has delayed initiation of the operational, or micro-level, barriers phase of this study. The survey instruments for this activity will be developed next quarter. Dr. Hailegnaw Eshete and Eleni Seyoum will be assuming Dr. Haileyesus Getahun's responsibilities.

CS Strategy Development. During this quarter, POLICY worked closely with the DELIVER Project to jointly develop a strategy for initiating and implementing work on CS in Ethiopia. In February, staff from POLICY/W, POLICY/Ethiopia, and the DELIVER Project worked with the MOH/Family Health Department (FHD) in Addis Ababa to hold a Contraceptive Security and Logistics Review Meeting. At the end of the meeting, participants agreed that a conference of stakeholders should be held later in 2003 to invite stakeholders from the health and other development sectors to consider, among other things, the importance of goal attainment in CS, its relation to sustainable development in general, and its contribution to the attainment of poverty reduction goals. An organizing committee chaired by the MOH/FHD will determine a budget and plan for the conference. POLICY, Pathfinder, CORAH (the drug eradication agency), and UNFPA are members of the organizing committee.

In March, a draft agenda for a two-day conference on CS was developed. The conference is tentatively scheduled for July 2003. The draft agenda will be reviewed by the Chief of MOH/FHD and by the RH taskforce at its next meeting. It is hoped that the RH taskforce will "host" the CS conference. POLICY is using core support to initiate this activity with FHD and DELIVER.

Safe Motherhood Model and Other Maternal Mortality Reduction Activities. During this quarter, POLICY initiated discussions with the American College of Nurse Midwives (ACNM) and Intrah/PRIME to foster closer collaboration. POLICY's local staff met with the Chief of the MOH/FHD in early March to discuss CS and the application of the Safe Motherhood Model, and to facilitate policy dialogue on reducing maternal mortality and morbidity. During the next quarter, POLICY will assist the FHD in developing the scope for their activities over the next year focusing on core-funded support to apply the Safe Motherhood Model in Ethiopia.

Repositioning Family Planning in Sub-Saharan Africa: Study on FP Programs and HIV/AIDS. Using core funds, POLICY initiated a survey on the funding and commitment to FP programs in light of increased emphasis on HIV/AIDS activities. Preliminary findings from the Ethiopia study will be available during the next quarter and will be included in a report showing multicountry comparisons.

HIV/AIDS

Regional HIV/AIDS Profiles. POLICY recently completed a regional HIV/AIDS profile for the Southern Nations, Nationalities, and Peoples Region (SNNPR), which was printed in early February. Dissemination of the SNNPR profile was delayed because of overarching preoccupation with the *“AIDS in Ethiopia in 2002 (4th Edition)*. On March 14, the English version of the SNNPR Profile was officially disseminated.

Ato Haile Mariam Dessalegn, Chief Executive of the SNNPR state oversaw the launching of the document and claimed it as the official report of the epidemic in SNNPR. POLICY’s Eleni Seyoum presented an overview of the process and data used to develop the profile. Representatives of the Regional and Zonal Health Bureaus, the regional office of the National HIV/AIDS Prevention and Control Office (HAPCO), and sectoral bureaus attended the launch event. In all, about 150 staff from all zones in the region attended the launch.

The Amharic version is still being translated and will be delivered to SNNPR authorities early next quarter. The Regional Administrator stated in his opening remarks that the profile represented an important document on which to base action. He also hoped that such a report would be updated and enriched frequently to provide policymakers and program managers with empirical data that would enable them to wage an effective war against the HIV/AIDS pandemic.

Initiation of activities to develop the HIV/AIDS Profiles for Amhara and Oromiya regions was still delayed due to regional health officials’ continued preoccupation with drought-related emergency activities and their involvement in polio eradication efforts. It is anticipated that work will begin in April in both regions after formal agreements are made with the Regional Health Bureaus, Regional Advisory Committees (RACs)/HAPCO Regional Offices, and other relevant regional authorities.

AIDS in Ethiopia, 2002. The report, featured on USAID’s Development Experience Clearinghouse website in February 2003, is now available in PDF format on the Internet. POLICY is discussing how best to collaborate with Johns Hopkins University/Center for Communication Programs (JHU/CCP) on efforts to expand the development of advocacy materials for HAPCO’s AIDS Information Center. In the next quarter, POLICY will continue discussions with HAPCO for developing advocacy materials based on the *AIDS in Ethiopia, 2002*.

POLICY is working with a media consultant who assisted in the launch and media orientation to the *AIDS in Ethiopia, 2002*. The consultant is preparing a short video for advocacy on the dissemination launch of *AIDS in Ethiopia*, the preceding media workshop, and the launching of the SNNPR AIDS Profile. The video will be edited next quarter and shown to a few test audiences.

HIV/AIDS Legal and Policy Assessment. POLICY’s legal consultant Bekure Herouy completed the first draft of the assessment, which will be edited for distribution and discussion with stakeholders during the next quarter.

HIV/AIDS Program Effort Index (API), 2003. POLICY is funding the API with core support in collaboration with UNAIDS as part of a multicountry comparison. Results are anticipated next quarter.

HIV/AIDS Workplace Policy. Late in March, POLICY received a written request from the Ministry of Labor to assist in the development of an implementation strategy for the draft *National Workplace HIV/AIDS Guideline*. POLICY was also asked to assist the ministry in assessing economic and social impacts in enterprises in particular sectors and benefit-cost analysis of preventative programs at the firm level. The ministry envisions that these data will facilitate implementation of the guidelines by employers and employees. POLICY will be discussing this request with USAID/Addis Ababa and the Ministry of Labor and Social Affairs during the next quarter, with the goal of setting up a Memorandum of Understanding (MOU) with the ministry.

April 1—June 30, 2003

FP/RH

Assessment of Policy Barriers to the Expansion of FP/RH Activities in Ethiopia. The draft assessment was reviewed with OPTAC (the technical advisory committee) in late February and final comments have been integrated. The report was edited and is now ready for dissemination. POLICY will disseminate the final draft to the OPTAC and discuss broader dissemination with the Mission. During the next quarter, POLICY will work with the emerging Reproductive Health Advocacy Network (CORAH) to take up the issue of repealing the taxation on imported contraceptive commodities. POLICY will complement a CORAH advocacy TOT (Packard Foundation funded, Futures Group International implemented activity) with POLICY assistance for development of an advocacy strategy and related materials. POLICY envisions initiation of the operational, or micro-level, barriers phase of this study after final discussions with the Mission regarding a revised FP/RH workplan based on forthcoming field support. Survey instruments for the operational barriers activity will then be finalized.

CS Strategy Development (RH Security). POLICY continued to work closely with the MOH in jumpstarting the organizing committee for the National Dialogue on Reproductive Health Security, to be held in late July 2003. After several delays partly because the head of the MOH/FHD was out of the country, POLICY called a meeting of the representatives of organizations named at the end of the Logistics Conference in February 2003. The organizations were the MOH/FHD, Pathfinder, UNFPA, CORHA, POLICY, and DELIVER. The group met several times to consider the draft agenda of the National Dialogue, proposed by POLICY and DELIVER; decide on the venue of the conference; draft a list of participants and persons who will serve as moderators/facilitators during the dialogue; and prepare a draft budget for the dialogue to be held in late July.

In mid-June, Jeff Sine visited Addis to assist in orienting a local consultant and POLICY staff to initiate data collection and analysis of financing and human resources development pertinent to the CS situation in Ethiopia. Sine also met with POLICY staff and key stakeholders, including the head of the MOH/FHD, and members of the organizing committee. Sine worked with local POLICY staff and the Mission for the initial follow-on design of the next steps after the late July conference. POLICY will work with DELIVER and Pathfinder's local office to develop CS advocacy and strategies in two regions, focusing on subregional levels. POLICY is using core support to initiate this activity with the FHD and DELIVER.

Safe Motherhood Model and Other Maternal Mortality Reduction Activities. POLICY staff Hailegnaw Eshete and Eleni Seyoum attended the MOH/FHD's (WHO-sponsored) training on the REDUCE Model. During the meeting, there was considerable interest expressed in the Safe Motherhood Model, and WHO offered to collaborate with POLICY in developing an Ethiopia application of the model. In early July, POLICY's FP/RH Director Koki Agarwal will visit Addis and work with local POLICY staff and staff of the MOH/FHD and WHO to plan for the first application of the Safe Motherhood Model in Ethiopia. Next quarter, POLICY will finalize the design of the safe motherhood activities with the Mission.

Repositioning Family Planning in sub-Saharan Africa: Study on FP Programs and HIV/AIDS. During the previous quarter, using core funds, POLICY initiated a survey on the funding and commitment to FP programs in light of increased emphasis on HIV/AIDS activities. The final draft report, delivered in May, will be disseminated next quarter. Findings from the Ethiopia study will be included in a report showing multicountry comparisons.

Revision of the RAPID Model for World Population Day and 10th Anniversary of the National Population Policy. As part of the 10th Anniversary of the National Population Policy, POLICY is assisting the National Office of Population (NOP) by preparing a revision of the RAPID Model for Ethiopia. POLICY staff participated in the planning and implementation of a panel discussion on population and development. Prof. Seyoum assisted at the event organized by Walta Information Center and financed by Packard Foundation. The panel took place at Africa Hall on June 17. The Minister of State for Finance and Economic development presented the official view on the relationship between population and economic development that did not attach any significant importance to population being a factor in development. POLICY will complete the draft RAPID presentation in early July and train a NOP staff member to make the presentation (POLICY staff will be attending POLICY's Technical Development Week for Africa during the 10th anniversary celebrations). Follow-on activities and advocacy materials will be discussed with the Mission next quarter.

FP/RH and AIDS Video Teleconference. The multicountry event was televised live from four continents on June 25. POLICY assisted in preparing and revising the Ethiopia presentation, by improving the draft PowerPoint presentation prepared earlier by a committee appointed by the head of the MOH/FHD and providing concrete examples of activities in the sphere of youth and reproductive health and other examples of practical achievement in the FP program in Ethiopia. POLICY also assisted with the logistics for the Ethiopia participation in the event.

HIV/AIDS

Regional HIV/AIDS Profiles. POLICY completed the Amharic version of regional HIV/AIDS profile for the SNNPR; however, printing is pending the finalization of the Mission's forthcoming AIDS strategy. Given the immediate funding constraint, POLICY initiated discussions with the SNNPR Health Bureau regarding its ability to co-fund the printing. The issue of co-funding has not yet been resolved.

Initiation of activities to develop the HIV/AIDS Profiles for Amhara and Oromiya regions is pending the determination of the Mission's forthcoming AIDS strategy. There are still local delays due to regional health officials' continued preoccupation with drought-related emergency activities. POLICY hopes that this activity can begin early in the next quarter.

HIV/AIDS Legal and Policy Assessment. POLICY's editors are finalizing a summary version of the original 190+ page report. This summary version will be finalized early in the next quarter. Pending the forthcoming Mission's AIDS strategy, POLICY will work with the Mission, the Ministry of Justice, HAPCO/National AIDS Secretariat, and civil society counterparts to develop a series of dissemination and discussion/dialogue events surrounding the summary report, HIV/AIDS, legal and human rights issues. Early in the quarter, POLICY's Legal Consultant Bekure Herouy and Senior Resident Advisor Prof. Seyoum attended a meeting on stigma and discrimination, in which summary findings of the report were presented.

API, 2003. POLICY is funding the API with core support in collaboration with UNAIDS as part of a multicountry comparison. Final results will be disseminated next quarter.

Forthcoming Mission AIDS Strategy and the AI Summit. The Mission is using the Appreciative Inquiry (AI) Method as part of its process to develop a new AIDS strategy. POLICY envisions that this process

will be completed next quarter and that POLICY will be able to continue many of its pending HIV/AIDS activities with public sector partners (revision of the Addis Ababa AIDS Profile, development of regional profiles, and work with the Ministry of Labor and Social Affairs on workplace policies). In addition, POLICY hopes to complement the Mission's strategy in integrating PMTCT into the national RH program. POLICY is ready, pending a request from the Mission, to support the logistics of the AI Summit, scheduled July 14–16. POLICY's Deputy Director Denise Lionetti will attend the summit along with POLICY's local staff.

GHANA

The goals of POLICY Project assistance in Ghana are to assist the government in implementing a national policy on HIV/AIDS and sexually transmitted infections (STIs) 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) of the MOH and strengthening its ability to support the work of the Ghana AIDS Commission (GAC), a high-level advisory body over which the Vice President of Ghana presides. Assistance has also focused 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 in collaboration with the Population Impact Project (PIP). This is accomplished through technical, material, and financial assistance and training for the NACP and its partner institutions; TA and financing for regional and district advocacy events; and information dissemination through counterpart organizations.

Summary of Major Activities January 1—March 31, 2003

FP/RH

Capacity-building Workshop. POLICY collaborated with the NPC and provided funding and TA to a 10-day (January 20–28) Capacity-building Workshop in RH/Pop/HIV/AIDS Policy Analysis and Advocacy, in Accra, for 24 participants from the Volta RPAC, the Ho DPAC, as well as two representatives from the South Tongu and Kajebi DPACs of the Volta Region. Participants were exposed to the updated AIM (Third Edition) and the updated Ghana RAPID. Both RPAC and DPAC members were able to effectively display their newly acquired knowledge, skills, and tools with a PowerPoint presentation of their action and advocacy plans at the closing session, which was attended by the Deputy Regional Minister, the Ho District Chief Executive, the NPC Executive Director, and donor representatives.

RAPID Presentation. POLICY continued to ensure that accurate and timely population, RH, and HIV/AIDS information is available to decision makers, particularly to the large numbers of officials that assumed office after the 2000 presidential and parliamentary elections and the 2002 district assembly elections in 110 districts. POLICY's technical support to PIP ensured the finalization of the remaining eight regional RAPID presentations based on the template already completed.

Human Resource Guidelines' Development. POLICY continued activities to develop policy guidelines for human resource development within the MOH/Ghana Health Service (GHS). POLICY has reviewed the documentation and interviewed a number of policy and decision makers of the relevant ministries (Health and Finance), departments, and agencies (Public Services Commission and Head of Civil Service). POLICY completed a draft report on the situation and outlined further work and policy dialogue initiatives.

Meetings. POLICY continued to respond to important invitations from its partners and the Mission, such as to participate in the GHS three-day National Forum on Community Partnership for Health Development (CHPS) Program and the second stakeholders meeting for a DFID-supported program to strengthen the HIV/AIDS/STI surveillance system at the NACP; to provide TA to the Nutrition Division of the GHS and the Micronutrient Operational Strategies and Technology (MOST) Project in finalizing a Comprehensive Policy Framework and Anemia Control Strategy document for Ghana; and to serve on the reconstituted NPC Technical Advisory Committee (TAC) on Policy and participate in the Mission's quarterly partner's meeting.

Workplan Development. The POLICY/Ghana team, together with the Country Manager, finalized program activities for the Year 3 country workplan, covering January–September 2003. The workplan was developed to fit within the Mission’s transition plan as it develops its new bilateral program (Country Strategic Plan FY2004–FY2010) for Ghana.

HIV/AIDS

Advocacy: AIM Presentations. PIP capitalized on “windows of opportunities” by carrying out several advocacy events using the updated Ghana RAPID and the new Ghana AIM application. One such activity was with the heads of the Department of the Ga District Assembly, March 12, where a PowerPoint presentation, “Population and Development and the Economic Impact of AIDS in Ghana,” was presented. A total of 25 participants attended.

Presentation on National HIV/AIDS and STI Policy. PIP made a second advocacy presentation on the National HIV/AIDS and STI Policy at a seminar for 20 members of the International Federation of Women Lawyers (FIDA), Ghana Chapter, on March 17. The presentation also covered the Situational Analysis of HIV/AIDS in Ghana. FIDA members were equipped with advocacy skills and updated on the current HIV/AIDS situation, along with strategies proposed in the national policy to combat the spread of HIV/AIDS.

Planning/Finance/Budgeting/Policy Formulation/Strategies/Guidelines: National HIV/AIDS/STI Policy. POLICY continued to invest considerable time in advancing the approval process for the National HIV/AIDS/STI Policy. This effort has become even more necessary because of unilateral decisions being pursued by business organizations with respect to compulsive HIV testing of employees, which goes against the spirit of the National HIV/AIDS/STI Policy and international policies. POLICY had a series of meetings with the GAC and submitted both hard and electronic copies of all documentation on the development of the national policy, along with a draft cabinet memo for the resubmission of the policy to the cabinet for approval and subsequent follow-on actions. POLICY submitted a proposal to the GAC on follow-on areas of TA, including capacity building for the commission’s technical staff.

VCT Guidelines. POLICY collaborated with the GAC, Family Health International (FHI), and other counterparts in developing draft guidelines for the development and implementation of HIV/AIDS VCT in Ghana. POLICY participated in the series of reviews and submitted a position paper addressing some of important issues, such as data management, monitoring and evaluation, policies on alternative therapies, certification of VCT sites, supervision, and supply of logistics. This draft will be used at a wider stakeholders meeting by the GAC.

Capacity Building: See above under FP/RH.

Core -funded Participation Activities

RH Advocacy Networks. With core funds, the participation program continued to provide technical support to RH Advocacy Networks operating in the Eastern Region. Specifically, for the two networks currently executing minigrants (Kwaebibirem and Suhum/Kroboa/Coaltar), POLICY’s Participation Coordinator Kate Parkes provided technical support to facilitate completion of the remaining tasks outlined in the minigrants awarded the two networks. The Suhum/Kroboa/Coaltar RH Network completed a draft final copy of its newsletter, “Rhanet.” Production of the newsletter is part of the network’s advocacy strategy to keep its target audiences (the District Assembly, adolescents, and the general public) informed and updated on RH issues. Similarly, the Kwaebibirem RH Advocacy Network produced a fact sheet based on findings from a baseline survey conducted in the district through earlier POLICY support. Parkes and the other members of the team provided technical support in the production of the fact sheet.

On the invitation of the Chief Program Officer of the Commonwealth Secretariat, Parkes made a PowerPoint presentation, “Advocacy and Related Concepts, Methods, and Tools,” at a workshop on January 24, with the theme: Men Make a Difference in Women’s Health. This three-day workshop in Akosombo was the collaborative effort of the MOH, Rotary Governor District 9100, and Commonwealth Secretariat.

Ghana Registered Midwives Association (GRMA) Advocacy and Leadership Training. Parkes provided technical support to a three-member GRMA team to conduct a one-week Advocacy and Leadership Training Workshop, March 10–14, in Accra for GRMA leadership. A total of 24 members of the GRMA, including regional chairpersons and trainers, participated in the workshop, “Downstream Midwifery Advocacy and Leadership Training for Improved Maternal Health Outcome.” At the end of the workshop, four groups of regional teams developed advocacy action plans to address specific maternal health issues in their regions/districts.

Participation of three members of the GRMA in a POLICY-core funded regional Midwifery Leadership and Advocacy Workshop, held in Accra December 2001, provided the design of the one-week Advocacy and Leadership Training Workshop. The workshop gave the GRMA participants the skills needed to assist their association in advocacy efforts for the prevention of maternal and infant mortality and morbidity in Ghana. As a follow-up, the POLICY invited all participants to submit proposals for small grants to implement programs identified during the December 2001 workshop. The three GRMA participants, with TA from POLICY/Ghana, prepared and submitted a proposal to organize the one-week Advocacy and Leadership Training Workshop for national and regional GRMA leadership. The workshop used POLICY-developed materials, including findings from the 2001/2002 Ghana’s Maternal and Neonatal Program Effort Index and the Maternal Health Module of POLICY’s *Networking for Policy Change: An Advocacy Training Manual*.

April 1—June 30, 2003

FP/RH

Core-funded African Regional TOT Workshop in Advocacy for FP/RH. POLICY, with the active participation of the Ghana Office, organized a nine-day African Regional TOT Workshop in Advocacy for Family Planning and Reproductive Health, which took place in Accra, May 19–28. Twenty-one participants from POLICY partner organizations in Ghana, Kenya, Malawi, Nigeria, Uganda, and Zambia attended the workshop. The purpose of the workshop was to develop the skills of a small, devoted cadre of individuals to train and lead others in advocacy efforts in order to reassert the critical role of FP/RH policies and programs in

- Reducing unmet need;
- Improving health and socioeconomic status;
- Reducing maternal and infant mortality; and
- Reducing the overall burden on national health systems.

The workshop was strategically planned to take place in Ghana because of the unique opportunity it provided participants to interact with members of Reproductive Health Advocacy Networks in the Eastern Region of Ghana. This was made possible through a roundtable, which brought together six members of the different networks to share their experiences on their successes and challenges with the participants. The evaluation showed that members found the two-hour session useful.

The general design of the workshop was learner-centered, and there was a lot of opportunity for active participation and discussion. For example, an entire day of the workshop was devoted to a “workshop

within a workshop” session, a hands-on event for participants to put their newly acquired skills to the test. Trainees for the exercise were drawn from the local RH networks as well as other NGOs and individuals who were interested in advocacy.

The Reproductive Health Advocacy Networks in Ghana greatly benefited from the workshop. It provided an opportunity to showcase what the local RH networks are doing in the Eastern Region. Members of the local RH networks participated in the workshop at three levels, namely full participation by four selected participants, participation of 40 members as trainees during the “workshop within a workshop” and participation of six RH networks members at the roundtable, where they served as discussants.

Human Resource Guidelines’ Development. POLICY finalized the stakeholders analysis and completed its report on the Human Resource Management Systems within the MOH and the GHS. Copies of the report were circulated to all stakeholders and the Mission. A PowerPoint presentation of the report was also completed and POLICY is collaborating with the GHS for a round table meeting of all stakeholders and a presentation of the report.

Core-funded Maternal Mortality Study. POLICY facilitated the selection of a local institution to undertake the Ghanaian component of the multicountry “Assessment of Formal and Informal User Fees Paid by Clients of Maternal Health Services.” Following a competitive tender process, the Health Research Unit (HRU) of the GHS was chosen to conduct the assessment.

HIV/AIDS

Planning/Finance/Budgeting/PolicyFormulation/Strategies/Guidelines: National HIV/AIDS/STI Policy. POLICY continued to invest considerable time in advancing the approval process for the National HIV/AIDS/STI Policy. This has become even more necessary because of the major cabinet reshuffle during this quarter. POLICY had a series of meetings with the GAC and the MOH to help in moving the process forward. The National HIV/AIDS/STI Policy documents have again been referred by the GAC to the MOH for resubmission by the Minister for Health to the Cabinet. POLICY is working with both the GAC and the MOH to facilitate the process.

VCT Guidelines Development. POLICY collaborated with the GAC, FHI, and other counterparts in a consultative stakeholders meeting finalizing the draft guidelines for the development and implementation of HIV/AIDS VCT in Ghana.

Multisectoral AIDS Strategies. POLICY continued dialogue with the Ministry of Education, provided additional documentation on the draft National HIV/AIDS/STI Policy, and participated as a member of a newly constituted working group in the development of an Education HIV/AIDS Policy. POLICY supported the group in outlining the development of a policy. POLICY also initiated dialogue with the Department of Social Welfare on the need for a sector-specific HIV/AIDS policy.

RTI Guidelines Development. POLICY engaged the services of a local consultant to finalize the development of the draft RTI Policy Guidelines. POLICY’s LTA has played a major role in supervising the consultant and reviewing his work.

Sex Workers Policy. POLICY initiated dialogue with the Office of the Attorney General’s Department in the review of policy issues surrounding work with sex workers with respect to the country’s HIV/AIDS prevention and control program.

KENYA

Kenya is experiencing a devastating HIV/AIDS epidemic, a possible slow down in its FP program, rising numbers of unsafe abortions, high and possibly rising maternal mortality and morbidity, rising infant and child mortality, deteriorating financial and human resources for health services, economic decline, and growing poverty. There is, however, a greater degree of hope and optimism in reversing the trends as the new leadership develops a strategy to renew and restore donor and public confidence and support in health, and increase community ownership of FP/RH and HIV/AIDS programs. Leadership under the National Alliance Rainbow Coalition (NARC) government has embarked on a comprehensive political and economic recovery program that shows commitment to (1) spearhead reforms within the MOH and address governance issues; (2) reposition FP/RH services in the era of HIV/AIDS and integrate both services; (3) confront the HIV/AIDS epidemic by putting in place appropriate policies and programs; and (4) provide affordable health care services. Already an HIV/AIDS Cabinet Committee has been established, and there are intentions by the MOH to cover the treatment for opportunistic infections and full-blown AIDS. The leadership of FP/RH programs has also been strengthened, thereby attracting additional support in contraceptive procurement and active participation by key development partners in advocacy.

**Summary of Major Activities
January 1—March 31, 2003****FP/RH and Health Finance and Policy**

National Health Accounts (NHAs). At the request of the MOH's Department of Policy Planning and Development (DPPD), POLICY reviewed the draft NHA research instruments, participated in its pilot testing phase, and convened and facilitated focus-group discussions with the members of the Network of People Living with HIV/AIDS in Kenya (NEPHAK). With the support of Partnerships for Health Reform Plus Project (PHR+), the DPPD is leading the data collection starting with households in selected districts.

Contraceptive Commodities Procurement Plan for 2003–2006. POLICY has led the development of the procurement plan on behalf of the MOH's Reproductive Health Advisory Board (RHAB). In the previous quarter, the RHAB submitted the draft plan to the Director of Medical Services (DMS) for review. Subsequent to his approval, POLICY made final corrections/revisions and printed 3,000 copies. POLICY developed plans with the MOH to officially launch the procurement plan in April and provide it to interested parties throughout Kenya.

Contraceptive Policy and Strategy for 2003–2006. As follow-up to a one-day meeting of the RHAB's 20-member Contraceptive Task Force (TF) to discuss the draft outline for the policy and strategy and advise POLICY on how to proceed, POLICY produced a draft for review by the five-member TF Steering Committee. After further revisions, the draft will be submitted to the full TF for review. It is expected that at that stage the TF will recommend that the RHAB submit it to the DMS/Permanent Secretary (PS) for approval. POLICY will then publish it and collaborate with the MOH on the official launch and distribution to all interested parties.

Division of Reproductive Health (DRH) Workplan. POLICY continued to lead discussions on the development of the DRH Workplan (2003) and produced a draft that provides for improved financing, prioritization, sequencing, and coordination of activities. During the quarter, POLICY facilitated a stakeholders' review of the workplan that recommended more visibility by the DRH in program operations and integration of activities within the Poverty Reduction Strategy Paper (PRSP) framework, MOH decentralization, and operations of the Kenya Medical Supplies Agency (KEMSA). POLICY is

making the recommended revisions and will submit a final draft of the workplan for review and approval by the DRH.

FP/RH Core Package. POLICY commenced implementation of the core package, “Improving Access to Family Planning Services in Public Sector Facilities for Poor/Underserved Populations in Kenya,” by constituting the implementation team, holding the first planning meeting, and drawing an action plan.

PRSP Process. In collaboration with additional core stakeholders (World Bank, Health Sector Reform Secretariat (HSRS), and University of Nairobi), POLICY undertook a further review of the POLICY-commissioned cost-sharing studies: (1) use of waivers and exemptions of fees for basic health services, (2) pricing of public sector health services, and (3) flow and use of cost-sharing funds devoted to primary/promotive health care. Reviewers’ comments will be consolidated and a retreat conducted for key policymakers, including the Health Care Finance Implementation (HCFI) Committee, to develop new PRSP policy guidelines based on the recommendations from these studies.

Revised Cost-sharing Documents/Policies. Jointly with the MOH’s Department of Health Care Finance (DHCF) and the HCFI Committee, POLICY completed, edited, and finalized two of three cost-sharing guidelines developed in the second quarter 2002: (1) *Facility Improvement Fund Operation Manual for Health Centers* and (2) *The Guidelines for District Health Management Boards, Hospital Management Boards, and Health Centers Management Committees*. The policy documents were forwarded to the DMS/PS and approved for adoption by the government of Kenya (GOK). POLICY produced 3,000 copies of each guideline for implementation following a circular authored by the DMS/PS.

Advocacy: Kenya FP Achievements and Challenges Report and PowerPoint Presentation. The first draft was reviewed by the USAID Mission and the core Kenya stakeholders (National Council for Population and Development (NCPD), MOH, and the Family Planning Association of Kenya (FPAK)). Plans were made to revise the draft report and presentation and to use it as the core resource for a proposed POLICY-led FP advocacy program to reposition/re-energize family planning in Kenya.

PAC Advocacy. POLICY continued to take the lead in mobilizing community leaders and members to support the provision and utilization of PAC facilities and services. POLICY, in collaboration with INTRAH, convened and facilitated three one-day networking skills training sessions to strengthen peer support and cluster formation for the PAC providers trained in PRIME I and II. In February, 40 PAC providers participated in the training that took place in Nakuru, Kiambu, Kajiado, and Nyeri. POLICY also supported the National Nurses Association of Kenya (NNAK) in planning to ensure strategic targeting for mobilizing the remaining advocacy/community leaders in support of PAC activities and hosted PAC Working Group meetings.

Strengthening the MOH Decentralization Process. At the request of the MOH Health Sector Reform Secretariat and the World Bank DARE Mission, POLICY co-led the planning and preparation of background documents for the *MOH Decentralization Implementation Support Mission* (March 3–14), to review the progress of implementation and obstacles encountered and to propose ways of achieving synergy and complementarity in the coordination, implementation, and financing of programs. POLICY/Kenya staff played key roles in the outcomes of the specific technical review panels. Wasunna Owino and James Mbanda led discussions on “Financial Management Systems,” while Angeline Siparo and Colette Obunga were at the forefront in deliberations on “Essential Packages Workplans and Integration: RH, Malaria, HIV/AIDS, TB, and Child Health.” Meanwhile, POLICY engaged a facilitator, Paul Odundo, to work with Owino in guiding deliberations on “Human Resource Development.” The forum provided an opportunity for a joint program review and preparation of an action plan.

Social Health Insurance (SHI). POLICY continues to take a lead role in the establishment of SHI in Kenya. POLICY consultants held a retreat at the Mt. Kenya Safari Club in February to finalize the draft SHI strategy and two draft parliamentary bills for consideration in implementing the envisaged scheme. WHO and the German Agency for Technical Cooperation (GTZ) are providing complementary support to this activity.

Improved Resource Mobilization: Cost-sharing Monitoring. POLICY continued to support the DHCF's monitoring and supervision of the cost-sharing program, targeting underperforming facilities in Nairobi, Central, and Eastern provinces. Focusing on these relatively high-volume locations is an opportunity to significantly increase revenue recovery, while it is a departure from past practices in which the focus was only on facilities located far from Nairobi.

Efficient Functioning of the Financial Information System (FIS). In continuing to implement the recommendations of the Provincial Medical Office (PMO) workshop in Mombasa (in August 2002), POLICY undertook further pilot testing of the newly redesigned FIS forms in specific hospitals in Nyanza and Rift Valley provinces. POLICY plans to identify a suitable application software (one with an integrated billing system and one that automatically links the service charges to the accounts receivable module) to enhance and improve tracking of debtors in public hospitals.

Consultative Meetings to Increase Health Sector Resources and Improve Resource Planning and Implementation. POLICY planned to convene and lead DHCF/National Hospital Insurance Fund (NHIF) Steering Committee meetings to step up the campaign to improve NHIF reimbursements to public hospitals and capacity building for staff. Unfortunately, key NHIF staff have avoided appearing in public following an irregular deposit of Ksh. 493m into the Euro bank that collapsed recently. Due to the growing pressure for the CEO and key NHIF staff to resign, this process may be hampered for some time despite its importance in raising additional health funds.

DHCF Local Area Network (LAN). POLICY rehabilitated the LAN at the DHCF to enable the DMS/PS to have direct access to the FIS for more effective monitoring and supervision. During the quarter, POLICY supervised the commissioning of the network and ensured its successful operation and use by the DMS/PS.

Field Visits. POLICY supported field visits by DHCF staff to the PMOs in the North Eastern, Nyanza, and Western provinces to enable DHCF and POLICY staff to improve the functioning of the FIS and re-establish PMO e-mail communications (used for FIS reporting). POLICY also facilitated several trips by Capital Software, Ltd., to Coast Provincial General Hospital (CPGH) to enhance the performance of the FIS in supplies tracking, pharmacy supplies, and billing. The task has great potential for strengthening the planning and management of cost-sharing funds.

Capacity Building: Support to the MOH. POLICY facilitated the travel of Prof. Julius Meme, the MOH PS, to attend the "Leadership for the 21st Century" course in Boston.

Integrating Gender and Health in Poverty Reduction. POLICY's Colette Aloo-Obunga attended a one-week World Bank Institute course, "New Agendas for Poverty Reduction: Integrating Gender and Health," in Arusha, Tanzania, which primarily focused on analyzing gender-based health and poverty issues and their linkages, defining and developing strategic directions for improved health outcomes, and identifying critical stakeholders. This information is timely and useful in informing the work Obunga is coordinating with the MOH/DRH.

Capacity Building for PMOs on FIS. POLICY held a successful one-week cost-sharing and FIS skills-building workshop for the Nairobi PMO staff, 24 FIS data collection staff, and 43 hospital managers and

administrators, March 10–14. The course captured key topics such as the cost-sharing policy reform process and functions of health boards, revenue generation, supervision, and effective team building. POLICY plans to roll out this initiative to PMOs in the Central Province next quarter. The training is critical in enhancing the capacity of the Nairobi PMO to improve the efficiency of collections.

HIV/AIDS

Advocacy: OVC. POLICY provided leadership in mainstreaming HIV/AIDS into strategic planning process of the National Council of Children’s Services (NCCS) and Ministry of Home Affairs and National Heritage, and assisted FHI and the local-based staff to set priorities for OVC activities within their framework of scaling-up activities in Kenya. Also, in collaboration with UNICEF, POLICY finalized arrangements for a joint OVC Situational Analysis in Kenya. The outcome of this analysis will provide more updated data to inform the development of OVC programs in Kenya.

Inter-religious AIDS Consortium (IRAC). Together with IRAC, POLICY continues to provide technical guidance to FBOs in formulating a joint HIV/AIDS strategy. POLICY prepared and presented, “The Kenyan Experience in Multisectoral Approaches to HIV/AIDS Prevention and Care Programs,” to the World Conference for Religion and Peace (WCRP) OVC task force. In attendance were 30 representatives of various FBOs. The aim of the presentation was to assist the FBO representatives in gaining a deeper understanding of the process of formulating national policies in HIV/AIDS with a view to replicating this process within their programs.

Kenya Police Force (KPF). Through the coordination of the Deputy Commissioner of Police in charge of Planning, the POLICY/AMREF report, “The Findings of the Kenya Police on Health Concerns and HIV/AIDS Management” was disseminated to a group of 30 top KPF staff involved in financial, personnel, and health issues. This forum created a rare opportunity for senior and junior police officers to discuss key HIV/AIDS issues affecting the police force. In follow-up, top management plans to use the document to stimulate discussions on HIV/AIDS issues afflicting the KPF and discuss ways of tackling these problems.

NEPHAK. As part of its commitment to GIPA, POLICY facilitated NEPHAK members to (1) meet and hold discussions with stakeholders, development partners, and donors; (2) participate in the KANCO youth advocates training; (3) discuss the December 2002 NAP+ meeting held in Pretoria; (4) participate in the Anglican Church Conference of Uganda; (5) attend the Kenya–Japan Forum meetings on care; and (6) send four delegates to the treatment summit in South Africa. Furthermore, POLICY assisted the Movement of Men against AIDS in Kenya (MMAK) in reviewing its HIV/AIDS strategic plan and planning the involvement and collaboration with all other stakeholders and development partners. Through POLICY’s efforts, one of the key NEPHAK members received an award from the Coalition of Women against Violence (COWAV).

International Conference for AIDS and STDs in Africa (ICASA). POLICY actively participated in six ICASA planning meetings and guided discussions on the development of effective strategies and increased involvement of key partners in HIV/AIDS. These partners include NEPHAK, NAP+, USAID’s Synergy Project, Christian Police Association of Kenya (CPAK), WCRP, Kenya Inter-religious AIDS Consortium (KIRAC), and the ICASA Organizing Committee.

KANCO Policy Advocacy Project. POLICY held meetings with KANCO and other stakeholders (NACC/World Bank, GOK AIDS Control Units (ACUs), UNDP, UNICEF) to review and discuss the implementation and strategic direction of its policy advocacy program targeting PLWHA, mayors, parliamentarians, and youth. POLICY’s goal is to gain consensus among the key stakeholders on joint planning and funding of activities to ensure better usage of resources.

Planning/Finance/Budgeting/Policy Formulation/Strategies/Guidelines: OVC. POLICY and the OVC TF served on the editorial team that reviewed and finalized the ‘OVC Program Guidelines.’ The guidelines were developed to assist in the programming for orphans and other children made vulnerable by HIV/AIDS. POLICY is working closely with NACC to officially launch the guidelines and disseminate the document to the various stakeholders and interested parties next quarter.

Gender and HIV/AIDS. In a follow-up to the launch of the policy document, *Mainstreaming Gender into the Kenya National HIV/AIDS Plan for 2000–2005*, POLICY and the University of Nairobi STD Unit co- led and facilitated a consultative process to disseminate the document more widely and to ensure its use in addressing gender concerns. Through the Gender and HIV/AIDS Committee of the National AIDS Control Council (NACC), a strategy was discussed to develop a popular version of the document including a sensitization poster, a national training curriculum on “Gender and HIV/AIDS,” practical guidelines for mainstreaming gender, and a more targeted distribution and dissemination plan.

Legal TF on HIV/AIDS. At the request of the VCT working group representing the GOK, donors, NGOs, and VCT providers, POLICY facilitated a forum on the following contentious VCT issues: (1) the nonrecognition and/or lack of a job cadre for GOK counselors and (2) conflicts arising between VCT groups and the Laboratory Technicians Association over who should be legally empowered to undertake the rapid tests. POLICY facilitated a meeting between the Liverpool VCT Center and the Joint Secretaries of the Legal TF to decide on lobbying strategies to address the concerns. One of the outcomes of the meeting was a recommendation to the VCT group to request that their key donors (CDC, USAID, and DFID) have a meeting with the new Minister for Health to address the issues.

Tools/Research: GOALS Model/Joint AIDS Program Review (JAPR). POLICY, PriceWaterhouse Coopers (PWC), and the NACC worked to evaluate, through the use of the GOALS Model, how resources are being spent and to assess if the country’s strategic goals can be achieved. Scenarios were developed with the use of the GOALS Model to determine whether the country’s strategic goals could be accomplished and to define the additional resources that would be required to achieve these objectives. It was determined that prevention activities would require an additional \$60 million during the final two years of the strategic plan in order to have adequate resources to achieve the established goals (25% reduction in HIV prevalence among 15–24 year olds). It was also estimated that approximately \$76 million would be required to ensure significantly increased access to Highly Active Antiretroviral Therapy (HAART) for those already infected.

POLICY also worked closely with the NACC Planning, Financing, and Budgeting Group (TG5) to present the model and results from the modeling exercise to the JAPR, attended by 126 participants. Participants included individuals from the GOK, development partners, local and international NGOs, the private sector, FBOs, and PLWHA. A draft of the final report was produced and is being reviewed.

Capacity Building: NEPHAK Strengthening and Networking. POLICY supported Asunta Wagura, TF member of NEPHAK, to travel to Uganda, February 26–28, to facilitate sessions and guide discussions on stigma and discrimination at the Council of Anglican Provinces of Africa (CAPA) HIV/AIDS Skills Building Workshop. The forum was also facilitated by the Rev. Gideon Byamugisha, an HIV-positive clergyman in Uganda. This support complements POLICY’s initiative on NEPHAK strengthening and networking.

Goals Training for Key GOK Staff. In support of the JAPR and to assist in future planning, POLICY trained 11 GOK staff from three ministries (Office of the President, Ministry of Planning and Finance, and MOH) in the use of the GOALS Model; notably, linking strategic planning with resource allocation.

It is the first time that these three ministries have been brought together to discuss resource allocation for HIV/AIDS.

April 1—June 30, 2003

FP/RH and Health Finance and Policy

National Health Accounts (NHA). Jointly with the DPPD and the Central Bureau of Statistics (CBS), POLICY reviewed and pilot tested the NHA instruments prior to their use in gathering data from 8,500 households countrywide. The analysis is now underway. The next plan is to design and pilot test the research instruments targeting health facilities and TOT for use in the respective data collection. POLICY will later convene and facilitate a stakeholders' meeting to provide an updated NHA progress report.

Contraceptive Commodities Procurement Plan (2003–2006). This policy document was finalized by POLICY on behalf of the MOH's RHAB and approved by the MOH Permanent Secretary (PS) for adoption, dissemination, and use in December 2002. The official launch of the document by the Minister for Health was scheduled for April 11, but was aborted due to the minister's tight schedule. This notwithstanding, there are indications that the plan is currently being used by the DRH to lobby for increased government and international donor support and funding for commodities.

Contraceptive Policy and Strategy for 2003–2006. On May 29, POLICY convened and facilitated a review of the second draft of the *Contraceptive Policy and Strategy for 2003–2006* by the RHAB's 20-member Contraceptive TF mandated to spearhead the process. The TF recommended additional areas for review before its submissions to RHAB and that the document draw further inputs from the recommendations of (1) POLICY commissioned studies, "Unit Costing for Safe Motherhood" and "Enhancing Financial Access to FP Services"; (2) KDHS 2003; (3) social health insurance; and (4) KEMSA Strategy. The further review would slow the completion of this key policy document, although the TF regards the process to be critical in having a more informed policy direction on FP access, contraceptives commodities security, new unmet needs, and other issues.

Division of Reproductive Health Workplan (2002/2003). Under POLICY's leadership, the workplan was completed, edited, finalized, and approved by the DRH, which will be used for adoption in the financing, prioritization, sequencing, and coordination of DRH activities. The division now claims more visibility in its program operations and improvements in programming and planning.

Developing Unit Costing for Safe Motherhood Interventions in the Public Sector. Safe motherhood (more specifically, ANC, maternity, postnatal PAC, FP, and PMTCT services) is placed among the top national public health and clinical priority packages in the National Health Sector Strategic Plan (NHSSP) 1999–2004; however, data are lacking on the unit costs for the interventions. At the request of the Minister for Health, POLICY is developing a unit costing for a national cost-effective and sustainable safe motherhood intervention for the public sector. During the quarter, POLICY developed the statement of work (SOW) for the task and contracted Prof. B. Nganda to review relevant literature and develop research instruments for a field survey in six districts.

FP/RH Core Package on Improving Access to FP Services in Public Sector Facilities for Poor/Underserved Populations in Kenya. POLICY made notable achievements in the implementation of the core package proposal by (1) tabling the pertinent issues for discussions and gaining the support of key FP/RH policymakers through RHAB, Logistics Working Group meetings, and District Stakeholders' Forum; and (2) convening and facilitating a stakeholders' workshop (May 20) to increase awareness, build consensus on the key issues, and devise an implementation strategy. The forum was opened by the

new Head of Promotive and Preventive Health Care, Dr. Onsongo, and attracted the participation of key stakeholders, including development partners (MOH, GTZ, KfW, EngenderHealth, Kenyatta National Hospital, European Union, FHI, FPAK, NCPD, DELIVER, and MOH regional advisors). Prof. Mwabu will lead the implementation of the task, which includes initiating dialogue and preparing the pilot sites for a needs assessment and baseline survey.

PRSP. POLICY convened and facilitated a consultative meeting of a select technical review team composed of the HCFI Committee, MOH (DHCF and DPPD), USAID, DFID, World Bank, and academia (May 22) to discuss the Cost Sharing and Poverty Studies and to build consensus on policy recommendations for consideration in the MOH-PRSP implementation matrix. The resulting policy options to broaden access to basic health services by the poor were summarized in a policy brief and an accompanying PowerPoint presentation to be forwarded to the PS/DMS (MOH) through the HCFI committee for consideration and approval.

Revised Cost-sharing Documents/Policies. Jointly with the ministry's DHCF and the HCFI Committee, POLICY completed, edited, finalized, and produced 3,000 copies of the cost-sharing policy document, "Facility Improvement Fund Supervision Manual for Health Centers." This guideline, developed in Quarter 2 (2002), has undergone thorough revisions to make it more responsive to the volatile policy environment. It provides a new policy for guiding the generation of, and accounting for, cost-sharing funds at health centers.

Strengthening the MOH Decentralization Process. On recommendations of the MOH Decentralization Implementation Support Mission (March 3–14), POLICY took the lead in integrating the FIS with other systems, such as health information systems (HIS) and financial management systems (FMS). POLICY, jointly with the DPPD, hosted the first meeting of the steering committee to draw the terms of reference for integrating the systems to achieve compatibility and provide a more comprehensive database for health policymaking and planning.

SHI Strategy. POLICY continues to take the lead in the establishment of SHI in Kenya. A POLICY consultant, jointly with the SHI Task Force, helped complete, edit, and finalize the draft SHI strategy. The policy document obtained Cabinet approval in April; and following the significant leadership and assistance in the area, POLICY has been requested by the ministry (DMS) to provide additional support by preparing a sessional paper (that details a strategy and mechanisms to operationalize the scheme) to be discussed in Parliament.

Advocacy: Kenya FP Achievements and Challenges Report and PowerPoint Presentation. Under a core-funded initiative, POLICY led a core team of stakeholders from the DRH (MOH), FPAK, and NCPD in completing, reviewing, editing, and finalizing the Family Planning Achievements and Challenges (FPA&C) booklet and PowerPoint presentation. The policy advocacy document has since been used by POLICY to spearhead the repositioning of family planning in Kenya. On May 20, POLICY/Kenya convened and facilitated the first advocacy campaign using the FPA&C, bringing together 40 policy champions and officials from the MOH, PMOs, DMOH, Regional RH Supervisors, District Public Health Nurses, private practitioners, and FP program managers/professionals. The initiative was extended to the Kirinyaga and Kiambu District Stakeholders' Forums in June 11, attracting the participation of an additional 35 key FP advocates. In both cases, technical information on family planning was shared/reviewed and participants informed of the need to reposition FP programs in the era of HIV/AIDS. The campaigns were also combined with related HIV/AIDS and health finance activities to bring more synergy and linkages.

PAC Advocacy. POLICY continued to mobilize community leaders and members to support the provision and utilization of PAC facilities and services. POLICY, in collaboration with NNAK advocates

from Thika and Kajiado, convened and facilitated two one-day advocacy workshops (April 11 and 23) for about 150 community leaders and members. Furthermore, in support of the PRIME II (Phase III activities), POLICY, jointly with the NNAK Coast Branch, organized and facilitated three meetings in April (Mombasa, Malindi, and Kilifi) that helped mobilize about 115 health providers, including hospital managers and administrators to support PAC activities.

District Stakeholders Forum. POLICY initiated discussions on “Cost-sharing and its Significance to Hospitals Performance,” to mobilize support for the program at the lower levels. Jointly with the DHCF and the PMO (Central), POLICY convened and facilitated a forum at which the Kirinyaga District Stakeholders Forum (June) was able to provide views on the future direction with respect to health care financing in the country. The plan is to scale up the advocacy initiative nationwide.

Improved Resource Mobilization: Cost-sharing Monitoring. POLICY continued to support the DHCF’s monitoring and supervision of the cost-sharing program, targeting facilities in Rift Valley, Western, and Nyanza. Field experiences reveal that the government’s intention to abolish cost-sharing in health has hampered the opportunity to significantly increase revenue recovery, particularly in the mortuary, in-patients, and maternity departments. Public sector clients have held back spending in anticipation of a policy pronouncement in favor of free medical services.

Efficient Functioning of the FIS. In ensuring the efficient functioning of the FIS in the planning and management of the cost-sharing program, POLICY provided leadership and technical support in (1) completing and updating the old FIS forms and development of new ones, including accompanying instructional manuals, and (2) developing a more user friendly software—FIS 2003—responsive to PMOs’ information needs and recent changes in cash collection and financial management systems. The FIS provides the only reliable source for updating cost-sharing data on a quarterly and annual basis.

Integrating the FIS and NHIF Database Systems. POLICY continued to step up its campaign to improve NHIF reimbursements to public hospitals. On the recommendation of the DHCF/NHIF steering committee, POLICY engaged the FIS consultant, Paul Krystall, to take the lead in integrating and reconciling the NHIF and FIS databases to address the glaring gaps in reporting, and to provide a true picture of the actual payments to public hospitals. This will strengthen the planning, management, and accountability of cost-sharing funds relating to the NHIF.

Consultative Meetings to Increase Health Sector Resources and Improve Resource Planning and Implementation. POLICY resuscitated the DHCF/NHIF steering committee meetings, which have been successful in stepping up the campaign to improve NHIF reimbursements to public hospitals and capacity building for staff. Jointly with the DHCF, POLICY convened and facilitated the first meeting in June 2003 with the new NHIF CEO, Dr. Hassan, who gave his support to the process and identified selected staff to work with the committee.

DHCF LAN. After the successful rehabilitation and commissioning of the LAN at the DHCF, POLICY continued to provide technical support to reconfigure the system to build in appropriate security measures that allow independent access to the FIS by the PS/DMS.

Field Visits. POLICY supported field visits by DHCF staff, POLICY FIS consultant P. Krystall, and FIS specialist J. Mbanda to four hospitals (Bungoma DH, Thika DH, Coast PGH, and New Nyanza PGH) to undertake an FIS needs assessment. The MOH and POLICY identified the hospitals for potential support in strengthening the FIS.

Capacity Building: Support to MOH and National NGOs. POLICY facilitated the travel of Dr. J. Kibaru (Head, DRH); Dr. J. Onyango (Service Delivery Manager, FPAK), and M. Change (Trainer

Nurse/Midwife and PAC Advocate, NNAK) to Accra, to participate in the POLICY FP/RH Advocacy TOT Workshop (May 2003). The initiative, funded with IR1 core funds, sought to strengthen political commitment and repositioning of family planning as a critical component of reproductive health in Africa, especially in those countries hard hit by HIV/AIDS.

Capacity Building for PMOs on FIS. POLICY held successful one-week cost-sharing and FIS skills-building workshops for the Eastern Province PMO staff, 44 FIS data collection staff, and 35 hospital managers and administrators, April 6–13. The course covered key topics, such as the cost-sharing policy reform process and functions of health boards, revenue generation, supervision, and effective team building. POLICY plans to roll out this initiative to PMO offices in Central Province next quarter. The training is critical in enhancing the capacity of the Nairobi PMO to improve collections efficiency.

FIS Strengthening and Integration. Jointly with the DHCF, POLICY convened and facilitated a course, “Analyzing FIS Data” (April 2003), for the DHCF and selected PMO staff to enhance their capacities in the use of data and outputs from the upgraded FIS (FIS 2003) for planning and management of the cost-sharing program. On successful completion of the course, participants would be able to train additional FIS users under an exchange program initiated and coordinated by the DHCF and POLICY. The plan is to develop a critical mass of trainers at the regional level to support the upgraded FIS program.

Institutionalizing Capacity Building in Health Finance, Policy, and Reform. Jointly with the DPPD, DHCF, and HSRS, POLICY led the review of the responses to the RFP for the planned POLICY-sponsored course, “Hospital Planning, Budgeting, and Priority-setting.” Two institutions (University of Nairobi and USIU–A) responded to the RFP. USIU–A was recommended to host the course. POLICY identified and contracted the former CEO, Gertrude’s Children’s Hospital (Andy Bacon) to coordinate the implementation of the course and preparation of the specific modules. Plans are underway to prepare the modules and start the course in September 2003.

HIV/AIDS

Advocacy: IRAC. POLICY, in consultation with NACC, Family Health International, KANCO, Map International, World Council of Churches, International Family Health and FBOs, provided technical guidance and engaged a consultant in the finalization of KIRAC’s Constitution and accompanying concept paper for review by stakeholders. POLICY continued to co-organize and co-lead the HIV/AIDS anti-stigma and anti-discrimination campaign by making a presentation to WCRP members. The aim of the presentation was to sensitize religious leaders on the negative effects of stigma and discrimination.

Kenya Police Force. POLICY held three meetings with the Office of the President and the top leadership of the Christian Police Association of Kenya to plan for HIV/AIDS follow-up advocacy activities.

NEPHAK. POLICY has worked to build a strong NEPHAK and make it a key stakeholder in HIV/AIDS issues in Kenya. The aim is create a respected, recognized institution that GOK, donors, and other HIV/AIDS stakeholders can turn to in addressing the needs of PLWHA. To this end, POLICY provided leadership in establishing the NEPHAK secretariat by (1) preparing job descriptions and recruiting key staff (a National Coordinator, Finance Officer, and Administrative Secretary); (2) assisting in the development of a strategic plan; and (3) lobbying with specific development partners to provide additional support for the establishment of the secretariat. The plan is to have NEPHAK offices established by the time ICASA takes place in September 2003. This is to enable the PLWHA groups in Kenya have an operations base and proper leadership.

Movement of Men Against AIDS in Kenya (MMAAK). As part of its continued commitment to GIPA, POLICY gave TA in three consultative meetings to enable the MMAAK to share its strategic plan with

selected development partners with a view of obtaining additional inputs and financial support. MMAAK is a new organization with the potential to bring men in as key players in the fight against HIV/AIDS.

ICASA. POLICY provided guidance to NAP+ and NEPHAK and worked with a multidisciplinary team to plan for the development and management of the PLWHA lounge and strategies to advocate for GIPA during the upcoming ICASA in Nairobi September 21–26, 2003. POLICY also supported the review of selected abstracts. There is, however, a possibility that the conference may be shifted to another venue if the security concerns in Kenya are not addressed in good time.

KANCO Policy Advocacy Project for Local Authorities. POLICY, jointly with KANCO, NACC, UNDP, through the leadership of Association of Local Government Authorities in Kenya in the Ministry of Local Government, supported the capacity building for key staff from the local government to advocate for the development and implementation of HIV/AIDS policies. This meeting, whose theme was *HIV/AIDS Policy and Advocacy Dialogue for Local Authorities*, took place from May 13–15, at the Kenya School of Monetary Studies. It was attended by over 300 delegates (mayors, council chairpersons, and town clerks). POLICY facilitated a session on “HIV/AIDS Policy and Advocacy Dialogue for Local Authorities” and helped PLWHA organizations build their capacities for networking and advocating for policy changes at the forum. POLICY supported the participation of a NEPHAK youth member who advocated for affordable services and enhanced resource mobilization to support the youth affected and/or infected by HIV/AIDS, meaningful involvement of youth in HIV/AIDS programs, and improved access to relevant information on HIV/AIDS and youth-friendly services.

Planning/Finance/Budgeting/Policy Formulation/Strategies/Guidelines: OVC. Jointly with FHI, NACC, UNICEF, USAID, MOHA and GTZ, POLICY completed, edited, finalized, and printed 5,000 copies of the *National Programme Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS*. The document was formally approved for adoption and signed by the Director of Children’s Services (Ministry of Home Services) on behalf of the government in March 2003. The main purpose of the policy guidelines, launched on June 30, is to provide program managers with critical information and direction for developing and implementing effective OVC intervention programs within the context of a national coordinated multisectoral response to HIV/AIDS in Kenya. POLICY took the lead in drawing the SOW for the study, recruiting the consultants, and coordinating the desk review and preliminary OVC situational analysis.

Gender and HIV/AIDS. POLICY convened and facilitated the coordination of the Gender and HIV/AIDS Technical Subcommittee to develop key draft policy documents to mainstream gender into HIV/AIDS activities. These include (1) the Gender and HIV/AIDS poster as an educational awareness creation and advocacy tool; (2) a popular version of the detailed *Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan (2000–2005)*, to provide a more concise but comprehensive summary of the document; and (3) a national training curriculum for Gender and HIV/AIDS. The training curriculum will be used by the government and NGO groups in their HIV/AIDS training. Currently, the country lacks a comprehensive gender-sensitive HIV/AIDS training curriculum.

Legal Task Force on HIV/AIDS. The HIV Prevention and Control Bill 2001 contains contentious issues that threaten to hinder access to VCT and other counseling services. POLICY convened a meeting between USAID (OPH/DG) and the Joint Secretaries for the Legal Task Force on HIV/AIDS to address the concerns. Follow-up actions included (1) sponsoring test cases’ in court to pretest the bill, (2) creating scientific guidelines to assist in the design of a responsive life and/or health insurance package for PLWHA, and (3) increasing stakeholders’ (for example, Cabinet, Parliamentary Health Committee, and MPs) understanding of the bill. A formal request for USAID’s support for follow-up actions is already in place.

Implementation of the Community Initiative Account (CIA) Operational Manual. POLICY participated in three stakeholder meetings convened by NACC to review the progress and implementation of the Kenya HIV/AIDS Disaster Response Programme (KHADREP) and adherence to the CIA operational manual. The issues discussed include the need for NACC to share information publicly on the disbursements made to date, the challenges of clearly demarcating the roles and responsibilities of key players (for example, the FMA, facilitating agencies, CACCs, NACC), actions on organizations that do not account for the grants, and establishing more effective MIS for the KHADREP program from the national to grassroots levels.

Tools/Research: HIV/AIDS Tool Kit for Teaching Schools. POLICY, jointly with NACC, KANCO, and the Ministry of Education Science and Technology (MoES&T), facilitated and participated in a one-week workshop (May 4-10) to develop a tool kit to enhance the teaching of HIV/AIDS in schools. POLICY took the lead in bringing together Ministry of Education, KANCO, CfBT, FAWEK, UNESCO, and KIE to spearhead the development of the MoES&T-specific HIV/AIDS policy. As a result, a Steering Committee has been formed and the names submitted to the Director, MoES&T for official appointment. POLICY and KANCO has been asked to develop a concept paper on the same.

Capacity Building: KIRAC – Seventh Day Adventist Church (SDA) Regional Conference on HIV/AIDS. POLICY provided technical guidance in the planning arrangements and solicitation of funds for the forthcoming SDA Regional Conference on HIV/AIDS (November 2-13, 2003). The conference seeks to educate and sensitize church leaders on HIV/AIDS, institute effective responses, and establish favorable HIV/AIDS policies and programs within SDA churches. POLICY intends to provide matching funds to support this activity in November.

MADAGASCAR

“Strengthening Reproductive Health Commodities Security in Madagascar” is a one-year program intended to improve contraceptive and RH commodity security and to build capacities to expand efforts for addressing broader health issues, such as essential drugs and vaccines security in Madagascar. The program is designed to maintain the significant momentum established under the second USAID bilateral program and to put in place a national and decentralized health commodity management system, setting the stage for the next USAID/Madagascar bilateral health program slated to begin in 2004.

Summary of Major Activities

May 1—June 30, 2003

This two-month reporting period was dedicated to the following two major activities:

1. *Project Launch:* The launching of the project included the opening of an office; establishment of internal procedures; recruitment of 75 percent of the staff projected for this one-year project; posting of a project technician to Fianarantsoa Province; a functional computer network with Internet access (shared by the LINKAGES Project, MOST, and POLICY, which manages the network); a project design meeting with the USAID Health, Population, and Nutrition Officer (HPNO) in Madagascar; and the official introduction of the project to the MOH (central office as well as those in the three targeted provinces). The project has been legally registered in Madagascar.
2. *SPARHCS Initiative:* The SPARHCS Initiative, to strengthen the national process of defining the RH commodities security policy, was implemented. POLICY served as the liaison in organizing and holding a meeting bringing together key departments of the government of Madagascar (Health, Population, Budget and Finances, Education, Defense, etc.), other stakeholders of the FP program, such as local and international NGOs, faith-based organizations, and donor organizations to discuss findings of the SPARHCS assessment conducted in late May and early June. The workshop permitted local stakeholders to review the strengths and weakness of the national Reproductive Health Commodities Security (RHCS) Policy and Strategy for 2003–2006, and resulted in adoption of a workplan to define the national RHCS policy and the related 10-year strategic plan.

MALAWI

POLICY's strategic priorities in Malawi are to improve the HIV/AIDS and RH policy environment through support of government, NGOs, and other stakeholders in the development, dissemination, and implementation of national policies on HIV/AIDS and RH; and to develop the capacity of the National AIDS Commission (NAC) to fulfill its role in coordinating the national multisectoral response and in providing technical and other support to implementing organizations.

Summary of Major Activities **January 1—March 31, 2003**

FP/RH

FP/RH User and Resource Needs. POLICY and the Ministry of Health and Population Reproductive Health Unit (MOHP RHU) conducted a workshop, March 11–12, with stakeholders to review and update the assumptions and inputs used in developing the 2001 FP/RH user and resource needs projections. This was done to assess the need for fine-tuning the projections, taking into account developments during the last year regarding the implementation of the National RH Program, dissemination of the National RH Policy, the upcoming sectorwide assistance program (SWAP) approach, and development of the essential health services package. Updated assumptions and inputs included method effectiveness measures based on the Malawi National RH Service Delivery Guidelines and target method mixes to reflect current program goals and upcoming activities. After the projection inputs were reviewed and updated, participants were trained on using SPECTRUM to access the projection data through guided exercises. Even participants with little prior computer experience were able to access the data. Time was not sufficient, however, for participants to practice importing projection data files into other software programs for developing presentations and reports. POLICY and the RHU are tentatively planning on conducting training in this area in May/June for RH stakeholders responsible for generating data, reports, and presentations for FP/RH planning and advocacy. The updated projection files were turned over to the RHU. During the next two months, the draft projections workshop report will be circulated for comment and finalized; in May/June, results will be disseminated.

RH Operational Policy Barriers Core Package. POLICY further refined the design of the Malawi RH operational policy barriers core package based on input from the Mission. In March, POLICY conducted additional discussions with MOHP staff, including the Permanent Secretary, Dr. Richard Pendame; the Clinical Services Director, Dr. Rex Mpazanje; and the RHU Head, Jane Namasau. While each individually has acknowledged the importance of the core package in terms of improving the operational policy environment in Malawi, the MOHP has yet to provide official approval, due in part to the busy schedules of these key staff and the irregular meeting schedule of the RH Coordinating Committee (RHCC), which normally reviews all new MOHP RH initiatives before approval. The RHU has distributed copies of the core package proposal to RHCC members. However, because of the tight timeframe for committing the core funding, POLICY and the Mission are discussing with these three MOHP decision makers the option of incorporating RHCC input and guidance in the initial stakeholder consensus-building process, rather than waiting for their review. An MOHP decision on this approach is expected at the end of March or beginning of April. If the MOHP approves, core package activities will commence immediately.

HIV/AIDS

Advocacy: National HIV/AIDS Policy Development. During January, NAC, POLICY, members of the policy drafting team, the Multisectoral Policy Advocacy Committee (MPAC), and representatives from

selected government and NGO programs conducted a series of consensus-building and advocacy forums and media events with the goals of broadening stakeholder and public awareness and understanding of HIV/AIDS policy issues, eliciting input and positions on sensitive issues, and developing consensus where possible. Television Malawi (TVM) panel discussions and Malawi Broadcasting Corporation (MBC) radio phone-in sessions were conducted for each of the following four topics: HIV testing, condoms, youth, and gender and vulnerable groups. Representatives from the following organizations participated in the panel discussions and call-in shows: Malawi AIDS Counseling and Resource Organization (MACRO), Malawi Network of People Living with HIV/AIDS (MANET), Ministry of Education, National Youth Council and youth representatives, Family Planning Association of Malawi (FPAM), Population Services International (PSI), Canadian International Development Agency (CIDA) Gender Program, and ActionAid. The television and radio shows were each aired twice. Radio panelists were also interviewed for MBC's daily news show, *News Bulletin*, and the social issues show, *Phukusi la Moyo*. Individual draft policy-orientation workshops were conducted for the following target groups: FBOs; youth organizations; civil society organizations; traditional leaders, healers and birth attendants; and public sector ministries (held in February).

In March, a two-day workshop was held for the MPAC to review and provide guidance on how comments on the draft policy were to be handled for production of a second draft of the policy. Prior to the workshop, the policy drafting team compiled and reviewed the input provided to date and provided team recommendations. At the two-day MPAC workshop, the representative from the Ministry of Home Affairs took a strong stand against the draft policy position of inmates having access to condoms in prison, saying that the Prison Commission had not been adequately consulted on the issue. The following week, the chair and vice-chair from the Parliamentary HIV/AIDS Subcommittee, NAC, POLICY, and the National Democratic Institute (NDI) met with the Commissioner of Prisons and representatives from Home Affairs to discuss the matter. The Parliamentary HIV/AIDS Subcommittee Chair and Vice-Chair were helpful in advocating for access to condoms in prison. Home Affairs and Prison Commission representatives agreed to support the provision as long as it does not violate the Malawi Penal Code (it does not). The newly formed Parliamentary HIV/AIDS Subcommittee identified the review and approval of the HIV/AIDS policy as its top priority in its first six-month workplan, and the subcommittee promises to be an important ally in advocating on behalf of the policy.

MANET National HIV/AIDS Advocacy Project. One objective of the MANET HIV/AIDS Advocacy Project was that MANET serve as an active member on the national HIV/AIDS policy MPAC to ensure that the issues and needs of PLWHA be considered in the development of the national HIV/AIDS policy. As mentioned, MANET, through its Advocacy Officer George Kampango, participated in the policy consensus-building and advocacy media events during January, as well as in the MPAC review of the comments on the first draft of the policy, to provide guidance on the second draft.

MANET and POLICY have been working to finalize MANET's draft report on the results of its focus-group work with member PLWHA support groups concerning HIV-related stigma and discrimination. MANET and POLICY submitted the latest version to the Mission for review at the end of March. If the Mission approves the report, MANET will move forward on conducting a press briefing and official release of the report, as well as an opinion leaders' dissemination activity, all tentatively scheduled for April.

In December 2002, MANET and POLICY provided TA to the three MANET Regional Coordinating Committees (RCCs) in completing their advocacy plans and budgets, the work on which was started during the POLICY-supported advocacy training in November 2002. Between January and February, the three RCCs submitted their plans and budgets for MANET and POLICY review, approval, and funding. However, because the advocacy plans are for one year or longer and POLICY/Malawi is nearing completion of its current workplan, MANET and POLICY will assist each RCC with the organization and

implementation of the first activity under their respective advocacy plans during the remaining period of the POLICY workplan (now through June 2003). The first activity under each of the plans entails RCC and support group representatives engaging local leaders and community members in discussion on priority regional HIV/AIDS-related stigma and discrimination issues, while providing an overview of the findings of the MANET focus-group report and the draft national HIV/AIDS policy as it relates to stigma and discrimination. These events are tentatively scheduled for May.

Planning/Finance/Policy Formulation: National HIV/AIDS Policy Development. As noted, during February and March the policy drafting team compiled and reviewed all the comments submitted to date on the first draft of the policy and provided recommendations to MPAC on how these comments should be incorporated. After MPAC issued their guidance based on stakeholder comments and team recommendations, the team produced a second draft of the policy in March. A presentation of the policy to the cabinet Committee on Health, Population, and HIV/AIDS was started on March 27; however, cabinet members realized the time allotted was insufficient, requested more time to study the policy document, and asked that a longer, more in-depth presentation be scheduled in early April. The second draft is being circulated among stakeholders for review and comment; it is anticipated that there will be few, if any, changes. The next step is for POLICY consultant Gautoni Kainja to work with a UNAIDS-supported international consultant in revising and reformatting the policy to make it more concise and easier to read. This activity was to have been completed in February/March; however, UNAIDS has had difficulty in identifying a suitable consultant with sufficient time available. If UNAIDS is unable to secure a consultant for this task, then POLICY will provide the consultant. The third draft of the policy is expected to be ready by early May, at which time it will be presented to the Ministry of Justice for review and then presented to the cabinet's Committee on Health, Population, and HIV/AIDS for review and approval at the end of May. The policy will then be presented to Parliament for review during its June session.

The Malawi Penal Code has been undergoing a lengthy review, and a revised penal code will likely be presented to Parliament for its review and approval during the upcoming June session. The two lawyers on the HIV/AIDS policy drafting team, POLICY-supported Gautoni Kainja and UNDP-supported Innocentia Nkhoma, reviewed the draft penal code revision report to identify any areas that would be in conflict with the recommendations of the draft HIV/AIDS policy. Kainja and Nkhoma gave several presentations to the Parliamentary Legal Affairs Committee to recommend modifications to the penal code in order to make it consistent with the draft HIV/AIDS policy guidance on criminal law. On the basis of these presentations, the Legal Affairs Committee agreed to the recommendations and requested Kainja to draft language for the code to bring it in line with the draft policy. Kainja submitted this language in March. The policy drafting team will continue to closely liaise with the Legal Affairs Committee through the remaining steps of finalizing the national HIV/AIDS policy, to make sure there are no conflicts between the content of the policy and the revised penal code.

Capacity Building: LTA Rita Chilongozi participated in two capacity-building events during this quarter. Chilongozi was selected by POLICY to participate in a World Bank (WB) training, "New Agendas for Poverty Reduction Strategies: Integrating Gender and Health," February 3–7, in Arusha, Tanzania. Training focused on the interrelationship between gender, health, and poverty reduction in Africa and the strengthening of country poverty reduction strategies by focusing greater attention on gender and health inequities. Chilongozi also traveled to Nairobi, Kenya, February 19–21, to be oriented on the POLICY/Kenya program, activities, systems, and procedures. Chilongozi, who took the position of LTA in August 2002, is the only local staff person for the program, handling both technical and administrative matters. The POLICY/Kenya program, now with large FP/RH and HIV/AIDS portfolios and several technical and administrative finance staff, began similarly with one local advisor in December 1998.

April 1—June 30, 2003

FP/RH

FP/RH User and Resource Needs. In March, POLICY and the MOHP RHU conducted a workshop with stakeholders to update the 2001 FP/RH user and resource needs projections, including updating assumptions and inputs based on the Malawi National RH Service Delivery Guidelines and target method mixes to reflect current program goals and upcoming activities. The projection files were turned over to the RHU. During this quarter, the projections were expanded to include a total fertility rate (TFR) projection based on the rate of TFR decline observed in Malawi between the 1992 and 2000 Malawi Demographic and Health Surveys (DHS). This was added for comparison with the National Population Policy's TFR goal projection. Final results will be presented to stakeholders during a June/July trip and training is tentatively planned for July for RH stakeholders responsible for generating data, reports, and presentations for FP/RH planning and advocacy.

POLICY also provided the updated projections to JHPIEGO, which will conduct a Pro-Train health human resources application for the MOHP RHU, and apply the FP/RH user and resource needs projections results in the application.

RH Operational Policy Barriers Core Package. The Malawi core package will review previously identified key FP and RH operational policies that may act as barriers to service provision. For several priority operational policies, the core package will develop a plan for reform, including gathering and presenting state-of-the-art information, international protocols and norms, and local experience; estimate the positive impacts of reforming the operational policies in terms of increased access; develop and implement a modest advocacy plan to stimulate/assist the MOHP to change the policies; and assess the impacts one year after the policy change. Currently, POLICY is working with the MOHP and the RHCC, which advises the MOHP on RH issues, to refine the priority-setting process within the package.

FP/RH Advocacy Training-of-Trainers. POLICY conducted an intensive TOT workshop in advocacy for FP/RH, May 19–28, in Accra, Ghana, to support the Bureau for Global Health and the Africa Bureau's initiative to advocate for repositioning family planning as a critical component of reproductive health in Africa, particularly in those countries hard hit by HIV/AIDS. Four Malawians active in FP/RH and interested in strengthening their advocacy training skills attended the training. Participants came from the MOHP Population Services Department, the MOHP Queen Elizabeth Hospital, FPAM (an IPPF affiliate), and Banja La Mtsogolo (BLM, a Marie Stopes affiliate). Three of the participants were supported by POLICY IR1 funding and the fourth by local USAID/Lilongwe Mission funds. On their return, the Malawi participants were enthusiastic about the training. In the third week of June, POLICY and the RHU organized a debriefing in Lilongwe with the TOT participants to discuss what they had learned, opportunities for application in Malawi, and next steps. The two Blantyre-based participants (from Queen Elizabeth Hospital and BLM) were unable to attend due to other commitments, but expressed their desire to stay involved. The meeting was attended by the FPAM and Population Services Department advocacy trainees and their supervisors, the RHU staff, USAID RH Manager Teresa Ingham, and POLICY LTA Rita Chilongozi. Participants observed that in Malawi understanding of the role of advocacy in promoting FP/RH and capacity for conducting FP/RH advocacy were both low. As a next step, participants decided that an orientation for local FP/RH stakeholders is needed to identify areas where FP/RH must be strengthened, especially in the context of HIV/AIDS; raise awareness on the role advocacy can play; and identify next steps, including identification and prioritization of FP/RH advocacy issues, sources of possible support, and interested organizations and individuals for advocacy capacity building. FPAM noted that UNFPA also is providing support in Malawi to strengthen FP/RH advocacy capacity through the formation of a sexual/reproductive health (SRH) NGO network. There are currently over twenty members, including FPAM and BLM. In early July, the group will discuss with UNFPA

opportunities for collaboration, including co-funding the FP/RH advocacy orientation meeting. POLICY/Malawi will present a proposal to the POLICY IR1 Group for support in organizing and holding this orientation jointly with UNFPA, which will serve as a springboard for pushing forward FP/RH advocacy activities and supporting the USAID FP repositioning initiative.

HIV/AIDS

Advocacy: National HIV/AIDS Policy Development. Policy development is described more fully in the Planning/Finance/Policy Formulation section below. During this quarter's policy revision and editing activities, several policy areas for which stakeholders had previously not reached consensus were addressed. These concerned HIV testing for uniformed services recruitment, promotion, and benefits, and partner notification. The Southern Africa Development Community (SADC) regional and international best-practice guidance and specific regional examples were considered in the Malawi context by the policy drafting team, MPAC, and other stakeholders in reaching consensus on the policy positions for these areas.

The issue of compulsory HIV testing for uniformed services was hotly debated among stakeholders, with uniformed services representatives supporting the use of HIV testing for determining eligibility for recruitment, and most other stakeholders against it. The latest version of the Ministry of Defense HIV/AIDS policy is in draft and not available for distribution; however, it does permit HIV testing for determining eligibility for recruitment but stipulates retaining defense force personnel found to be HIV positive after enlistment, providing care and support services and reasonable accommodation as necessary. The military is waiting for the national HIV/AIDS policy to be approved before finalizing its HIV/AIDS policy. The drafting team and stakeholders considered this draft policy, and reviewed the Ministry of Home Affairs HIV/AIDS policy, SADC guidelines, and the Namibia defense force policy in identifying and seeking consensus on the conditions for which HIV testing for uniformed services would be permitted—as part of a general assessment of medical fitness, not permitting the use of test results alone in determining eligibility. Stakeholders were divided on partner notification of HIV-positive test results. For this area, guidance from the UNAIDS/UNHCR's *HIV and Human Rights: International Guidelines* was used in identifying and moving toward consensus regarding the circumstances under which consent would and would not be required.

MANET National HIV/AIDS Advocacy Project. POLICY has been assisting MANET finalize its draft report on the results of its focus-group work with member PLWHA support groups concerning HIV-related stigma and discrimination. In May, the Mission reviewed and provided comments on the report, and MANET is working on what is anticipated to be the final version. Finalizing the report has been slowed by MANET's busy schedule and staffing constraints due to illness. The network has been engaged in a number of organizational development activities under its institutional capacity-building project supported by Save the Children/Umoyo Network, in the national HIV/AIDS policy formulation process, and in PLWHA stigma-reduction advocacy activities, applying the findings from its POLICY-supported national advocacy project focus-group research. MANET played a key role in four such activities in June centering on Malawi's annual HIV/AIDS candlelight memorial. The theme of this year's memorial is "Remembering the Cause; Renewing Commitment," honoring those PLWHA who have publicly disclosed their status and advocating action on priority issues by all Malawians. In each of the events promoting the memorial and the event itself, MANET presented findings from its focus-group research. These messages included the need to reduce stigma and discrimination, encourage the GIPA principle, promote VCT and disclosure of serostatus, improve access to care and treatment, and promote the economic empowerment of PLWHA. On June 20, MANET's Advocacy Officer George Kampango and members from the Network of People Living with HIV/AIDS in Malawi (NAPHAM), Kanengo AIDS Support Organization, and Nkhotakota AIDS Support Organization (all MANET network members) took part in two panel discussions (one on radio and one on television); on June 27, MANET

held a press briefing; and on June 28, the actual candlelight memorial was held in Nkhotakota with the Minister of HIV/AIDS Programs in attendance. The MANET Advocacy Officer headed the planning committee for this event. POLICY now is assisting MANET with the planning for the remaining national advocacy project activities, which include a press briefing on the focus-group report, once finalized; an opinion leaders forum on stigma and discrimination; and three regional events involving the MANET RCCs and local support groups to advocate on priority regional issues and orient local leaders and community members on the stigma and discrimination-related content of the national HIV/AIDS policy. Remaining activities are now to take place in July and August. While these activities are taking longer to complete than originally anticipated, MANET's growing confidence and leadership role in PLWHA advocacy in the country is encouraging and welcomed by all.

Planning/Finance/Policy Formulation: National HIV/AIDS Policy Development. Much progress was made on moving the policy toward the final review and approval stages. The process had slowed because UNAIDS was having difficulty identifying an international consultant to work with the local team in revising and reformatting the policy to make it more concise and easier to read. UNAIDS had offered this assistance in late November of last year, and the activity was to have been completed in February/March. Concerned that the process might be stalled further, POLICY began contacting potential consultants for the task. POLICY identified several suitable candidates; however, UNAIDS was then able to arrange for Michaela Clayton, Coordinator of the Namibia AIDS Law Unit, to serve as the lead consultant, with backup support from Dr. Sofia Gruskin, Associate Professor on Health and Human Rights, and Director of the International Health and Human Rights Program François-Xavier Bagnoud Centre for Health and Human Rights at Harvard School for Public Health, and Miriam Maluwa Law and Human Rights Adviser, UNAIDS/Geneva. Terms of reference for Clayton's and POLICY consultant Gautoni Kainja's assignments were jointly developed by NAC, UNAIDS, and POLICY, and in mid-May, Clayton traveled to Malawi for two weeks to work with the policy drafting team and stakeholders on the policy. The team worked well together, with input from Gruskin, Maluwa, and POLICY/US staff, with the MPAC reviewing all recommended edits and providing guidance on revisions. These changes were, as previously stated, primarily in terms of format, with the content remaining essentially the same except for a few policy areas where consensus had yet to be reached. Edits to the policy included consolidating some guiding principles and chapters, and moving recommendations for legislative and specific programmatic revisions to annexes. For those areas where consensus had yet to be reached (such as permissible circumstances for HIV testing and partner notification), SADC regional and international best practice guidance were applied in the Malawi context to reach consensus. The final policy review and approval steps were to have been completed in June but have been delayed by several events, including the president's appointment of a new Executive Cabinet and Cabinet on HIV/AIDS, the appointment of a Minister of HIV/AIDS Programs, delay in the sitting of Parliament, and delay in securing a consultant for the policy editing phase. Approval of the policy is anticipated in July/August. Revised policy review and approval steps are as follows, and approval of the policy is anticipated in July/August:

- Presentation and review of policy to NAC Board of Commissioners, June 19–20.
- Policy review and validation by technical stakeholders, June 30 (at which POLICY made a brief presentation on the participatory and collaborative policy development process).
- Presentation and review of policy by the Cabinet on HIV/AIDS, July 16.
- Incorporation of Cabinet comments, tentatively mid-July.
- Formal submission of policy to the Cabinet on HIV/AIDS for approval, tentatively late July.
- Presentation of approved policy to Parliament for endorsement, tentatively late July/August.

On a related note, POLICY, NDI, NAC, the Parliamentary Committees on Legal Affairs and on Health and Population, its HIV/AIDS subcommittee, and the Law Commission Health engaged in three meetings

to begin planning the process to be followed after the approval of the policy for review of priority HIV/AIDS-related legislation.

Capacity Building: LTA Rita Chilongozi is preparing for her participation in the POLICY Project TD Week to be held in Capetown, South Africa, July 8-12 (postponed from February in Nairobi). Besides giving two presentations (one on the World Bank-sponsored training on gender and poverty in which she participated in Arusha in February) and moderating a session, Chilongozi will avail of the training, orientation, and networking opportunities TDW provides to its participants.

Other: POLICY and the Mission have been discussing potential areas for future POLICY assistance in Malawi. Based on these discussions, POLICY will consult as needed with implementing agencies (IAs) and local counterparts and develop detailed plans and budgets for Mission review. Areas discussed for possible consideration include TA in the HIV/AIDS legislative review process, assistance to select ministries in sector-specific policy review, application of the GOALS Model, PLWHA advocacy capacity building, and policy environment assessments for OVC and home-based care (HBC).

MALI

In support of the Mission's new Country Strategic Plan (CSP), 2003–2012, POLICY seeks to strengthen the capacity of public and private sector counterparts to advocate for an improved policy environment for HIV/AIDS, FP/RH, and nutrition. POLICY's strategy is to channel its assistance primarily through public sector "lead agencies" for each area, which helps these agencies provide the leadership and direction necessary for advocacy to succeed. Thus, POLICY collaborates with the following MOH agencies: the National AIDS Program (PNLS), Division of Reproductive Health (DSR), Nutrition Unit (DSAN) within the Planning Office (CPS), Nutrition Division (DN) of the Health Services Department, and National Unit for Coordination of Population Programs (CENACOPP) of the Ministry of Plan within the Prime Minister's Office. POLICY also seeks to facilitate greater collaboration among government agencies and between the public and private sectors by using a participatory process in transferring skills and knowledge in policy analysis, policy dialogue, and advocacy. In addition to the lead government agencies, POLICY supports the Groupe Pivot, an NGO representing more than 150 NGOs, which has a close working relationship with government agencies and has received POLICY advocacy training and TA. The tools used to generate and update the necessary data to support the activities are stakeholder analyses, policy environment assessments, AIM, RAPID, Family Planning Model (FamPlan), and PROFILES. Assistance has been in the form of (1) information generation, analysis, and updating, using the SPECTRUM system of models and the latest DHS in a participatory process with other ministries and NGOs; (2) training and TA in using presentations based on the model results to support advocacy and policy dialogue; and (3) institutional strengthening of the MOH agencies by providing direct TA in planning as well as carrying out the first two activities through these agencies.

Summary of Major Activities January 1—March 31, 2003

FP/RH

POLICY is moving forward with advocacy activities in FP/RH with the development of the RAPID Model. Major activities included the following:

Study Tour. POLICY organized recapitulation meetings at USAID, the Embassy of Morocco, and the Embassy of Tunisia following the USAID-funded study tour of religious leaders to Morocco, Tunisia, and Senegal.

Study on Key Actors in Family Planning. Consultant Dr. Alpha Guitteye finalized the POLICY-funded report on the views of key actors in family planning, which constitutes a major input into the development of the RAPID Model and presentation. A review meeting was held to provide feedback to Dr. Guitteye before finalizing the document. This meeting, called by the DSR, was attended by POLICY, USAID, DSR, and members of the FP/RH Advocacy Committee. Based on the feedback received, Dr. Guitteye finalized the document and prepared a PowerPoint presentation based on the study, which he presented at the RAPID workshop in Fana.

RAPID Model Development. In collaboration with the DSR, POLICY organized a workshop in Fana to develop a draft RAPID Model and presentation. The workshop included representatives from government agencies, civil society, and donor agencies. POLICY staff worked closely with DSR staff to organize the workshop and collect the data necessary for the model. Data were collected from several technical departments within several ministries, such as the ministries of Plan, Education, Health, and Labor. At the end of the Fana workshop, the presentation of the draft RAPID Model was attended by the USAID Health and Population Officer as well as the UNFPA representative in Mali. Next steps include

finalizing the PowerPoint presentation based on the model and the accompanying RAPID brochure and other support materials.

Other

- POLICY's LTA participated at the Société Africaine de Gynéco-obstétrique (SAGO) workshop, January 13–19.
- Under the coordination of its president, a delegation from the Malian Association for the Protection and Promotion of the Family (AMPPF) visited POLICY for a working meeting.

HIV/AIDS

Advocacy: POLICY is one of the major partner agencies for PNLs in HIV/AIDS advocacy activities. The major activities included the following:

Muslim Training Workshop. In collaboration with the PNLs, POLICY facilitated a three-day training and advocacy workshop for young Muslim religious leaders, entitled “Islamic Solidarity is a Right for all PLWA.” More than 30 young Muslim leaders attended the workshop, in which the AIM and PNLs/POLICY-produced AIM video were presented.

Traditional Communicators Advocacy Workshop. POLICY organized an Advocacy Day on February 18 for the National Network of Traditional Communicators. The meeting, presided over by the PNLs, was attended by 27 traditional communicators as well as by USAID/Bamako Director Pamela White and USAID Health Team member Madjou Yattara.

Christian Religious Leaders Advocacy Workshop. POLICY participated in several working sessions with representatives of several Christian denominations to organize a three-day advocacy meeting on HIV/AIDS. The meeting took place under the aegis of the PNLs from March 4–6 with participation of more than 60 apostles and bishops. Participants developed action plans in order to speak publicly on HIV/AIDS and the use of condoms.

Midwives Advocacy Workshop. POLICY participated in several working sessions with the board of the Midwives Association of Mali to organize a one-day advocacy meeting on AIM. The meeting, which was presided over by the Secretary General of the MOH, took place on March 17 and was attended by 130 midwives.

Tools/Research: STD Survey. POLICY met with the PNLs and CDC/Atlanta, February 21, on the analysis of questionnaires for the Integrated Study on STD Prevalence and Sexual Behavior (ISBS). The ISBS, conducted every three years, provides invaluable information on HIV/AIDS in Mali.

API. POLICY was interviewed by consultant Dr. Diallo Aissata Cissé, who is completing the AIDS API for Mali.

Capacity Building: PNLs Team Building. With encouragement from USAID and UNAIDS, POLICY organized a team building workshop for PNLs staff in Selingue, March 28–30. Sixteen staff members from the PNLs, including the coordinator, deputy coordinator, all unit heads, CDC staff based at the PNLs, and secretaries, participated in the exercise based on the Appreciative Inquiry approach to team building. This approach stresses building on the positive aspects of an organization to strengthen it. All participants recognized the need for such a workshop and expressed their gratitude to POLICY for undertaking it.

TA to the PNLs. POLICY assisted the PNLs in drafting the final report of the 2002 National HIV/AIDS Control Campaign in Mali.

Other: USAID Strategy. POLICY participated in the debriefing of USAID consultant Dr. Souleymane Barry, who is responsible for developing USAID/Bamako's HIV/AIDS control strategy for the next 10 years.

Meetings. POLICY/Mali attended various meetings on STD/HIV/AIDS at the PNLs, various partners, and UNAIDS.

Nutrition: Following the PROFILES workshop at Selingue held during the last quarter, a small technical working group, comprising staff from the DN/SNS, the CPS/MS, and POLICY, reviewed and amended the model developed at Selingue. This review consisted of reformulating the recommendations, additions, and/or replacement of certain graphics and pictures.

POLICY presented this amended version at a meeting held at USAID and attended by staff from USAID and Helen Keller International (HKI). Based on comments and suggestions from this meeting and using recent PROFILES models from Cameroon, Madagascar, and Sierra Leone provided by HKI, POLICY's LTA developed the final draft of the Mali PROFILES Model. Together with HKI, POLICY will organize a validation workshop aimed at developing the final model for presentation to the Minister of Health. Following the minister's approval, POLICY will train presentation teams to disseminate the model and its recommendations throughout the country.

Staffing: Two new staff members were added to the POLICY/Mali local team: Noumouké Diarra, Program Officer for HIV/AIDS, and Djibril Dicko, Program Office for FP/RH.

April 1—June 30, 2003

FP/RH

POLICY is proceeding with advocacy activities in FP/RH with the development of the RAPID Model. Major activities included the following:

RAPID Model Finalization. The major activity this quarter was the finalization of the RAPID Model, along with its presentation and accompanying brochure. The draft model was presented and debated in various forums, including several sessions at USAID, one of which was attended by the USAID Director and the U.S. Ambassador to Mali. The final draft was presented to the Minister of Health and her staff on April 17. POLICY then organized a validation workshop, April 28–29, to finalize the model and ensure stakeholder approval. The workshop was attended by MOH, USAID, UNFPA, and representatives from other ministries and development partners.

POLICY has held several meetings with the DSR on program training, advocacy, and dissemination of the RAPID Model.

On June 14, LTA Modibo Maïga, supported by Dr. Zeinab, Director of DSR, presented the RAPID Model to a meeting of more than 200 midwives from all of the regions of Mali. Present at the meeting were the First Lady of Mali, several ministers and dignitaries, and representatives from civil society. Following the presentation, the Office of the President requested data from the RAPID Model to include in an ongoing strategic planning exercise.

Maximizing Access and Quality (MAQ). At the request of the Mission, POLICY/Mali will be an integral member of the facilitation team for the MAQ exchange to be held in September. As part of this activity, the LTA will participate in planning sessions, the preparatory visit in July, and the workshop in September. The LTA already participated in a conference call in May with USAID/Bamako and other members of the facilitation team to begin preparations for the exchange.

Regional Forum on the Promotion of Family Planning through Advocacy and Legislative Reform, June 2–6. The POLICY LTA collaborated with the regional POLICY program in organizing this workshop. He took the lead in working with and preparing the Malian and Guinean delegations (members of Parliament (MPs) and civil society representatives) for the workshop. This support consisted of assisting in the development of a presentation on the status of reproductive health in the country in general, and the status of the RH law and accompanying texts and operational policies in particular. The presentation also reviewed the status of the parliamentary network on population and development. The LTA, present for the second half of the workshop, was able to work with the Malian delegation in preparing a legislative agenda to increase access to FP/RH in Mali. Future POLICY assistance to the MPs will focus on the implementation of this agenda.

Participation in CERPOD Workshop. The POLICY LTA participated in the regional workshop organized by CERPOD on the progress made on the Ouagadougou Plan of Action (PAO), held in Dakar, June 1–12, where he presented a paper on the contribution of NGOs to the PAO and the AIM/Mali presentation.

HIV/AIDS

Advocacy: POLICY is one of the major partner agencies for PNLs in HIV/AIDS advocacy activities. The major activities included the following:

Advocacy Day with the Malian High Council of Islam. Under the co-chairmanship of the Ministers of Health and Territorial Administration, POLICY organized an HIV/AIDS advocacy day for 40 imams and Muslim religious leaders. UNAIDS representatives from Mali and other countries in the subregion observed the proceedings.

Preparatory Visits for Advocacy Activities. In collaboration with the National Islamic Network for AIDS Control (RNILS) and PNLs, POLICY's HIV/AIDS Program Officer visited the following cities to prepare for upcoming advocacy activities with local religious leaders. The cities were chosen by the RNILS based on the presence of influential religious leaders:

- Dougouba (Kayes), May 6–8
- Sansanding (Ségou), May 15–16
- Djenné (Mopti), May 22–23
- Dilly (Koulikoro), May 28–29

Advocacy Day with the Business Community. In collaboration with the PNLs, Malian Chamber of Commerce and Industry, and Ministry of Industry and Commerce, POLICY organized an advocacy day using the AIM for 50 representatives from the industrial and commercial sectors.

Advocacy Day with Peace Corps. POLICY participated in an advocacy day organized by the Peace Corps in Koulikoro, June 18, for 20 Peace Corps volunteers and their partners.

Preparations for Advocacy Day with the Business Community in Segou. POLICY met with administrative and political authorities in Segou in preparation for an advocacy day on HIV/AIDS for the private sector scheduled for July 29.

Meeting of the Organization of First Ladies Against AIDS (OPDAS). POLICY assisted the PNLs Coordinator in organizing, in collaboration with UNAIDS, the OPDAS meeting, in Bamako, June 2–4, attended by the first ladies from Mali and Gabon and representatives of the first ladies from Burkina Faso, Cape Verde, Congo, Democratic Republic of Congo, Equatorial Guinea, Guinea, Mauritania, Niger, and Senegal. More than 60 participants attended the three day meeting; more than 200 guests and dignitaries attended the opening. POLICY collaborated with the RNILS to jointly develop and present a presentation on Spirituality and HIV/AIDS, which was extremely well received by the participants.

Planning/Finance/Budgeting/Policy Formulation/Strategies/Guidelines: Decentralization of the PNLs. POLICY met with the PNLs, UNAIDS, USAID, and Netherlands Cooperation (representing MOH partners) to discuss more effective decentralization of the PNLs. To further this goal, the POLICY LTA prepared and participated in a meeting attended by more than 15 individuals from the AIDS Focal Points of different ministerial departments (ministries of Promotion of Women, Children and the Family, Education, Mines and Energy, Industry and Commerce, Agriculture, Communications, Youth and Sports, and the Armed Forces), PNLs, POLICY, WHO, UNAIDS, UNFPA, and other development partners on the decentralization of the PNLs and multisectoralism, held at USAID, June 20.

POLICY will explore the possibility of collaborating with UNAIDS (technically and financially) to further effective decentralization at the PNLs through the development of capacity of the Regional AIDS Control Committees.

Tools/Research: AIM Update. POLICY collected data on numbers of clients testing HIV-positive at two VCT centers (the Centre de Soins d'Animation et de Conseil (CESAC) and the PSI-supported "Centre l'Eveil") to update the AIM.

Audio Cassette for Religious Leaders. POLICY worked with popular religious leader, Racine Sall, to record an audio cassette for HIV/AIDS advocacy aimed at religious leaders.

Capacity Building: RNILS. POLICY worked with a group of seven imams from the RNILS to prepare the network's advocacy action plan. Based on the plan, POLICY trained about 30 network members in HIV/AIDS and development, advocacy techniques, and project management, April 22–25.

Health Communicators Network. POLICY's HIV/AIDS Program Officer co-facilitated a training workshop for health communicators, held June 10–12, with the PNLs Advocacy Officer. The workshop was organized by the Health Communication Network with assistance from UNDP and PNLs.

AIM Presentation Training. POLICY LTA trained a second focal person at the PNLs (Ousmane Attaher) and the POLICY AIDS program officer, Noumouké Diarra, in the use of AIM and in AIM presentation techniques.

Regional AIM Training. POLICY LTA participated as a member of the Mali delegation to the regional AIM training held in Dakar, Senegal, May 5–8.

Meetings. POLICY/Mali attended various meetings/workshops on STD/HIV/AIDS throughout the quarter:

- Subregional meeting on HIV/AIDS organized by the West African Network of AIDS Service Organizations (WANASO), April 8.
- Meeting with new representative of Family Care International to discuss possible collaboration with POLICY on HIV/AIDS advocacy.

Nutrition: Following numerous working sessions on and modifications to the PROFILES Model and presentation, POLICY, in collaboration with the MOH and with the support of HKI, organized a workshop on April 23, to finalize the PROFILES Model. Following final agreement on the model contents, the LTA worked with the Director of the CPS, Mamadou Ballo, to finalize the PROFILES presentation. Based on this, the LTA worked with Dr. Dado Kagnassy, Chief of DN, to draft the final version of the PROFILES brochure. Now that the model and advocacy tools have been developed and have widespread stakeholder support, POLICY will work with the CPS and DN to train presentation teams to disseminate the model and its recommendations throughout the country.

Staffing: The program officer for FP/RH resigned from the project. His replacement, Yacouba Simbé, should join the project at the start of next quarter.

MOZAMBIQUE

The goal of POLICY Project assistance in Mozambique is to help ensure that uniform, timely, and accurate information on HIV/AIDS is available to partners in the National Program to Combat STDs/HIV/AIDS, and that intervention efforts apply that information for policy development, program planning and financing, advocacy, and monitoring and evaluation. Assistance includes strengthening the capacity of the Multisectoral Technical Group (MTG) to analyze HIV sentinel surveillance data, update impact projections, and provide TA to public and private sector counterparts in their use. POLICY also supports improved financial planning for the national HIV/AIDS program and promotion of protection from discrimination based on HIV status. Project activities include training counterparts and providing training opportunities for university students; coordinating linkages between the technical group and the National AIDS Council (NAC), line ministries, and the private sector; and participating in donor coordination. POLICY is also facilitating a legal and regulatory review of existing laws and norms to determine which existing policies should be more widely disseminated and enforced, which should be abolished or substantially revised, and what additional policies/laws/guidelines might be needed.

Summary of Major Activities **January 1—March 31, 2003**

FP/RH

At the Mission's request, POLICY contracted with an outside consultant, Alan Foose, to participate in drafting the health, population, and nutrition section of the new USAID/Maputo strategic plan.

HIV/AIDS

POLICY's principal counterpart is the MTG, which consists of representatives from the National Statistics Institute (NSI); ministries of Health, Plan and Finance, Agriculture and Education; NAC; and the faculties of Medicine and Economics and the Center for Population Studies (CEP) at Eduardo Mondlane University.

Planning/Finance/Policy Formulation: POLICY is awaiting feedback from the NAC to proceed with assistance in resource allocation for the new national strategic plan.

Human Capacity Building: Outreach Coordinator Isabel Nhatave, Project Assistant Matchecane Cossa, and Project Associate Pedro Duce finalized the workplan to expand MTG activities at the provincial level. The objective of this activity was to establish replicas of the MTG in three provinces and train their members. Directives requesting participation were sent from the central level to the NAC and provincial directorates of the ministries of Health, Plan and Finance, and the NSI. Nhatave, Cossa, and Duce met with Araújo Martinho, Ministry of Plan and Finance, Niassa Province Directorate. The first field visit, to Niassa Province, began on March 31. In addition, Project Assistant Cossa will also participate in the Niassa activities during his rural residency in Cuamba.

The Ministry of Plan and Finance approved the new representatives to the MTG, who are replacing former representative Fonseca Machaule. POLICY is also providing training exercises in manipulating SPECTRUM for junior MTG members.

Special Studies: Sero-prevalence Surveillance: At the March meeting of the TMG, the MOH reported that data collection of the 2002 round of HIV sentinel surveillance was complete and that data entry should be completed by April. Analysis by the TMG will begin once the data are available, probably in May or June.

The provincial outreach initiative will include disseminating the impact projections report, “Impacto Demográfico do HIV/SIDA em Moçambique,” to provincial audiences, including participants from the public, NGO, and private sectors (see Human Capacity Building section above).

Special Studies: Situation Analysis or Program/Project Assessment: Legal and Regulatory Review. While the formal policy environment for HIV/AIDS is quite favorable, there is concern that the various policy instruments lack enforcement mechanisms, are not well-coordinated with one another, may be overreaching, and are not well understood by decision makers and the public. Consequently, before new policies are proposed or developed, a number of projects and organizations are planning to conduct a legal and regulatory review of the policy environment for HIV/AIDS and/or reproductive health. POLICY has proposed integrating these efforts into a single scope of work, which could then be divided among the different projects. POLICY circulated a questionnaire to national counterparts and donors to gauge their interest in participating in an integrated review. Human Rights Legal Advisor Lane Porter traveled to Mozambique, February 16–22, to facilitate a partners’ meeting at the NAC and met individually with partners and potential consultants. Porter drafted the terms of reference for a comprehensive legal and regulatory review, which were reviewed by the NAC. POLICY also translated the basic text into Portuguese for the NAC to circulate among the partners for comment.

HIV/AIDS Impact Assessment, National Social Security Institute (INSS) Beneficiaries. In the previous quarter, POLICY prepared a terms of reference to assist the INSS assess the potential impact of HIV/AIDS on its beneficiaries. Under the terms of reference, MTG analysts would analyze data provided by INSS. POLICY discussed the terms of reference with the INSS, which accepted them in principle. POLICY is now awaiting a formal letter of acceptance and delivery of the data.

Determinants of Regional Differences in HIV Prevalence. POLICY signed a subcontract with the Center for Population Studies to commission four expert studies examining sociological factors related to the regional differences in HIV prevalence. Researchers were identified, and proposals will be submitted shortly.

Capacity Building: Organizational Management Strengthening. POLICY began discussions with Empresários Contra o SIDA (ECS—Businessmen against AIDS) to develop the scope of work for the newly created Executive Director position. POLICY will fund the position for the first year, after which ECS will mobilize its own funding. Among the director’s responsibilities will be to improve the organization’s sustainability by recruiting new dues-paying members, designing and implementing a sustainability and organizational plan, and mobilizing funding to support local HIV/AIDS workplace activities and establish ECS affiliates outside Maputo.

TA to NGOs. Oxfam/Australia requested MTG assistance to build the capacity of the University Group of Activists on HIV/AIDS (GASD), a Maputo-based NGO, in research and data analysis around HIV. The first task is to help GASD analyze a baseline survey they conducted. POLICY and MTG prepared terms of reference. Data entry has been completed; the MTG is training GASD members on data cleaning and analysis. Oxfam contracted with three consultants (two from the MTG) to conduct the analysis, and POLICY will participate in editing the final report.

April 1—June 30, 2003

FP/RH

At the Mission’s request, POLICY contracted an outside consulting team to assess lessons learned from the recently concluded bilateral Health Service Delivery and Support (HSDS) Project.

HIV/AIDS

POLICY's principal counterpart is the MTG, which consists of representatives from the NSI; ministries of Health, Plan and Finance, and Agriculture and Education; NAC; and the faculties of Medicine and Economics and the CEP at Eduardo Mondlane University.

Planning/Finance/Policy Formulation: POLICY is awaiting feedback from the NAC to proceed with assistance in resource allocation for the new national strategic plan.

Human Capacity Building: The central MTG began implementing the workplan to expand MTG activities, which will establish replicas of the MTG in three provinces (Niassa, Manica, and Tete) and train their members. Directives requesting participation were sent from the central level to the NAC and provincial directorates of the ministries of Health, Plan and Finance, and the NSI. During the first week of April, Outreach Coordinator Isabel Nhatave, Project Assistant Matchecane Cossa, and Project Associate Pedro Duce traveled to Lichinga, Niassa Province, to set up the Niassa MTG. In mid-May, Duce, Nhatave, and MTG member Cristiano Matsinhe traveled to Chimoio, Manica Province, to set up the Manica MTG. Local interest in the technical groups is high in both provinces; both have drafted terms of reference and held follow-up meetings subsequent to the central MTG site visits. In Niassa, the May issue of the provincial newsletter, "PLANALTO," published by the provincial nucleus of the NAC, carried a story on the creation of the Niassa MTG. In Manica, MTG members have begun meeting with district-level counterparts.

At the request of the MOH, POLICY contracted Dr. Francisco Saúde to provide ongoing assistance on HIV prevalence estimates and analyses and to help represent the MOH on the MTG.

POLICY conducted a two-day training course, June 19–20, for members of the central and provincial technical groups. The course included a review of the methodology to calculate weighted HIV prevalence rates and introduction to the Epidemiological Projection Package (EPP) and new SPECTRUM system of models. Duce and Nhatave, who had attended EPP training in Harare, presented the EPP Model. A total of 21 MTG members participated in the training, including three members each from Niassa and Manica.

Special Studies: Sero-prevalence Surveillance: Analysis of the 2002 sentinel surveillance round by the MTG began during the June training course. Recommendations will be presented to the MOH in July.

Special Studies: Situation Analysis or Program/Project Assessment: Legal and Regulatory Review. Following the visit of Human Rights Legal Advisor Lane Porter in February, POLICY translated the basic text of the terms of reference into Portuguese for the NAC to circulate among the partners for comment. After incorporating comments, POLICY contracted for a professional translation of and commentary on the entire terms of reference by the Women in Law in Southern Africa (WLSA) Project. The workplan to implement the terms of reference (TOR) will be developed with POLICY assistance in July.

HIV/AIDS Impact Assessment, INSS Beneficiaries. POLICY prepared the terms of reference and data requirements to assist the INSS assess the potential impact of HIV/AIDS on its beneficiaries. INSS subsequently informed POLICY that they were unable to compile the age–sex breakdown of the beneficiary population, as required for the analysis. The assessment was canceled.

Determinants of Regional Differences in HIV Prevalence. In the previous quarter, POLICY signed a subcontract with the CEP for four expert studies examining sociological factors related to the regional

differences in HIV prevalence. Work has begun on three of the four studies; CEP is currently working to identify the fourth researcher.

Capacity Building: Organizational Management Strengthening. POLICY assisted ECS in developing the scope of work for an Executive Director. Subsequently, USAID/Maputo–Economic Growth agreed to fund the position. ECS requested POLICY assistance for the Executive Director; the terms of reference are under discussion.

NIGERIA

The POLICY Project is working to increase political support for high-quality HIV/AIDS, FP/RH, and child survival (CS) 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 (YAARH); support for the development of Nigeria's Nutrition Plan of Action; advocacy for HIV/AIDS, FP/RH, and CS; 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 FBOs to develop policies on HIV/AIDS/RH and increase their support for such policies.

Summary of Major Activities January 1—March 31, 2003

FP/RH

POLICY continues to provide TA to the Department of Community Development of the Federal Ministry of Health (FMOH) in its efforts to implement the Policy and Finance Components of SPARHCS Framework. Activities included commencing the preliminary analysis of the completed Policy Environment Score (PES) questionnaires and a second mailing to non-respondents. Respondents to this second mailing will be added to those who responded to the first mailing for final analysis and reporting, which should be completed in the next quarter.

POLICY participated at the Stakeholders' Contraceptive Logistics Management System Re-Design Workshop held in Abuja on February 19–20. During the meeting, the revised Contraceptives Logistics Management System was adopted and the Roll-out Plan was agreed to for implementation at the national, state, and local levels. POLICY also continued discussions with the Community Development and Population Affairs (CDPA) Department/FMOH for the review of the National Contraceptives Logistics Management System and Strategy. POLICY will provide the TA for the review exercise, which should commence in the next quarter.

POLICY facilitated a one-day meeting of the SPARHCS Core Technical Group meeting on February 21 in the POLICY office, Abuja, during which the SPARHCS Concept paper was revised with the assistance of Ms. Lisa Hare of DELIVER. The group also agreed to a new time schedule for the development of the strategic framework.

POLICY assisted with the distribution of the National RH Policy and Strategic Framework and Plan and ensured that the document was disseminated widely to reach all stakeholders involved in reproductive health at all levels, including NGO/civil society networks and groups; individuals; training; research, and service delivery institutions and organizations; USAID implementing partners; and development partner agencies. This activity will be followed in subsequent quarters by regional workshops in which states will be expected to fashion their own action plans based on this framework.

POLICY participated in a meeting organized by Pathfinder International to develop an Action Guide for Reproductive Health Development in Northern Nigeria. The three-day meeting took place from January 14–17 in Kaduna and was a follow-up to the Cluster Evaluation Workshop, organized by Pathfinder International in Kano on December 11–13. This action guide, when finalized, will assist RH service

providers in Muslim-dominated northern Nigeria to more effectively deliver RH services in a rather conservative and restrictive environment dictated by cultural and religious barriers.

POLICY is currently working with the FMOH and other stakeholders to develop a set of family planning scenarios based on the FAMPLAN Model, including long-term projections of contraceptives requirements for Nigeria. POLICY staff prepared an initial FAMPLAN Model application during this period. A 10-person technical advisory group (TAG) made up of key stakeholder representatives was constituted during the SPARHCS core group meeting held on February 21. The TAG ensures consensus on the selection of the input criteria and main assumptions and guarantees national ownership of the eventual outputs. It will have its inaugural meeting in mid-April.

POLICY participated in a three-day meeting on March 18–20 in Lokoja organized by the Federal Ministry of Women Affairs and Youth Development (FMWAYD) for stakeholders to develop a National Action Plan and Indicators for the National Policy on Women and Development in Nigeria. POLICY played a key resource role by giving a PowerPoint presentation on “Policy as a Tool for Development: Formulation, Application, and Assessment.” The presentation helped set the tone for the discussions at the meeting. POLICY also participated to ensure the gender linkages between this policy for women and those for which POLICY has already contributed to developing, such as the RH Policy and draft HIV/AIDS Policy.

POLICY continued to contribute to the process for final adoption of the draft National Population Policy and resolution of the controversy surrounding where population coordination should reside by assisting the FMOH in developing a memorandum on these issues on behalf of the Hon. Minister of Health for presentation to the President of Nigeria. This memo is now awaiting the Minister’s assent and will hopefully help bring final closure on these matters when it reaches the President.

In response to a request by the Reproductive Health Division of FMOH’s Department of Community Development and Population Activities, POLICY developed a PowerPoint presentation for use in policy dialogue and advocacy in support of the RH Policy and Plan implementation, particularly at the federal level. The current poor political commitment and funding for RH issues prevents implementation of effective interventions in reproductive health. Most RH activities are dependent on external donor funding. It was therefore considered that the situation could be improved through intensive advocacy and policy dialogue using a PowerPoint presentation. POLICY has drafted the presentation, which has been forwarded to the RH Development Partners and FMOH for their comments.

POLICY continued activities for the YAARH core package in Edo state in collaboration with the Women’s Health Action Research Center (WHARC). The first draft report of the situation analysis on ARH issues in the state has been completed. A one-day initial strategic planning meeting was held on March 11 in Benin City, Edo State to review this report and commence the process of the ARH strategic plan development for the state. At the end of the meeting, a core group of seven members among stakeholders including POLICY was constituted to develop the plan. It will be completed and presented in the next quarter. The situation analysis report itself is also billed for finalization in the next quarter before dissemination.

POLICY continued to support the six zonal NGO/civil society networks for Population and Reproductive Health (NiNPREH) by providing TA to network members during the zonal follow-up meetings. These meetings were planned mainly to finalize discussions initiated at the inaugural meetings held last quarter. The discussions included finalization of network building plans, development of databases, recruitment of new members, and completion and adoption of network protocols. The one-day follow-up meetings held between January and February were in Awka (South East) on January 16; Calabar (South South), January 18; Ibadan (South West), January 21; Jos (North Central), January 28; Bauchi (North East),

January 30; and Kaduna (North West), February 20. At the end of each meeting, a zonal coordinating committee (ZCC) made of up key administrative officers, states conveners, and chairpersons of sub-committees were constituted (for each zone) to serve as the decision making body as well as manage the network activities.

In preparation for the widespread dissemination of RAPID, POLICY has concluded production of the low-tech variants (color transparencies with speaker notes) of this advocacy tool. Training on the presentation of RAPID, coupled with general training on presentation skills for prospective presenters made up of selected NiNPREH members and representatives of the public sector, in preparation for widespread dissemination of RAPID is expected to commence in the next quarter, but may be delayed due to USAID travel restrictions.

HIV/AIDS

Advocacy: POLICY accompanied the USAID Nigeria Mission Director in the company of representatives of Pathfinder International, Family Health International, and EngenderHealth to visit the Inspector General of the Nigerian Police Force on March 20. The Nigerian Police is one of the largest labor employers in Nigeria with a staff in excess of 175,000. At this visit the cooperation of the top police hierarchy was sought to ensure the smooth execution of USAID's RH and HIV/AIDS programs with the police. POLICY anticipates that this visit will allow commencement of work with the Nigerian Police Force to evaluate the true extent of the problem and assist with developing relevant policies and plans to tackle it.

As part of activities with the National Action Committee on AIDS (NACA), POLICY participated in organizing the launch of the Nigerian HIV/AIDS Private Sector Initiative, which was carried out by the President of Nigeria on February 15. At this event, more than 40 captains of industry from national and multinational corporations were in attendance and two co-chairs were appointed—one national and the other foreign—to lead the initiative. POLICY will continue to be a key player in the development of the initiative, which is expected to make the organized private sector more responsive to the HIV/AIDS national response as well as ensure that it adopt more proactive workplace initiatives in its own establishments and surrounding communities. POLICY is also supporting this process through financial support for the position of a public-private sector liaison manager, who will work in NACA to form a bridge between the public and private sectors.

POLICY has also been appointed to the organizing committee for a similar initiative for the top hierarchy of various faith groups in Nigeria. Preparations for the launching of this HIV/AIDS faith-based initiative is already in high gear and is expected to take place within the next quarter. This initiative is expected to galvanize the groups who set the moral tone for the lives of the vast majority of Nigerians. As a related activity, POLICY is already in discussions with the British Department for International Development (DFID) for collaborative activities with major Islamic groups in Nigeria similar to POLICY's successful interventions with the Catholic Church.

As advocacy is a key component of any behavior change communication (BCC) strategy, POLICY was invited to participate in the development of a Nigerian national BCC strategy. This activity, which is being carried out on behalf of NACA, is led by JHU/CCP with participation from several other partners, including SFH/PSI, FHI, ActionAID, JAAIDS, UNICEF, USAID, UNAIDS, FMOI, NOA, NEPWHAN, Internews, and Solidarity Centre. The last major activity took place on February 25–27 and resulted in the first draft of the strategy that clarified the vision, mission, and objectives in addition to identifying key target groups and messages.

On January 15, POLICY was invited to assist the managing partners for the PSRHH (Promoting Sexual and Reproductive Health and HIV/AIDS Reduction) in Nigeria program, with the development of their Policy and Advocacy Strategy. This program is a seven-year program co-funded by DFID and USAID that started in January 2002. The goal of the PSRHH program is to improve sexual and reproductive health among poor and vulnerable populations in Nigeria by contributing to the national response to the AIDS epidemic and reproductive health problems.

The 2003 Armed Forces HIV/AIDS Week was flagged off by the Hon. Minister of Defense on March 24. At this event, the POLICY-generated technical report on “Knowledge, Attitudes, and Sexual Behavior among the Nigerian Military concerning HIV/AIDS and STDs” was formally launched and distributed to the more than 200 participants in attendance, consisting of the top-most hierarchy of the various service arms of the Nigerian Military and their aides. A PowerPoint presentation highlighting the most salient aspects of this report was also presented. POLICY provided TA to the Armed Forces Program on AIDS control to ensure that HIV/AIDS prevention messages reached all the military formations in the country during the week.

Planning/Finance/Policy Formulation: POLICY assisted NACA in reviewing proposals for grants to NGOs under the HIV/AIDS Fund (HAF) of the World Bank/IDA Credit HIV/AIDS Project. Successful applicants in this process could receive as much as \$100,000 to carry HIV/AIDS activities, especially as it relates to building capacity for smaller NGOs. About 20–30 applicants will benefit from the first round of grants and POLICY contributed to developing the criteria for selection of successful applicants. Others involved in this process include USAID, UNICEF, UNAIDS, Pathfinder International, CDC, and the McArthur Foundation.

Following the approval of the new institutional structure for NACA by the Presidential Council on AIDS, POLICY has continued partnership with DFID, UNAIDS, and USAID to support the development of terms of reference for the four director positions, for which all involved have consented to funding for an initial two year period using as similar a mechanism as possible to ensure that the highest quality candidates are recruited. Candidates need sufficient creativity and drive that will not be limited by the constraints of public service. POLICY will remain an active participant in the recruitment process, which should be concluded within the next quarter.

POLICY continues to work with SFH/PSI, UNAIDS, FMOH, NACA, and other partners to conclude the Nigerian National Response Information Management System (NNRIMS), which has both monitoring and evaluation and management information systems components. MEASURE Evaluation has also been providing TA for the finalization of this document. As an adjunct to this activity, on January 21, UNAIDS requested that this committee commence the process of completing the declaration of commitment report following the UNGASS declaration. This report has now been completed and will be serving as the basis for monitoring progress of the country’s response in subsequent years. The policy components of this report were informed by POLICY’s API report for 2001.

POLICY continued to support the Catholic Church through the provision of TA for the development of a strategic plan for HIV/AIDS following a meeting of Catholic health coordinators. A revised draft of the plan has been completed, and will be presented during the Catholic Bishops Conference slated for the last week of March 2003. When ratified, this plan will serve as the template for informing all HIV/AIDS-related activities in all Catholic churches in the country. POLICY will provide further assistance with its publication and dissemination.

On February 4-5, POLICY and UNAIDS assisted UNIFEM in developing an operational HIV/AIDS policy for health institutions in Enugu State during a workshop organized for this purpose. The workshop was attended by several key leaders in health care delivery in the state, including heads of public and

private health institutions, the Nigerian Medical Association, faith-based services, NGOs, and the state Ministry of Health. The draft developed is now undergoing a pilot test to ascertain the feasibility of implementation of the policy provisions before final ratification. With this activity, POLICY has opened discussions with UNIFEM for long-term collaboration on gender and human rights activities.

POLICY participated in a workshop for mainstreaming HIV and AIDS legal and ethical issues in Benue State on March 6–7. The DFID-funded “Lawyers Alert” group organized the event, which was aimed at developing inputs into an HIV/AIDS policy for the state and ensuring that the implementation of HIV/AIDS plans and programs had a human rights perspective. POLICY presented a synopsis of the legal and ethical issues in relation to PLWHA as contained in the latest draft of the National HIV/AIDS policy, which is being developed with POLICY assistance.

Following the conclusion of tripartite negotiations between the Federal Ministry of Labor and Productivity, the Nigerian Employers Consultative Assembly (NECA), and the Nigerian Labor Congress (NLC), which took over two years, the draft National Policy on HIV/AIDS in the Workplace was finally launched by the Hon. Minister of Labor and Productivity on March 20. This draft has now been submitted to POLICY for assistance with refinement and support for publication and dissemination. This policy will help to provide guidance to both the public and private sectors for all HIV/AIDS workplace-related issues and has come at an opportune time to support the HIV/AIDS Private Sector Initiative.

As a result of POLICY’s support, the PLWHA support group, the Organization for Positive Productivity (OPP), has achieved great visibility, which has attracted the interest of several funding agencies that now provide OPP with items for its care and support activities. One such agency, the GEDE Foundation, provided this group with funding to secure its own premises, which was formally launched on March 26. Hitherto, the support group had been using the POLICY office for its meetings and correspondences. POLICY is also working with OPP on the scope of work for a subagreement to support the group’s work on advocacy and planning and thus empowering PLWHA support groups to respond to the HIV/AIDS epidemic. It is expected that the subagreement will come into effect during the next quarter.

Tools/Research: On January 22–25, POLICY participated in the data management and drafting of the 2002 Youth Behavior Surveillance Survey (BSS) Report. This report is expected to provide explanations for behaviors that make youth particularly vulnerable to HIV and reasons for the widespread variation of the epidemic in Nigeria. POLICY will be partnering with others to undertake subsequent secondary analysis of this data and will be developing advocacy materials and presentations thereafter.

POLICY collaborated with SFH/PSI, FMOH, and other development partners on the National HIV/AIDS and Reproductive Health Survey (NARHS) in the selection of the research agency to implement the survey, review of survey protocol and questionnaire, which included the insertion of four policy-relevant questions into the survey instrument, training of interviewers, and supervision of the fieldwork, which commenced on March 3. POLICY will continue to collaborate on the survey in the data analysis and development of advocacy packages.

POLICY collaborated with DFID and Royal Tropical Institute (KIT), Netherlands on the “Socioeconomic Assessment of Impact of HIV/AIDS on Rural Livelihood in Benue State.” POLICY was involved in development of the research concept, methodology, and tools for the household survey and in collaboration with KIT, coordinated the selection and training of the field investigators, and planned and supervised the fieldwork and data entry process. POLICY project will continue to collaborate in the data analysis, interpretation, and report writing. Initial field work started on January 20, 2003.

Capacity Building: POLICY provided TA to OPP—a PLWHA support group based in the federal capital—in developing a proposal for ‘Mitigating the Impact of HIV/AIDS Among PLWHA in the

Federal Capital Territory (FCT).” This proposal was submitted to the World Bank HIV/AIDS Project for Nigeria in response to the request for proposals on the HAF. Feedback received to date indicates that OPP was among the 20–30 organizations submitting successful proposals out of the more than 800 organizations that applied. POLICY will continue to provide TA to this group during the implementation of the project when funds are released.

Other: POLICY continues to provide TA to the Nigerian Prison Services in completing the rapid assessment report on HIV/AIDS knowledge, attitudes, and practices and seroprevalence among the paramilitary services and prison inmates. POLICY will provide further assistance with its publication and dissemination once it is finalized.

Child Survival

POLICY provided TA to Child WATCH—an advocacy-based child survival civil society organization (CSO)—at the 34th Scientific and Annual General Meeting of the Pediatric Association of Nigeria (PAN) in Port Harcourt, Rivers State on January 23–24. POLICY’s SPO-CS made a PowerPoint presentation, “Child Survival Projects: Major Challenges and Opportunities,” to sensitize health care professionals to the need for PAN and Child WATCH to serve as advocates for child survival at the community as well as national levels.

POLICY participated in the Nutrition Partners meeting hosted by USAID on February 20–21. At this meeting, discussions to formulate a national plan of action for the Food and Nutrition Policy were initiated. POLICY will be providing TA.

POLICY participated for the first time in the Roll Back Malaria (RBM) Partners Meeting held on February 25. POLICY used the opportunity to inform other stakeholders of its core competencies and how these could contribute meaningfully to achieving the objectives of the RBM agenda.

POLICY has completed the draft advocacy PowerPoint presentation to accompany the document “Child Survival in Nigeria: Situation Prospects and Response – Key Issues.” This presentation is geared toward advocating to policymakers in government and international development organizations on the need for greater attention, integration, and harmonization of child survival activities in the country. The current focus on only a few perceived areas of critical need has been ineffective. Actual presentation and dissemination of these materials will commence in the next quarter.

POLICY has had ongoing discussions with FMOH’s Nutrition Division about the formulation of an infant and child feeding policy and has just received a statement of intent from UNICEF to collaborate formally with POLICY on this project. Activities to address this are slated to commence in the next quarter.

POLICY has continued to provide TA to FMWAYD for the strengthening of its OVC Program. Work has focused on the development of a “National OVC Information Kit” and the conduct of a desk review of OVC activities in Nigeria to date.

POLICY participated in the formulation of a Program Design Matrix for the Pathfinder International/JICA/Sagamu Community Centre OVC Project following a dissemination meeting of the baseline survey findings on OVC. The meeting was on March 12–14 in Sagamu and organized by Pathfinder. This project is expected to serve as a model for addressing issues related to providing for the needs of orphans and vulnerable children in a cost-effective fashion with total community participation that will become amenable to scaling-up and widespread replication.

April 1—June 30, 2003

FP/RH

POLICY continues to provide TA to the Department of Community Development of the Federal FMOH in support of SPARHCS, which is directed toward achieving national CS. During the reporting period, POLICY, in collaboration with DELIVER, developed a framework for the Strategic Plan for Reproductive Health Commodity Security in Nigeria. The framework was used as a template by the SPARHCS Core Technical Group for producing the first draft national SPARHCS. POLICY provided TA for the two-day planning workshop held on May 14–15, in Kaduna. The draft document has since been disseminated nationwide to key stakeholders for comments and recommendations. The final review and adoption of the draft strategic plan will take place in August 2003.

POLICY has also been providing TA to the FMOH for development of projections on contraceptives and other FP program components using the FamPlan Model. Working with a broad spectrum of partners within a TAG, the projection period, inputs, and assumptions were decided on by consensus and a draft FamPlan for Nigeria was developed. Following the comments that originated from the last TAG meeting in June 2003, a new draft is now in circulation for review and comment.

As follow-up to the release of the government's White Paper on Population Coordination in Nigeria, and confirmation of the role of the National Population Commission (NPC) as the lead coordinating agency for population activities, POLICY met with the newly appointed Director General of the NPC, Dr. Adebola Akinsanya, to reaffirm POLICY's commitment to providing TA and collaborating with the NPC to assist the institution to effectively perform its roles, particularly in the areas of capacity building, information dissemination, policy dialogue, and advocacy. The Director General promised to fully cooperate with POLICY to build an effective partnership that would keep population as a priority issue in the country. In addition, the NPC asked POLICY to facilitate a further review of the draft National Population Policy to address the content on the "Institutional Framework" within which population activities are carried out to reflect the new status and role of the NPC.

POLICY participated in a Consultative/Inaugural Meeting of the Network of Ulama (Islamic religious leaders and scholars). Pathfinder International organized the meeting on June 1, in Kano, the objectives of which were to further sensitize the religious leaders and increase their involvement on issues of sexual and reproductive health (SRH) and rights, particularly as they affect women, adolescents, and men in northern Nigeria; and to further increase demand for and access to SRH/FP information and services as a result of improved awareness by religious leaders. This meeting served as a step toward addressing some of the sociocultural barriers to FP/RH in the north, because it made the Islamic clerics confront for the first time issues relating to the development of their people and how their statements, actions, and interpretations of the injunctions of the Islamic faith affect programs for addressing these issues. POLICY gave a RAPID presentation, which served as the basis for the discussions that ensued.

POLICY continued providing TA to the NiNPREH as six coordinators were supported to participate in the Africa Regional Training-of-Trainers Workshop in Advocacy for Family Planning and Reproductive Health, May 19–28, in Accra, Ghana. POLICY's NGO Coordinator and Advocacy Advisor Theresa Effa also participated as a facilitator. The workshop, which was organized by POLICY/Washington, was attended by 18 participants from six African countries: Kenya, Nigeria, Malawi, Uganda, Zambia, and host-country Ghana. The workshop agenda was carefully designed to build participants' training skills, provide a cross-cultural training environment within which to share experiences, and serve as an opportunity for trying out the newly acquired skills in a practicum. Based on the goal of the workshop, which was to build critical training competencies for participants to train and lead others in advocacy efforts to reassert the crucial role of FP policies and programs in their countries, participants developed

draft country strategies to use on return to their respective countries. The six Nigerian participants identified, among other activities, the training of at least 20 members from each of the six zonal networks by next quarter.

POLICY continued activities under the YAARH “core package” in Edo State in collaboration with the Women’s Health Action Research Center. The seven-member Strategic Plan Drafting Committee developed an initial draft of the Strategic Plan for Improving the Reproductive Health of Young Adults and Adolescents in Edo State. YAARH network members and other key stakeholders, in a meeting held June 2, reviewed this draft. Comments and gaps identified in the plan were noted for consideration and inclusion. It is expected that the final draft of the strategic plan will be approved by all key stakeholders in a meeting scheduled for July 2003, which will take place after the Advocacy Training Workshop.

Also in connection with the core package project, a second draft of the situation analysis was prepared. Also, an in-depth analysis of issues relating to sexual debut, contraceptive use, and induced abortion was prepared by staff of POLICY and the WHARC.

POLICY organized a three-day Presentation Skills Training Workshop in the use of the RAPID for NiNPREH, June 16–18. A similar training was also conducted for public sector officers, June 19–20, at the POLICY Conference Room, Abuja. These were aimed at training potential presenters of RAPID on key population and FP/RH issues, using RAPID in policy dialogue and advocacy, adapting the RAPID to suit specific audiences, learning to preempt and answer frequently asked questions, as well as improving skills for public speaking. Twenty-one NiNPREH members, 25 public officers drawn from the relevant ministries, including the Convention of African Peoples (CDPA)/FMOH and the NPC, and representatives of three USAID implementing partners (CEDPA, EngenderHealth, and Pathfinder International) were trained. Participants also developed plans for RAPID dissemination and use for policy dialogue and advocacy. Copies of the low-tech (transparencies) and high-tech (CD-ROM) versions of the RAPID were given to the trained presenters for use in carrying out dissemination activities. POLICY will be developing subagreements with the NiNPREH zonal networks to ensure widespread national and grassroots dissemination of RAPID while continuing to support the public sector organizations in similar activities.

As part of ongoing monitoring of the policy environment for the delivery of RH services including HIV/AIDS, a PES assessment was carried out last quarter. Results of that analysis have now been completed and the report is nearly finished.

Drawing on experience gained under the core package, POLICY commenced a collaborative project during this period with Action Health, Inc., which is being sponsored with a grant under a Futures Group/Packard-sponsored YAARH Project. The aim of the project is to identify and train more than 25 key “policy champions” in YAARH in the state of Borno. POLICY will provide training in advocacy to a local NGO and TA in the development of messages based on local issues. The NewGen Model will be applied.

HIV/AIDS

Advocacy: POLICY has continued to provide TA to Federal Ministry of Women’s Affairs and Youth Development (FMWA&YD) for strengthening its OVC program. A draft copy of the “National OVC Information Kit” is now available and is awaiting review and adoption by the OVC task force. In addition, a draft copy of the desk review of “OVC Activities in Nigeria to Date” is available. Other agencies participating in this process include UNICEF and the FMOH National AIDS and STD Control Program (NASCP).

POLICY participated in a workshop, “Development of Media Materials on PMTCT,” organized by the NASCP in Kaduna State, June 9–13. This workshop, sponsored by UNICEF, is the first step toward actualizing the communication strategy for PMTCT, a process which POLICY had earlier supported, especially in relation to the finalization of the draft strategy in November 2002. POLICY also provided TA at the meeting for the production of draft advocacy materials, including a PowerPoint presentation, entitled “PMTCT: What You Need to Know,” targeted at legislators.

POLICY participated in the organizing/steering committee that put together the launching of the National HIV/AIDS Faith Council under the aegis of NACA. This event, which eventually took place on April 7–8, was co-chaired by General Yakubu Gowon, a former Head of State, and Dr. Lateef Adegbitée, the Secretary General of the Nigeria Supreme Council of Islamic Affairs. The event brought together the topmost hierarchy of the various Christian and Islamic denominations in Nigeria to forge a common front and understanding of how the faith-based community can use the tremendous potential it possesses in reaching out to the vast majority of the population to effectively respond to the HIV/AIDS epidemic. At the end of the event, a communiqué was presented that highlighted this commitment and also recognized that condoms could be accepted for use under certain circumstances subject to spiritual guidance. As a fallout of this activity, POLICY commenced discussions with DFID-funded partners of the PSRHH Project (ActionAID and Society for Family Health) to collaborate on working with faith-based groups in Nigeria. Preliminary contact was made with representatives of key Islamic groups in Nigeria, and the partnership is now finalizing a concept paper for such collaboration, which is expected to commence in August 2003 for an initial period of one-year.

POLICY also participated in a follow-on meeting of the Nigerian Business Council for HIV/AIDS, May 21. As a follow-on to this meeting, POLICY held discussions with the Secretary of the Council—the Medical Director of Chevron/Texaco—to explore ways for POLICY to contribute to the effective functioning of the business council. A concept paper is already under development to highlight ways in which this can be achieved. As further support to this initiative, POLICY supported the Chairman of NACA in attending a meeting of the Corporate Council for Africa (CCA) in Washington, D.C., June 25, to make presentations on Nigeria’s HIV/AIDS Organized Private Sector Initiative and to meet with global corporate representatives as well as the top hierarchy at USAID/Washington and the Futures Group International. POLICY is also participating in the recruitment of a Liaison Officer for NACA (which POLICY would fund) to help coordinate activities under this initiative.

Believing that political and popular support for programs cannot be achieved without the active involvement of politicians and their political parties, POLICY took advantage of the impending elections to engage with the leaders of the women’s wings of all the political parties to sensitize them on issues around HIV/AIDS, population, reproductive health, and child survival using presentations and advocacy tools developed by POLICY. An event was held April 10, which was attended by representatives of 22 out of the 30 registered political parties including representatives of women’s activists groups, those within the public sector responsible for the areas highlighted, as well as representatives of international development agencies. This event, which received extensive media coverage, made the women realize the influence they had on policy directions within their parties. Representatives of the political parties also developed a communiqué that committed them to working with their parties, such that newly elected representatives of their parties will be prevailed upon to address HIV/AIDS, population, and RH issues in which women have a greater interest. POLICY will follow-up on this as soon as swearing-in and post-election litigation activities have been concluded.

Planning/Finance/Policy Formulation: POLICY continued to support the Catholic Church by providing TA for development of a strategic implementation plan (SIP) for HIV/AIDS. The draft plan was presented and reviewed during two separate meetings of the health coordinators, which were held the previous quarter. The plan has now been finalized and approved for production by the Chairman of the

Health Committee, Bishop Fagun. POLICY will provide further assistance to publish and disseminate the plan using advocacy presentations to be developed for the purpose.

POLICY will commence work in the area of program coordination and collaboration with the federal government of Nigeria (NASCP, NACA) for the Mission's implementation of the United States of America Presidential Initiative on PMTCT. An initial activity in this regard during the reporting period included POLICY facilitating a strategic planning meeting between the coordinators of NASCP, NACA, and USAID, along with FHI.

POLICY continues to provide TA to the FMIA/paramilitary (Prisons and Immigrations) sector to move the HIV/AIDS policy formulation process forward. On June 24, terms of reference for the expanded core team and drafting committee were finalized and adopted to guide the formulation process. Advocacy/sensitization visits were made to the top hierarchy of the FMIA to solicit support for the policy formulation process. The response was largely favorable.

POLICY, in collaboration with other key stakeholders on OVC, such as FHI, CEDPA, DFID, and Pathfinder International, provided TA to NACA to develop a proposal, entitled "Enhancing the Quality of Life of Orphans and Vulnerable Children in Nigeria," for the third round of proposals to GFATM. This proposal development process, which took place May 26–30 in Abuja, was conducted in response to a presidential directive to submit a proposal to GFATM, specifically to access more funds for the national OVC response.

POLICY also continues to be a key member of the Country Coordinating Mechanism (CCM), contributing to its institutional structures and policies. POLICY was instrumental in mediating between the CCM and NACA, leading to the acceptance of NACA as the second Principal Recipient (PR) after an NGO, the Yakubu Gowon Centre, had originally been selected. The final selection of NACA as the PR, and the signing of the agreements with the GFATM for the first round of approved grants, finally took place, June 23–25. With this signing, Nigeria can now access additional funds to scale up activities on PMTCT, antiretrovirals (ARVs), and mobilization of civil society responses.

Work on the national POLICY on HIV/AIDS has finally been concluded with the president's approval of the policy and his signing of the foreword in June 2003. POLICY is supporting the production of this document and will also support the formal launching, which is scheduled to be carried out by the president in August. POLICY will develop a presentation highlighting key aspects of the policy and will support the dissemination of this presentation thereafter.

Tools/Research: POLICY/Nigeria continues to provide TA to the Nigerian Prison Services toward the completion of a rapid assessment report on HIV/AIDS knowledge, attitudes, and practices and seroprevalence among the paramilitary services and prison inmates. An abstract of this assessment was prepared, submitted, and accepted for presentation at the next ICASA. POLICY will provide further assistance through the publication and dissemination of the report once it is finalized.

In collaboration with the Society for Family Health (SFH) and the FMOH, POLICY participated in meetings of the central and technical management committees to review initial findings and define the structure of the report of the NARHS. These meetings were held in Abuja, May 12–14. POLICY is also a member of the report writing and dissemination committee and is providing input into the data analysis and development of advocacy packages using outputs from this survey.

POLICY is collaborating with the DFID and the KIT, Netherlands, on a socioeconomic assessment of the impact of HIV/AIDS on rural livelihoods in Benue State. This assessment commenced last quarter and is

now nearing completion. POLICY coordinated the demographic aspect of the assessment and is involved in the analysis.

In 2002, POLICY developed a publication that estimated the size of the OVC population in Nigeria using data from the 2001 sentinel survey, which has become the point of reference for most OVC-related activities in the country and has so far been used by agencies as diverse as the World Bank, the Federal Ministry of Education, FMWA&YD, and educational institutions locally and internationally. In anticipation of the results of the 2003 HIV/AIDS sero-sentinel survey among ANC attendees, POLICY has begun revising estimates and methodologies in light of new knowledge. This activity is being carried out in conjunction with the “OVC task force” selected from key stakeholders in the country.

To ensure that the policy and planning processes and dialogue are continually informed by data, POLICY recently developed a request for proposals (RFP) to evaluate the impact of HIV/AIDS on the Education Sector. Concurrence for this was obtained from the Hon. Minister of Education, whose staff will actively participate in evaluation of in-coming proposals. The closing date for receipt of proposals was June 30, giving prospective applicants a period of six weeks to respond. Similar RFPs are also under development for the Agriculture and Labor sectors.

POLICY also hosted a meeting of the NACA Research/Policy Committee to put together policy guidelines and an agenda for HIV/AIDS research activities in Nigeria. The meeting was held on May 6–7, and the final report of this meeting is being put together with POLICY TA.

POLICY continues to participate in the development and finalization of the Nigerian National Response Information Management System. This document, fashioned after the UNAIDS Country Response Information System (CRIS), is expected to serve as a framework for the monitoring and evaluation of the HIV/AIDS national response and provide guidelines for the establishment of the Management Information System (MIS) at all levels. To date, consensus has been achieved on the core indicators to be used and POLICY supported the final report writing exercise that took place, June 30–July 1. Key partners in this exercise included UNAIDS, SFH, FHI, NACA, and FMOH, with occasional TA from MEASURE Evaluation. The final report will be presented to stakeholders from all states in Nigeria at two separate events to be held in late July 2003.

In collaboration with the Center for the Right to Health (CRH) and Physicians for Human Rights (PHR), POLICY/Nigeria continued data collection on the study of access to medical services among PLWHA in Nigeria. Additional interviews were held with PLWHA in Abuja and Lagos, data entry was completed, and data analysis continued.

Capacity Building : POLICY provided assistance to a Catholic FBO in Abuja, the Holy Family Parish, to develop and implement sensitization and awareness campaigns on HIV/AIDS in April and June in Abuja. Two POLICY staff gave presentations on the basics of HIV/AIDS in Nigeria during these events. About 100 young persons and 120 women were reached as part of the initial program. The Parish Action Committee on AIDS (PACA) has since become one of the most active FBOs in the Federal Capital Territory (FCT). This has been in no small measure a result of the activity planning TA provided to the parish by POLICY staff. Consequently, the group has gained recognition from other agencies, including the German Embassy, which donated funds to the parish for the purchase of audiovisual aids.

To consolidate the earlier mentoring provided to a support group for PLWHA, which operates in the FCT—the OPP—POLICY has formally contracted the group to implement a project aimed at empowering PLWHA to respond to the AIDS epidemic in the FCT. POLICY will continue to provide TA during the implementation of this subcontract.

Through the efforts of one of POLICY's subgrantees, the Journalists Against AIDS (JAAIDS), selected members of the Armed Forces were trained on HIV/AIDS communication and the use of information technology. This training took place at the premises of the Armed Forces Program on AIDS Control (AFPAC) in Lagos, June 10–11.

POLICY participated in a one-week training workshop, funded by the Federal Ministry of Education and the National Program Team of the World Bank HIV/AIDS Project, "Accelerating the Education Sector Response to HIV/AIDS," in Abuja, June 16–20. This workshop, which had participation from several international consultants, is part of the UNAIDS Interagency Task Team (IATT) for Education regional initiatives with HIV/AIDS-affected African countries to accelerate the Education Sector Response. This initiative had two main objectives (1) promoting Education for All (EFA) and the Millennium Development Goals to ensure that every child has access to education despite the HIV/AIDS epidemic; and (2) strengthening the capacity of the education sector to respond with timely actions to prevent students and teachers from HIV infection. POLICY participated in the OVC thematic group and made two presentations on the OVC situation in Nigeria as well as a possible response of the education sector to OVC.

Other: POLICY participated in activities to develop Nigeria's presentation for a World Bank multicountry video conference on strengthening the linkages between RH and HIV/AIDS programs. The event took place in Abuja, June 23–25. Coordination of activities for Nigeria's presentation was led by EngenderHealth, with Dr. Dosumu of USAID presenting Nigeria's experiences. A number of slides used for the presentation were developed from those previously used by POLICY. This conference showed clearly that integration of HIV/AIDS and FP/RH is possible and works.

Child Survival and RH

POLICY provided support to the RBM Program of the FMOH in celebrating Year 2003 Africa Malaria Day (AMD) by sponsoring a live interactive radio program on this year's theme: "Insecticide Treated Nets (ITN) and Effective Malaria Treatment for Pregnant Women and Young Children by 2005." The program brought to light the pressing issues that challenge the implementation of the ITN program in Nigeria, including awareness and availability of ITNs and drugs for malaria treatment; taxes and tariffs on ITNs; government commitment and support to the RBM/ITN programs; donor support and involvement in program implementation; use and effectiveness of environmental management for malaria control; availability of prepackaged drugs and home management of malaria; and sanitation and environmental aspects of malaria control. The public debate on issues regarding ITN use generated by this program is deemed to have contributed to the rescheduling of the launch of the FMOH's ITN Massive Promotion and Awareness Campaign (IMPAC) by the president, which had earlier been postponed, during which he again announced the removal of taxes and tariffs on imported yarn for making the bed nets as well as chemical insecticides for treating the nets. POLICY will provide TA to convene a meeting of stakeholders from the public and private sectors including net manufacturers and development agencies to ensure that controversies around the taxes and tariffs issue are finally put to rest.

POLICY hosted USAID's implementing partners (IPs) in child survival at a meeting, May 2, to review the draft advocacy presentation, which will accompany the document, entitled "Child Survival in Nigeria: Situation Prospects and Response—Key Issues," which was produced earlier as a policy brief. At this meeting, useful comments and contributions regarding the structure, content, and targeted audiences for the presentation were received from the IPs in attendance. Attendees included BASICS, JHU/Health Communications Package, Nigeria-Applied Research for Child Health (N-ARCH), Netmark, and the International Institute for Tropical Agriculture (IITA). The presentation was well received by the IPs as a useful advocacy tool. Next steps include dissemination to the public sector and other private sector

partners in one large stakeholders meeting, which will bring together disparate partners with the intention to stimulate dialogue on issues raised by the presentation.

POLICY continued to collaborate with partners working in nutrition to strengthen the National Committee on Food and Nutrition (NCFN) by supporting a nutritionist position at the NCFN Secretariat (i.e., the National Planning Commission). POLICY is providing telephone lines and Internet access to improve communications and networking for the NCFN to facilitate effective coordination of the Food and Nutrition Policy of Nigeria. POLICY is also committed to supporting the development of the National Plan of Action for the Nutrition Policy. Other partners involved in this process include UNICEF, WHO, BASICS, IITA, and Helen Keller International.

POLICY has initiated talks with the Nutrition Division of the FMOH on providing TA and support for development of the Infant and Young Child Feeding Policy and review of the HIV/AIDS and Infant Feeding Guidelines. This activity will be implemented in collaboration with UNICEF.

REDSO/ESA

POLICY activities are supportive of REDSO's regional program to build the capacity of institutions working on family planning, reproductive health, maternal and child health, nutrition, HIV/AIDS, infectious diseases, nutrition and food security, and health financing and reform. One of the three principal African partners receiving REDSO support is the Commonwealth Regional Health Community Secretariat (CRHCS). The Ministers of Health in these countries have charged CRHCS with the task of promoting efficiency and relevance in the provision of health-related services in the region. POLICY works to build the capabilities and capacity of CRHCS to strengthen policy analysis, formulation, dialogue, and advocacy activities within the secretariat itself and, by extension, across the 14 member countries. POLICY's objectives are, therefore, to assist CRHCS in identifying, strengthening, promoting, and advocating for policies that underpin and permit efficient and relevant health interventions and services in the region.

Summary of Major Activities January 1—March 31, 2003

Activities were once again essentially limited to planning and attempting to reschedule collaborative activities postponed from previously established dates. Leah Wanjama led this effort in consultation with CRHCS counterparts and POLICY/Washington. However, due to the crowded workplan of CRHCS and other factors such as restrictions on some USAID-funded international travel, it was not possible to conduct the Second Health Policy Advocacy Workshop during March. This specific collaborative activity was tentatively rescheduled for June 2003.

A brief meeting was held in Nairobi on February 27 between POLICY's Brenda Rakama and Steven Forsythe and REDSO's Janet Hayman and Gil Cripps to discuss training a selection of regional participants in the use of the GOALS Model. Options include selecting participants in addition to CRHCS staff, conducting a one-day session during the Directors' Joint Consultative Committee (DJCC) Meeting (June or July 2003), and focusing on training participants in one or two countries, such as Tanzania and Ethiopia, in a more in-depth process beyond the short familiarization presentations that would be used at the DJCC meeting. One possibility would be that a consultant would be selected in the first of these countries (e.g., Tanzania), and several members of CRHCS and one from REDSO would work closely with this consultant to collect the necessary data from this country (HIV prevalence, sexual behavior data, cost of interventions, etc.). Following the appropriate data collection, POLICY would then conduct training in Dar es Salaam for Tanzanian policymakers, CRHCS, and the selected in-country consultant (with possible inclusion from a university in the region). Members of CRHCS would lead the same process in a second country with backup support from the POLICY Project. The individuals trained in each of the two countries should represent a diversity of technical skills (e.g., epidemiology, demography, economics, etc.) and include those who would be most likely to advocate for an appropriate allocation of HIV/AIDS resources.

April 1—June 30, 2003

Dr. Mark Bura, Coordinator, Health Systems Development, CRHCS, conferred with POLICY at its Washington, D.C., office during June to identify ideas and issues in the four-point proposal for continuing collaborative activities to include health policy advocacy, development of policy briefs, training in the GOALS Resource Allocation Model in HIV/AIDS, human resource development, and capacity building. Two ideas emerged for action. The first concerned POLICY's participation in CRHCS' annual planning meetings to be held in August–September to elaborate the CRHCS workplan for the period from October 3, 2003–September 4 2004. The second was for POLICY to provide HIV/AIDS data and relevant

information on Rwanda. POLICY subsequently shared available data with REDSO and CRHCS on prevalence and incidence rates, policy factors, and effectiveness rates in program interventions as based on international studies and research.

In June, POLICY drafted and provided CRHCS with an outline of the first section in the Policy Advocacy Manual for it to consider in upcoming work with public sector institutions and personnel regarding health policy advocacy activities. This version is in response to suggestions made at the Kampala Health Policy Advocacy Workshop by CRHCS, POLICY, the SARA Project, Measure, DHS, and the Centre for African Family Studies (CAFS). The existing manual was geared to stakeholders in civil society and the private sector rather than public sector personnel.

POLICY and SARA Project conferred on next steps and allocation of financial and technical resources in support of the SARA Project's applied research that is underway to identify the impacts of HIV/AIDS on human resources in the health sector. The purpose is to identify ways to remedy losses and prepare personnel while focusing on the underlying policy changes required to ameliorate a deteriorating human resource situation in the sub-Saharan region.

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 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.

Summary of Major Activities January 1—March 31, 2003

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, POLICY interventions were implemented across a range of sectors, focusing on the following activities:

Planning/Finance/Policy Development: On January 28–29, POLICY facilitated a strategic planning session for the national government's Inter-Departmental Committee (IDC) on HIV/AIDS, which resulted in the development of an operational plan for 2003/2004 for the committee. The session was attended by representatives from 28 of the 37 national government departments. The operational plan for 2003/2004 aims to increase information and publicity about the activities and accomplishments of the IDC, strengthen collaboration between the IDC and other national stakeholders such as the Department of Public Service and Administration (DPSA), and provide technical support to departmental HIV/AIDS focal-point staff members and/or coordinators in mainstreaming HIV/AIDS into relevant departmental policies, procedures, and programs. IDC adopted the 2003/2004 operational plan on March 4, 2003.

Tool Development and Use: In relation to national government departments, POLICY continues to assist the DPSA by providing technical support to its HIV/AIDS Impact and Action Project. POLICY assisted in developing a Human Resources Guide for the public sector, entitled *Guidelines on Integrated Human Resources Planning in the Public Service*. The guidelines will provide practical tools to assist human resource managers in mitigating the impact of HIV/AIDS in the workplace by showing how the epidemic is likely to affect departments and how this can be countered through effective human resource planning. In the next quarter, POLICY will further assist the DPSA in implementing a communication strategy to support initiatives aimed at mitigating the impact of HIV/AIDS on the public service, through support to a series of capacity-building workshops.

In 2002, POLICY, in consultation with the South African National Civil–Military Alliance (SACMA) National Executive Committee, commissioned Southern Hemisphere, a local research agency, to undertake an evaluation of SACMA. The evaluation, completed last quarter, was favorably received by the Chief Directorate: HIV/AIDS and TB, Department of Health. In February, POLICY and Southern Hemisphere presented the final evaluation report to the SACMA Steering Committee, a committee composed of the SACMA Executive Committee and the nine provincial SACMA coordinators.

Overall, the evaluation found that during the last five years, SACMA has played an important role in jump-starting and equipping the uniformed services to respond to HIV/AIDS. However, SACMA has now reached a point where its vision, mandate, structure, and partnerships need to be reviewed and revised to ensure that SACMA's role continues to be appropriate and beneficial. The Steering Committee

felt that the evaluation was a fair report and accurately portrayed SACMA at this point in time. They agreed that they would request input from the SACMA provincial committees before a final decision was made regarding future plans for SACMA. This consultative process has now been initiated and will continue until June 2003.

As part of POLICY's ongoing support to the strategic planning process for the Church of the Province of Southern Africa (CPSA), POLICY assisted in the development and design of a website to document the project from its inception in August 2001 to date, in collaboration with UNAIDS. The website is an extensive exposure of the processes and tools that POLICY has developed and implemented, in partnership with the CPSA, to ensure the compilation of an overall strategic plan for the church province (as achieved in 2002). The website documents the process by which the CPSA and the African Communion formulated a consensus, which began in Boksburg with the All Africa Anglican Communion HIV/AIDS Conference in August 2001, and has since led to a strategic planning program across Africa. In addition, the website documents the worldwide Communion and achievements in the Canterbury and Hong Kong meeting of primates, creating a worldwide effort by this denomination to engage in the struggle against AIDS. Because strategic planning is the agenda of the worldwide Communion for the next three years, this website is expected to help faith and community leaders launch such efforts, locally and nationally. Also, it will become the repository of success stories that emerge from the worldwide Communion in the next three years.

In August 2002, POLICY, in collaboration with the Care and Support Sub-Directorate of the Chief Directorate: HIV/AIDS and TB, Department of Health, and the local UNDP GIPA Program, commissioned a team of writers to embark on developing a *Toolkit for People Living with HIV/AIDS (PLWHA)*. The toolkit focuses on issues of disclosure, legal and human rights, communication skills, facilitation skills, and strategizing and campaigning.

The writers developed the draft content of their module (in consultation with a PLWHA advisor); pilot-tested their module with a group of 23 PLWHA in order to capture their experiences, stories, and comments; re-drafted the content of their module to incorporate the recommendations from the pilot-testing phase; and distributed the current text to the PLWHA advisors and key project partners for their final comments. In May 2003, workshop participants will be invited to participate in a final closing workshop, in which they will give permission for their stories to be used in the toolkit and discuss plans for the roll-out phase of this initiative. Following this, the final editing, design, and printing of the toolkit will occur, in preparation for the Department of Health's public launch of the toolkit, which is anticipated to occur in August 2003.

In the last year, POLICY/South Africa has been facilitating the implementation of a core-funded package: the HIV/AIDS-related Stigma and Discrimination Research Project (called the Siyam'kela Project in South Africa). In December 2002, POLICY commissioned a local research agency, Insideout, to conduct a media scan, undertake the identification and validation of indicators of HIV/AIDS-related stigma, and provide key guidelines that will assist projects to monitor and measure the impact of their stigma-mitigating interventions. During this quarter, a media scan, specifically focusing on programs related to HIV/AIDS, was conducted across a sample of local print, television, and community radio channels, and 18 focus-group meetings were held across the nine provinces with representatives from faith organizations and PLWHA. In March 2003, a third set of reference group meetings were also convened, providing both the research team and the Centre for the Study of AIDS (CSA), University of Pretoria—POLICY's partners on this project—with valued guidance on carrying out the Siyam'kela Project.

Capacity Building: POLICY has during the last two years been supporting the Department of Health in its capacity-building interventions with local government. Following the 2001/2002 local government HIV/AIDS Master Training Program—a collaborative initiative that POLICY facilitated with the Chief

Directorate: HIV/AIDS and TB, Department of Health, the Department of Provincial and Local Government, and the South African Local Government Association (SALGA)—the subsequent roll-out training of 410 local government personnel throughout the country, and the POLICY-initiated program evaluation of the process and outcomes of the above interventions, POLICY was asked to continue to support three of the nine provinces in determining their priority capacity-building needs. From January–March 2003, representatives from POLICY and the Chief Directorate: HIV/AIDS and TB met with local government representatives from the provinces of Gauteng, North West, and Limpopo, initiating discussions around their requested training requirements for 2003.

To ensure that funds are distributed to NGOs and CBOs to provide local HIV/AIDS services in communities across South Africa, the national NGO Funding Unit of the Chief Directorate: HIV/AIDS and TB, Department of Health, has in the last couple years been allocated a progressively expanding budget. Expansion of the unit's responsibilities has in turn necessitated the development of a sound communication and management system—in particular, a sound fund-disbursement and monitoring process. To this end, POLICY was asked in January to assist in promoting an improved understanding and relationship among the national NGO Funding Unit, the Department of Health's provincial NGO coordinators, and local NGOs funded by the Department of Health.

In February 2003, POLICY facilitated a planning meeting for the national NGO Funding Unit, the provincial HIV/AIDS coordinators, and representatives of nine provincial NGOs, where it was agreed that in the next six months, POLICY would facilitate a series of nine provincial workshops with the above-mentioned stakeholders to identify the challenges and solutions in securing funding and ensuring compliance of reporting guidelines and regulations; to develop an audit of all those NGOs receiving funds during the 2001/2002 year; and to promote provincial NGO networks and forums to improve the networking, communication, and coordination within the sector. In August 2003, it is planned that the outcome of the provincial events would be drawn together into a national meeting where a final set of recommendations around a national NGO funding process and strategy would be adopted. This national meeting will in turn be followed by a series of provincial feedback events to the provincial CBO/NGO structures.

In November 2000, the first National Summit on HIV/AIDS within the disability sector was organized by SANAC through the South African Federal Council on Disability (SAFCD). During this summit, the need for raising awareness and providing educational programs for disabled people was identified; and in 2001, POLICY supported the first of a series of nine capacity-building workshops for the disabled. POLICY presented the outcomes of this work at a disability-sector summit on HIV/AIDS in May 2002. The report summarized the gaps between HIV/AIDS and disability and informed the drafting of provincial plans by delegates, which were then submitted to Deputy President Jacob Zuma.

In February 2003, the partners on this initiative—the Chief Directorate: HIV/AIDS and TB, Department of Health, SANAC, SAFCD, and POLICY—held their first partnership meeting of the year to develop a plan for the second phase of this intervention. Like the first phase, the intervention will focus on providing disabled people with basic information about HIV/AIDS and increasing their participation in addressing and responding to the issue of HIV/AIDS. The process will begin with a national consultative workshop in May 2003 with representatives for the following disabilities: Autism, Mental Health, Downs Syndrome, the Deaf/Blind, and Parents of Disabled Children. In addition, POLICY has also been requested to provide some evaluation TA to the second phase of the intervention.

In late 2002, building on POLICY's work during the past year in supporting the national government-initiated Faith Organizations in HIV/AIDS Partnership (FOHAP) Program, POLICY developed a summary report of a series of nine provincial consultative workshops, which were facilitated by POLICY on behalf of the Chief Directorate: HIV/AIDS and TB, Department of Health. On March 31, 200 copies

of this report were presented and disseminated at a national FOHAP launch, convened by the Minister of Health and the Chief Directorate. A POLICY presentation made at this launch provided guidance to the FOHAP on taking the initiative forward, nationally and provincially, in the next year.

POLICY continued to support the Anglican Communion's HIV/AIDS Program by facilitating a two-day planning process with CAPA in Uganda. This segment of the Anglican Communion represents virtually one-half of the worldwide Communion's strength, or about 40 million Anglicans in Africa. The aim of the workshop, which took place on January 29–30, was to take participants through an experiential and interactive process of skills development within CAPA. The focus was on capacity building in HIV/AIDS strategic planning, as a tool to strengthening the HIV/AIDS response across CAPA, within the provinces and at the diocesan level. In this way, the strategic planning process that POLICY supported within the CPSA as part of the CORE demonstration project, was replicated in the provinces of the Anglican Church in Africa using the same model. Invitations to the CPSA AIDS Coordinator and POLICY South Africa from Anglicans in other parts of Africa were extended for TOT workshops in the six of 11 remaining provinces in Africa. The Anglican Communion has raised more than \$250,000 in response to the needs identified through supporting the planning process in Africa with CAPA.

In addition, POLICY piloted the Anglican Wellness Management Curriculum in March, developed by POLICY in partnership with the CPSA. Thirty-seven master trainers from across 21 dioceses of the CPSA underwent a four-day TOT workshop on wellness management. This team of master trainers is now in a position to effectively run workshops at the diocesan level across the CPSA, using the curriculum. Following the TOT workshop, the curriculum, in the form of a training manual, will undergo final revisions based on the feedback received during the TOT workshop and will then be used, in its refined form, for the diocesan roll-out phase. POLICY will provide facilitation support, TA, and materials for the diocesan roll-out phase. In the next two years, more than 90,000 women will be trained by the Mother's Union and the Anglican Women's Fellowship on the Wellness Management Curriculum. The Wellness Management Training Manual and resources will soon be appearing on websites across the Anglican Communion as well.

Since the National Traditional Leaders HIV/AIDS Indaba, March 2002, POLICY facilitated a series of HIV/AIDS educational workshops with the elected National Task Team of Traditional Leaders. During this quarter, POLICY facilitated a series of two 2-day workshops for approximately 100 members of the Provincial Traditional Leaders HIV/AIDS Forum in Limpopo and Mpumalanga provinces. Workshops have already been held in the Eastern Cape, North West, Free State, and KwaZulu-Natal provinces. Reports for the educational workshops held in each of the provinces were also developed and finalized in March 2003.

In addition, POLICY supported the facilitation of a strategic planning event for the Eastern Cape Traditional Leaders Forum. As a result, the forum created a 2002/2003 business plan that was used in pursuing a partnership with the Nelson Mandela Foundation, received coverage on the South African Broadcasting Corporation television station on World AIDS Day, 2002, and has since been distributed to local stakeholders for review. During the next month, POLICY, together with the Chief Directorate: HIV/AIDS and TB, Department of Health, will develop a proposal for how best to proceed this sector initiative next period.

Following POLICY's TA in designing and facilitating aspects of a National Men's Imbizo (or Conference) in October 2002, 700 copies of the POLICY-produced comprehensive report of the Imbizo were distributed to a range of stakeholders across the men's sector, within government departments and to SANAC. To ensure that the Men in HIV/AIDS Partnership Initiative continues to expand, a consultative meeting was held in February 2003 between POLICY and the national working group of this initiative to establish an appropriate process and agenda for a series of provincial consultative workshops across all

the nine provinces over the next quarter. POLICY will manage the facilitation and reporting of these events.

POLICY continues to provide support to the University of Stellenbosch and the National School of Public Health at MEDUNSA in facilitating the Postgraduate Diploma in Management of HIV/AIDS in the World of Work. During this quarter, POLICY assisted six students in the initial stages of developing an HIV/AIDS policy for their respective workplaces. TA provided to these students will enable them to put into action two web-based modules on HIV/AIDS policy development that POLICY designed for this postgraduate diploma course.

***Other:** Support of the Director (Research) post at the Health Economics and HIV/AIDS Research Division (HEARD), University of Natal.* This support has enabled HEARD to provide mentoring to junior staff and senior researchers within the unit, respond to a wide range of requests for information about the impact of HIV/AIDS on various sectors, and develop HIV/AIDS-related training programs.

Support of the Office Manager post in the Office of the Chief Director: HIV/AIDS and TB, Department of Health. Beginning December 2002, POLICY supported the position of an Office Manager, Hyla van Rensburg, in the office of the Chief Director: HIV/AIDS and TB. The purpose of this support is to provide additional organizational and administrative support to the office of the Chief Director, particularly in relation to liaison with the public, parliamentary committees, and other government ministries.

April 1—June 30, 2003

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 SANAC, the country's highest HIV/AIDS decision-making body. POLICY interventions were implemented across a range of sectors, focusing on the following activities:

***Advocacy:** Development of Two Specialized Advocacy Training Programs.* POLICY was asked to provide TA in the development of two specialized advocacy training programs, the first focusing on HIV/AIDS advocacy from a gender perspective and the second focusing on the synergy between the concepts of advocacy and policy development.

In April 2003, POLICY was approached by the Gender AIDS Forum, a network of community-based and NGOs based in KwaZulu-Natal Province, and asked to design an advocacy training program for 10 local organizations to respond to HIV/AIDS policy-related issues through a "gender lens." The training is to be held on July 28–31, 2003, in Durban, Kwa-Zulu Natal. By facilitating the training program, POLICY will provide participating organizations with the necessary support to develop their own HIV/AIDS advocacy campaigns, which will focus specifically on issues related to HIV/AIDS and gender.

In March 2003, POLICY was approached by the School of Public Health, University of the Western Cape (UWC) to assist in the development of a program to provide health practitioners with an understanding of the link between advocacy and the policy development process. This five-day program will be run between July 14–18, 2003, and facilitated collaboratively by POLICY, the School of Public Health, UWC, and the Children's Institute, University of Cape Town.

Both these programs are being considered by POLICY as pilot training programs, which will later be modified and adapted for use in the other settings in which POLICY is currently working.

Planning/Finance/Policy Formulation: *Support for Development of a Workplace HIV/AIDS Policy for the Botswana Police Service (BPS).* At the request of the Programme Development Manager of the African Comprehensive HIV/AIDS Partnership (ACHAP), Botswana—a past student of the POLICY-supported Stellenbosch University/MEDUNSA Postgraduate Diploma in HIV/AIDS Management in the World of Work Programme—POLICY is providing TA to the BPS as it develops a workplace policy for HIV/AIDS to support its 8,000 employees. From May 12–14, POLICY facilitated a consultative meeting with the BPS HIV/AIDS Advisory Committee and met with the Botswana Police Commissioner, Directorate of Personnel Management, BPS, and representatives from the National HIV/AIDS Coordinating Agency. With assistance of POLICY, a working group within the BPS is currently developing a draft HIV/AIDS workplace policy, in line with its current occupation health and safety policy, and will present the draft policy for final comment to key stakeholders in August 2003.

Support for Development of a Workplace HIV/AIDS Policy for the Working for Water Programme, Department of Water Affairs and Forestry. In March 2003, POLICY was approached by members of the Social Development Cluster within the Working for Water Programme to assist its National HIV/AIDS Steering Committee to review the two existing HIV/AIDS workplace policies that the cluster developed during the past two years, and work toward finalizing a single HIV/AIDS workplace policy. On June 10, POLICY facilitated a consultative meeting between the National HIV/AIDS Steering Committee and management representatives from the Working for Water Programme. As a result of this meeting, an HIV/AIDS Workplace Policy Task Force was established. The task force will be responsible for communicating the first draft of the HIV/AIDS workplace policy to all regions and finalizing the policy in preparation for a presentation of the proposed policy to senior management in September 2003.

In April 2003, POLICY completed its two-year support of the Anglican Communion's HIV/AIDS Program, a demonstration project of the CORE Initiative, by designing and facilitating the program for the Inaugural Meeting of the Church of the Province of Southern Africa's HIV/AIDS Network, held on April 22–26, 2003. This inaugural meeting was attended by 150 delegates from the HIV/AIDS task teams from 19 diocese of the CPSA. The meeting successfully established a framework for the monitoring and evaluation and overall management of the implementation of the diocesan HIV/AIDS strategic plans in the next few years. At this event, the R45 million grant from DFID for implementing the POLICY-supported CPSA HIV/AIDS Strategic Plan (2003–2006) was officially granted. Dignitaries from USAID, DFID, the American and British governments, Christian Aid, and the Department of Health were present. Following the conference, POLICY produced 19 summary reports—one for each diocese—capturing the agreements reached and action plans of each diocesan HIV/AIDS task team in taking forward the implementation and evaluation of their HIV/AIDS strategic plan in the next year.

POLICY also assisted the CPSA HIV/AIDS ministries and UNAIDS in documenting the process that this core-funded activity has taken in developing a strategic plan for HIV/AIDS for the CPSA. The booklet, entitled “From Boksburg to Canterbury: Steps to Putting HIV/AIDS on the Anglican Map.”

Tools/Research: *Development of HIV/AIDS-related Guidelines for the Chief Directorate: HIV/AIDS and TB.* The Chief Directorate: HIV/AIDS and TB requested POLICY to develop three sets of HIV/AIDS-related guidelines for use by the Department of Health: *Guidelines for the Development and Maintenance of PLWHA-support Groups; Guidelines for the Continuum of Care for HIV/AIDS and Related Diseases; and Guidelines for the Care and Support of Health Care Workers in Relation to HIV/AIDS.* In March 2003 and May 2003, POLICY facilitated two stakeholder meetings to ensure that appropriate input around the content of the different guidelines was obtained, and that adequate consensus is reached in the process of developing a set of comprehensive, high-quality national guidelines for the Department of Health. It is anticipated that the final draft of the three sets of guidelines will be completed by October 2003.

Report of First National Home/Community-based Care Conference (September 18–21, 2002). In September 2002, POLICY provided TA to the Department of Health in hosting the first national home/community-based care conference, entitled “Khomanani: Reaching Out—Scaling Up.” During this quarter, a POLICY-produced report of the conference was released and distributed to the 380 conference participants, the Provincial Department of Health Home/Community-based Care Coordinators and HIV/AIDS Managers, and a range of NGOs and FBOs in South Africa. On May 13, the Minister of Health, Dr. M. Tshabalala-Msimang, used the report as part of the Department of Health’s display of accomplishments, which accompanied her annual budget speech to Parliament.

Local Government. POLICY continues to provide TA to local government HIV/AIDS program of the HIV/AIDS Inter-Departmental Support Programme, Chief Directorate: HIV/AIDS and TB, Department of Health. Following the 2001–2002 local government HIV/AIDS master training program—a collaborative initiative that POLICY facilitated with the Departments of Health and Provincial and Local Government and SALGA—POLICY facilitated the development of a comprehensive report on local government HIV/AIDS-related activities in South Africa. The report, which documents past, present, and planned HIV/AIDS activities at a local government level, including a list of relevant resources, will be distributed by the Department of Health to key stakeholders and local government networks in August 2003.

Positive Organization: Living and Working with the Invisible Impact of HIV/AIDS. POLICY contributed to the development of a publication designed to assist NGOs to manage the dynamics and impact of HIV/AIDS within their workplaces. The resource, produced by the Community Development Resource Association (CDRA), documents the experiences of NGOs in relation to managing the HIV epidemic within their workplaces and community contexts, and provides practical ways managers can manage HIV/AIDS within the legal and policy framework of South Africa.

Capacity Building: *Stellenbosch University/MEDUNSA Postgraduate Diploma in HIV/AIDS Management in the World of Work.* POLICY continues to provide support to Stellenbosch University and the National School of Public Health at MEDUNSA in developing and facilitating aspects of the Postgraduate Diploma in the Management of HIV/AIDS in the World of Work. POLICY revised the three-course modules and associated assignment, which focus on HIV/AIDS policy development and form part of this year’s Internet-based learning syllabus. The modules focus on building students’ capacity to better develop and implement HIV/AIDS policies and programs in a workplace setting.

On June 24, POLICY facilitated a one-day training session on the content of these three modules at the University of Stellenbosch’s annual winter school program. The session was attended by 300 of the 320 students registered for the course, representing private companies, government departments, and NGOs. Through a panel discussion and small-group tutorials, the aim was to build the capacity of students to better tackle policy development in their own workplaces. In partnership with PLWHA and our colleagues, the Chief Directorate: HIV/AIDS and TB, the USAID-funded Right to Care, the University of Western Cape and SA Eagle, best practices and lessons learned in developing a workplace HIV/AIDS policy were shared publicly.

In addition, with the support of IR4 funding from POLICY/Washington, a comprehensive student’s training pack, consisting of the three POLICY-developed modules and associated reading materials, was produced in a booklet so as to assist the 320 participating students with their learning on this course.

HIV/AIDS and the Disability Sector. In 2001–2002, POLICY, in collaboration with SANAC and the South African Federal Council on Disability (SAFCD), facilitated a series of provincial workshops and a national summit focusing on HIV/AIDS within the disability sector. In preparation for the continuation of this initiative, POLICY recently collaborated with the Disability Studies Programme, Child Youth and Family Development, Human Science Research Council, and developed a proposal that considers the

development and piloting of an HIV/AIDS educational intervention, specifically designed to take into account the life circumstances of disabled people. POLICY will meet with representatives from the Chief Directorate: HIV/AIDS and TB and SANAC in July–August 2003 and discuss how this proposal could be considered as one of the ways in which the Department of Health and SANAC could strengthen HIV/AIDS-related activities in this sector.

Faith-based Sector. In continued support of the national government-initiated FOHAP Program, POLICY developed a summary brochure of the history and outcomes of the POLICY-supported national *indaba*, or gathering, the nine provincial FOHAP consultative workshops, and national FOHAP launch—all of which took place between March 2002–March 2003. The brochure includes a summary of the critical issues facing the faith sector in the context of the HIV/AIDS epidemic, outlines the purpose and structure of FOHAP, and presents an endorsement of FOHAP by the National Minister of Health. Two thousand copies of the FOHAP brochure will be distributed across the country to faith leaders, provincial and national government representatives, and members of civil society organizations to expand the reach and impact of the provincial and national FOHAP structures.

POLICY also assisted the Western Cape FOHAP Committee in developing and submitting a funding proposal to the Western Cape Provincial Health Department, which aims to support the development of local network activities.

In addition, the POLICY-developed Anglican Wellness Management Curriculum was finalized. This interactive training manual is the product of a rigorous process of consultation with the Mother's Union, Anglican Women's' Fellowship and CPSA in the past year. Following a four-day TOT workshop in March 2003, the draft curriculum was refined and finalized, accompanied by a participant workbook and trainers booklet. In June, the first two of the 19 diocese-level wellness management training workshops were held, co-facilitated by POLICY, and using the innovative curriculum. During the next year, POLICY will provide facilitation, participant material support, and TA to the diocesan and parish-level training programs, which will be run across all of the 19 CPSA dioceses.

Men's Sector. Following the Department of Health's October 2002 Men's *Imbizo*, in which 400 men from across the country gathered in Cape Town under the slogan, "South African Men Care Enough to Act," and participated in POLICY-facilitated discussion sessions, POLICY continued to support the department's "Men in HIV/AIDS Partnership" Initiative at a provincial level. POLICY facilitated six provincial consultative workshops within the men's sector. Each event focused on how existing structures and organizations focusing on men's issues within the province could improve their collaboration around HIV/AIDS, how other men could be mobilized to participate in networks being formed at a provincial level, and how links between this sector and the provincial health departments could be increased. During the next quarter, POLICY will facilitate the remaining three workshops, in which this training intervention will be presented to a national working group, created under the direction of the Chief Directorate: HIV/AIDS and TB.

Development and Facilitation of a Toolkit for People Living with HIV/AIDS (PLWHA). In August 2002, POLICY, in collaboration with the Care and Support Sub-Directorate of the Chief Directorate: HIV/AIDS and TB, Department of Health, and the local UNDP GIPA Program, commissioned a team of writers to embark on developing a *Toolkit for People Living with HIV/AIDS (PLWHA)*. The toolkit focuses on issues of disclosure, legal and human rights, communication skills, facilitation skills, and advocacy. In the last eight months and in consultation with a PLWHA advisor, each writer developed the draft content of their module, piloted their module with a group of 23 PLWHA (to capture their experiences, stories, and comments), redrafted the content of their modules to incorporate recommendations from the pilot phase, and distributed the revised text to the PLWHA advisors and key project partners. In May, the 23 workshop participants participated in a final workshop, in which they provided consent for their stories to

be used in the toolkit, evaluated the process by which the toolkit had been developed, and discussed plans for the “rollout” phase of this initiative.

The project is now in its final editing phase and once the content has been approved by the Chief Directorate: HIV/AIDS and TB and other collaborating partners in August 2003, a process of design and printing of the toolkit will occur. It is anticipated that the Department of Health will publicly launch the toolkit on December 1, 2003.

National NGO Funding Unit Workshops. In January 2003, within the context of an increasing budget and expanded responsibilities, the National NGO Funding Unit of the Chief Directorate: HIV/AIDS and TB, Department of Health, requested that POLICY assist them in establishing a sound communication and NGO fund-disbursement and monitoring system for the future. Working in collaboration with the National NGO Funding Unit, Department of Health’s Provincial NGO Coordinators, and local NGOs funded by the Department of Health, POLICY facilitated a series of nine provincial workshops with the above-mentioned stakeholders.

The workshops were extremely successful in that they have provided participants with information about the Department of Health’s reporting guidelines and regulations, the way in which the Department of Health has distributed funds to NGOs within each province in the past year, and also by identifying key provincial NGO networks and forums that can serve to improve the networking, communication, and coordination within the sector.

In August 2003, the outcome of the nine provincial workshops will be documented and presented at a national meeting convened by the National NGO Funding Unit, in which a final set of recommendations concerning the department’s national NGO HIV/AIDS funding process and strategy will be adopted. It is planned that this national meeting will be followed by a series of provincial feedback events to the provincial CBO/NGO structures.

NGO Business Plan Development Workshop, Northern Cape Province. As a result of the above intervention, it became evident that in the Northern Cape Province only one NGO had received funds from the National NGO Funding Unit in the past financial period (2002/2003). This had resulted in the province not accessing the available funds within the National Funding Unit to provide much needed additional support and financial assistance to key HIV/AIDS service-delivery organizations in the province. To ensure that this same pattern did not occur in the next financial period, POLICY designed and facilitated a three-day workshop in June, which ensured that 10 Northern Cape NGOs successfully developed and submitted funding proposals to the National NGO Funding Unit.

National Government Departments. During the past two years, POLICY has provided ongoing support to the DPSA Impact and Action Project. Based on the DPSA’s communication strategy, which was approved by the Director General of the DPSA in March 2003, POLICY supported the implementation of this strategy within the public sector across the nine provinces within South Africa. The communication strategy, which aims to highlight the roles and responsibilities of various stakeholders in mitigating the impact of HIV/AIDS on the public service, has used the POLICY-developed manual, *Managing HIV/AIDS in the Workplace: A Guide for Government Departments*, as the basis of its content.

A series of 12 workshops—events that are key components of the communication strategy—have been run for HIV/AIDS Coordinators from national and provincial government departments and supported by POLICY. The workshops focus on empowering all managers and HIV/AIDS coordinators as well as peer educators to implement programs to prevent the spread of HIV and to support PLWHA. In the past quarter, more than 250 people have been trained during this process.

Other: *Support to the Western Cape Networking AIDS Community of South Africa (WC-NACOSA), Masibambisane Report.* In December 2002, POLICY provided TA to WC-NACOSA in facilitating a provincial NGO summit. The main objective of the summit was to bring NGOs, CBOs, and FBOs together to improve networking, coordination, and communication in the HIV/AIDS arena in the Western Cape Province. The event, supported by the British High Commission and the Levi Strauss Foundation, was attended by 350 delegates.

POLICY developed a comprehensive report of this summit, distributed to the 350 participants from across the Western Cape Province as well as the other NGOs in South Africa. The report was attached as a supporting document to a recent application of the Western Cape Provincial Government to the Global Fund to Fight HIV/AIDS, TB and Malaria. It was also submitted to the Western Cape Provincial AIDS Council to guide its strategic planning in relation to HIV/AIDS and the role of NGOs.

Siyam'kela: HIV/AIDS-related Stigma and Discrimination Research. In the last year, POLICY/South Africa has been facilitating the implementation of a core-funded package: the HIV/AIDS-related Stigma and Discrimination Research Project (called the Siyam'kela Project in South Africa). Work on this core-package is progressing according to project timelines, and the project is being received with much interest among the various stakeholders. In the last quarter, the following activities have been conducted:

- Insideout Research has completed the data collection for the development of indicators of HIV/AIDS-related stigma. Nine focus groups were conducted with PLWHA, sharing their experience of working with the media. The focus groups were conducted with different representatives from the faith-based community. Three of these groups were members from the congregation, three groups were faith-based leaders, and three groups were PLWHA actively involved in a faith community. The faith communities included Muslim, United Presbyterian, Anglican, Catholic, Dutch Reformed Church, and Methodist. Within the national government departments, five focus-group discussions were conducted with participants from 12 departments; participants represented different levels within the hierarchical structure. Three key informant interviews were conducted with PLWHA employed by the government sector. More data will be collected through 30 key informant interviews with members of the senior management structure within government, experts from the media, and decision makers from civil society organizations. The purpose of these interviews is to test key themes and verify the findings. The 23 focus-group discussions have been transcribed and data analysis is underway.
- A media scan was conducted from January 1–March 31, 2003, in which 27 radio sessions on HIV/AIDS were captured, 147 national television episodes from pre-selected "soap operas" recorded, and 613 articles from 24 publications collected. These data are currently being analyzed, and the first report of the findings, which will contain the proposed HIV/AIDS-related indicators of stigma and discrimination from the field research in South Africa, will be presented during the second consultative workshop at the end of July 2003.
- The four project reference groups met for the fourth time, June 19–27, providing the project with invaluable insights and contributions, which will guide the project into its next phase. Three publications, Siyam'kela Literature Review, Report from the Preliminary Indicators Workshop (November 2002), and the Siyam'kela Project Flyer, were developed and are currently being distributed within the country.
- Siyam'kela Literature Review was published in the University of the Witwatersrand Women's Health Project Review in March 2003, and a presentation of the review was made at a provincial home/community-based care conference in Limpopo Province in June 2003. The audience consisted of community care givers, project coordinators, and government health care workers.

Support of the Director (Research) Post at the Health Economics and HIV/AIDS Research Division (HEARD), University of Natal. This support enabled HEARD to provide mentoring to junior staff and senior researchers within the unit, respond to a wide range of requests for information about the impact of HIV/AIDS on various sectors, and develop HIV/AIDS-related training programs.

Support of the Office Manager Post in the Office of the Chief Director: HIV/AIDS and TB, Department of Health. Beginning December 2002, POLICY supported the position of an Office Manager, Hyla van Rensburg, in the office of the Chief Director: HIV/AIDS and TB, in providing additional organizational and administrative support to the Office of the Chief Director, particularly to liaison with the public, parliamentary committees, and other government ministries.

TANZANIA

POLICY's goal 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 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 STD Program (NACP). 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, 2003

FP/RH

Depo-Provera Demand Study. POLICY had intended to initiate this study in late March; however, due to the travel restrictions, it has been postponed until travel can be resumed. Discussions had been held with the Mission's Advisor to MOH/RCHS and the Deliver Project. A local consultant was also selected to work with POLICY's Senior RH Advisor, Dr. John Ross. POLICY is working with the Mission to set another start date, once travel restrictions to Tanzania are lifted.

SO1 CA Partners' Website. POLICY presented the website to the CAs meeting, held after the February SO1 Annual Strategy Meeting. There were a few suggestions for changes that were made during the quarter. POLICY is awaiting final comments from the Mission to have a final open comment period, based on participants/users visits to the site. POLICY outlined a final set of issues to the Mission in late February and is awaiting final comments to launch the site.

Support to USAID SO1 Annual Strategy Meeting. POLICY provided logistical support to USAID SO1's Annual Strategy Meeting in early February, which was attended by all SO1 CAs and key local counterparts.

HIV/AIDS

HIV/AIDS Legal Assessment. POLICY, in collaboration with the Ministry of Justice and Constitutional Affairs (MOJCA) and the Women's Lawyers Association (TAWLA), organized an intergovernmental meeting with 11 key ministries to review the TAWLA HIV/AIDS legal assessment and recommendations. The meeting was held on March 3, where the TAWLA recommendations were adopted. The report of the meeting has been submitted. Before this meeting, POLICY worked with the MOJCA and TAWLA to form a working group with a few sectoral ministries and university professors who are HIV/AIDS legal experts. The group reviewed the draft report, and their comments were incorporated in the document. POLICY's Human Rights and Legal Advisor, Lane Porter, assisted in both meetings.

Plans are under way to prepare for the review of the TAWLA document by the national stakeholders meeting to be held by the end of May 2003. After the meeting, TAWLA will have officially completed its tasks, and the report will be "handed over" to the MOJCA.

Support to Tanzanian Parliamentary AIDS Coalition (TAPAC). POLICY provided TA in developing talking points for TAPAC's members. Fact sheets for dissemination to the constituencies were also developed and are presently under review by the Executive Committee. These materials are planned to be distributed to TAPAC members during the April Parliament session.

The summary of TAPAC's Knowledge, Aptitude, and Practice Survey from last July was completed this past quarter. The report will be distributed to TAPAC members during the April Parliament session.

In March, POLICY agreed with TAPAC's General Secretary and Chairperson that in late April or early May POLICY would assist TAPAC in hosting a seminar on HIV/AIDS and budget issues. The objective of the seminar is to equip TAPAC members with the skills to enable them to carry out substantive dialogue on HIV/AIDS budgetary issues and to engage in discussions on the main issues regarding HIV/AIDS in the government's budget submission. It is envisioned that about 30 TAPAC members (two from each Parliament committee) will participate in the seminar. The seminar will take place before the committee meetings that precede the Parliament's budget session in June. POLICY is working to engage the services of local resource individuals for this seminar. In March, POLICY initiated contact with the Economic and Social Research Foundation and began discussions to work with them on the seminar. POLICY is also working with the Tanzania AIDS Commission (TACAIDS) on this activity.

Support of the Formation of the Tanzania Network of Persons PLWHA Organizations (TANOPHA). POLICY assisted TANOPHA in obtaining its registration in February. It is now registered under the 1954 Societies Registration Ordinance, as Society #11659. Early in February, POLICY's Advocacy and Network Trainer, Leah Wanjama, assisted TANOPHA in developing a workplan for 2003, which calls for the development of information materials, outreach to members, and activities leading to a first annual general meeting. POLICY consultant Faye Richardson continued to assist TANOPHA in capacity building on financial reporting, to have financial reports prepared on a monthly basis. POLICY also worked with the interim Executive Committee to draft a MOU to define future support and TA based on its workplan and monthly support budgets.

POLICY continues to support TANOPHA in the development of brochures, posters, and leaflets to be disseminated to PLWHA organizations, HIV/AIDS-related NGOs, CBOs, the media, and the general public. These materials cover areas such as basic information on HIV/AIDS, nutrition, self-care and opportunistic infections, antiretrovirals, rights of PLWHA, stigma, and so forth. A newsletter and proposed booklet on the stories of PLWHA in Tanzania is also envisioned. Preparation of these materials is underway in collaboration with FEMINA and with financial assistance from UNAIDS. In February, POLICY hosted the first meeting with the various partners involved in dissemination efforts, including the Tanzanian Red Cross. FEMINA and UNAIDS have since continued to work with TANOPHA's interim Executive Committee to draft materials and contractual agreements for assisting with materials development and production. TANOPHA also became part of FEMINA's RFE (Rapid Funding Envelope) proposal.

Support to FBOs. POLICY held discussions with the Anglican Church of Tanzania (ACT) to finalize plans for a technical support visit of Rev. Ted Karpf, who has been a POLICY-sponsored advisor to the Southern African Province of the Anglican Church. Rev. Karpf's visit is planned for June 2003. POLICY also held discussions with the Chairman of the Catholic Church's Health Committee (and TACAIDS Commissioner), Bishop Balina. Balina requested assistance to develop a policy statement for Shinyanga Diocese, with the hope of setting an example to help the church move toward revising their 1987 statement on HIV/AIDS. POLICY also initiated planning for a Faith Leaders Seminar on Stigma. In collaboration with ACT, BAKWATA (National Islamic Council), and the Christian Council of Tanzania, POLICY will work with Dr. Jessie Mbwambo to hold a one-week training session in stigma and HIV/AIDS. A variety of tools and information will be used based on primary data collected in

Tanzania, and the faith-based community in particular. POLICY anticipates collaborating with the Balm in Gilead (BIG), who has initiated a large FBO program in Tanzania with support from CDC. During the latter half of this quarter, POLICY's main FBO counterparts attended BIG's six-week HIV/AIDS training in New York. Early in April, POLICY's Country Manager Charles Pill and Africa Regional Director Brenda Rakama met with BIG and the Tanzania delegation in New York training before the delegation returned to Tanzania.

Support to Advocacy Network for HIV/AIDS in Tanzania (ANAT). POLICY assisted ANAT with the development of a comprehensive MOU for the smooth running of its activities with members. POLICY also assisted ANAT to develop a brochure, which is still in draft form.

Support to TACAIDS. In early February, Pill and Tungaraza attended the TACAIDS weekly staff meeting to initiate discussions about possible support. POLICY continued consultations with TACAIDS new staff (Susan Maganga, Director of Advocacy; Joyce Chonjo, Director of Monitoring, Research, and MIS; and Wilhelmina Balyagati, Public Relations Officer) to introduce POLICY's definition of advocacy and the use of AIM. POLICY was also invited to attend the first meeting of TACAIDS' Advocacy and IEC/BCC working group. It is hoped that POLICY can begin to develop the AIM with TACAIDS staff in the next quarter. Tungaraza also held discussions with Dr. Temba, Director of Policy, regarding the development of budget information materials for TAPAC's capacity-building activities.

Support to NACP/MOH HIV/AIDS Strategic Planning Process. From January–March 2003, POLICY provided financial support to the NACP for the development of the Health Sector HIV/AIDS Strategy for Tanzania, 2003–2006. POLICY's local staff provided logistical and financial support to the NACP throughout the quarter. POLICY also provided two international consultants for the monitoring and evaluation and crosscutting sectors components of the strategy.

HIV/AIDS Video. POLICY will work with TAPAC and other partners to review and finalize discussions in directing the final editing of this product in the next quarter. The video's initial conception was as a tool for TAPAC members to use in meetings with constituencies. The film is of the presentation on STDs and HIV/AIDS by Dr. Patrick Swai, originally made before Parliament during the launch of TAPAC, November 2001.

Monitoring of RCH and HIV/AIDS Policy Environment. POLICY's Country Manager held discussions with the principal consultants—Drs. Kimambo and Simbakalia—in March regarding the translation of the national RCH and HIV/AIDS policy assessments completed last year. A consultant will be selected to assist in developing a draft translation that covers both the RCH and HIV/AIDS national policy environment assessments.

To support the Mission's reporting, POLICY is carrying out RCH and HIV/AIDS policy environment assessments in five districts this year. These assessments will alternate between national and district levels; in 2004, POLICY will carry out the second round of the national assessments. The HIV/AIDS district assessment questionnaire was finalized this past quarter. A draft list of five districts was also developed, and along with a list of respondents, is being discussed with the Mission and CARE's Voluntary Sector Health Project (that has extensive district-level activities). Early next quarter, the RCH questionnaire will be developed, the list of districts finalized along with the list of respondents, and the President's Office on Regional Administration and Local Government informed.

Also during this quarter, under POLICY's core-funded activities, in collaboration with UNAIDS/Geneva, the AIDS Policy Index (API) survey was conducted by a local consultant. The findings of this assessment will be shared with the Mission as soon as they are available.

POLICY Staff Capacity Building and Administration. In March 2002, Richard Lunaga, POLICY's local accountant, attended a five-day training session on POLICY's financial guidelines and procedures in POLICY's South Africa Office. The training was carried out by Rick Gobantes, POLICY's Administrator, POLICY/Washington. Maria Tungaraza, POLICY's LTA, was invited by TACAIDS to attend and present at the CRHCS (Commonwealth Regional Health Community Secretariat) and UNIFEM-sponsored workshop on HIV/AIDS and gender held in late March. Georgia Baguma, POLICY's Local Advisor for TANOPHA, resigned to take a position as the first openly HIV-positive employee at TACAIDS. POLICY is working with TANOPHA to identify someone to replace Baguma. Next quarter, POLICY will recruit for a local Communications Advisor.

In the past quarter, POLICY's Country Manager Charles Pill and LTA Maria Tungaraza worked with the Mission (Liz Loughran, Health Sector Advisor) and local partners to develop activities plans and budgets for the periods of January–September 2003 and October 2003–September 2004. Pill continued to respond to Mission requests and finalized budget estimates in February and March. The Mission and the Ministry of Finance approved a MAARD of \$1,020,441 for POLICY through September 2003.

April 1—June 30, 2003

FP/RH

Depo-Provera Demand Study. POLICY initiated preparations for this study in late May. Local counterparts in the MOH/RCH Section (RCHS) are lined up to work with a local consultant and POLICY's Research Director Dr. Karen Hardee in mid-July. Hardee and Peter Riwa (a local consultant) will work with RCHS staff to develop the specific study design and initial timeline for the study. POLICY will coordinate with the DELIVER Project's Resident Advisor as well.

SOI CA Partners' Website. Action on this activity awaits the Mission's comments and decisions regarding the launch of the site.

Support to USAID SOIPMP/Monitoring of RCH and HIV/AIDS Policy Environment. POLICY worked with senior consultants Drs. Adeline Kimambo and Calista Simbakalia to finalize plans for carrying out the assessments. POLICY also contracted with a local consultant, Barrington Shayo, to carry out the RCHS and HIV/AIDS surveys in five designated districts. Shayo was trained by Dr. Faustina Ndugulile, who carried out the national assessment last year. By next quarter, data will be ready for analysis.

HIV/AIDS

HIV/AIDS Legal Assessment. POLICY, in collaboration with the MOJCA and TAWLA, organized a two-day national stakeholders conference with government, civil society, and FBOs in late May. There was substantial media coverage and engagement of the participants in lively debate and discussion. The Minister of the MOJCA opened the meeting with a strong message of multisectoral responsibility and action in the fight against AIDS. In the next quarter, comments from the conference will be incorporated into the final report, the assessment will be officially accepted by the MOJCA, and the TAWLA subcontract completed.

POLICY initiated discussions with the MOJCA regarding the process of developing a cabinet paper and subsequent draft legislation for Parliament. It is envisioned that POLICY will provide assistance to the MOJCA team to prepare the cabinet paper and to draft legislation. POLICY has already begun to research some of the issues raised by the MOJCA (viz. precedents from other countries for omnibus bill, etc.). POLICY's TA will include a working session and perhaps a visit for several members of the MOJCA team to meet with counterparts in South Africa and Kenya. The tentative schedule for

completing the cabinet paper is the end of 2003, with a bill to Parliament envisioned for the April 2004 session.

POLICY is supporting the University of Dar es Salaam in publishing a special issue of the Legal Aid Committee's Quarterly Bulletin on human rights and HIV/AIDS. The bulletin should be completed next quarter.

Support to TAPAC. POLICY, in collaboration with the Tanzanian Economic and Research Foundation (ESRF), TACAIDS, and Tanzania Gender Network Programme, hosted a technical seminar in mid-May for 30 TAPAC members (two from each of the Parliament's standing committees) on the HIV/AIDS budget issues. Content of the seminar included a presentation of the components of the budget process as they related to HIV/AIDS. Participants were shown the Public Expenditure Review (PER) and Medium-term Expenditure (MTEF) processes. They were also given a short presentation on advocacy skills on budget issues. The seminar was held prior to the standing committee meetings and provided parliamentarians the opportunity to raise specific questions with the ministers as they presented their draft budgets to the committees prior to the Parliament's Budget Session (June–August).

Minister of Planning and Policy M.P. Lukuvi reported to the press and Parliament that the MOJCA was currently drafting legislation that would come before Parliament soon. This statement is a reflection of TAPAC's increasing role in awareness raising and advocacy. POLICY has been assisting TAPAC since its inception. Lukuvi was the Chairperson of TAPAC's Annual General Meeting, sponsored by POLICY in November 2002.

POLICY met with TRACE, a local NGO focused on organizational development, to begin to assist with the organizational development (OD) assessment and follow-on activities with TAPAC. In mid-June, POLICY's Country Manager Chuck Pill traveled to Dodoma at the beginning of the budget session to discuss the OD work with the TAPAC Executive Committee. Tentatively, in late July the TRACE team, Pill, and Long-term Advisor Maria Tungaraza will travel to Dodoma to hold the first meetings with the Executive Committee on developing OD activities with TRACE. It is envisioned that TRACE will be able to complete the assessment phase before the end of the year, provided that TAPAC's Executive Committee approves the coalition's engagement.

Support of the Formation of TANOPHA. POLICY consultant Faye Richardson continued to assist TANOPHA in capacity building on financial reporting and to prepare monthly financial reports. In June, POLICY received an acceptable budget request from TANOPHA. The POLICY–TANOPHA MOU provides guidance for POLICY to support TANOPHA directly. POLICY has continued to support the committee meetings and provide administrative support to TANOPHA directly without transferring funds. It is encouraging to see budget requests that are well presented. TANOPHA's Interim Executive Committee members participated in a number of skills-building training workshops, sponsored by several organizations.

Progress on the production of materials for TANOPHA continues to advance. POLICY's support to TANOPHA has been leveraged by UNAIDS' support to FEMINA (Swedish SIDA's-funded Health Information Project) to prepare four brochures and a booklet profiling 20 PLWHA. Three brochures are in final draft, including an information brochure on TANOPHA, a brochure on nutrition in collaboration with a local NGO, a simple brochure on HIV and AIDS, and a brochure that is still being drafted on human rights of PLWHA. The brochures are in the final design stage. POLICY's regional Advocacy Advisor, Dr. Leah Wanjama, worked with TANOPHA's Interim Executive Committee to develop dissemination strategies for the brochures in late June. POLICY envisions funding the brochure on TANOPHA and will assist in locating resources for the other brochures.

TANOPHA decided to use the balance of funds received from TACAIDS to cover the cost of a program manager. POLICY assisted with the drafting and printing of an advertisement for the position. TANOPHA's funds should cover the position for 7–9 months. POLICY will talk to the Mission about supporting this position if other funding is not available.

Support to FBOs. POLICY finalized plans for supporting the ACT in developing its three-year HIV/AIDS strategy. POLICY is also helping to support the TA/facilitation visit of Rev. Ted Karpf, who will attend an early July meeting of representatives of all the dioceses of ACT. Rev. Karpf has been a POLICY-sponsored advisor to the Southern African Province of the Anglican Church, and is presently a special advisor on HIV/AIDS to the Anglican Communion/Archbishop of Canterbury.

POLICY also held discussions with the Health/AIDS Director of the Tanzania Episcopal Conference (TEC) regarding pending support to help reactivate the HIV/AIDS TAC of TEC. POLICY will continue to assist TEC in refining its proposed first meeting to reactivate the TAC. It is envisioned that the TAC meeting will go beyond sensitizing its members to the National AIDS Policy by helping them to look critically at what TEC is doing in regard to support for diocese HIV/AIDS programs.

POLICY met with the BAKWATA Assistant Secretary General and HIV/AIDS Project Coordinator to discuss the initiation of an Islamic newsletter on HIV/AIDS and the national Islamic response. It is envisioned that plans for this activity will be finalized next quarter.

POLICY received the third iteration of a minigrant request from the Tanzania Chapter of the WCRP. Pending a few clarifications, POLICY will provide funding to WCRP for developing its HIV/AIDS strategy.

As follow-up to the planning activities last quarter for a Faith Leaders Seminar on Stigma, POLICY met with Dr. Jessie Mbwambo and BAKWATA, the HIV/AIDS Director of the Christian Council of Tanzania (CCT), and the TEC Health/HIV/AIDS Director to discuss setting a date for the meeting. Given their varied concerns, it was decided to have a four-way planning meeting in late July to determine an agenda and to decide how delicate issues, such as implied acceptance of immoral behavior, will be treated. All parties agree that, while it may be difficult, there is merit to continuing to engage all three faiths in this activity. The seminar will take place in October/November, and POLICY is providing support to Dr. Mbwambo's team to recode some of the stigma research data from the faith community to support the seminar.

Support to ANAT. POLICY is discussing with ANAT funding of a seminar next quarter for the media to assist them in preparing a joint strategy to more widely disseminate the National AIDS Policy. In addition, POLICY met with PACT and ANAT to discuss possible assistance to ANAT for strategic planning and formulation of a user-friendly version of the National AIDS Policy.

Support to TACAIDS. POLICY met with TACAIDS Director of Monitoring, Research, and Management Information System (MIS) Joyce Chonjo and ESRF Senior Researcher Dr. Flora Kessey to discuss the development of a first AIM application for Tanzania. David Logan, POLICY/Ghana staff member, may come to Dar es Salaam next quarter to work with ESRF and TACAIDS staff. Dr. Kessey was also able to present her study on the impact of AIDS in Tanzania to TACAIDS.

Support to NACP/MOH HIV/AIDS Strategic Planning Process. POLICY will provide a computer for the NACP director of Advocacy and IEC to facilitate his outreach activities.

HIV/AIDS Video. POLICY's LTA Maria Tungaraza initiated discussions with the producer of the draft video to finalize the presentation on STDs and HIV/AIDS given by Dr. Patrick Swai, originally before

Parliament during the launch of TAPAC, November 2001. Tungaraza will review the draft video with TAPAC members early next quarter.

Support to Mission's AIDS Strategy Development. POLICY's consultant B.J. Humplick completed a draft background paper to be used for the Mission's forthcoming AIDS strategy.

POLICY Staff Capacity Building and Administration. In May, POLICY began recruiting a new accountant and administrator. The new staff person, who will begin in July, will assume the duties of Richard Lunaga, who has left the project. In June, POLICY advertised for a Communications Advisor and interviews will be held the week of July 14.

UGANDA

The goal of POLICY Project assistance in Uganda is to strengthen the commitment of the national leadership to population and RH issues as a means of achieving the national development goals described in the government's development strategy documents, such as the Poverty Eradication Action Plan and Vision 2025. Assistance is provided in collaboration with the Population Secretariat (POPSEC) within the Ministry of Finance, Planning, and Economic Development, as well as with the National RH Department (NRHD) within the MOH, and with civil society organizations (CSOs). Activities promote dialogue and advocacy on population and reproductive health with decision makers at all levels by using a RAPID application, Safe Motherhood Model, and other tools to develop and make presentations tailored to different audiences. Advocacy is also promoted through CSOs by providing technical and financial assistance to enable them to plan, implement, and coordinate advocacy activities for reproductive health. POLICY helps to strengthen the ability of POPSEC and District Planning Units (DPUs) to provide leadership in population and development issues by transferring equipment, skills, and other tools including an application and dissemination of RAPID. POLICY is supporting the NRHD with technical and financial assistance, including POLICY core funds to use the Safe Motherhood Model in costing-out interventions for lowering maternal mortality and to strengthen its strategic planning and advocacy capabilities. The Mission also asked POLICY to support selected HIV/AIDS activities. POLICY is therefore providing TA to help strengthen the role of the Inter-religious Council of Uganda (IRCU) in supporting community and FBOs in carrying out HIV/AIDS-related activities with a special focus on OVC. POLICY is also using core funds to analyze the legal/policy framework for addressing OVC issues to assist the Mission's Applied Research in Child Health (ARCH) Project in developing a national comprehensive OVC strategy.

Summary of Major Activities January 1—March 31, 2003

POLICY continued to hold meetings in January and February with the Information and Communication Department (ICD) of POPSEC to review strategies for revising the National Advocacy Strategy. The department hired two consultants, the first one to review policy documents and prepare abstracts to assist the POPSEC staff and key stakeholders in examining relevant policy issues that need to be taken into account when revising the strategy; and the second to develop the draft advocacy strategy document. These activities are to be completed by June 2003.

POLICY, in conjunction with POPSEC and the MOH, organized a workshop, January 29–30 on the Safe Motherhood Model, which included the newly developed costing component. POLICY's Koki Agarwal and John Stover were in Uganda to facilitate the workshop. Participants came from POPSEC, MOH, USAID, WHO, UNFPA, CSOs, and NGOs, such as the Uganda Private Midwives Association, Makerere University, National Strategy for the Advancement of Rural Women in Uganda (NSARWU), Family Planning Association of Uganda (FPAU), as well as sister projects such as Commercial Market Strategies (CMS). POLICY also provided visibility to the issue of maternal and infant health by holding a public seminar, in which the guest of honor was the First Lady of Uganda, Janet Museveni, who proposed, among other issues, that the country have at least a midwife at the local council level. She also proposed the use of family planning to save lives of women, including adolescents. During this half-day seminar, Agarwal released the results of the MNPI. The index captures the program inputs and strength of effort that programs within a country are putting into the reduction of maternal and neonatal mortality and morbidity. Several ministers, parliamentarians, the U.S. Ambassador to Uganda, and USAID Mission Director attended the public seminar, together with more than 400 participants.

POLICY and POPSEC organized a TOT workshop, February 10–14, attended by officials from POPSEC, MOH, Makerere University, FPAU, Uganda Reproductive Health Advocacy Network (URHAN), Uganda Bureau of Statistics (UBOS), and District Population Officers (DPOs), to improve the capabilities of counterparts in using the Uganda Demographic Health Survey (UDHS) data to examine unmet need for FP services. The CSPro Model they were introduced to is being developed to generate additional information from the UDHS. Information generated will be used to support planning at regional and district levels. Those trained will subsequently train officials from DPUs to use CSPro so that they in turn can address the issue of unmet need for family planning in their districts. Tom Goliber and Leanne Dougherty, architects of the current version of the CSPro cross-tabulation application training guide, were in the country to facilitate the workshop with Norine Jewell, Country Director John Kabera, and Program Assistant Grace Nagendi.

The IRCU Committee on HIV/AIDS continued receiving TA from POLICY covering project management skills, reviewing their second deliverable, and reviewing FBO proposals for funding. Thus far, IRCU has transmitted 30 FBOs proposals, and the POLICY/Uganda office and technical staff in Washington (Norine Jewell and Danielle Grant-Krahe) have teamed up to get the proposals in the required formats for funding. IRCU is also discussing with POLICY how to build its capacity and effectiveness by developing financial, administrative, and human resource management manuals. Possible consultants to write draft manuals are being solicited.

In an effort to build long-term technical capacity in Uganda, POLICY staff organized a TOT workshop, March 5–11, on the RAPID and EPP models, as well as AIM with support from POLICY Core IR4 funds. Participants in the workshop included representatives from the POPSEC, AIDS Information Center, National AIDS Control Program; Uganda AIDS Commission; and the Departments of Population Studies and Geography at Makerere University. Participants will be responsible for providing training in the two models to undergraduate and postgraduate students, DPOs, and other professionals. Robert Ssengonzi, Charles Zirarema from POPSEC, and Grace Nagendi facilitated the workshop. Beneficiaries of the training will be able to use the information in district and national planning for health, education, and economic development in general.

POLICY/Uganda and U.S. staff met several times with the Mission to discuss POLICY's workplan, including final budgets and scheduled activities to support POLICY activities as well as IRCU initiatives.

POLICY, the Mission, and the POPSEC Director met to begin developing a presentation on population and reproductive health for the upcoming Consultative Group (CG) meeting, May 14–16 in Kampala. Tom Goliber was in Uganda in late January and early February to draft the presentation. The POPSEC Director presented the draft to the pre-CG donors meeting, organized by the Ministry of Finance, Planning, and Economic Development on March 14.

April 1—June 30, 2003

POLICY recruited and hired John Kyakulaga, an experienced professional with national and district-level experience in population, reproductive health, and other health areas, as District Program Assistant. As a former DPO, he has keen insights into the TA needs of POPSEC and DPOs, and is expected to make an invaluable contribution to strengthening and reinforcing their skills and abilities.

FP/RH

Uganda hosted the CG meeting (a meeting of donors to Uganda's budget) from May 14–16. The Director of POPSEC gave a presentation, based on a draft prepared by POLICY, that highlighted the issue of high population growth rate and the implications for socioeconomic growth. In response, and alluding to the

presentation, the President of Uganda mentioned that the argument was correct and he was not against it, but that it was still not a priority in Uganda. His approach was for the donor community to help Uganda to improve primary and secondary education for all.

POLICY continued to offer skills and tools on advocacy and in making effective RAPID presentations to DPOs. In May, POLICY visited Wakiso, Sironko, and Kayunga districts and provided TA, which included preparation of presentations for the councilors' meeting and drafting of workplans and budgets. POLICY also collaborated with the POPSEC's Program and Planning Department to make presentations during the Annual General Meeting with the DPOs. POLICY highlighted the DPOs' role in district planning and support in enhancing POPSEC and DPO efforts.

POLICY participated in a workshop organized by POPSEC's ICD and supported by POLICY to update the National Advocacy Strategy. POLICY staff, which included Washington-based Danielle Grant and the Uganda-based Program Assistant Grace Nagendi, gave presentations on the overall population and RH situation in the country and on the steps involved in developing an advocacy strategy. Follow-up meetings were to be scheduled to review the output of the workshop that would culminate in a draft National Advocacy Strategy. POLICY's Doug Willier also helped POPSEC to develop an interactive website, which will permit POPSEC to vastly expand its ability to act as a resource on population issues.

The First Lady of Uganda, Janet Museveni, who was the chief guest at a one-half day seminar in which POLICY disseminated the results of the MNPI, committed herself to advocate for reduction of maternal and infant mortality in Uganda. The First Lady is to make visits to four districts in Western Uganda from June 23–July 3. Districts to be visited are Bundibugyo, Kabale, Kanungu, and Kasese, which have the highest total fertility rates and some of the worst maternal mortality rates in the country. Objectives of her visits will include advocating for better maternal health care services and raising awareness about these critical RH issues. POLICY is providing funding for preparatory visits to the districts as well as TA to the organizing groups, which include POPSEC and NSARWU, an NGO founded by the First Lady and operating in 22 districts.

POLICY provided funds and contracted with a local consultant to assist the Uganda Private Midwives Association (UPMA), which completed a study on user fees described in previous quarterly reports, to carry out another survey in two districts, Ntungamo and Masaka. The title of the second survey was "The Trends in Quality of Maternal and Infant Health Care Services in Government Health Facilities." UPMA was invited to make a presentation at the RH donors meeting, June 17–19. The POLICY consultant helped develop the presentation, which included results from the two surveys.

POLICY held meetings with URHAN to explore effective ways for further building the capacity of both URHAN and its individual member agencies. Among the topics was a discussion of the role of URHAN members in the four districts to be visited by the First Lady to promote safe motherhood. URHAN members are committed to assisting with mobilizing the communities. URHAN was also invited to make a presentation in the RH symposium and POLICY assisted them in developing their presentation on "The Role of NGOs in Reproductive Health: Representing the Community." During the meetings, it was noted that URHAN members are absorbed by activities in their respective organizations and unable to give adequate attention to coordinating URHAN's activities. POLICY is funding a short-term consultant who will be responsible for overseeing the implementation of URHAN advocacy activities for the next six months.

POLICY is providing a minigrant and local expertise to assist the Uganda Muslim Supreme Council (UMSC), which is a member of URHAN, to review its policies in the context of reproductive health. POLICY will also respond to its request for training in advocacy. Key members of UMSC will join other URHAN members in an advocacy skills training workshop scheduled for July.

The project sponsored two participants from POPSEC and URHAN to participate in a TOT advocacy workshop in Ghana, entitled “Africa Regional Training-of-Trainers Workshop in Advocacy for Family Planning and Reproductive Health.” It is hoped that the two participants will use their newly acquired skills to supplement the updating of the national advocacy strategy and provide in-country advocacy training.

Following a safe motherhood workshop described in the previous quarterly report, organized by POLICY with POPSEC and MOH, the MOH RH Division requested POLICY to assist with a Uganda-specific application of the Safe Motherhood Model to link costs to health interventions that will lower maternal mortality. To execute the model, national and district cost data are required. Using POLICY core funds, two local consultants were contracted to work as a team with Lori Bolinger from POLICY/Washington to carry out research and then build a Uganda-specific costing component into the model.

POLICY met with the MOH RH Department to identify financial assistance needs to strengthen the division’s strategic planning process as well as its advocacy capabilities. They agreed on a funding level of \$10,000 to support a series of workshops and meetings. POLICY is also supporting the planning and organization of an RH stakeholders’ symposium, sponsored by the MOH, UNICEF, and CARE, by providing financial assistance for a joint MOH-UNICEF report on emergency obstetrical care, which provides part of the framework for the symposium program; providing TA for development of presentations to the symposium by UPMA, and URHAN; and financing the participation of all 56 DPOs.

HIV/AIDS

Planning, Finance, and Policy Formulation: At the request of the Mission, POLICY and the Legislative Support Assistance Project provided TA to the Parliamentarian Standing Committee on HIV/AIDS during a planning retreat, April 4–6, during which the committee drafted a one-year workplan and a three-year strategic plan. POLICY contracted Luanna Hatane, a local consultant for POLICY/South Africa on HIV/AIDS issues, local expert Dr. Saul Onyango, and the Hon. Salaamu Musumba, who was instrumental in the formation of the Parliamentary Committee on HIV/AIDS in Uganda. POLICY’s Norine Jewell and John Kabera and the three consultants offered expertise to help the committee define and fulfill its parliamentary role in confronting the major issues facing Uganda’s continuing battle against HIV/AIDS. The Legislative Support Assistant (LSA) and POLICY consultant completed the plan documents and forwarded them to the Parliamentarian Committee for its final deliberations.

To support IRCU’s efforts to develop a long-term OVC strategy, 27 FBOs have received funding from POLICY to date for activities reviewed and approved by the IRCU Committee on HIV/AIDS. The proposed activities test approaches to meeting needs of OVC and will generate lessons learned that will be used by IRCU to develop a strategy for the most effective means of providing care and support to OVC and their guardians. POLICY/Washington staff are still following up the progress of three other proposals that have yet to be approved by USAID/Washington. IRCU also continued receiving TA from POLICY aimed at putting in place a grants and contracts system for mobilizing and managing resources from other sources to support and expand HIV/AIDS activities.

USAID/Kampala funds the ARCH Project that aims to formulate a comprehensive policy for OVC. The preliminary report of the situation analysis conducted by ARCH in the past year concluded that a special policy is needed for OVC, that there are many gaps in the legal/policy framework that need to be filled, and that existing laws need to be better implemented. To address these issues, POLICY is using core funds provided by USAID’s Africa Bureau to employ a local legal consultant with expertise on children’s issues to complete a legal/policy analysis. The consultant is working closely with ARCH and its executing partners, including the Ministry of Gender, Labor, and Community Development (MGLCD), to

generate the data and facilitate the consensus building needed to implement some of the key recommendations that MGLCD will incorporate in an OVC policy for Uganda.

WARP

The goal of POLICY Project assistance to the West Africa Regional Program (including assistance to both FHA and CERPOD) 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 roles of parliamentarians, NGOs, journalists, and other significant groups. POLICY assists counterparts in government and regional institutions in making effective use of SPECTRUM, including AIM and dissemination of AIM results to national and district leaders. POLICY's goal will also be accomplished by preparing regional presentations and booklets on FP/RH and the HIV/AIDS situation for audiences, such as U.S. ambassadors and national decision makers, and workshops directed at parliamentarians and NGOs, to strengthen their roles in implementing the International Conference on Population and Development (ICPD) *Program of Action*. Regional partners critical to project success include the Forum of African–Arab Parliamentarians for Population and Development (FAAPPD), CERPOD, the Centre for African Family Studies (CAFS), and the Family Health and AIDS (FHA) Project.

Summary of Major Activities January 1—March 31, 2003

FP/RH

Cotonou and Dakar-based POLICY staff members are collaborating with FAAPPD to organize a meeting of parliamentarians and other selected stakeholders from Senegal, Mali, Burkina Faso, Chad, Benin, and Guinea to examine legislative reform efforts based on the Reproductive Health Model Law, developed in 1999. This activity is being carried out with IR1 core funds. The purpose of the proposed meeting is to provide an opportunity for parliamentarians and their private and public sector allies from the six countries to discuss the benefits of legislative reform and the challenges of implementing the law where it is already enacted and adapting the law where it is not yet enacted. The goal is to help countries develop and advance legislative reform agendas. Objectives are to assist participants to (1) identify means for strengthening alliances among parliamentarians, NGOs, supportive ministry officials, and other stakeholders including media, (2) plan their legislative reform efforts, and (3) develop policy dialogue and advocacy strategies for follow-up on returning to their countries. This meeting is tentatively scheduled to take place in Conakry, Guinea, June 2–6, 2003. On March 24–28, the FHA/POLICY LTA traveled to Dakar, Senegal, to prepare for the meeting with the Sahel/POLICY LTA and representatives from FAAPPD.

The Dakar-based POLICY LTA shared the Senegal experience of involving religious leaders in the implementation of FP/RH programs with Muslim leaders from Mali during a study visit to Senegal, January 1–7, 2003.

POLICY/WARP and CERPOD staff discussed the PAO+5 Conference to be held in Dakar, Senegal. Originally scheduled for March 2003, the PAO+5 Conference was postponed until mid-June 2003. A strategy for assisting CERPOD and supporting the role of NGO participants in pre- and post-conference activities is being developed.

HIV/AIDS

Advocacy: Participants at POLICY's December 2001 ICASA Workshop recommended that POLICY help them reinforce their national HIV/AIDS policies and advocacy efforts. Therefore, POLICY plans a capacity-building workshop in two subregions to help counterparts (1) integrate data from the regional

AIM into policy analysis and dialogue; (2) use the regional HIV/AIDS PowerPoint presentation and brochure effectively in developing their advocacy strategies; and (3) plan for a sustainable and effective public–private partnership in HIV/AIDS policy and advocacy. The first of these workshops was held in Lomé, Togo, February 3–7. Each country team from the four FHA priority countries—Burkina Faso, Cameroon, Cote d’Ivoire, and Togo—included representatives from the National AIDS Control Programs, NGOs engaged in the fight against HIV/AIDS, members of Parliament, public health specialists, and journalists. Twenty-nine participants, including Santé Familiale et Prévention du SIDA (SFPS) country representatives, took part in the workshops. Participants recommended that an inter-country network composed of workshop participants be established; that AIM presenters be trained in each country; that a second workshop be held to examine the use of the regional AIM in each country; and that TA be provided to countries not yet having a national AIM.

Cotonou and Dakar-based POLICY staff members are now preparing the second workshop, which will be held in Dakar, May 5–7. The other four countries that participated in the development of the regional AIM—Benin, Guinea, Mali, and Senegal—will send delegations to this workshop.

At the invitation of the FHA Project, POLICY participated in a regional workshop organized by FHA in Ouagadougou, Burkina Faso, March 10–14, to disseminate its tools and approaches on HIV/AIDS. POLICY presented the AIM approach using the regional AIM presentations as an example. More than 120 participants from 12 countries (Benin, Burkina Faso, Cameroon, Chad, Côte d’Ivoire, Guinea, Mali, Mauritania, Niger, DRC, Senegal, and Togo) attended the workshop.

April 1—June 30, 2003

FP/RH

Core-funded MPs Meeting. POLICY, in collaboration with the FAAPPD, organized a forum of parliamentarians and other selected stakeholders from Benin, Burkina Faso, Chad, Guinea, Mali, and Senegal to examine legislative reform efforts based on the Reproductive Health Model Law that was developed in 1999. This activity received core funds under IR1. The purpose of the meeting was to provide an opportunity for parliamentarians and their private and public sector allies from the six countries to discuss the benefits of legislative reform, and the challenges of implementing the law where it was already enacted and of adapting the model law where it was not yet enacted. The goal was to help countries to develop and advance legislative reform agendas. Objectives were to assist participants to (1) identify the means for strengthening alliances among parliamentarians, NGOs, supportive ministry officials, and other stakeholders including media; (2) plan legislative reform efforts; and (3) develop policy dialogue and advocacy strategies for follow-up on return to their countries.

The forum was held in Conakry, Guinea, June 2–6. Twenty parliamentarians from the six countries and 15 of their close allies in the public and nongovernmental sector convened in Conakry and adopted legislative agendas and strategies to improve FP/RH programs in their respective countries. In addition to forging important partnerships and producing legislative agendas, the forum allowed lawmakers and key partners in the region to critically analyze recently enacted RH laws in four of the countries. Forum participants concluded that in those four countries, the law represents a double victory, one for FP/RH and one for the democratic process.

- The laws put legal authority behind the language of the ICPD *Program of Action* and other FP/RH-related international conventions and commitments, repealing any conflicting laws.
- The laws were introduced as an initiative of the legislative rather than the executive branch, a rare event in Francophone Africa, where the executive branch initiates most legislative bills or co-opts legislative initiatives by replacing them with similar bills.

In the next quarter, POLICY will determine how best to assist in the follow-up to the conference through core support, WARP/field support, and in collaboration with the WARP/RH CA.

CERPOD. POLICY/WARP assisted CERPOD in the preparation and conduct of the PAO+5 Conference (“Workshop of Sahelian Experts on the Implementation of the Ouagadougou Plan of Action on Population and Sustainable Development in the Sahel Five Years after its Adoption”), held in Dakar, Senegal, June 9–12. POLICY’s financial assistance consisted of funding the participation at the conference of the NGO focal points from the eight Sahelian countries. POLICY’s TA included assistance in the preparation of the program, participation in the debates, and presentation of the regional AIM and Mali RAPID presentations. POLICY will support the NGO focal persons in reporting on the outcomes and recommendations of the PAO+5 Conference in their respective countries. A strategy for POLICY to assist the WARP/RH and WARP/AIDS CAs in continuing support to CERPOD and the NGO focal points (and other networks) in the post-conference period will be explored next quarter.

HIV/AIDS

Advocacy: Participants at POLICY’s December 2001 ICASA Workshop recommended that POLICY help them reinforce their national HIV/AIDS policies and advocacy efforts. Therefore, POLICY planned a capacity-building workshop in two subregions to help counterparts (1) integrate data from the regional AIM into policy analysis and dialogue; (2) use the regional HIV/AIDS PowerPoint presentation and brochure effectively in developing their advocacy strategies; and (3) plan for a sustainable and effective public–private partnership in HIV/AIDS policy and advocacy. The first of these workshops, held in Lomé, Togo, last quarter, included delegations from Burkina Faso, Cameroon, Côte d’Ivoire, and Togo.

The second workshop was held in Dakar May 5–8. The other four countries that participated in the development of the regional AIM—Benin, Guinea, Mali, and Senegal—sent delegations to this workshop, including representatives from the National AIDS Control Program, NGOs engaged in the fight against HIV/AIDS, MPs, public health specialists, and journalists. Twenty-five participants took part in the workshop and recommended that

- Partnership between public and private sector be reinforced;
- A bulletin be produced periodically on HIV/AIDS activities;
- Countries receive technical and financial assistance for national HIV/AIDS policy formulation; and
- TA be provided by POLICY to countries not yet having a national AIM.

ZAMBIA

Zambia has one of the worst HIV/AIDS epidemics in the world. Because of the country's decentralization program, much of the continued response to the epidemic will be determined at district and community levels. USAID has designated Zambia as one of its "rapid scale-up" countries in Africa. As such, the Mission is striving to coordinate a large program with many actors.

POLICY's objectives in Zambia are to enhance HIV/AIDS responses and initiatives at the national and district levels and promote HIV/AIDS-related human rights. POLICY's program in Zambia will build and strengthen the capacity of partner organizations and institutions to design, implement, and advocate for programs at national, provincial, and district levels. POLICY will support the National AIDS Council (NAC) in implementing the National HIV/AIDS Strategic Framework by strengthening the implementation of a multisectoral response at the district level.

POLICY's expanded program will build on previous accomplishments, and POLICY will work closely with key stakeholders, including the government of Zambia (GRZ), NGOs, FBOs, CAs, and donors. POLICY's program will focus on the following three theme areas: multisectoral response focused at the district level, information for policy dialogue and planning, and human rights.

Summary of Major Activities January 1—March 31, 2003

During this quarter, activities in Zambia supported POLICY's multisectoral response, HIV/AIDS and Human Rights Project, and preparation for revising AIM products.

Advocacy: POLICY continued activities in analyzing and synthesizing information on HIV/AIDS for presentation in a revised AIM. POLICY is working with the Central Board of Health, Central Statistical Office, Centers for Disease Control (CDC), FHI, and USAID to reconcile data from the 2001/2002 DHS, 2000 Census, 2002 Sentinel Surveillance Survey, and 2000 Sexual Behavior Survey. POLICY engaged nine Zambian consultants to participate in writing groups on the following topics: ARVs, BCC, condom use, gender and human rights, MTCT, OVC, STIs, and VCT. Muriel Syacumpi, a local consultant, is coordinating this effort. The consultants completed draft chapters and submitted them for incorporation into the revised AIM.

Multisectoral Response. At the request of USAID, POLICY Country Director Robie Siamwiza continued to participate as a member of the Technical Support Committee for Multisectoral District Response Initiatives on HIV/AIDS (TEMA). TEMA is composed of representatives of donor organizations and was created to coordinate their various district response initiatives. TEMA members include the NAC, UNDP, CIDA, DFID, Food and Agricultural Organization (FAO), Ireland Aid, Netherlands Embassy, UNICEF, UNFPA, USAID, World Food Program (WFP), and the POLICY Project.

Dissemination meetings of HIV/AIDS task force assessments were conducted for Livingstone, Mazabuka, Monze, Choma, Sinazongwe, Kalomo, Kazungula, Namwala, and Itezhi-tezhi districts. The purpose of the dissemination meetings was to seek validation of consultants' findings about the district task forces and to correct errors and omissions where they occurred. A draft assessment report was submitted by the consultant for Gwembe and Siavonga districts. This completes the task of baseline assessments of all 11 district task forces in Southern Province.

A follow-up meeting was held with the Livingstone Multisectoral District Task Force to assist it in reviewing its structure and formal channels of communication. POLICY provided financial and technical

assistance for the meeting. In the spirit of cooperation with POLICY, AIDS Alliance/Zambia provided an organizational development specialist to help the review process.

Charles Hakoma was recruited to be an HIV/AIDS District Coordinator. Hakoma has a wealth of experience acquired while working with the Mazabuka District HIV/AIDS Multisectoral Task Force.

In February, POLICY hosted a meeting for parliamentarians from Southern Province to inform them about planned work in the province. The meeting resulted in a commitment by the parliamentarians to work together in partnership with POLICY on HIV/AIDS activities in the province. It also resulted in the formation of a coalition, “Southern Province Members of Parliament Working Together Against HIV/AIDS,” to work with the district HIV/AIDS task forces in their respective districts. The Minister of Health, Hon. Brian Chituwo, participated in the meeting and reaffirmed the ministry’s commitment to decentralized HIV/AIDS approaches.

Since the first meeting, the members of Parliament have requested invitations to two POLICY-conducted meetings with district task forces in the province. They also have made suggestions for how to involve other district-level political leaders in supporting the district task forces.

In March, members of the coalition met in the POLICY/Zambia offices with Robert Clay, Director of Population, Health, and Nutrition and Karen Shelley, Senior HIV/AIDS Program Officer, USAID; Rose McCullough, Chief Technical Officer for POLICY Project USAID/Washington; Brenda Rakama, Regional Manager for Southern Africa, POLICY/Washington; and Robie Siamwiza, Country Director. The meeting discussed modalities for involving members of Parliament and other political leaders in district HIV/AIDS interventions. The Acting Director-General for the National AIDS/STI/TB Council sent a letter to POLICY commending the initiative with parliamentarians and expressed interest in using the model elsewhere in the country.

HIV/AIDS and Human Rights Project An assessment of the HIV/AIDS and Human Rights Project was undertaken and a draft report submitted at the end of March. POLICY will be entering into new contracts with NZP+, Zambia Institute of Mass Communication Educational Trust (ZAMCOM), and WLSA. To prepare groundwork for the next contract, a meeting was conducted between NZP+ and POLICY to examine ways to improve collaboration and channels of communication.

A committee to develop an HIV/AIDS and Human Rights Charter for Zambia was formed. The committee will look at Human Rights Charters from countries in the Southern African region and adapt one to the Zambian context.

April 1—June 30, 2003

FP/RH

In June, POLICY developed a concept paper on repositioning family planning as a key component of reproductive health in Mazabuka District, focusing on youth and adolescents. Mazabuka was selected because of its high HIV/AIDS prevalence, the largest population growth rate in the Southern Province, and a strong presence of the Catholic Church and Salvation Army. POLICY conducted an assessment of the status of family planning through discussions with the district health team, members of youth groups, FP organizations, representatives of Zambia Sugar, the Catholic Church, and Youth Friendly Corner, which confirmed that access and availability of FP services were limited for youth and adolescents. POLICY drafted a concept paper that proposed conducting a series of district-level advocacy events targeting key decision makers to raise their awareness of the importance of family planning and gain

public commitment to and support for family planning, leading to an increase in the availability and provision of FP services for youth and adolescents. The paper is currently under review by Mission staff.

HIV/AIDS

During this quarter, POLICY/Zambia conducted activities in all theme areas: multisectoral response, information for policy dialogue, and human rights.

Multisectoral Response. POLICY activities continued to focus on building support among provincial leaders in Southern Province for HIV/AIDS programs. In May, POLICY organized and conducted a two-day meeting of 70 political and civic leaders in the Southern Province. Leaders represented all 11 districts. The Minister of the province, the Hon. Chilufya Kazanene, opened and closed the meeting and actively participated throughout. He was accompanied by the provincial permanent secretary and head of government at the provincial level. The purpose of the meeting was to build solidarity and a common vision among provincial political and civic leaders on how to address HIV/AIDS prevention and care and support in the province. This was the first meeting of its kind in Zambia, where politicians from opposing parties and from different strata reached consensus that HIV/AIDS should be mainstreamed in all district programs; structures dealing with HIV/AIDS issues should be expanded to the subdistrict level; and all issues and work relating to HIV/AIDS should be depoliticized. It was unanimously agreed that meeting participants meet again in six months to assess their progress in achieving these recommendations. The meeting provided leaders with information and a platform to advocate for HIV/AIDS interventions in their constituencies. Participants included elected officials; local government councilors and mayors; appointed officials such as district administrators; and civic leaders such as town clerks and district secretaries. The meeting ended with several resolutions, including a commitment to bring HIV prevalence down by 50 percent in five years. All participants signed both individual and communal certificates of commitment to work against AIDS. Many participants, such as some district administrators and district council leaders, had never publicly spoken out against HIV/AIDS before.

In June, at the request of Southern Province parliamentarians, POLICY conducted a two-day introduction to advocacy skills training session for 13 of the 19 Southern Province MPs and the Minister for the province. Parliamentarians identified the need for HIV/AIDS and RH education programs for youth and the community at large as the priority issue in the province. However, they realized that they did not have enough information to complete an action plan and needed to consolidate their coalition to work together. They decided to meet together at the end of June to consolidate the coalition and develop a mission statement, communication structure, and way forward with POLICY.

POLICY supported a two-day meeting of Southern Province parliamentarians, June 28–29. POLICY arranged for a facilitator and rapporteur to support deliberations. During the meeting, MPs identified a name for the coalition (“Atuzunde HIV/AIDS”—Southern Province Parliamentarian’s Coalition). Atuzunde means “let us conquer.” In addition, a mission statement (“To provide leadership in the fight against HIV/AIDS in Southern Province through mobilization and advocacy”), strategic objectives, priority activities, and rules of engagement were also developed. Subcommittees were formed to work on the organizational structure and further refine proposed activities. The coalition agreed to meet in July to refine areas of partnership between POLICY and the coalition.

Also at the request of the MPs, POLICY designed and drafted a two-page newsletter with HIV/AIDS updates and information on activities in the province. A draft newsletter was distributed at the political leaders’ workshop in May and a survey taken of parliamentarians to obtain their input on the content for subsequent newsletters, as well as for the name of the newsletter. The name, Atuzunde HIV/AIDS, was finalized at the advocacy workshop.

In June, Parliament asked POLICY to appear before the Health, Community Development, and Social Welfare Subcommittee to discuss the work it is doing with Southern Province parliamentarians. Country Director Robie Siamwiza made a presentation. POLICY was commended and asked to scale up activities to include parliamentarians from other geographical regions in Zambia. Following this meeting, numerous parliamentarians from other provinces contacted POLICY to request similar assistance.

POLICY also continued to build the capacity of district task forces (DTFs) in the Southern Province to work as unified units capable of spearheading multisectoral HIV/AIDS programs. In April, POLICY organized and facilitated assessment dissemination workshops for the final two districts, Gwembe and Siavonga. The assessments found that these are two of the weakest DTFs in the Southern Province. The assessment found that these districts seemed to have no vision or goals; although at the dissemination meeting, Gwembe members reported that they had started meeting and strategizing on goals. Both DTFs requested capacity development and organizational development assistance from POLICY. The MP for Gwembe reiterated the request for assistance with capacity building for the DTF in his district.

In response to earlier requests from all DTFs, POLICY organized a five-day advocacy skills training session. During April, District Coordinator Charles Hakoma met with all 11 DTFs to discuss the proposed training session and solicit two nominations from each task force. In May, Regional Advocacy Advisor Leah Wanjama conducted a five-day advocacy training for 20 participants from 10 districts. Gwembe District did not send participants because of logistical problems. Participants identified district issues and developed goals and objectives and action plans. Issues included the need for enforcement of policies restricting youth from visiting pubs and the lack of STI/HIV/AIDS programs for high-risk groups, including migrant workers, prostitutes, and truck drivers. During June, Hakoma conducted follow-up meetings with the advocate trainees to see that they had presented draft action plans to their respective DTFs for approval and endorsement as a district advocacy plan. Hakoma also informed the DTFs about the planned strategic planning workshops, which will begin in July. During July, advocacy plans will be harmonized with district strategic plans.

POLICY identified consultants to carry out the strategic planning process for all 11 DTFs. Strategic planning meetings will involve two representatives from each of the 11 DTFs, the district planner from local government councils in each district, and each district administrator. The process will be carried out by Dutch consultant Joost Hoppenbrouwer, Zambian consultant Ruben Lefuka, and POLICY district and provincial staff.

Information for Policy Dialogue. POLICY continued activities in analyzing and synthesizing information on HIV/AIDS for presentation in a revised AIM. During this reporting period, drafts of all but two chapters were completed and edited. In June, POLICY organized a workshop for writers to review their sections and validate the editorial work. The draft booklet (minus two chapters) is under review by the NAC technical committee, the Director-General of Central Board of Health (CBOH), and the USAID Mission. The two remaining chapters to be completed next quarter are “High Risk and Vulnerable Groups” and “Costing of HIV/AIDS Programs in Private Companies.”

POLICY organized a two-day workshop to familiarize representatives in partner organizations with Demproj and AIM. Partner organizations include NAC, CBOH, MOH, Tropical Diseases Research Center, Central Statistical Office, Zambia Integrated Health Project, and the Demography Department of the University of Zambia. POLICY/Zambia staff Vesper Chisumpa (Quantitative Policy Analyst), consultant Muriel Syacumpi, and a representative from USAID/Lusaka were also trained.

Two librarians, Akankandelwa Akankandelwa and Likukela Walusiku, were engaged to provide TA to establish material resource centers in all 11 districts in the Southern Province. In the next quarter, consultants will work with DTFs to determine where the material resource centers should be sited;

develop a system for cataloguing materials; develop a training manual; and train members of the DTFs in how to administer the resource center.

HIV/AIDS and Human Rights Project. In April, POLICY sponsored a one-half day dissemination meeting of the Evaluation of HIV/AIDS and Human Rights Project. Consultants Chipo Mweetwa and Margaret Munalula provided an overview of the findings. The meeting was attended by the three partner organizations (Network of Zambian People Living with HIV/AIDS (NZP+), WLSA, and ZAMCOM). Kara Counselling and Trust, YWCA, YMCA, Zambia AIDS Law Research and Advocacy Network (ZARAN), and USAID/Lusaka also attended. A lively discussion on the findings ensued, including recommendations to redesign the project.

Following recommendations for the redesign, POLICY worked in June with ZAMCOM and WLSA to discuss draft statements of work (SOWs) for their components of the campaign. These proposals were submitted to POLICY/Washington, and it is anticipated that the campaign will get underway early next quarter. NZP+ is currently undergoing an extensive organizational development and strategic planning process with assistance from the International AIDS Alliance. NZP+ will submit a proposal for administration of the Human Rights Referral Center (HRR) after the strategic planning process is completed.

POLICY hosted a one-half day forum discussion for human resource managers from 10 private and government sector organizations to look at issues affecting workers living with HIV/AIDS. The meeting, timed to coincide with Labor Day, was facilitated by one of POLICY's partners in ZARAN. The Deputy Minister of Labor opened the meeting and pledged the support of his ministry to protecting the rights of people living with AIDS. On Labor Day, May 1, POLICY and partners in the Human Rights Campaign participated in the annual Labor Day parade as a coalition supporting workers living with HIV/AIDS. POLICY prepared a banner and provided T-shirts and caps to the marchers. Representatives from private companies and parastatals marched with the coalition to demonstrate solidarity with HIV-positive workers.

POLICY continued work to develop a Human Rights Charter, which will complement the work of the HIV/AIDS and Human Rights Project. During this quarter, POLICY received the endorsement of the NAC to sponsor the development of the charter. WLSA was identified as the appropriate organization to lead the exercise. The purpose of charter is to serve as an advocacy tool to promote the rights of PLWHA and those affected by HIV/AIDS. WLSA has developed a SOW for a legal and policy analysis of the human rights environment and will soon begin gathering information from individuals, institutions, and organizations to guide development of the Human Rights Charter.

POLICY sponsored an open forum to discuss the human rights charter in the context of a rights-based approach to development. Approximately 60 people from public, private, and government organizations and USAID/Lusaka participated. During the forum, participants defined the rights-based approach and debated whether it is relevant to Zambia. Lombe Chibesakunda, former head of the Permanent Human Rights Commission and a Supreme Court judge, officially opened the forum. In her opening address, she spoke of the need to support the rights of PLWHA and the responsibilities of PLWHA to act responsibly in limiting the spread of HIV. She also spoke about gender disparities in the impact of HIV/AIDS on society. Her speech became the focus of an editorial in a major newspaper, *The Post*, on the next day. It was the first time *The Post* had written an editorial endorsing the development of an HIV/AIDS human rights charter.

POLICY also made plans for developing guidelines for the Victims Support Unit (VSU) of the police services for processing cases involving victims of sexual violence, including referral of victims of sexual violence for HIV/AIDS counseling and testing. WLSA will spearhead this activity. The MOH/CBOH

expressed interest in collaborating to improve the health sector's processing of victims of sexual violence. Cases reported to the police, which involve sexual abuse and/or sexual violence, are referred for medical examination to ascertain that abuse/violence actually occurred. The NAC endorsed the work and will ensure that it is captured in the Ministry of Home Affairs HIV/AIDS workplan.

In June, POLICY organized a meeting of the Human Rights Referral Network partners to discuss the Human Rights Campaign, their respective roles in the campaign, and their capacity needs to provide services to clients from the HRRC. Participants included WLSA, ZAMCOM, NZP+, Women's Legal Clinic, Legal Resources Foundation, and the YWCA. ZARAN, a network member, although invited, did not attend the meeting. Participants discussed issues involved in receiving clients from the center, deciding that a consultant should be engaged to conduct an assessment on their need to coordinate with each other and to provide services. During July, POLICY will engage a consultant to undertake the assessment of all network partners.

ZIMBABWE

The goal of POLICY Project assistance in Zimbabwe is to contribute to HIV/AIDS policy dialogue and implementation planning in an extremely challenging political and economic environment. POLICY will do this by providing TA for an update of AIM and briefing book.

Summary of Major Activities

April 1—June 30, 2003

During the quarter, POLICY staff assembled a writing team of Zimbabwean professionals to draft sections for the book and collected data for construction of the AIM. POLICY staff also participated in an expert group meeting in Harare, designed to determine a national estimate of HIV prevalence based on sentinel surveillance and population-based survey data. The difficult political and economic environment has slowed down all activities.

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; 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.

**Summary of Major Activities
January 1—March 31, 2003**

Problems with the import of condoms. There had been a problem with the import of condoms for the Social Marketing Company (SMC), which was reported earlier and then successfully resolved. With Health and Population Sector Program (HPSP) funding, 309 million condoms were to be procured for SMC, of which 69 million condoms have already arrived. At a lower level, in the office of the Director General (DG) of Family Planning, problems were again being created with regard to the release of these 69 million condoms in favor of SMC. The matter was brought to the notice of the Secretary, who had already written a letter stating that the condoms would be handed over to SMC. He reiterated his earlier position to POLICY's Country Director and promised to issue a directive to the DG Family Planning for release of the stock. Mr. Jay Anderson of USAID also spoke with the Secretary on this issue. The Secretary confirmed that he had passed on his order to DG of Family Planning.

Secondary analysis of "Maternal Health and Mortality." Mrs. Kanta Jamil and Dr. Dennis Chao met with POLICY's Country Director on March 19 to discuss POLICY's role in USAID's study on "Maternal Health and Mortality." This is going to be a secondary analysis, following up on work done previously by ICDDR, NIPORT, Johns Hopkins University, and Measure. The second phase includes the following:

- Comparison of treatment-seeking, decision-making, and other behaviors among mothers who died and those who survive
- Inequalities in maternity care related to antenatal care, delivery, post-delivery complications
- Fertility decline and reductions in maternal mortality
- Impact of maternity care on prenatal mortality
- District-level analysis of socioeconomic and programmatic determinants of contraceptive use and fertility
- Cause-specific mortality for reproductive-aged women (maternal and non-maternal causes)
- Comparison of methodologies and results of the three approaches to measure the maternal mortality rate
- Effects of upgrading emergency obstetric care facilities on propensity to use public sector facilities for treatment of complications
- Antenatal care and birth planning, knowledge of complications, and treatment-seeking behavior

Problems with integration of Health and Family Planning Directorates. The tension surrounding the integration of the Health Directorate and Family Planning Directorate between the World Bank, the donor consortium, and the government of Bangladesh (GOB) continues. While the government continues to hold the view that the two directorates should not be merged, donors are of the opinion that without the merge, the HPSP will not succeed. On February 28, the donors had a meeting with the Finance and Health Ministers to discuss the issue. The Secretary of Health, the Secretary of the Economic Relations Division, a member of the Planning Commission, and other relevant officials were present. Both the Finance and Health Ministers reiterated the government's position that the merger was not possible. Presently,

discussion is continuing among the donors as to the next possible step in resolving this issue. Mr. Jay Anderson, who is now the Chair of the donor consortium, has constantly been in touch with POLICY's Country Director on the issues involved and the future course of action.

Meeting with Center for Policy Dialogue (CPD). Immediately after the general elections, the CPD invited POLICY's Country Director, the former Health Secretary, Mr. Alamgir Farrouk Chowdhury, and a few others to set up a working group to prepare a report on the future of the health sector in Bangladesh. CPD prepared and submitted it to the government. CPD also invited the Country Director to participate in reviewing the health sector report.

TD Week. Syed Ahsan attended the Asia/Near East Regional POLICY TD Week in New Delhi on February 3–7. He gave a presentation on the “Role of NGOs and Health Services in Bangladesh.”

BCC Program Activities. The Secretary of Health visited the new BCC Program office on March 5. A presentation was given on the role of BCC, as well as on the health sector program of the National Integrated Population and Health Project (NIPHP) and the HPSP. The Secretary expressed his satisfaction and assured all that the government would provide assistance to the organization.

SMC. The process for locating a suitable Managing Director for SMC continues.

Condom Promotion Campaign. With support from USAID and in consultation with Mediacom, Asiatic, and the consultants of Howard Delafield International, SMC has developed two sets of clips for promoting condoms for protection against unwanted pregnancy as well as HIV/AIDS. One set is for TV and radio and the other for local movie halls. POLICY's Country Director presented the clips to the Secretary of Health and Secretary of Information. SMC, USAID, and the other stakeholder agencies were also present. The presentation was well received, and both secretaries promised to do their best to ensure further movement in this regard. Both secretaries requested copies of the clips.

The Secretary of Information called the DG of Television to place the TV clips before the committee set up by the government to telecast the material. SMC is pursuing this matter. The material relating to the cinema halls will require concurrence from the Censor Board of the GOB. The Information Secretary recommended that the Chairperson of SMC address a letter to the Health and Information Secretaries seeking their concurrence and the Censor Board's approval. This letter will follow shortly. It is expected that the views of the Censor Board will be known by the end of next month.

April 1—June 30, 2003

Campaign for HIV/AIDS and STIs. With support from USAID, and in consultation with Mediacom, Asiatic, and the consultants of Howard Delafield International, the SMC developed two sets of clips for promoting condoms against HIV/AIDS. One set was for TV and radio and the other for local movie halls, for selected target groups and sex workers. In this connection, POLICY's Senior Policy Advisor organized a meeting to present the clips to the Health Secretary and Information Secretary. The concerned agencies for the preparation of the presentation, as well as SMC and USAID, were also present. The clip for TV was cleared and is now being shown on national television and other private channels.

The Film Censor Board initially rejected the clips for the Cinema Halls, stating that the films were unsuitable for screening under a specific clause of the censor rules. The POLICY advisor then took up the issue with the government's Secretary of Information and through a formal letter requested a review of the Censor Board's decision. The Information Secretary, in his capacity as Chairman of the Censor Board, reviewed the clips and approved them for display with minor modifications. POLICY is fully

supportive of the HIV/AIDS campaign, and consultants and advertisement agencies are working on additional publicity material to be developed on HIV/AIDS prevention programs.

Problems with the Import of Condoms Resolved. As mentioned in earlier reports, there has been a problem with the release of condoms from the government. POLICY had to intervene with the Secretary of Health and the Principal Secretary to the Prime Minister, Kamal Siddiqui. The U.S. Ambassador also met the Finance Minister to discuss the issue. The condoms have since been released to SMC.

A five-member committee has been set up by the government, chaired by the Directorate General of Family Planning (DGFP), as a standing committee for the fixation of price and distribution and for marketing and monitoring of 309 million condoms supplied by the government to SMC. Members of the committee are as follows:

Director General, Directorate of Family Planning, Chairman
Joint Secretary (DNFP), Ministry of Health and Family Welfare (MOHFW), Member
Director (LS), Directorate of Family Planning, Member
Managing Director, SMC, Member
Director Sales and Marketing, SMC, Member Secretary

Terms of reference of the committee are to

- Monitor the procurement, sales, and distribution of condoms; and
- Examine the revenue, expenditure, and the fixation of price of the SMC condoms.

Problems with Integration of Health and Family Planning Directorates. Tension remains between the World Bank and the consortium and the government of Bangladesh regarding the integration of health and FP directorates. While the government continues to hold the view that health and FP directorates should not be merged, donors are of the opinion that without a merger, the HPSP will not succeed. There has been practically a breakdown of dialogue between the World Bank, DFID, USAID, and the government. Jay Anderson, previous PHN USAID Team Leader, proposed that POLICY meet with DFID, the World Bank, and USAID to work out how to hold a dialogue with the government. This meeting took place on May 1. POLICY asked the Health Secretary to talk to the donors to draw up an agreement on the future of the programs. The secretary agreed and a discussion between him and selected donors followed.

Meeting with CPD. The POLICY office is working with the Centre for Policy Dialogue to come up with a series of observations and recommendations in these areas: political commitment to an HIV/AIDS campaign, greater stress on family planning, health promotion, medical care, paramedics, nursing, training, sanitation, nutrition, immunization standardization of food and drug, mapping of diseases, gender disparities, and privatizations of medical institutions now controlled by the government.

Contraceptive Security Packages. POLICY/Bangladesh, on behalf of USAID and POLICY/Washington, has been planning the composition of the delegation and other related preparations for the Contraceptive Security Media Advocacy Program, to be held in Indonesia in October. Objectives for the workshop are to

- Develop an understanding of the definition and scope of contraceptive security;
- Share lessons learned, obstacles, and opportunities in media advocacy;
- Identify tools needed for effective advocacy programs to improve contraceptive security; and
- Discuss country-level contraceptive security action plans, identifying opportunities/programs for media advocacy.

It was agreed in consultation with USAID/Dhaka that a nine-member delegation be headed by the Information Secretary. The following names have been proposed and forwarded to Don Levy:

1. Nurul Alam Siddiqui, Secretary of Information, leader of the delegation
2. Wahid Uzzaman, Joint Secretary of Health in charge of Development and Family Welfare, deputy leader
3. Nurul Hossain, DELIVER Project
4. M. Shahjahan, BCC Program
5. Reazuddin Ahmed, Editor of Daily News Today
6. Parveen Rashid, SMC
7. Sarwat Ahmad, Director of Mediacom (the advertising agency now conducting SMC's mass media campaign)
8. One NGO to be nominated by the NSDP
9. One representative from POLICY/Bangladesh

Other Ongoing NIPHP Activities. POLICY will continue its dialogue with the MOHFW to facilitate the revision of commodity regulation, such as the provision of prepackaged therapy for male STIs and expanded provision of injectable contraceptives.

POLICY will continue to disseminate the contents of the Contraceptive Security Program to government officials within and outside the MOHFW who are responsible for procurement and distribution of contraceptives.

POLICY will remain engaged in dialogue with the government to enlist support for free airtime for promotional activities at NIPHP. The government has been asked to provide free airtime on national TV and radio to publicize NIPHP service delivery activities.

SMC Activities. The process for recruiting a suitable Managing Director for SMC is still continuing.

BCC Program Activities. The activities of BCCP continue, but its contract with the NGO Service Delivery Project (NSDP) still needs to be finalized. The matter has been taken up with USAID/Dhaka and the Chief of Party of NSDP.

CAMBODIA

POLICY assistance in Cambodia aims to create an enabling policy environment for HIV/AIDS/sexually transmitted infections (STIs) and family health policies and programs. Project activities are centered on a rights-based approach to HIV/AIDS and family health and include components that address stigma and discrimination, protect human rights, support empowerment of communities affected and infected by HIV/AIDS, and strengthen partnerships between government and civil society. The workplan builds on existing partnerships with national government ministries, in particular the National AIDS Authority (NAA), and civil society networks and organizations.

**Summary of Major Activities
January 1—March 31, 2003****FP/RH**

Relevant materials in the country have been collected to develop the draft presentation “Health Impacts of Family Planning and Safe Motherhood Interventions.” A scope of work for TA on this activity was developed and Edward Abel, the ANE Regional Director, will travel to Cambodia to work on the activity from April 21 to May 3. Progress has been made in identifying an appropriate NGO/network for collaboration. The POLICY/Cambodia office has collected relevant tools to identify the ideal NGO/network and has met and discussed possible collaboration with highly visible NGO networks such as MEDICAM and the Cambodian Confederation of Women’s Organizations.

HIV/AIDS*Advocacy: HIV and human rights.*

- The contract with the Cambodian Human Rights and HIV/AIDS Network (CHRHAN) has been awarded. With POLICY assistance, CHRHAN relocated its office and recruited new staff. POLICY has also met with CHRHAN several times to determine what TA POLICY can provide. Outcomes of the meetings include assisting the network in assessing the training needs of its staff and member organizations, training staff, developing a training curriculum, and developing and implementing a human rights monitoring system.
- POLICY has been meeting with NAA to discuss TA that POLICY would provide to the NAA Legal and Policy Working Group. The assistance includes drafting national guidelines for implementation of Cambodia’s law on prevention and control of HIV/AIDS.
- Through Dr. Helen Watchirs, the Australian National University and the AIDS Trust of Australia have invited POLICY to collaborate on research and develop a legislative audit tool that measures the degree of compliance with the legal system guidelines in developing countries. A tentative date for commencement of the research has been set for the end of May.

HIV-related stigma and discrimination.

- The Save the Children, UK (SCUK) (phase 2) contract is currently being finalized, which enable SCUK to expand its activities to Phnom Penh and the provinces of Battambang, Kratie, Prey Veng, and Takeo.
- A series of meetings have occurred among Wat Norea Peaceful Children (NPC), UNICEF, and POLICY to discuss the continuation of NPC’s program in Battambang. NPC submitted a proposal to both UNICEF and POLICY, and the proposal is now being finalized.
- POLICY has started working on the development of a stigma and discrimination evaluation framework. The tool will be used to evaluate the SCUK and NPC programs.

Emerging policy issues.

- Several meetings took place between POLICY and the Ministry of Women's and Veterans' Affairs (MWVA). An initial proposal was submitted by MWVA, but unfortunately, it was considered to be outside the POLICY mandate since it was focused on BCC. POLICY and MWVA are currently discussing activities with a more suitable scope of work.
- A working paper on an overview of VCT services in Cambodia was finished. The paper made relevant recommendations to assist in the practical and realistic development of VCT services in Cambodia. From the recommendations, a draft implementation plan was developed. POLICY is working with the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) to incorporate the relevant recommendations into the VCT National Workplan.
- A scope of work for conducting a policy assessment of activities concerning MSM was developed and submitted to USAID/Phnom Penh. However, after discussion, it was decided that this approach may be too premature. POLICY and the Mission agreed to revisit this activity following an MSM community mobilization event held on March 14. It is hoped that this event will motivate the formation of a MSM-driven community response. Follow-up discussions will be held with USAID and other relevant stakeholders in April.

Advocacy networks

- POLICY continues to support Cambodia's People Living with HIV/AIDS Network (CPN+) in the area of advocacy and organizational development. POLICY is working with CPN+ in the development of its three-year strategic plan. POLICY and CPN+ are also recruiting an advocacy officer and, to date, have received 25 applications for the job.
- POLICY participates in the HIV/AIDS Community Coordinating Committee's (HACC's) technical working groups and is discussing ways that HACC might strengthen its advocacy programs.

Planning/Finance/Policy Formulation: The OVC Impact Study concept has been developed and approved by USAID/Phnom Penh; the study will assess the social and economic impact of HIV/AIDS-related deaths on orphans, families, and their caregivers. Thus far, POLICY has developed scopes of works for the local researchers and a research team leader and contacted four selected research institutions to submit their expression of interests, including proposed local research teams and costs of labor. Dr. Steven Forsythe and Ms. Sarah Alkenbrack will visit Cambodia beginning May 5 to further negotiate the scopes of work with the Ministry of Social Affairs and hire the research team.

Capacity Building: The Cambodia staff has prepared six abstracts that will be submitted to the 7th International Congress on AIDS in Asia and the Pacific (ICAAP) by April 1. POLICY also organized a strategic planning workshop for its own staff with assistance from an independent facilitator. The exercise has helped staff obtain a broader understanding of the mandate and programmatic areas of the project. Management and senior staff have reviewed the POLICY workplan and assigned relevant tasks to appropriate staff members. Staff are assigned to be focal point persons to work with external consultants if TA is required on a particular activity.

Research: GIPA.

- A contract for implementing "research into the barriers to involving and the impact of improving the skills of positive people in response to AIDS" is being finalized. The subcontractor, La Trobe University, will make its first visit to Phnom Penh in May.
- Through a tendering process, Cambodian Researchers for Development was selected to conduct a media review and analysis of reporting on HIV/AIDS. POLICY is preparing relevant documents for contracting with the organization.
- POLICY staff attended the UNAIDS GIPA steering committee meeting and met with GIPA staff members. Discussions were focused on the roles of United Nations Volunteers (UNV)-GIPA and those of its steering committee.

April 1—June 30, 2003

FP/RH

- The FP/RH workplan and budget, including the specific activities to be implemented, were developed. In addition, the timing and priority of each activity were specified.
- An outline of the “Health Impacts of Family Planning and Safe Motherhood Interventions” presentation was developed and submitted to the Mission for comments. The field office staff continued to work on the presentation and data collection.
- POLICY identified two potential FP/RH advocacy networks with which to work: the Cambodian Association of Parliamentarian for Population and Development (CAPPD) and MEDICAM, a health membership organization in Cambodia. POLICY developed a scope of work for an Advocacy Specialist to provide technical support for capacity development of the two networks.
- Terms of reference were developed and a consultant was identified to work on a legal and regulatory policy barriers analysis to encourage private sector participation in the provision of FP/RH services.
- POLICY assisted the Cambodia Midwife Association (CMA) in finalizing a midwife mapping analysis and presentation. POLICY also assisted the CMA in delivering the PowerPoint presentation to its members during the International Midwife Day held in May.

HIV/AIDS

Advocacy

- POLICY supported the NAA in producing a documentary video, “HIV/AIDS: Impact and Community Response,” for the Memorial of Candle light Day. The video was televised on three TV channels and was used by Dr. Tia Phalla in a consultative meeting on the 100 Percent Condom Use Program in Vietnam.
- POLICY supported a televised roundtable on Candlelight Day, hosted by the NAA and including the Svay Pak Village Chief, the UNFPA HIV/AIDS Ambassador, a PLWHA representative, and a monk leader, to discuss the involvement of monks in reducing stigma and discrimination.

HIV/AIDS and Human Rights

- POLICY continued to provide TA in the development of a training curriculum and a national database to record HIV-related human rights violations. A training curriculum, “Human Rights and HIV/AIDS for the Family and Community,” was developed in both English and Khmer, and TOT for CHRHAN members was conducted. A training curriculum, “Human Rights and HIV/AIDS for the Health Care Sector,” was also developed with TA from POLICY, and a TOT was conducted.
- POLICY worked with CHRHAN staff and members of the network to develop criteria for constructing the human rights database, determine operating characteristics of the database through presentations to and discussions at network meetings, and test various data collection methods through the use of role plays and case studies. Construction of the database has now begun, and it is expected to be operational by July 2003. CHRHAN will be able to retrieve reports of human rights violations from the database for its members to implement advocacy activities by July/August this year.
- POLICY continues to provide technical support to the NAA Legal and Policy Working Group by assisting with the working group’s meetings and drafting national guidelines—a “Complementary Code of Conduct”—for implementing Cambodia’s Law on Prevention and Control of HIV/AIDS.

HIV-related Stigma and Discrimination

- During 2002, POLICY subcontracted SCUK to implement an advocacy project with Buddhist monks in 25 pagodas across five provinces. The purpose of the project was to mobilize religious leaders to develop practical strategies that could reduce HIV-related stigma and discrimination. This was achieved by strengthening the role of Buddhist leaders to become “policy champions” on behalf of PLWHA through advocacy training workshops and the development of Faith Leadership Kits, which provide monks with information to enable them to become “policy champions.” In Phase II, the project is being transferred to Save the Children/Australia (SCA). Taking into account recommendations of an independent evaluation of Phase I, key activities in Phase II include an expansion of target areas, advocacy training workshops and meetings, production of an information booklet, a needs assessment in Siem Reap Province, and monk advocacy to communities and community leaders. Work will start July 23.
- During 2002, POLICY/Cambodia worked with NPC to develop a three-year strategic plan that will guide its future HIV/AIDS activities. The strategic plan lays the groundwork for a Buddhist-led response to HIV/AIDS and also seeks to build links with broader community development efforts. POLICY and NPC are beginning a new project, which began in June and has four linked key objectives.
- The scope of work for the development of a monitoring and evaluation framework for POLICY’s HIV/AIDS stigma and discrimination-related has been finalized, and work will begin in late July. The framework can be applied to POLICY’s stigma and discrimination sub-contracts in Cambodia.

Emerging Policy Issues

- POLICY contributed to the revision of the training curriculum on VCT and is leading and coordinating the development of a VCT Supervision System for the National Center for HIV/AIDS and Dermatology and Sexually Transmitted Diseases (NCHADS).
- POLICY engaged a local consultant to research information regarding males who have sex with males (MSM) and HIV vulnerability in Cambodia. POLICY will use this information to further develop its activities to address MSM and HIV vulnerability issues.
- POLICY staff participated in the National Conference on Drugs in Cambodia, hosted by the National Authority for the Control of Drugs, and has been conducting informal meetings with relevant stakeholders to assess whether there is a need for POLICY to conduct an assessment of situations concerning injecting drug users (IDUs) in Cambodia.

Advocacy Networks

- Research and capacity building was initiated that involved improving the skills of HIV-positive people in response to HIV/AIDS. POLICY provided CPN+ support group leaders and members with participatory training on self-esteem and communication skills.
- POLICY supported the HACC, NAA, and the MOH in conducting a press conference prior to Candlelight Day, highlighting progress to date in the Cambodian response to the epidemic and future initiatives by the MOH. Many of the speakers focused on the requirement for community behavior change. More than 25 media outlets were represented, which resulted in extensive media coverage of the Candlelight Day objectives and messages.
- POLICY is supporting CPN+ and the HACC in the development of their respective three-year strategic plans, in collaboration with KHANA, the UNV GIPA Program, and PACT.

Planning/Finance/Policy Formulation

- The POLICY research team’s undertaking, “The Social and Economic Impact of HIV/AIDS on Families and Children in Cambodia,” produced the research protocol, which was submitted and approved by the Ethical Review Committee of the MOH. POLICY is conducting this research in close collaboration with the Ministry of Social Affairs, Labor, Veterans, Vocational, and Youth Rehabilitation (MoSALVY), and an agreement is being finalized by both parties.

Tools/Research

- Consultant Susan Paxton is researching the barriers to involving and the impact of improving the skills of HIV-positive people in response to HIV/AIDS. The consultant has been providing participatory training to selected members of CPN+.
- POLICY has asked Cambodian Researchers for Development (CRD) to conduct research on print media to assess how images of PLWHA are reflected and created in media reporting on HIV/AIDS.
- Preparations are underway for joint work by POLICY and Dr. Helen Watchirs from the Regulatory Institutions Network, Research School of Social Sciences, Australian National University. Dr. Watchirs is the author of the International Guidelines on HIV/AIDS and Human Rights, which were adopted by UNAIDS and the U.N. Office of the High Commissioner for Human Rights in 1996. Dr. Watchirs and Chris Ward, Senior Technical Advisor for HIV/AIDS and Human Rights, POLICY/Cambodia, have developed a draft audit tool that will measure the extent to which the legal system of Cambodia complies with the International Guidelines on HIV/AIDS and Human Rights. While an audit tool has been devised for use in developed countries, it has become apparent that there is a need for an audit tool that is more relevant to the legal systems of developing countries. Watchirs and Ward have also researched and written a draft audit report. The draft audit tool and report will be the subject of consultations the week of July 7. The final audit report will provide an indication of areas in which legal reforms could help strengthen Cambodia's response to HIV/AIDS. The final version of the audit tool will be used to promote similar activities in other developing countries and has the potential for significant impact on the effectiveness of responses to HIV/AIDS.

Capacity Building

- Steven Forsythe and Sarah Alkenbrack conducted training for POLICY/Cambodia staff on the basic aspects of SPECTRUM.
- Edward Abel worked with the new Country Director, Var Chivorn, to orient him on the Cambodia program and budget and on the administrative procedures of the POLICY Project.
- Felicity Young worked with staff, particularly the country and deputy country director, to improve their understanding of the HIV/AIDS program direction.
- POLICY supported two staff from CPN+ and CHRHAN to attend training on advocacy and lobbying training conducted by the NGO Coalition to Address Sexual Exploration of Children in Cambodia (COSECAM).

EGYPT

The POLICY Project in Egypt supports USAID/Cairo's objective in the population/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 is being improved. POLICY is helping by providing technical and financial support to Egyptian institutions in the development and presentation of FP/RH policy analyses; undertaking FP/RH financial analyses and delivering presentations to give systematic attention to sustainability issues; engaging in policy dialogue with relevant and influential government policymakers and institutions; and helping to strengthen NGOs to engage in constructive policy dialogue and advocacy.

**Summary of Major Activities
January 1—March 31, 2003**

The Health, Population, and Environment Committee of the Shura Council. The POLICY Country Director attended 11 meetings to discuss the report "The Population Problem and Strategies to Curb Population Growth." POLICY contributed to seven of the report's eight chapters, which addressed: (1) the current situation of population in the world, (2) the current situation of population in Egypt, (3) social values related to the current population situation in Egypt, (4) selected countries' experiences concerning population issues, (5) the cost-benefit impact of family planning, (6) positive incentives in the area of population and family planning, and (7) strategies and recommendations to curb population growth. The report was discussed and approved by the Committee of the Shura Council and is to be presented to the whole council for discussion and final adoption.

The Health and Population Committee of the People's Assembly. The POLICY Country Director attended two meetings with the committee members. The meetings covered the facts and comprehensive analysis of the current population situation in Egypt, priorities for intervention, the role of NGOs in expanding FP information and services, and the need for developing a comprehensive policy for NGO partnership with the government.

The Committee of Health and Population and the Task Force for Population, National Democratic Party (NDP). The POLICY Country Director attended nine meetings at the NDP to discuss the current population situation as well as policies and strategies. A paper entitled "Population Issues in Egypt: Analysis of the Current Situation and Priority Actions" was presented to the committee and H.E. the Minister of Health and Population on March 15. Issues related to setting priorities for youth activities and enhancing the knowledge base in the area of population (POP)/FP/RH were elaborated during the meeting. Introducing population and family life education to all university students and at Al-Azhar University was discussed and stressed as a priority intervention. This will be discussed further with the Minister.

Youth Voluntary Forum. POLICY was among the key participants invited to address the opening session of the forum, which was attended by H.E. Prof. Dr. Ali-El-Din Helal, Minister of Youth.

The official presentation of activities highlighted collaboration between the POLICY Project and the Ministry of Youth (MOY) in the area of youth leadership and assessing leaders' qualifications to become advocates for POP/FP/RH. This collaboration was acknowledged by H.E. the Minister, who added that the activity should be further strengthened to expand the number of qualified youth leaders.

Meeting of policy group/research priorities at the Ministry of Health and Population (MOHP). The National Population Council (NPC), Catalyst/Tahseen, and POLICY/Tahseen attended the January 30 meeting. At the meeting, the First Undersecretary for POP/FP Sector highlighted the objective of the meeting. POLICY emphasized the new role of the Research Management Unit (RMU) and its refocus on

applied research. The main topics of discussion included the criteria for selecting research topics and relevant research institutions and coordination among the various institutions undertaking research.

Coordination with MOHP/POP and FP Sector. Several meetings were held with the First Undersecretary for POP/FP Sector as well as staff of other sectors to discuss and coordinate various issues. The issues included:

- The framework for FP cost studies and requirements for 1998/99 and 1999/2001 (January 2003);
- Further collaboration with POLICY/Tahseen in the area of the policy environment, advocacy, information, and finance and planning (January 2003); and
- Proposed workplan for the National Population Council/Technical Secretariat (March 2003).

Meeting on “Demographic Factors and Indicators of Population and Economic Development in Egypt” at Helwan University. The meeting was held on February 18 under the patronage of H.E. the Minister of Health and Population and was aimed at presenting and debating population issues as understood by youth. The Minister’s representative highlighted the population strategies. The POLICY Country Director elaborated on the current POP/FP/RH situation and its implications and proposed priority interventions for follow up. He also addressed the important role of youth in that direction. There will be follow up with students to expand the role of youth advocacy.

Meeting of Youth Forum/Academy for Scientific Research. Youth from different governorates began the February 23 meeting with a series of presentations highlighting their views concerning the population situation and possible interventions. POLICY’s keynote address outlined the various scenarios for population growth and their impacts on various aspects of life. The need for proactive and immediate strategies for intervention was emphasized.

Forum on “Factors Affecting the Utilization of Contraceptives,” Faculty of Economy and Political Science/Cairo University. The forum aimed at presenting the findings from further analysis of the Egypt Demographic and Health Survey (EDHS) 2000 with regard to demand and supply factors affecting the level of contraceptive prevalence. The forum was coordinated and facilitated by the POLICY Country Director, who also presented and discussed three papers regarding fertility and son preference, public and private sector roles, and women’s accessibility to FP/RH services. The forum was held on March 26.

Committee for Population Issues/Cairo University. At the request of the committee, the POLICY Country Director prepared a paper entitled “Factors Affecting Population Growth,” which will be discussed within the committee and taken into consideration in developing a framework for intervention.

Field work activities by youth leaders from the MOY. Based on 2002 POLICY activities with youth leaders from the MOY, the Department of Public Service and Voluntary Work and the MOY invited four youths—two females and two males—to advocate for the concept of small family size among their peers at El-Kresh Youth Camp at Ismalia on March 1–7. The youth were previously qualified by POLICY. The camp was attended by 85 representatives from students’ unions at Cairo and Al-Azhar Universities. Qualified youth leaders proved to be competent and knowledgeable and successfully initiated a discussion about the need to change attitudes regarding POP/FP/RH. As a result, the MOY decided that POP/FP/RH is to become a permanent item on the agenda of all youth camps, especially during the summer.

Evaluation of Aswan NGOs Coalition and Women RH Counsel Office. POLICY prepared terms of reference and a scope of work for a consultant to evaluate this activity, which will evaluate the Aswan NGO Coalition and Women’s RH Counsel Office for possible replication in other governorates.

Egypt Family Planning Cost Study for July 1, 1998–June 30, 1999 and July 1, 1999–June 30, 2000. Drafts for two reports on Egypt Family Planning Cost Study estimates, covering the fiscal years 1998/98 and 1999/2000, were completed. These studies provide a basis for continuous updating of family planning

cost information and analysis of Egypt's actual program trends and costs over time using standardized guidelines for categorizing costs. POLICY analyzed the cost items of each agency and classified the items according to the source of funding. The two reports are currently being reviewed.

H.E. Prime Minister Dr. Atef Ebeid. In an interview with Al-Ahram newspaper on January 17 (page 11), H.E. Prime Minister Dr. Atef Ebeid emphasized the seriousness of the population situation and its impact on the standard of living in Egypt. He added that controlling population growth should be the top priority and should be the main interest of the government and localities. It should be addressed through programs that deal with the factors associated with population growth identified by the studies. These programs are to be monitored monthly by registering results of family planning programs in residential areas.

MOHP, H.E. Professor Dr. Mohamed Awad Tag El Din. On January 14, Al-Ahram published (page 14) a statement from H.E. Professor Dr. Mohamed Awad Tag El Din, Minister of Health and Population. In the statement, he stressed that the Ministry's goal is to reach the replacement fertility rate of 2.1 children per woman by the year 2017, instead of the current 3.5 children per woman. Reaching this goal will save LE 137 billion, according to information provided by POLICY. On January 22 (page 14), Al-Ahram published another statement from the Minister. The statement mentioned that the current population plan aims to reach the replacement fertility rate of 2.1 children per woman so that the population will not exceed 86 million. Otherwise, with the current fertility rate of 3.5 children per woman, Egypt's population will reach 96 million by 2017. The projected population figures were provided by POLICY.

Minister of Information and Secretary General of NDP, H.E. Mr. Safwat El Sherif. Al-Ahram, in its January 7 issue (page 20), published a statement from the Minister to the Shura Council's members indicating that the Egyptian media has adopted the population problem as one of the crucial problems facing Egypt. The Minister's statement was based on the discussion that took place on the section of the report on population growth to which POLICY contributed.

MOY, H.E. Dr. Ali El-Din Helal. Al-Ahram published the Minister's statement on January 29 (page 14) and March 3 (page 15). In the statement, the Minister stated that the MOY will complete the establishment of 448 clubs for girls in youth centers by year's end. He also indicated that the number of voluntary clubs in youth centers will be increased to be 950, and the number of population awareness groups will be increased to 750. The Minister stressed the vital role played by qualified youth in advocating on population issues and strengthening voluntary services among youth. POLICY participated in this process.

Minister of Planning, H.E. Dr. Osman Mohamed Osman. Al-Ahram, on February 26, published (page 17) the Minister's speech at a seminar on "Youth and Sustainable Development" at the Institute of National Planning. In his speech, the Minister stated that the fifth plan aims to increase the inhabitable area in Egypt from 5–7 percent to 12 percent by 2022. He added that Egypt faces an imbalance between resources and population as a result of population density that concentrates on the narrowest area of Egypt and results in problems such as pressure on transportation, spread of waste and its adverse effect on environment, and pollution caused by the spread of factories along the banks of the Nile.

The Head of the Health, Population and Environment Committee of the Shura Council. On March 22, Akhbar-El-Youm newspaper published (page 10) a statement from Dr. Salah El-Shimy. He mentioned that the Shura Council will discuss in its forthcoming sessions the population issues report developed by the committee. He stated that the committee has suggested the following non-traditional solutions:

- Follow up with families after they have a second child;
- Conduct national campaigns for FP; and
- Legislate positive incentives for committed families, such as giving incentives to the family that delays its first child and practices birth spacing.

Technical assistance to NPC/Technical Secretariat (TS). NPC/TS presented and discussed the outline of its activities for 2003 in a series of meetings with POLICY staff. POLICY assisted NPC/TS in finalizing its 2003 workplan and submission to USAID after relevant concurrence from the First Undersecretary of POP/FP Sector/MOHP. The workplan incorporated comments and proposed modifications from POLICY and the POP/FP Sector/MOHP to ensure integration and coordination.

Policy analysis and presentation skills course at the Cairo Demographic Center (CDC). A CDC subcontract was signed on January 29, and activities are being carried out to prepare for the delivery of the course “Policy Analysis and Development of Presentation Skills.” A list of staff who are going to provide the training course was submitted.

Counterparts trained and supported by POLICY to conduct training in the SPECTRUM Model. One of the trainees from the “Policy Analysis and Presentation Skills” TOT workshop conducted a training workshop on SPECTRUM on March 22–24. The workshop’s objective was to build the capacity of staff who are working in the Information Center of the Health Directorate in Port Said governorate to use SPECTRUM in developing its strategic plan and in policy formulation. This activity was supported by POLICY, as shown in the relevant detailed report.

Collaboration with the Cairo Technical Office (CTO) to assess its training programs. POLICY was invited to collaborate with CTO to assess its training programs, especially in the area of policy analysis and presentations skills, which is carried out mainly by POLICY. POLICY also participated in the preparatory stage of the assessment workshop on February 23–24 and in the workshop on March 16–17. The participants appreciated POLICY’s efforts and materials. They recommended that the applied sessions should be longer and that the manual should be distributed in Arabic.

Developing the POLICY Implementation Plan for 2003. The final draft of the implementation plan for POLICY/Tahseen was completed following intensive discussion among the staff and taking into consideration the workplan (version 8). The views of national agencies (MOHP, NPC) as well as the workplan of Catalyst/Tahseen were also observed.

ANE TD Week. Four POLICY staff attended the ANE TD Week in New Delhi on February 3–7. The structure of the workshop, objectives, and themes were appropriate to the Egypt program. POLICY/Egypt staff delivered two presentations during the workshop, “Adolescent/Youth FP/RH in Egypt” and “Egypt’s Future Population.” Other countries’ presentations, approaches, and experiences were informative, specifically in the areas of FP/RH and partnerships with NGOs and communities. POLICY/Cairo staff also gained substantial information regarding HIV/AIDS. As a result of the workshop, the POLICY/Egypt staff is now in a better position to incorporate the broader range of FP/RH issues into its portfolio, including initiating preventive activities in the area of HIV/AIDS. The technical areas and training sessions were also very useful, especially sessions on the Goals Model and SPARHCS approach for health commodity security. The SPARHCS approach has been adopted in the 2003 workplan. It will be reviewed, and material will be developed for the contraceptive commodity sustainability plan.

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POLICY Dialogue within the People’s Assembly. POLICY continued policy dialogue aimed at identifying priorities for intervention in handling the population situation as well as taking the population dimension into consideration within the debate of various population and development frameworks. This is designed to ensure consistency with the national goals of the population strategies. Success of such dialogue is clearly demonstrated by the Labor Law approved by the Assembly and issued by the president on April 7, 2003. The law is to be implemented after 90 days of its official publication (July 7, 2003). Among other things, population priorities for intervention that were taken into consideration include

- Forbidding child labor before the age of completing basic education, or 14 years (whichever is higher), as well as specifying various conditions related to their work;
- Ensuring equality between both sexes in the labor market and organizing conditions for their employment; and
- Emphasizing the concept of a two-child family to be consistent with the national goal

Shura Council Report. On June 9, the final version of the report, “The Population Problem and Strategies to Curb Population Growth,” was approved as a strategic policy framework for tackling the population situation in Egypt. The Health, Population, and Environment Committee of the Shura Council, with POLICY support, developed the report. This step was preceded by a similar action from the relevant committee. A fruitful discussion and supportive arguments to the report were voiced throughout the debate that lasted for three sessions at the end of May.

Ministry for Administrative Development and Ministry of Health and Population. A Ministerial Decree was issued May 31 to operationalize the implementation of the system for incentives to FP workers (including physicians and Raidat Riffiat (RR)) in rural units, along the lines presented in the Shura Council Report. A total of 3,545 rural health units will be covered by the scheme in all governorates to support the national campaign aimed at expanding voluntary contraceptive prevalence and reducing population growth. Minister of Administrative Development, Zaki Abu-Amer, indicated that the upper ceiling for such a scheme is LE 200/month for physicians and LE 150/month for extension workers. Al-Ahram & Al-Akhbar outlined the new system in its June 4 and 5 issues (pages 14, 1).

Committee of Health and Population and the Task Force for Population, NDP. The POLICY Country Director attended several meetings at the NDP to discuss policy papers to which he contributed. The most important two were “Population Issue in Egypt, Analysis of the Current Situation and Priority Actions” and “Primary Health Care.” Both were presented to the Minister of Health and Population and debated among committee members before their finalization. These documents will be presented to the Annual National Conference of NDP, to be held in September 2003.

Advocacy Task Force for Youth FP/RH Issues. Objectives of the proposed task force are to discuss FP/RH youth issues and develop a national advocacy plan aimed for more focused attention to youth needs by POLICY and decision makers. To this end, the following activities were carried out:

- A scanning process between governmental and NGOs to seek the existence of any task force in the same area (the outcome demonstrated that there was no relevant task force with structure, objectives, or mission).
- Preparation and consolidation of a culturally sensitive advocacy manual to be used in qualifying the task force to undertake its mission and formulate a national advocacy plan.
- Review of the POLICY Project manual, “Networking for Policy Change: An Advocacy Training Manual,” with its supplement on ARH, which was found sufficient and appropriate to the Egyptian culture.

Youth Champions Program. As stated in the previous quarterly report, the MOY decided that POP/FP/RH was to become a permanent item on the agenda of all youth camps, especially during the summer. To cope with such a request, it was necessary to expand the number of qualified youth leaders. Among the target groups were interested students from Cairo University/Faculty of Economic and Political Sciences, and the “Population Groups,” previously oriented about the subject by the recently completed UNFPA/MOHP Project. For the first group, POLICY gave a 20-minute presentation, “Egypt’s Future Population,” to 40 students, which was followed by a lively debate to identify those who are interested in becoming champions. Selected students will be qualified to become advocates for the concept of a small family size among their peers. Success of this approach is manifested by the request of the MOY to extend the protocol with POLICY to another period.

Youth Voluntary Forums/Fieldwork Activities by Youth Leaders from the MOY. Five camps were organized by the MOY at different governorates (Assuit, Qualiobia, Menya, Alexandria, and Ismailia). Seven youth leaders (four females and three males), qualified by POLICY and were invited to advocate for the concept of small family size among their peers in these camps. Each camp was attended by at least 120 students male and female from different universities. Those champions were successful in initiating discussions among their peers and advocating for voluntary adopting and sustaining the concept of small family size consistent with the national goal.

POLICY Issues/Age at First Marriage. This is the first issue among a list of six policy issues that will be examined throughout the lifespan of TAHSEEN. The hired consultant submitted a draft paper in early March. POLICY's Country Director and staff reviewed the paper, and comments were relayed to the consultant to prepare the final version for dissemination and further discussion by all stakeholders.

Evaluation of Aswan NGOs Coalition and Women RH Counsel Office. Using the established POLICY roster and the collection of additional CVs, a qualified consultant was selected to undertake the mission, based on specified criteria.

Egypt Family Planning Cost Study for July 1, 1998–June 30, 1999 and July 1, 1999–June 30, 2000. The two reports on Egypt Family Planning Cost Study estimates, covering fiscal years 1998/1999 and 1999/2000, were reviewed, finalized, and prepared for dissemination.

- On June 12, 2003, findings of the two reports were presented to the MOHP. The head of the Population and Family Planning Sector and all staff attended the Arabic PowerPoint presentation (25 participants). A fruitful discussion took place, and several questions were raised about the methodology used and the distribution of costs among different types of services (mother and child health, family planning, reproductive health, etc.). Overall, the findings were considered important and provide information that is needed for the development of a comprehensive sustainability strategy. The MOHP/PS emphasized the need for conducting similar studies for the two recent fiscal years (2000/2001, 2001/2002). In addition, participants pointed out the importance of the trend analysis in understanding the changes during the last 12 years
- Findings related to all organizations involved in the study were separately printed to be disseminated to all partners. This will allow proactive discussion and enhance collaboration in similar future activities.

Contraceptive Security Study. Several meetings were conducted among USAID, Catalyst, MOHP/PS, and POLICY concerning the contraceptive security study that was conducted in July 2002. The third draft of this study was produced almost a year ago, but the findings were not disseminated and/or brought to the attention of relevant decision makers. These meetings concluded that it is important to enhance the awareness of the study findings through a series of dissemination activities at various levels, including the preparation of a user-friendly summary of the study's outcomes for decision makers, especially the Minister of Health and Population; presentation of the materials to the minister; and the conducting of a workshop including all national stakeholders to identify the most likely scenario and to present the result to the Minister of Health and Population, who would be attending. It was also agreed that POLICY is to take the lead in carrying out such activities.

Cost-Benefit Analysis. The cost-benefit study of Egypt's FP program is currently being updated. Data are being collected, validated, and edited to be used in the application of the relevant models.

POLICY Analysis and Presentation Skills Course at the Cairo Demographic Center (CDC). BASED ON THE subcontract between POLICY and CDC, signed on January 29, 2003, the first round of the training course was conducted June 8–18. Prior to course implementation, a series of meetings were conducted among POLICY and CDC to set the course framework. Twenty-one mid-management-level participants

attended the training workshop. Participants were from relevant sectors (MOHP, IEC, NPC, NWC, and RCT). The MOHP/PS and NPC participants were from both the central and governorate levels.

Coordination with MOHP/PS. On April 23, the MOHP/PS held a workshop to present its 2003/2004 workplan and specify areas for TA required from the TAHSEEN partners: Catalyst and POLICY. Outcomes of the discussion allowed POLICY to crystallize areas needed for TA by the MOHP/PS to be able to reach the national goal. The workshop was followed by a series of meetings in May to outline the objectives and scope of the needed TA. (A description of the needs expressed by the MOHP/PS is available by request.)

Leadership Program. POLICY's Country Director participated on the panel discussion of the evaluation of the leadership program, a USAID-funded project, that was piloted in Aswan Governorate during the last two years.

POLICY Symposium for Senior Policymakers. The CDC and the Cairo Technical Office (CTO) conducted a symposium, May 26–28, for Partners Global Leadership Development Program for the Middle East and North Africa. POLICY's Country Director participated as a resource person and jointly led a panel discussion on population and poverty.

NPC's First Meeting. Among the decisions of the first NPC session, held under the chairmanship of the Minister of Health and Population, was to request that the USAID-funded Institutional Development Project/RMU study the potential of manufacturing contraceptives in Egypt and elaborate on untraditional approaches to solving the population problem. For this purpose, RMU asked POLICY to host a meeting on June 8 to discuss the two topics. USAID, Catalyst, and selected experts participated in the meeting and the outcomes are being documented to explore future needed actions.

Symposium for Arab Parliamentarian in the Area of Population and Development. On June 10, POLICY's Country Director was invited to participate in that symposium. Besides Parliamentarians, the meeting invited secretary generals for national population councils and representatives of NGOs working in the area. Representatives from 16 Arab countries attended the meeting.

INDIA

POLICY activities in India focus primarily on supporting the USAID Mission's bilateral projects in Uttar Pradesh, Jharkhand, and Uttaranchal. The objective of the \$325 million project is to improve the quality of FP/RH services. POLICY staff members work closely with the Mission and its counterparts in all three states. TA includes activities related to policy development, planning, monitoring and evaluation, data collection and analysis, operational plans, and development of new strategies for the project.

Summary of Major Activities January 1—March 31, 2003

POLICY completed editing all 21 papers submitted for the November 12–13, 2002 workshop, and the Health and Family Welfare Secretary of Jharkhand released the printed report of workshop proceedings on March 7, 2003. POLICY prepared the final drafts of the health policy, population and reproductive and child health policy, organizational structure and human resource development policy, and drug policy and submitted them to the government of Jharkhand for Cabinet approval. In the meantime, the government headed by Babulal Marandi lost its majority in the Assembly and the Chief Minister had no option but to resign. The new government was formed with Arjun Munda as the Chief Minister. He has yet to announce the Minister for Health and Family Welfare. Given this scenario, the Cabinet approval of policies may take more time than originally expected.

For the facility survey, POLICY has completed data collection in two districts and work is in progress in two more districts. POLICY prepared 18 data entry packages.

The Uttaranchal Chief Minister released the Health and Population Policy on February 5. USAID asked POLICY to prepare an action plan for implementation of the Uttaranchal policy. The action plan prepared by POLICY was shared with the Uttaranchal government on February 26. Further discussions on the action plan were held on March 20–21 and interventions that USAID would like to support in the next 20 months have been identified. POLICY prepared a proposal for the establishment of a state-level apex institution called the Uttaranchal Health Institute. The state government forwarded the proposal to the national government for funding. POLICY prepared a memorandum of association for the institute that will soon be sent to the Uttaranchal Cabinet for approval. USAID and the government of Uttaranchal asked POLICY to prepare a drug policy for the state over the next three months.

USAID asked POLICY to conduct three benchmark evaluations covering the PCDF¹ community-based distribution project funded by SIFPSA. POLICY completed the evaluations and submitted the reports to USAID. POLICY participated in the TAG meetings held on social marketing projects and the Project Advisory Committee (PAC) meeting for the approval of projects. The POLICY representative also helped SIFPSA recruit staff.

April 1—June 30, 2003

Uttaranchal. POLICY completed the situation analysis of Dehradun and Haridwar in Uttaranchal that will help develop urban RH strategies for these two towns and submitted the draft reports to USAID. POLICY is currently conducting the facility survey in all 11 districts of Uttaranchal, and the data collection work will be completed by the end of August. POLICY initiated the work on medicine policy for the state of Uttaranchal, and a draft policy document will be shared with the government by the end of

¹ PCDF is a dairy cooperative.

July. POLICY is working in collaboration with MOST on the micronutrient strategy for Uttaranchal and with the Environmental Health Project (EHP) on urban RH strategies.

Jharkhand. POLICY completed data collection for the facility survey in four districts. The project did a complete analysis of the East Singhbhum district facility survey data and presented the results to the government on May 29 in Ranchi. POLICY will help the Health Minister present the results to the Council of Ministers. POLICY prepared a proposal for setting up the State Institute of Health and Family Welfare in Jharkhand. The proposal was submitted to the government on June 30, which decided to set up the institute and asked POLICY to prepare detailed budget estimates for the construction of buildings and for the recurring expenditure for the next five years. The Health Ministry of Jharkhand cleared the population and reproductive and child health (RCH) policy, health policy, and drug policy documents; and these documents are now with the Law and Finance ministries to obtain approval

Uttar Pradesh. USAID asked POLICY to conduct a benchmark evaluation of the IEC campaign with the help of video vans to improve awareness of RH services in Uttar Pradesh. POLICY completed the evaluation and submitted the report to USAID. POLICY prepared operational plans for district action plans (DAPs) of Ghaziabad, Mathura, Rae Bareilly, Kanpur Dehat, and Lalitpur. POLICY also prepared online presentations for the launch of DAPs in all five districts and submitted them to the State Innovations in Family Planning Services Agency (SIFPSA). The project prepared the sample design for the evaluation of performance of contraceptive marketing projects in Uttar Pradesh and submitted it to SIFPSA and USAID.

JORDAN

POLICY is assisting USAID/Amman and its local partners to improve access to and the quality of reproductive and primary health care services. All of POLICY's efforts are designed to help eliminate existing legal, regulatory, and operational barriers to the provision of FP/RH 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 Higher Population Council's General Secretariat (HPC/GS) to plan, monitor, evaluate, and coordinate the national implementation plan for the NPS. In addition, POLICY 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 reproductive health with special emphasis on gender, human rights, and adolescent issues.

**Summary of Major Activities
January 1—March 31, 2003**

TD Week. POLICY local staff, along with POLICY staff from 10 countries in the ANE region and the U.S., attended TD Week. The event was held in New Delhi, India from February 3–7, and its main theme was “Increasing Access to FP/RH and HIV/AIDS Services by Improving Policies Affecting Vulnerable Groups.”

Jordanian Network for Reproductive Health (JNRH) meetings. POLICY facilitated a meeting with the JNRH members on January 7 to discuss arrangements for launching the network to the media group and other NGOs and agree on the timing for conducting training on the preparation of presentations and presenting skills. Both events have been postponed due to the current political situation.

Reproductive Health Action Plan (RHAP) Taskforce meetings. During February and March, POLICY facilitated several meetings for the taskforce to review the costing for the first year of RHAP activities.

Meeting with the Higher Population Council (HPC). POLICY met with the new Secretary General (SG) of the HPC, Dr. Zuhair Alkayed, and briefed him on the collaboration between POLICY and HPC. Prior to the meeting, POLICY prepared a detailed memo that showed the RHAP development process, its current status, and next steps. POLICY also proposed the establishment of a technical RH unit within the new structure of the HPC and recruitment of qualified staff for this unit. It is expected that this unit will be responsible for coordinating the implementation of RHAP activities. The SG approved the proposal and promised to take necessary actions in this regard.

USAID End-use verification. At the request of USAID, POLICY updated and submitted a commodity utilization report for commodities purchased by POLICY.

Managing and awarding religious leaders research proposals. Seven proposals for conducting research on the practice of religious leaders in support of family planning were received and evaluated according to 10 criteria. The research project was awarded to the Queen Zein Al Sharaf Institute for Development (ZENID).

April 1—June 30, 2003

Policy Education. Upon a request from the MOH/Health Academy, POLICY prepared and presented one week of instructions on population topics to post-graduate students in community medicine at the MOH Health Academy April 13–17. Eighteen MOH physicians of both sexes were registered in the program. The topics included population size, structure, distribution, and change; population projections; demographic processes; and determinants and consequences of population growth. The trainees were tested and graded at the end of training.

RHAP. POLICY conducted several meetings with the task force and the firm contracted to design the document, resulting in finalizing and printing the Arabic version of the RHAP including the text and the log frame.

HPC Board Meeting. Upon a request from the SG/HPC, POLICY attended the first HPC Board Meeting on May 26 and responded to points raised by the board members in relation to FP/RH issues. The meeting resulted in formulating an executive committee from the board members, which will meet soon to discuss the RHAP details prior to sending the document to the Ministerial Council for approval.

HPC Capacity. POLICY assessed the training needs for HPC staff upon request from the OPFH/USAID/Amman HPC. POLICY developed job descriptions and qualifications requirements for staff that are needed for the HPC to coordinate the implementation of the RHAP. POLICY also provided advice on international training opportunities appropriate for existing HPC staff.

JNRH. POLICY conducted follow-up meetings with members of the network to finalize issues such as the JNRH brochure and the launch presentation. POLICY also worked with the members to develop a new strategy for the post-war period in order to re-establish connection with network members and develop and implement its action plan.

National Council on Family Affairs (NCFA). POLICY met with NCFA staff and discussed next steps that can be undertaken to plan for the development of a national strategy for the Jordanian family. POLICY advised the NCFA to coordinate their efforts around three domains: (1) domains where strategies and implementation plans exist and are being implemented, such as the poverty fighting strategy; (2) domains where strategies and implementation plans exist but have not been adopted and officially endorsed yet, such as the RHAP; and (3) domains where neither strategies nor plans exist.

NEPAL

POLICY assistance is provided to the Planning and Coordination Unit in the National Center for AIDS and STD Control (NCASC) to promote the aim of creating an enabling environment for HIV/AIDS. This unit is responsible for facilitating and monitoring policy dialogue, policy development, advocacy, and partnership building with civil society. Specifically, POLICY supports the NCASC to increase ownership of the National HIV/AIDS Strategy and Operational Plan at the district level and in the public and private sectors. In collaboration with the NCASC, POLICY focuses on addressing the complex challenge of strengthening the multisectoral policy response to the HIV/AIDS epidemic in Nepal. POLICY activities are also aimed at facilitating GIPA in the development and implementation of HIV/AIDS policies and programs. POLICY aims to establish improved and effective planning and finance mechanisms for HIV/AIDS policies and programs and increased understanding of the impact of stigma and discrimination on prevention, care, and support policies and programs.

Summary of Major Activities **January 1—March 31, 2003**

Advocacy: During the previous quarter, POLICY/Nepal's workplan was drafted and presented to the Ministry of Health and USAID/Kathmandu. However, the HIV policy environment within Nepal has undergone significant change over the past quarter, which has necessitated POLICY to revise the workplan in light of macro-contextual changes. As a result, POLICY/Nepal assistance is being focused on strengthening the institutional capacity of the NCASC, and a close collaborative relationship is being established. The workplan revision is currently in progress. A workshop jointly hosted by the NCASC and POLICY/Nepal for the purpose of finalizing the workplan was scheduled for March 27. Unfortunately, due to the denial of concurrence for senior POLICY staff from Washington, D.C., the workshop could not proceed as planned. It is hoped that the workshop will be conducted before the end of April. In the meantime, POLICY/Nepal staff are establishing strategic relationships with counterparts, cooperating agencies, and international and local organizations and donors.

Other (Management): A MOU between the NCASC, USAID/Kathmandu, and POLICY Project was signed on March 31. The purpose of the MOU is to confirm the cooperation and collaboration between all parties. As of March 24, POLICY/Nepal, at the invitation of the NCASC, took up residence within the NCASC. It is envisaged that being co-located with the NCASC will strengthen collaboration and facilitate capacity building and information exchange.

April 1—June 30, 2003

Advocacy: Identifying Access Barriers to Condoms. On June 13, POLICY met with government and major NGOs to identify barriers faced by vulnerable groups in accessing condoms (use as evidence of sex work) and other law enforcement practices that impede HIV prevention programs. The purpose of the meeting was to identify issues, from the perspective of vulnerable groups, prior to meeting with the MOH and police. Participation in the meeting included General Welfare Pratisthan (working with sex workers), Blue Diamond (working with MSM), condom social marketing organizations, massage parlor owners, the Director General of the Department of Health Services, and the Director of NCASC.

High-level Government Meeting. Following a joint request from the MOH and POLICY, the Ministry of Home Affairs (MHA) convened a meeting on June 18 to discuss ways of creating an enabling environment for groups vulnerable to HIV/AIDS. The meeting was attended by senior officials of the MHA, Nepal Police, Armed Police, Disaster Control and Narcotics Control Department, MOH, Department of Health Services, NCASC, and POLICY. One purpose of the meeting was to share a global

and national update on HIV/AIDS, including best practice interventions in the sex industry and with uniformed services. Another purpose was to acknowledge the commendable work of some of the police force regarding the human rights of vulnerable groups (e.g., sex workers and MSM), and to identify ways to replicate these endeavors throughout the police force by addressing access to condoms and other issues relating to the creation of an enabling environment. The next steps identified at the meeting were to revise the existing HIV/AIDS training program in the police force and to extend training to junior officers, to address the need to identify focal points in the law enforcement sector to deal with HIV/AIDS issues, and exposure trips for law enforcement authorities to countries with good interventions with uniformed services.

Supporting the PLWHA Network. POLICY and the NCASC helped the PLWHA network organize a ceremony to observe the International AIDS Candlelight Memorial Day on May 18. Previously, there have been rifts between support groups, PLWHA networks, and individuals, making it difficult to bring people together. The success of the event will contribute to strengthening the PLWHA network and broader collaborative work. Thirty-seven people attended the memorial, of whom approximately 30 were PLWHA.

Talk Program on the Human Rights Approach to HIV/AIDS. Chris Ward, POLICY/Cambodia, and Sapna Malla, President, Forum for Women, Law and Development (FWLD), made a joint presentation on June 20 on the human rights advocacy approach to HIV/AIDS. The purpose of this presentation was to sensitize the audience to the human rights aspect of the epidemic in the context of Nepal. Participants came from a range of government ministries, USAID and its partners, civil society, and representatives of affected communities. POLICY/Nepal will organize advocacy workshops each month on a range of issues. Sixty people attended the event.

Legal Review. POLICY/Nepal has contracted the FWLD to conduct a legal and policy review with the following objectives:

- Audit the laws, policies, and executive orders of Nepal in relation to sex workers, IDUs, prisoners, MSM, uniformed services, and migrant workers to identify discriminatory provisions, and how the laws and other instruments may contribute to vulnerability in risk populations.
- Draft a reform agenda for the development of laws and policies that will protect the human rights of vulnerable groups and assist in the creation of an enabling environment for HIV/AIDS programs.
- Develop an advocacy plan for the law/policy reform agenda.
- Lobby relevant agencies to support law/policy reform and the protection of human rights for vulnerable groups.

Media Review. POLICY/Nepal has selected the organization Sancharika Samuha to conduct a media review to collate and analyze print and electronic media reporting on HIV/AIDS to assess how images of people with HIV/AIDS are both reflected and created in media reporting, and to assess the thematic content of selected print and electronic media reporting of HIV/AIDS in Nepal.

Summary of advocacy indicator reporting:

- Four advocacy activities implemented
- One hundred twenty-six people reached/participated
- Two new organizations involved in advocacy efforts

Planning/Finance/Policy Formulation: Workplan Finalization Meeting. A consultative meeting was held on May 8 with participants from the MOH, Ministry of Finance, National Planning Commission, Department of Health Services, NCASC, and USAID to finalize POLICY/Nepal's workplan. IR1

Advocacy Director (HIV/AIDS) Felicity Young was also present. Participants agreed on changes to the workplan, which has now been finalized.

Capacity Building: TA to NGOs. Chris Ward conducted a training program for four FWLD staff the week of June 16 to provide them with skills to undertake the legal/policy audit. Training consisted of familiarization with the International Guidelines on HIV/AIDS and Human Rights, use of legislative audit tools, the process of conducting consultations and developing a final audit report, and examples of best practice legislation from other countries.

Project Management: The workplan finalization workshop was followed by a dinner to launch POLICY/Nepal. The dinner was attended by senior government officials, uniformed forces officials, human rights organizations, external development partners, civil society representatives, and USAID and its partners. The Operations Manager position has been advertised. Selection will be finalized in early July. POLICY/Nepal has also been developing its network with government officials, external development partners, NGOs, and civil society.

Preparatory work has been undertaken in the following areas: (1) web page development; (2) national mapping of NGOs/CBOs working in HIV/AIDS with an emphasis on programs targeting PLWHA, FSW and their clients, IDUs, MSM, and male migrants; (3) organizing a south-to-south study tour to explore HIV/AIDS policy successes and challenges in migration, vulnerable groups, and stigma reduction; and (4) formation of a National Advocacy and Information Network.

PHILIPPINES

POLICY assistance in the Philippines aims to strengthen the capability of national government agencies and national and local community-based organizations and institutions in the design, implementation, and evaluation of policies and plans for resource mobilization and utilization to achieve sustained political and financial support for population, FP/RH, sexually transmitted infections (STIs), and HIV/AIDS activities. The approach is premised on the fundamental elements of participatory and informed decision making, mobilization of civil society, enhanced private sector participation, and public–private sector partnerships in FP/RH/STI/HIV/AIDS policy development, planning, and program implementation. POLICY/Philippines assistance is focused on multisectoral efforts aimed at gradually achieving sustained domestic financial support and improved FP/RH/STI/HIV/AIDS services that ensure the health of Filipino families.

Summary of Major Activities January 1—March 31, 2003

FP/RH

POLICY TA to the local government unit (LGU) of Pangasinan in identifying strategic options to reduce unmet FP need and to identify local initiatives to work toward self-reliant provision of contraceptives. These activities represent local responses of the province of Pangasinan to the 25 percent unmet need for family planning indicated in the 2002 Pangasinan Demographic and Health Survey and to ensure continued provision of contraceptive supply in the face of the eventual phaseout of USAID contraceptive commodity support to the Philippine Family Planning Program. Being the first local government nationwide to express desire to receive technical assistance to achieve contraceptive self-reliance, the province identified the PALARIS Inter-Local Health Zone—comprising eight 4th and 5th class municipalities and one component city—and another component city not within the PALARIS district to be the first 10 project sites for the initiative. The selected project sites will allow TA in both rural and urban settings. Related activities undertaken during the quarter include:

- *Review of related literature and assessment of existing databases (Community-based Family Planning Monitoring and Information System) on unmet FP need.* POLICY supported the Pangasinan Provincial Population Office in conducting a workshop to assess existing databases on unmet FP need in the province. The assessment focused mainly on the Community-based Family Planning Monitoring and Information System (CBFPMIS), a tool being used to closely monitor and address unmet FP needs in the province. Forty-one population and health officers at the provincial and barangay levels attended the workshop. The draft assessment report on the existing databases for unmet FP need in Pangasinan has been completed.
- *Assessing and segmenting the population with unmet FP need.* To ensure data input to the assessment and segmentation of unmet FP needs in project sites, POLICY supported the data processing of the LGU CBFPMIS data. POLICY conducted a training workshop on basic data processing using SPSS for 10 population and health officers at the provincial and municipal levels on February 21–22. The training provided participants with basic skills in processing, managing, and analyzing data and enabled them to start computerized processing of CBFPMIS data.
- *Conduct of willingness to pay study.* To develop a solid knowledge base of the FP market in the project sites, POLICY engaged the services of the Demographic Research and Development Foundation (DRDF) to conduct a study on couples' capacity and willingness to pay for FP

commodities. Survey data gathering and initial processing have been completed. A report on preliminary results is expected in April.

- *Survey of public and private facilities.* POLICY commissioned the DRDF to conduct a survey on public and private FP facilities in the project sites. The results of the survey would serve as input in the development of strategic plans to prevent possible dropouts from contraceptive use as an offshoot of targeted services for the poor in the LGU FP facilities. The results would also be used to stimulate private sector provision of services to those who have the ability to pay. DRDF has completed the survey data gathering and processing. The preliminary results report will be completed in April.
- *Awareness raising and advocacy on contraceptive self-reliance and market segmentation.* POLICY supported the PAN ABLE Pangasinan during its organizational meeting on January 21. Fourteen members of the network and 23 representatives from the Pangasinan initiative project sites attended the meeting. In an effort to expand the membership of the ABLE Pangasinan to include more NGOs, POLICY assisted three members of the network in conducting interviews among local NGO representatives. The activity introduced the network and its involvement in the Pangasinan initiative; introduced the TA being provided by POLICY to the province; and facilitated learning about the operations, programs, and projects implemented by the different NGOs; and provided insights on population, FP/RH, and the impending phaseout of the USAID Contraceptive Commodity Support Plan to the Philippines. Twenty government and nongovernmental organizations were included in the interview.
- *Other related activities.* On January 8, POLICY conducted the project orientation workshop for the Pangasinan initiative. Workshop attendees included provincial officials and staff of the Provincial Population and Health Offices and their counterparts at the city and municipal levels, representatives from the Regional Center for Health Department (Region I), representatives from the ABLE Pangasinan, and 37 project implementers and stakeholders, including POLICY staff and consultants. On February 27, POLICY supported the signing of a MOU, formalizing the commitment of the province of Pangasinan and USAID for the Pangasinan initiative. Governor Victor E. Agbayani and Ms. Carina Stover signed on behalf of the province of Pangasinan and USAID, respectively.

TA to USAID in developing a Contraceptive Commodity Reduction Strategic Transition Plan for the Philippines. During the previous quarter, POLICY/Philippines worked closely with POLICY/Washington in providing TA to USAID/Manila in drafting a strategic plan on the contraceptive phaseout in the Philippines using data from the 1998 National Demographic and Health Survey. With the release of the 2002 Family Planning Survey Report, POLICY/Philippines is currently working with POLICY/Washington staff to update the strategic transition plan.

Awareness Raising on the USAID Commodity Support Plan Through Media Campaign Activities. POLICY, through RAYA Media Services, Inc., continued the initiative to popularize the USAID Contraceptive Commodity Support Plan. Two major television networks tackled FP and population issues, including the USAID Contraceptive Commodity Support Plan, in their documentary-type television shows. One of the top-rated daily morning radio programs broadcast a series of discussions, including an interview with the Department of Health Secretary. The intended publication of a series of write-ups on USAID's contraceptive phase-down plan was shelved following instructions from USAID. However, two previously written news items on contraceptive needs and issues were used as the basis for news items released by AFP, AP, and Business World. On March 2, a media advisory and press statement ("Last Condom Shipment Here") were released, ensuring media coverage for the turnover to the Philippine government of the last USAID condom shipment donation. Representatives from the

Philippine government and USAID witnessed the ceremonial turnover held March 3 at the POPCOM warehouse.

TA to advocate for inclusion of additional FP benefits in the PhilHealth Plus. POLICY prepared two separate presentations on the four studies that will be undertaken to expand the PhilHealth FP benefits package. The first presentation was done on March 3 for the president and CEO of PhilHealth; he expressed support for the expansion of the FP benefits package to reduce public burden. Another presentation with the heads of the PhilHealth Actuary and Quality Assurance Departments was done on March 14. The four studies are:

- “Stakeholder’s Analysis to Map Support of Key Stakeholders for the Expansion of FP Benefits in the National Health Insurance Program (NHIP)”
- “Review of PhilHealth Guidelines and Recommendations for Reimbursement of FP Services”
- “Review of PhilHealth Guidelines and Recommendations for the Accreditation of FP Service Providers”
- “Cost-Benefit Analysis of Coverage of FP in the NHIP Benefits Package”

SPECTRUM Training. POLICY continued to support the University of the Philippines Population Institute (UPPI) and the Philippine Population Association (PPA) in conducting SPECTRUM training for PPA members from subnational universities and LGU planning, health, and population officers. The third and last batch of training was conducted in Metro Manila on January 21–23. Twenty-six participants attended the training, the majority of whom were from LGUs.

HIV/AIDS

Advocacy: Advocacy for HIV/AIDS support through expanded LGU response in eight sites. POLICY, in partnership with the Philippine National AIDS Council (PNAC) and the Department of Interior and Local Government (DILG), advocated to the vice-mayors and city councils of the eight project sites for the enactment of ordinances supporting the AIDS program. Members of the city council in the project sites verbally signified their support for the passage of an ordinance for HIV/AIDS prevention in their respective cities. One of the project sites passed a resolution for the conduct of an “AIDS Awareness Program at the Barangay Level.” POLICY participated in the midterm technical review (MTR) of the National Epidemiology Center (NEC) and lobbied for capacity-building activities with a focus on the surveillance of STIs or HIV in the eight project sites. POLICY conducted a high-level dialogue with the DILG Assistant Secretary on the initiatives by local chief executives of the eight project sites to implement local responses to HIV/AIDS.

Planning and finance: Study tour for local policy advocates and AIDS Council members. POLICY, in collaboration with the Program for Appropriate Technologies in Health (PATH), supported the study tour of six of the eight Local AIDS Councils (LACs) from the POLICY project sites. PATH/ASEP identified one of their project sites as host for the study tour. The objective of the study tour is for the LACs to learn from the host city’s responses on the issue of HIV/AIDS and enable them to adopt feasible strategies in their areas. As a result of the study tour, four of the six LACs drafted a resolution and revised their workplans. Another study tour will be conducted in April for the remaining two LACs.

Applied Research: Conduct of research studies related to HIV/AIDS. The studies on stigma and discrimination and risk of MSM are still being finalized. Experts’ technical review of research findings on stigma and discrimination was conducted on March 31.

April 1—June 30, 2003

FP/RH

POLICY TA to the LGU of Pangasinan in Identifying Strategic Options to Reduce Unmet FP Need and to Identify Local Initiatives to Work Toward Self-reliant Provision of Contraceptives. These activities represent local responses of the province of Pangasinan to the 25 percent unmet need for family planning indicated in the 2001 Pangasinan DHS and to ensure continued provision of contraceptive supply in the face of the eventual phaseout of USAID contraceptive commodity support to the Philippine FP Program. Being the first local government nationwide to express a desire to receive TA to achieve contraceptive self-reliance (CSR), the province identified the PALARIS Inter-Local Health Zone—comprising eight fourth and fifth class municipalities and one component city—and another component city not within the PALARIS district to be the first 10 project sites for the initiative. The selected project sites will allow TA in both rural and urban settings. Related activities undertaken during the quarter include the following:

- *Assessing and Segmenting the Population with Unmet FP Need.* POLICY continued to provide TA in assessing and segmenting the population with unmet FP needs in the 10 CSR project sites. POLICY assisted the Provincial Population Office of Pangasinan in completing the processing of the municipal Community-based Family Planning and Monitoring Information System (CBFPMIS) data. The data generated are now being used for planning and advocacy activities at the provincial and municipal levels. Currently, POLICY is working closely with the province of Pangasinan in reviewing the CBFPMIS tools for possible enhancements.
- *Conduct of Willingness to Pay study.* Preliminary results of the survey have been presented to the governor and other population and health program officers in Pangasinan and are now being used for planning and advocacy activities. The Demographic Research and Development Foundation (DRDF), which was commissioned by POLICY to conduct the survey, is currently working on the final report for completion in July.
- *Survey of Public and Private Facilities.* Preliminary results of the survey have been presented to the governor and other population and health program officers in Pangasinan and are now being used for planning and advocacy activities. The DRDF, which was commissioned by POLICY to conduct the survey, is currently working on the final report for completion in July.
- *Conduct of FP Market Segmentation Study.* In line with the reduced assistance of donors for FP commodities, a scientific analysis of FP clients and the commodity market in Pangasinan and the 10 CSR Project sites is crucial in effective targeting of scarce LGU resources. POLICY is currently working on the study using data from the recently completed Willingness to Pay study and the 2001 Pangasinan DHS. Preliminary results of the study have been presented to the local government executives and are now being used in advocacy and planning activities. The final report of the study is expected to be completed in July.
- *Awareness Raising and Advocacy on Contraceptive Self-reliance and Market Segmentation.* POLICY supported the PAN ABLE Pangasinan in expanding its membership to include NGOs operating in the 10 project sites. A total of 10 participants attended the three-day training on Basic Networking and Advocacy Skills, April 8–10, conducted by POLICY. At the end of the training, all the participants signed up as new members of ABLE Pangasinan, composed of four local NGOs from five of the CSR Project sites and another representing an international NGO.

- *GIS Mapping.* POLICY completed the preparation of digital maps of the 10 project areas with cartographic presentations based on data derived from the surveys on public and private FP facilities and Willingness to Pay studies. These maps will be used extensively in drafting recommendations for establishing a referral system in support of increased private–public partnership and targeting strategies. Installation of the GIS system and training of LGU staff on the use of the GIS system for referral and record keeping was undertaken, June 24–27.
- *Operational Policy Barriers Analysis.* POLICY continued to work with program managers of the Population and Health offices at the provincial level and in the 10 project sites to assess their capacities to work on CSR. Areas where operational barriers were identified include budgeting, commodity procurement, commitment of local government executives to CSR, and forecasting of commodities. Based on the findings using the IWG study/scoring system, the project sites would be able to achieve CSR in three to five years.
- *Other related activities*
 - *Strategic Planning Workshop.* POLICY conducted a two-day strategic planning workshop, June 10–11, for 61 FP program implementers of the CSR Project and other stakeholders, including civil society and regional representatives of national government agencies. This activity marked the culmination of the data gathering phase of the project. The workshop was able to achieve its objectives, which included presentation of the current provincial FP situation based on results of the surveys and studies conducted; the identification of current FP issues by the 10 project sites based on their respective socioeconomic profiles; presentation of the strategic elements of CSR; and clustering of the 10 project sites into two groups. The clusters were able to forecast their CSR project “victories” by 2006 as well as prepare their strategies and individual action plans for implementation by their LGUs. The remaining critical activities for the project were also identified during the workshop.
 - *Briefing with the Governor.* POLICY presented the results of the surveys conducted for the studies on Willingness to Pay, FP public and private facilities, operational barriers, and financing strategies on April 22. The presentation aimed to solicit the governor’s insights in developing the strategic options for the project.
 - *TA to USAID in developing a Contraceptive Commodity Reduction Strategic Transition Plan for the Philippines.* POLICY/Philippines continued to work closely with POLICY/Washington to provide TA to USAID/Manila in updating their strategic plan on the contraceptive phaseout in the Philippines using data from the 2002 Family Planning Survey and 2000 Family Income and Expenditures Survey. POLICY also supported USAID in holding a meeting to present the CSR Transition Plan and solicit support among members of the international donor community of contraceptive commodities and heads of lead government agencies working on the FP program. The meeting, held on April 23, was attended by 13 donor agencies and four government organizations.
 - *Awareness Raising on the USAID Commodity Support Plan Through Media Campaign Activities.* POLICY, through RAYA Media Services, Inc., continued the initiative to popularize the USAID Contraceptive Commodity Support Plan. POLICY staff attended, as resources persons, the USAID interaction with media practitioners, held on May 5, where media personalities from television, radio, and print were oriented on the shift in the USAID Commodity Support Plan to the Philippines. The interaction also served as a venue to clarify issues as well as to solicit insights as to how USAID could collaborate with media in popularizing its contraceptive commodity phaseout plan. A total of 24 participants including USAID, POLICY, Academy for Educational Development (AED)/Social Acceptance for FP Project, RAYA Media Services, and 11 media practitioners attended. POLICY, through RAYA, also supported the drafting of the privilege speech of a FP policy champion in the

- House of Representatives (Congressman Neric Acosta). Other similar initiatives supported by AED to drum-up support for family planning would also be mounted to coincide with the delivery of the privilege speech by Congressman Acosta.
- *TA to advocate for Inclusion of Additional FP Benefits in the PhilHealth Plus.* POLICY conducted four studies consisting of: a review of guidelines for PhilHealth reimbursement of FP services, a review of accreditation of providers of FP services, a stakeholders' analysis, and a cost-benefit analysis of coverage of pills and injectables. The findings of the four studies are being analyzed to come up with integrated policy recommendations on the expansion of PhilHealth FP service coverage. Once these analyses have been completed, POLICY will begin developing an advocacy implementation strategy and plan.

HIV/AIDS

Advocacy: Advocacy for HIV/AIDS Support Through Expanded LGU Response in Eight Sites. POLICY in partnership with PNAC and the WHO, advocated for the 100 Percent Condom Use Program in LGUs. Local chief executives in the three project sites (Urdaneta, San Fernando, and Laoag) committed to implement the program as part of their HIV/AIDS local policy. Another project site, Dagupan City, also signified its intention to study the program for adoption. POLICY continued to work with HIV/AIDS local champions in the eight project sites to ensure passage of proposed ordinances. POLICY also supported the conduct of the International Candlelight Memorial activities, held May 28–30, in one of the project sites (San Fernando City). An art exhibit depicting works on women and AIDS served as one of the highlights of the celebration. POLICY, in partnership with PNAC, also invited a member of Pinoy Plus Association to give a talk, “Living with HIV/AIDS.”

Planning and Finance: Study Tour for Local Policy Advocates and AIDS Council Members. At the end of the study tour, conducted in partnership with Programs for Appropriate Technologies in Health (PATH), two additional project sites (cities of Butuan and Dipolog) drafted ordinances on HIV/AIDS. Another project site (Naga City) passed and approved an ordinance creating the Naga City Multisectoral STI/HIV Council with a budget of PhP300,000.

Tools Development/Research: Conduct of Research Studies Related to HIV/AIDS. POLICY is currently conducting the technical review of the studies, “Setting a Research Agenda for MSM and HIV/AIDS in the Philippines” and “HIV/AIDS-related Stigma and Discrimination,” submitted by the Library Foundation and Pinoy Plus, respectively.

Capability Building: Training for Local AIDS Councils. POLICY supported a five-day intensive training workshop on Basic Epidemiology and Surveillance, held June 23–27. The training was conducted in coordination with the Field Epidemiology Training Program Alumni Foundation Incorporated; representatives from five project sites participated in the training, which included a “practicum” and a presentation of the study. The training aimed to strengthen the surveillance capacity of Local AIDS Councils through the City Health Office, in monitoring cases of STI/HIV/AIDS. POLICY also supported the conduct of a two-day training on telephone counseling for members of the Naga City AIDS Council. The Naga City Health Office was able to secure a telephone line for the HIV/AIDS Telephone Counseling Program, which will be manned by the Local AIDS Council members.

VIETNAM

The goal of POLICY assistance in Vietnam is to address HIV-related stigma and assist PLWHA within the context of the GIPA Principle.

Summary of Major Activities January 1–June 30, 2003

Following the HIV/AIDS policy assessment in January–February 2002, POLICY developed a workplan that focused on (1) supporting and strengthening the role of PLWHA according to the GIPA principle, and (2) improving the policy and legislative environment for HIV/AIDS and STI prevention, care, and support policies and programs by conducting a review of the *Ordinance on the Prevention and Control of HIV/AIDS*. On December 2, 2002, POLICY appointed two staff in Vietnam to implement the workplan.

Accordingly, a joint project between POLICY/Vietnam and CARE International (Vietnam) was designed, containing the following activities:

- POLICY is providing technical and financial support to Care International to conduct research with HIV/AIDS policymakers to understand and apply the GIPA principle in HIV/AIDS policy formulation. The aim of the research is to assess the level of GIPA awareness among policymakers and create a platform for further activities aimed at stimulating a stronger GIPA response from these actors. Research is currently underway and will be completed by August 2003.
- POLICY is providing technical and financial support to Care International, which, in partnership with the Human Rights Centre of the Ho Chi Minh Political Academy, is conducting research on Vietnam's HIV/AIDS human rights commitments. The aim of the research is to identify and document the international commitments that Vietnam has entered into and to highlight gaps in the domestic application and interpretation of these commitments.
- POLICY is working with Care International and other partners to contribute to the coordinated efforts of the stakeholders in Vietnam, who are working toward the greater and more meaningful involvement of PLWHA in the national response (please see references to Technical Working Group, GIPA Sub-working Group, and the Community of Concerned Partners).

In addition, the MOH, AIDS Division, asked POLICY to provide TA to conduct a review of the *Ordinance on the Prevention and Control of HIV/AIDS*, which was issued by the National Assembly, May 31, 1995. To implement this ordinance, the government of Vietnam issued Decree No. 34 on June 1996, which specified tasks of various government departments and NGOs with regard to the prevention and control of HIV/AIDS. Together with other legal documents issued by national and local governments, the ordinance created a legal framework for the National HIV/AIDS Program and contributed to the declining rate of new infections throughout the country. However, the ordinance is now out-of-date; thus, POLICY assistance will focus on providing guidance to the MOH. POLICY guidance will focus on international experiences of legislative revision, best practices in the field, and multisectoral participation in the review process, including PLWHA. Deliverables will include the revised ordinance and support to the advocacy and policy dialogue process in assisting the MOH in advocating for ratification of the new ordinance. To date, these activities have been concerned with developing the project methodology and negotiating the project contract within the relevant government ministries.

HIV/AIDS Social Economic Impact Study (SEI). Following a request from the U.S. Ambassador to Vietnam in April 2003, POLICY/Vietnam commissioned a consultant to conduct a rapid desk review of

the available literature and data on the social and economic impact of HIV/AIDS in Vietnam. The SEI was completed within four weeks and developed into a briefing paper by POLICY staff for the U.S. Ambassador and others in Vietnam. This review also forms the first phase of an in-depth socioeconomic impact study being conducted by the Futures Group International in Vietnam from July–December 2003.

Media Research. POLICY commissioned the Vietnamese National Institute of Journalism to conduct research on media constructions of PLWHA. The research comprises a content analysis of six national and regional newspapers during one year. The aim of the research is to analyze the content of media reporting on HIV/AIDS, with a specific focus on PLWHA. Findings from this research will be presented to HIV/AIDS stakeholders and recommendations for follow-on activities will be developed. This activity is scheduled for completion in August 2003.

GIPA. The pervasive stigma of HIV/AIDS in Vietnam, combined with the complex issues raised by injecting drug use (IDU) and the lack of attention paid thus far to the role of PLWHA, means that the country currently has weak activities and programs aimed at strengthening the involvement of PLWHA. POLICY has been engaged in GIPA advocacy since it began working in Vietnam. This has involved working through the UNDP/UNAIDS-led Community of Concerned Partners as an active member of the Technical Working Group on HIV/AIDS, the GIPA Sub-working Group, and with a range of other organizations on an informal basis. The most recent outputs have been the briefing paper on HIV/AIDS for the U.S. Ambassador and a statement from the Community of Concerned Partners² on HIV/AIDS and development. Both papers make reference to involving PLWHA in the national response to the epidemic.

In addition to the financial and technical support provided to Care International on GIPA research, POLICY was able to support two HIV-positive individuals in attending the Asia Pacific Network of Positive People (APN+) meeting in Bangkok. This established a link with the regional network. Both participants were able to take part in the meeting. The Hanoi participant, Mr. Thanh, provided a report of the Bangkok meeting to the GIPA Sub-working Group in Hanoi. Mr. Thanh is now taking on more of a leadership role and is becoming active in PLWHA involvement.

Working with Care International, POLICY is currently organizing two meetings (Hanoi and Ho Chi Minh City) in August, which will bring HIV-positive people together from north and south, to assess needs and help plan strategically for the coming year.

Access to Treatment and Care. The Vietnamese government held an Access to Treatment seminar in May 2003, which constituted the first national dialogue on access to antiretroviral (ARV) treatments in Vietnam. POLICY has been working with the Treatment and Care Working Group of the Technical Working Group on HIV/AIDS as a key forum for advancing access in Vietnam. Discussions have also taken place between USAID and WHO and UNAIDS on the role of POLICY in assisting the government of Vietnam in developing a strategic approach to increasing access to ARVs.

Advocacy on 06 Centers. In Vietnam, there is a tension between HIV/AIDS and drug-related policy. POLICY, in partnership with USAID, FHI, UNDP, UNAIDS, UNODC, and others, has been working to develop a coordinated strategic approach to the complex problems of the 06 Centers, as outlined below:

- Mandatory nature of 05/06 Centers (although there is a small voluntary pay for service in some centers).

² The Community of Concerned Partners is an informal group of UN agencies, donor organizations, and international NGOs, which meets regularly to coordinate donor resources and collaborate on strategies to promote a more effective response to the HIV/AIDS epidemic in Vietnam.

- High level of drug recidivism once residents are released back into the community (between 80–99 percent).
- Limited or no development of links between centers and communities, including limited structural and financial mechanisms for supporting such links.
- High HIV prevalence among IDU and sex workers in the centers. Some reports estimate 80 percent of IDUs and 40–50 percent of sex workers are HIV positive.
- The variable but generally low level of HIV/AIDS education and services for staff and residents, across the realm of prevention, care, support, and treatment.
- Apparent lack of cross-ministerial/departmental coordination in relation to policy, oversight, management, and service provision (particularly, but not limited to, the MOH; Ministry of Labor, War Invalids, and Social Affairs (MOLISA); and the Ministry of Public Security).
- Lack of a central information system or database containing information on the centers that includes available programs/services numbers of residents, percentage of HIV-positive residents, and so forth.
- Lack of resources and materials for educational activities and vocational services.

A series of consultations with these stakeholders and government partners, including the Department of Social Evils Prevention (responsible for the 06 Centers), has resulted in the development of a matrix for a comprehensive approach to HIV/AIDS in the 06 Centers. Development of the matrix was coordinated by POLICY/Vietnam and will form the basis for a coordinated set of activities in the 03–04 project period.

GOALS Model Training. From January–June 2003, POLICY/Vietnam assisted SUCCECON, a local NGO, in conducting an Advocacy and GOALS Model Workshop for Quang Ninh Province. This involved providing logistical and technical assistance to project participants before and during the workshop in June.

Support for Futures Group Activities in Vietnam: Evaluation of the Impact of the World Bank Project on Population and Family Health. POLICY facilitated involvement of a local NGO, the Center for Social Development Studies (CSDS), in this evaluation, together with the Futures Group International, and provided TA in the development of research tools.

Maternal Health User Fees Study. POLICY/Vietnam identified local partners for the development of RFP and assisted in the development of the RFP and facilitated government approval for the study.

AIDS Program Effort Index Survey. POLICY identified the local consultant and facilitated interviews with key actors in the National HIV/AIDS Program.

Political Commitment and HIV/AIDS. POLICY identified the local consultant, assisted with the survey tool pilot, and facilitated interviews with key actors in the National HIV/AIDS Program.

Other Activities: POLICY staff have been active in advocating for policy change in HIV/AIDS in Vietnam in a number of forums, including the National Policy Forum, National HIV/AIDS Annual Review, and a series of national meetings organized by the National Assembly (Harm Reduction, Access to ARV Treatment, and Stigma and Discrimination).

EUROPE AND EURASIA (E&E)

RUSSIA

POLICY's primary goal in Russia is to strengthen the ability of the Advocacy Network for Reproductive Health (Network) to advocate for policy change that promotes access to quality FP, maternal health, and RH services. To keep in step with USAID/Moscow's overall strategy, and with the reality of where RH policy decisions are being made, POLICY/Russia has turned its attention to regional initiatives, including small grants, training, and TA, to support five oblast/regional-level advocacy networks.

Summary of Major Activities January 1—March 31, 2003

POLICY support to the five oblast/regional-level networks continues to address their organizational, programmatic, and financial needs.

In terms of supporting their organizational development, POLICY's local training consultant compiled the results of the needs assessment he sent to the five network coordinators and five NGOs from each network. He has designed a workshop on organizational management—strategic planning, organizational development, and fundraising—for each of the networks. The consultant will travel to the regions in April to conduct these workshops.

As a result of the Policy Analysis Forums POLICY conducted in December 2002, each of the networks plans to use the PES and the MNPI in their regions. The networks will be responsible for identifying the respondents and collecting the questionnaires. To support this programmatic initiative, POLICY will coordinate the development of uniform questionnaires (based on suggestions from participants), collate the responses, and provide assistance in creating fact sheets summarizing results to use in their advocacy efforts. The network coordinators also report that they have begun using the demographic and abortion/contraception information that was prepared by POLICY for the forums. They also note that they plan to use other tools presented at the forum (e.g., the stakeholder analysis, planning and finance questionnaire, policy characteristics checklist) in their upcoming advocacy efforts.

In order to provide financial support and TA for the regional networks' upcoming advocacy efforts, the second round of small grants is underway. Small grants are the mechanism for providing financial support, yet POLICY's review of and feedback on the advocacy plans described in the applications is an important means of providing guidance and identifying areas for targeted TA. Each Network is at a different stage of preparation and planning. The advocacy plans for each of the networks are as follows:

- *Tomsk Oblast.* The network in Tomsk has already completed the primary activity for its second small grant, which was to advocate for an adolescent reproductive health program in the Kozevnikovo Rayon. (See results section for the successful policy outcome of these activities.) In addition to their advocacy in Kozevnikovo Rayon, network members were the initiators of a March 18th roundtable in Tomsk with local NGOs, representatives of various departments of the Tomsk Regional Administration, and the Deputy Governor of the region. The roundtable, entitled "Woman in the 21st Century: Rights, Reality, Perspectives," included discussion on gender, socio-economic status of women, increasing women's participation in politics, reproductive health, employment, and support of gender policies in the Tomsk Region. The roundtable participants are finalizing a resolution for use in advocating to the Regional Administration that the roundtable issues be addressed in draft regional policies and programs such as "Healthy Child" and "Children of Tomsk Oblast."

- *Altay Kray.* In March, POLICY approved a small grant application to support this network in advocating for a regional reproductive rights law. A draft law had been submitted to the Kray Duma in 2001 and was defeated. Since the network formed last summer, members have been working actively with local health administration, government, and legislative officials; having reassessed the policy environment, they predict that such a law may now have a better chance of succeeding. In preparation for this campaign, the network plans to hold communication training for its members, develop a network pamphlet and letterhead, and, in order to raise awareness of the Duma members, print a series of fact sheets about reproductive health in the region and put together a reference book on international and national legislation regarding reproductive health and rights. Other planned activities include working with legal and medical experts to revise the previous draft law and holding individual meetings and open roundtables with Duma members. The advocacy objective is to have the draft law presented to the executive body by early May. POLICY's local legal consultant is providing comments and assistance with the draft law, and POLICY's local demographer will assist with the data summarized in the fact sheets.
- *Far East Region.* With the second round of small grant funds, the members from all participating oblasts in this vast region of Russia will meet in April to reassess the current policy environment and work out the multi-oblast activities for their regional advocacy campaign. The campaign will focus on the RH-related sections in governmental strategic plans and the RH-funding priorities of the regional and subregional programs and legislative documents. For instance, the network will advocate for strengthening the RH portion of the draft "Khabarovsk Region Youth Policies," which will be submitted to the executive powers for review by the end of May. Indeed, most of the current regional and subregional programs with components related to reproductive health, social issues, and youth programs will expire at the end of 2003. POLICY is currently reviewing this small grant application.
- *Tver Oblast.* This network plans to redouble its efforts to advocate for final approval and funding of the RH component of the "Tver Oblast Health Development Program" for 2003–2007. During the fall and winter, network members had suggested additions and changes to the RH component of the program before submission to the Tver Duma. Because the program has yet to be approved, the network's advocacy campaign will focus on approval for the program overall, but with particular attention to funding the expanded RH component. One aspect of the draft program that is moving forward is related to the Tver network's additional October 2002 appeal to the mayor to support an MCH center; the mayor supported the idea of establishing the MCH center and has given oral instructions to his deputy to work out a proposal for staff and an operational plan for the MCH center by April 30 taking into consideration the network's suggestions. Network members are now working on their suggestions to the plan. In early April, this network plans to submit a small grant application to support its advocacy campaign.
- *Perm Oblast.* This network plans to design and conduct an advocacy campaign to increase the oblast's budget allocation for the under-funded RH component of the "Children of Perm Oblast" program 2001–2005. In early April, this network plans to submit a small grant application for POLICY support.

Aside from the activities associated with the five oblast/regional-level networks, POLICY maintains contact with the alumnae from the intensive February 2002 TOT workshop as well as the alumni of the condensed version of the TOT held in December 2002. The quantitative results of the 12-month evaluation of the February 2002 TOT and the three-month evaluation of the December 2002 TOT (e.g., numbers of advocacy training workshops designed and delivered) and the activities that led to POLICY/Russia results are presented in the results section of this report. There are also some other

interesting outcomes described in the 12-month evaluation. In terms of forming networks, alumnae from Uzbekistan created the network “Youth Net” to involve youth in addressing youth issues, and an alumna from Armenia created the network “Women’s Network on Conflict and Change Management” to encourage women’s involvement in local policy formulation. Alumni from the Russian cities of Voronez, Penza, Kareliya, and Novosibirsk are eager to create advocacy networks to address different local issues related to reproductive health, gender, healthy lifestyle promotion, youth, and HIV/AIDS prevention. An alumna from Ukraine reported that she successfully advocated for funding the new “Penal System Reform in Ukraine” program in her oblast and for the decision made by the Kremenchuk City Mayor, the Secretary of the City Council, and the Chief of the City Council to fund a drug rehabilitation project from the city budget.

As noted in previous quarterly reports, POLICY has approved a small grant to the All Russia Youth-Friendly Clinics Association in order to conduct a five-day advocacy workshop. Participants include teams of two from each of six participating regions in the central part of Russia, which have favorable policy environments yet do not yet have youth-friendly clinics. The founder of the association, who is a TOT graduate, together with another TOT alumna have designed the training, which will include pre-testing portions of POLICY’s adolescent RH supplement to *Networking for Policy Change: An Advocacy Training Manual*. In addition, they have developed significant additional training materials designed specifically to support the process of advocating for and setting-up youth-friendly clinics. Despite the continued enthusiasm and commitment of the coordinator of this activity, the workshop has been postponed several times due to delays in the association’s registration process and in opening a foreign currency bank account. The workshop is now scheduled for April 14–19 in Smolensk City.

National Network. POLICY supported a meeting of the Network’s Coordinating Committee on March 1 to address ongoing issues and activities. During this meeting, the Committee worked out a new plan to facilitate the delayed process of completing and producing the Network’s third newsletter, which is devoted to STIs and HIV/AIDS within the context of RH policies and programs. The editor of the successful second edition volunteered to manage this process again.

In addition, the Coordinating Committee discussed potential follow-up activities to capitalize on the Duma hearing “Drug-use, Alcoholism, and AIDS—A Threat for the Future of Russia,” which was held on December 19, 2002. Network members attended and distributed 150 copies of an edition of the POLICY-supported *Health Management* journal, which was devoted to reproductive health and RH advocacy. The next edition of the journal will be published in April, and it will contain a summary report of the December Duma hearings. Following the hearing, the editor of the journal was approached by a national policymaker to coordinate a series of federal roundtables about reproductive health, and she was also contacted by more than five regional legislative and governmental authorities for more information on policy advocacy, reproductive health, and NGO involvement. The Coordinating Committee and the editor of the journal have not yet reached consensus on next steps in terms of a coordinated Network effort to capitalize on the interest shown on the federal and regional levels.

The Coordinating Committee suggested that the entire Network meet in the second half of May to share news and results of the regional activities and work out a strategy whereby the other regions represented in the national Network can take advantage of the strides made by the five oblast/regional networks and to plan ways to raise awareness of these efforts at the federal level.

April 1—June 30, 2003

POLICY support to the five oblast/regional-level networks continues to address their organizational, programmatic, and financial needs.

In support of the network's organizational development, POLICY's local training consultant facilitated workshops on organizational management—strategic planning, organizational development, and fundraising—for four of five oblast/regional-level advocacy networks. Due to scheduling difficulties with the approaching summer holidays, the workshop for the fifth network will be held in September. During these workshops, participants were introduced to the strategic planning process, including the introduction to a systematic approach to NGO management; overview of the strategic planning cycle; in-depth analysis of the network mission; problem formulation; formulation of network strategic goals; a strengths, weaknesses, opportunities, and threats (SWOT) analysis as an instrument to formulate and analyze alternative strategies; and an overview of monitoring and evaluation issues. Each network had the opportunity to formulate, assess, and discuss alternative strategies for its context and to generate ideas for implementing future strategies. Participants noted that training and planning will have a considerable impact on future network activities.

As a result of the Policy Analysis Forums that POLICY conducted in December 2002, each of the networks decided to use the PES and the MNPI in their regions. The five networks completed the MNPI surveys, and an additional participant in the December 2002 workshop from Voronez conducted the MNPI in that region. POLICY/Washington is currently collating the responses and will assist the networks in producing fact sheets in support of their respective regional advocacy efforts. Three of the six regions have completed the PES; the remainder may not be conducted until after the summer holiday season.

To provide financial support and TA for the regional networks' upcoming advocacy efforts, the second round of small grants is underway. POLICY awarded a second small grant to each of the networks and approved a third grant for the network in Tomsk Oblast. Each network is at a different stage of planning and conducting their advocacy efforts. The advocacy plans for each of the networks are as follows.

Tomsk Oblast. The network in Tomsk is buoyed by its success in advocating for an ARH program in the Kozevnikovo Rayon and is further encouraged by the oblast governor's recent approval of the interagency "Healthy Child 2003" regional program for which it had advocated last summer (see results section for the network's role in advocating for and developing this program). Although some elements of ARH services are addressed in the "Healthy Child 2003" program, it does not include a discrete ARH component, and funding levels will not be sufficient to ensure access to quality FP/RH services for the entire oblast. Thus, the network will pursue a strategy of advocating for passing and financing ARH programs in other rayons similar to the one passed in the Kozevnikovo Rayon. As described in this network's third small-grant application, the advocacy strategy includes a series of roundtables and training seminars with officials and health experts in other rayons in the oblast to raise their awareness of important ARH issues and gain their support for local ARH programs. POLICY's ARH and policy analysis staff provided comments and suggestions for improvements to the Kozevnikovo program; network members will have included these suggestions as they advocate for ARH programs in other rayons.

Altay Kray. This network is quickly developing its organizational capacity and is advocating actively for a regional reproductive rights law. During this reporting period, the network held communication training for its members, prepared a network pamphlet, and created a network website (at www.budaltai.altnet.ru). To raise public awareness about FP issues, the network organized and conducted on May 15 (International Family Day) a radio broadcast on the regional government radio channel "Altay," devoted to RH care and to citizens' rights to create families. While building their own capacity and support among the public, network members worked with legal and medical experts in the region, as well as with POLICY's local legal consultant, to revise a previously available version of a draft law, which did not pass the local Duma several years ago. To raise awareness among Duma members and prepare for the reintroduction of the draft law, the network printed a fact sheet about the RH situation in the region and drafted a reference

book on international and national legislation regarding reproductive health and reproductive rights. Members held individual meetings with Duma members and regional executive authorities; the network gave a presentation on April 23 on regional RH issues to representatives of the regional administration; and the network sponsored a roundtable on May 16 with regional legislative and executive authorities to discuss the draft law on Reproductive Rights of Altay Kray Population. The network reports that roundtable participants expressed interest in further work on the draft law.

Far East Region. In accordance with the second small-grant application from this network, members from all participating oblasts in the region met on May 30 to reassess the current policy environment and work out the multi-oblast activities for their regional advocacy campaign. The campaign is focused on RH-related sections in governmental strategic plans and the RH-funding priorities of the regional and subregional programs and legislative documents. By monitoring the pending programs and draft legislation, the network will identify several key programs to target their advocacy efforts for expanding RH access and services.

Tver Oblast. In May, POLICY awarded the second small grant to this network to support its plans to redouble efforts to advocate for final approval and funding of the RH component of the “Tver Oblast Health Development Program” for 2005–2010. Unfortunately, due to the recent tragic death of the Tver City Mayor, the previously achieved agreements between the mayor and network about RH policies were annulled. Thus, the network will formulate additional suggestions on RH prevention measures to the RH section of the municipal/regional health care program and will advocate for approval of these suggestions by the municipal/regional executive powers and the Municipal Duma Committee on Social Policies.

Perm Oblast. In June, POLICY awarded the second small grant to this network to support its plans to design and conduct an advocacy campaign to increase the oblast’s budget allocation for the underfunded RH component of the program, “Family and Children of Prikamye from 2002–2005.” The network first aims to have the issue raised by the head of public health services for discussion within the regional health administration and then accepted for the first of two hearings by the Perm Regional Legislative Council.

As noted in previous quarterly reports, POLICY approved a small grant to the All Russia Youth-Friendly Clinics Association to conduct a five-day advocacy workshop. Participants include teams of two from each of six participating regions in the central part of Russia, which have favorable policy environments but do not yet have youth-friendly clinics. The founder of the association, who is a TOT graduate, together with another TOT alumnus, designed the training, which includes pretesting portions of POLICY’s ARH supplement to *Networking for Policy Change: An Advocacy Training Manual*. In addition, the two developed significant additional training materials designed specifically to support advocating for and setting-up youth-friendly clinics. Despite the continued enthusiasm and commitment of the coordinator of this activity, the workshop was postponed several times due to delays in the association’s registration process, in opening a foreign currency bank account, and in receiving a tax exemption for receiving foreign TA. The workshop is now scheduled for July 21–25 in Smolensk City.

National Network. The Coordinating Committee (CC) requested POLICY support for a meeting of the national network in early July to reassess the RH policy environment, hear the developments in the regions, and plan next steps. To a greater extent than with previous network meetings, the CC is driving the selection of agenda items and assignments of responsibilities for session preparation; POLICY is playing more of a responsive/facilitative role for this meeting. The CC asked POLICY to support participation of several active members from the five regional networks (in addition to the coordinators who represent the regional networks at the national network), in order that the national network can get the fullest understanding of regional networks’ advocacy efforts and so that they can best coordinate the lessons learned among them.

UKRAINE

POLICY's goal in Ukraine is to strengthen the ability of the MOH and local partners to implement the National Reproductive Health Program 2001–2005 (NRHP) and policies that improve RH services. This is accomplished largely by providing technical and financial assistance to two groups:

- The Policy Development Group (PDG), which identifies and makes recommendations to remove operational policy (OP) barriers that impede successful program implementation; and
- The Ukrainian Reproductive Health Network (URHN), which advocates for adoption and funding of the NRHP at regional levels.

To stem the spread of HIV/AIDS, POLICY is working with NGOs and policymakers to document the barriers PLWHA face when trying to access RH services and to recommend needed reforms in laws, policies, and regulations. The focus is on upholding human rights (HR) principles of nondiscrimination and confidentiality, improving access to services for HIV-positive pregnant women, and reducing MTCT.

Summary of Major Activities January 1—March 31, 2003

FP/RH

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 campaigns. In addition, POLICY completed interviews with HIV-positive women and providers and has begun the analysis.

PDG. POLICY is currently assisting the PDG in developing an MOH order on inpatient ob-gyn care (the Inpatient Order) and strengthening recommendations to the Cabinet of Ministers (COM) to remove specific inefficiencies in RH care. The first draft of the Inpatient Order includes evidence-based recommendations to improve service delivery for inpatient ob-gyn care. After final discussions among RH professionals and NGO representatives, the updated recommendations to overcome OP barriers for RH inpatient care will be submitted to the MOH. The recommendations will be a continuation of the order to remove OP barriers for outpatient RH care, which was approved by the Minister of Health on December 28, 2002. The draft COM decree “on activities to enhance the efficiency of public resource use in the health care system,” developed by the PDG with POLICY's assistance, was sent to the COM in December 2002. The MOH has received feedback from various ministries regarding the decree. All ministries involved in the health reform process agreed with the proposed initiatives, but the recommendations need to be refined and will be discussed in more detail during an April OP workshop.

URHN. On February 13–15, the URHN held a general meeting to draft a five-year strategic plan, monitor the progress of current advocacy campaigns, and approve a plan for future advocacy activities. The strategic planning training was provided by URHN member Ludmila Logginova and trainer Vladimir Perepechaenko. During the first day and a half of the meeting, the network drafted its five-year strategic plan. The URHN identified its priorities for future work, including advocating for improved quality and access to reproductive health and initiating campaigns that strengthen the public's will to confront HIV issues. In addition, the URHN decided to register itself as a national non-profit organization. The draft strategic plan will be refined by a group of five volunteers who will present it to the full URHN at the next scheduled network meeting in June.

In addition, the URHN reported on advocacy activities to implement objectives #2 and #3. URHN members Valentina Bespoyasnaya (from Odessa Oblast) and Victor Glukhovskiy (from Nikolaev Oblast)

updated the group on the results of implementing Advocacy Objective #2, financing RH programs in their respective oblasts. The local administrations in Odessa and Nikolayev decided not to include line items for the RH program in the 2003 budget. Citing the plethora of national programs and policies that confront RH problems and duplicate actions found in the NRHP, local officials decided to fund RH activities from the general local health budget. Now the challenge is to track how much money has been allocated for RH activities in the 2003 budget and compare it with the 2002 RH line items.

In response to the MOH's request to implement Advocacy Objective #3, to implement local RH programs, URHN members are working in four cities—Kharkiv, Kremenchug, Lviv, and Makeevka—to advocate for creation of Coordinating Boards (CBs) to implement city-level RH programs. CBs will unite and coordinate the efforts of different sectors and bring additional resources. In Kremenchug, Poltava Oblast, as a result of personal meetings and a February roundtable initiated by Larissa Skvira, the city administration approved the order “on the creation of the interdepartmental coordinating board to implement the National Program ‘Reproductive Health 2001–2005.’” In Kharkiv, Lviv, and Makeevka the URHN is meeting with key local RH players to advocate for the creation of the CBs. Since the decision to create CBs should be issued by mayors and elections in Makeevka and Lviv are to take place in April–May, the URHN is delaying its activities until after elections.

The network also discussed sustainability issues. First, regarding issuance of the first URHN newsletter, the final draft will be ready by late April 2003. Development of a database of NGOs working in reproductive health is in the draft stages. It will be presented to the PDG at its April meeting.

Also, the URHN members discussed the advocacy campaign it hopes to initiate to improve RH education in schools. It plans to accomplish this by creating a group of experts to analyze the status of incorporating reproductive health in school curriculum, holding a roundtable with key parties to discuss barriers to teaching reproductive health in schools, and developing recommendations to remove the barriers. The group provided comments to improve a proposal that Svetlana Drobisheva and Natalia Chislovskaya drafted for submission to POLICY in late March.

The URHN's Coordinating Committee (CC) representatives gathered on March 25 to refine the draft strategic plan and provide comments on the draft education standards. The standards, issued by the Ministry of Education (MOE) in February 2003 for public discussion, reflect what pupils should be taught at each grade level. The CC synthesized the network members' comments and sent the comments to the MOE and its partner, UNICEF. The standards are expected to be approved in May 2003. Also, the draft newsletter was revised and submitted to POLICY for comments.

Core Package Activities. POLICY is finalizing a study of the efficiency of resource use in providing RH care conducted in the cities of Kamianets-Podilsky (KP) and Svitlovodsk. MEDMA and POLICY are currently revising the report of study results and anticipate that it will be finished in the spring. POLICY plans to distribute a polished draft of the report to PDG members in April for consideration in their work on OP barriers. The PDG and the Association of Mayors plan to use the report to support their efforts in advocating the COM for approval of their health reform pilot projects in three cities. Other counterparts who have expressed interest in using the study results include the Minister of Health and other representatives of the MOH; the Verkhovna Rada Committee on Health Care, Motherhood, and Childhood; the KP and Svitlovodsk city administrations; and the Ministry of Economy.

HIV/AIDS

Applied Research. POLICY and its subcontractor, the Ukrainian Institute for Social Research (UISR), finalized research guides and collected information on the barriers HIV-positive women face when trying to access RH services. In January, UISR edited the final version of the questionnaires based on pretest

results and Community Advisory Board (CAB) suggestions. In January and February, UISR's research team interviewed 40 HIV-positive women who were pregnant in 2001–2002 and 15 medical staff who provide RH/FP services to HIV-positive women in Donetsk, Nikolaev, and Cherkasy oblasts. The preliminary analysis indicates some serious violations of the rights of HIV-positive women, which will be presented and discussed at a CAB meeting on April 11. CAB members will review and analyze the data and provide input for further analysis and preparation of the research report. Nataliya Leonchuk, a member of the CAB's PLWHA Advisory Subgroup, will work closely with UISR on writing sections of the analytical report that focus on specific human rights violations. Leonchuk will also make a presentation, "Violations of the Confidentiality of HIV-positive Women's Status, Stigmatization, and Discrimination by Health Workers," at the next CAB meeting.

Tatiana Alexandrina, the head of the MOH's Department for the Prevention of Socio-Dangerous Diseases, AIDS, and Healthy Lifestyle Promotion, asked POLICY for assistance in developing the new National HIV/AIDS Program for 2004–2008. To strengthen Ukraine's response to HIV/AIDS, the program aims to increase information and education, promote prevention, work with vulnerable groups, and improve diagnostics, treatment, care, and support. In addition, for the first time, the HIV/AIDS Program will also actively aim to strengthen political support and effective management. The program will consist of five components: 1) information, education, and communication (IEC); 2) HIV prevention among vulnerable groups; 3) diagnostics, treatment, care, and support; 4) monitoring; and 5) political support and management (PSM). USAID/Kyiv approved of POLICY's TA as consultants to the group and appropriate changes were added to its workplan to reflect this addition to POLICY's RH/HIV activities.

The Multisectoral Working Group (MWG) includes representatives of key ministries, departments, NGOs, and PLWHA and international organizations, and the participants have divided into teams to work on selected components of the National HIV/AIDS Program. The MWG faces some challenges in this task. First, the MOH has allotted only a month to prepare the draft because program development and approvals should be finalized by the end of May and the 2004 state budget should include program costs. Second, this time constraint is exacerbated by the fact that political commitment is lacking. Participants determined that the most significant issues for an effective response to the HIV/AIDS epidemic were political support and effective management, hence the creation of this new program component and enlistment of assistance from POLICY and others to develop it. The lack of commitment among key players can already be seen in the process of developing the PSM component. Some of the most critical government offices needed to effectively respond to the HIV/AIDS epidemic include the Ministry of Labor and Social Policy, the Ministry of Internal Affairs, and the Department for Punishment Execution. Unfortunately, none of these offices participated in any MWG meetings to develop the PSM component, which is intended to enhance political commitment and support by conducting Parliamentary and public hearings, raising policymakers' awareness about HIV/AIDS, and involving communities and religious leaders in Ukraine's response to HIV/AIDS. The offices' absence has both hampered preparation of the draft program component and will make program approval by these offices more complicated. Finally, nonparticipation of representatives of these ministries shows a lack of understanding of their important roles in fighting the epidemic. This is likely to lead to a lack of financial support for the program's activities for which these ministries are responsible. The draft PSM component calls for improved coordination among all institutions involved in program implementation by appointing responsible persons from each implementing ministry to a working group that monitors program implementation. POLICY and its partners hope this and awareness-raising strategies will help to engage all ministries in program implementation.

In February and March, US-based and local POLICY staff provided TA to the MOH to develop the PSM component. In addition, POLICY organized and provided logistical support for three meetings of the MWG's subgroup responsible to develop the PSM component. During the next quarter, after the full

MWG agrees on the draft program, it will be sent to all ministries and state oblast administrations involved in program implementation for approval. After they approve the program, it will be reviewed by the COM, the President of Ukraine, or Verkhovna Rada Committee on Health Care, Motherhood, and Childhood for approval as part of the National HIV/AIDS Policy.

April 1—June 30, 2003

FP/RH

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 campaigns. In addition, POLICY completed interviews with HIV-positive women and providers and has initiated a targeted legal review.

PDG. POLICY is assisting the PDG in finalizing an MOH order on inpatient Ob-Gyn care (the Inpatient Order) and strengthening recommendations to the COM to remove specific inefficiencies in RH care. On April 23–26, representatives of POLICY, the URHN, MOH, Ministry of Health of the Autonomous Republic of the Crimea, and Simferopol City Council Executive Committee conducted a four-day seminar in Crimea, “Multisectoral Collaboration in Implementation of the NRHP 2001–2005: Challenges and Opportunities.” The goal of the seminar was to identify ways to strengthen intergovernmental and multisectoral collaboration among ministries, departments, and NGOs in 2003–2004 as they implement the NRHP. The seminar included a roundtable, presentations, and a press conference conducted in collaboration with the Center for Ukrainian Reform Education (CURE). Forty-five participants from 10 regions of Ukraine participated. The objectives were to (1) review results and challenges in implementing the NRHP in 2001–2002, (2) review proposals from the PDG to remove operational policy barriers in reproductive health, (3) finalize the Inpatient Order, and (4) discuss the PDG’s planned future activities for 2003–2004. The draft Inpatient Order includes evidence-based recommendations to improve inpatient Ob-Gyn care. Considering suggestions made during the seminar, the updated recommendations to overcome OP barriers in RH inpatient care will be finalized at a July PDG meeting and then submitted to the MOH for approval. Two OP recommendations that focused on efficiencies were included in the draft COM Decree of December 2002 “On activities to enhance the efficiency of public resource use in the health care system.” During the seminar, participants discussed edits proposed by the Ministry of Economics representative Y. Vitrenko and agreed on the updated draft COM decree. The MOH incorporated edits into the draft COM Decree, given feedback from various ministries and in response to the new government action plan that calls for greater efficiencies in health care. In May, Mayor O. Mazurchak of Kamianets-Podilsky (KP) resubmitted the decree to the COM. Mazurchak hopes the COM will approve KP as one of three pilot sites that will be allowed to ignore inefficient norms on staffing, which are currently tied to the number of beds. Participants adopted a seminar resolution that was sent to Verkhovna Rada, COM, ministries, and state committees, and developed a tentative workplan for the PDG for 2003–2004.

URHN. On June 19–21, the URHN held a general meeting to finalize a five-year strategic plan, monitor the progress of current advocacy campaigns, and approve a plan for future advocacy activities. During the first day of the meeting, the network finalized the five-year strategic plan that specifies four main strategic goals for the URHN for the next five years to (1) advocate for implementation of the NRHP and other RH policies; (2) ensure the reproductive rights of the citizens of Ukraine; (3) develop and provide training programs on advocacy, networking, and reproductive health for targeted groups; and (4) mitigate the HIV/AIDS epidemic in Ukraine by monitoring and evaluating RH/HIV programs and advocate for the creation of AIDS centers in cities with more than 100,000 population. In addition, the URHN decided to register itself as a national nonprofit organization. By October 2003, the charter that is required for

registration will be adopted and the package of the documents for legal registration gathered and transferred to the Ministry of Justice.

The URHN reported on advocacy activities pertinent to Objective #3, to implement local RH programs. URHN members Olga Kovtun from Kharkiv, Anna Seredinska from Makeevka, Donetsk Oblast, and Larissa Skvira from Kremenchug, Poltava Oblast, reported on their success in establishing Coordinating Boards (CBs) to monitor local RH programs. The multisectoral CBs were established in the former two sites this quarter due to the successful advocacy efforts of URHN members. The first CB meetings will take place in June.

Alina Verizub presented the NGO database that allows users to access contact and other information about 130 NGOs working on RH issues in most regions of Ukraine. By late June, Verizub will transfer the database (both electronic and printed versions) to the MOH on behalf of the URHN. It will be officially delivered to the Ministry of Education at a November 2003 national roundtable on valeology in Kiev. The database is expected to help facilitate collaboration among NGO and government sector stakeholders in reproductive health and will help to involve NGOs in policymaking processes at both the national and local levels.

The URHN also planned its future activities: among them, to advocate for (1) the rights of pregnant women working in industrial enterprises who are unable to leave work to get prenatal care despite a law “On labor protection”; (2) creation of and resource allocation for youth clinics that will ensure access to RH and HIV/AIDS prevention services for youth and adolescents; and (3) improvement of reproductive rights laws. The URHN’s training needs include monitoring and evaluation training, RH and HIV technical updates, and public relations to raise the image of the network.

TA to KP. On June 18, the KP City Council approved its city RH program. POLICY assisted the city in developing the RH program through core-funded priority-setting and planning activities and follow-on field-supported program development meetings. Currently, POLICY provides additional TA to KP, primarily through building the capacity of a city government representative to estimate a detailed budget for the KP City Rural Health Plan (CRHP). The goal is to determine the estimated cost to implement the first year of the program. Representative Olga Slobodyan, who works as a part-time consultant in KP’s Medical Statistics Department, is working closely with a local POLICY consultant who helped conduct the budget request analysis for the NRHP. The budget estimate will be a component of the final program to be submitted to the City Council in summer 2003 for final approval.

Advocacy Orientation in KP. In response to a request by KP’s health administration authorities to strengthen the skills of local NGOs and to ensure more active involvement of the community in local policymaking, the POLICY Project held a one-day advocacy skills orientation for community representatives. On May 21, 17 participants represented five local NGOs, the local health administration, local council, and oblast council. Co-trainers Lena Truhan and Ludmila Logginova, a URHN member, facilitated the orientation. Victor Vassilianov, the deputy head of KP’s city administration, opened the meeting and stressed the importance of the community’s role in democratic processes—in particular, in reforming the health care system to provide better quality services. Truhan and Logginova initiated sessions imparting skills to plan advocacy campaigns: steps in the advocacy process and advocacy and related concepts, such as community mobilization. Participants used examples from local situations in KP during the training. The advocacy goal that the group chose to address is to improve the quality of health services within current funding constraints.

Draft advocacy objectives include the following:

1. KP City Council will approve the decision to restructure health care facilities.
2. Health care departments will identify priorities in providing quality health care services.

3. Health care facilities will legally develop a new method to determine the staff and bed needs based on the number of patients treated (in-patient facilities) and the size of the population in the catchment area (out-patient facilities) given funding constraints.

On July 12, the city council will consider issues of local reform. Since two participants of the orientation are local city council deputies and some of the NGOs have the right to participate in the city council meetings, they will use the information and tools developed at the orientation during the July city council meeting to advocate for health care reform.

Core Package Activities. POLICY is finalizing a study of the efficiency of resource use in providing RH care conducted in the cities of KP and Svitlovodsk. The study will be disseminated in fall 2003 to those most interested in using it to further policy dialogue: the PDG, Association of Mayors; Minister of Health and other MOH representatives; the Verkhovna Rada Committee on Health Care, Motherhood, and Childhood; the KP and Svitlovodsk city administrations; and the Ministry of Economy.

HIV/AIDS

Applied Research. POLICY (1) held a Community Advisory Board (CAB) meeting to review preliminary research results of interviews with HIV-positive women and RH care providers; (2) presented preliminary research results to the MOH and PDG; (3) analyzed research findings drafted by the Ukrainian Institute for Social Research (UISR), POLICY's subcontractor, and began to prepare a draft research report; and (4) continued to assist the MOH in developing the new National HIV/AIDS Program for 2004–2008. POLICY is initiating stages three and four of its five linked activities³ under the RH/HIV initiative, the goal of which is to improve existing RH/HIV policies and increase access to and the quality of RH services for HIV-positive women, prevent vertical transmission, and reduce stigma and discrimination.

On April 17, POLICY held a CAB meeting to facilitate its analysis of research findings from interviews with HIV-positive women and RH providers. The CAB identified the four most critical human rights violations that require an assessment of whether the rights are provided for in Ukrainian laws and regulations. The CAB felt the top issues were related to (1) confidentiality and medical record keeping; (2) confidentiality of one's HIV status; (3) regulation of pre- and post-test counseling, including informed consent; and (4) reproductive choice (women are sometimes pressured to abort and often not counseled on or provided with family planning to avoid unwanted pregnancy). Also, the CAB discussed the draft structure of the analytical report and identified possible ways to inform the public and policymakers of the findings. UISR is now drafting the report of findings, which will be reviewed by the CAB at its next meeting in mid-July.

POLICY is initiating a targeted legal review of the four most critical human rights violations identified by the CAB. Local human rights expert, Professor Mikhail Buromensky, will conduct the review. It will include identifying relevant Ukrainian laws, regulations, and guidelines and comparing them to international human rights instruments to which Ukraine is a party. The international standards will serve as a framework in carrying out further analysis and drafting recommendations. POLICY will prepare a synthesis report linking the findings from the interviews, the review of Ukrainian laws, and the international comparison to be used in policy dialogue.

³ POLICY/Ukraine's RH/HIV initiative includes five linked activities: (1) human and reproductive rights orientation; (2) data collection (research); (3) targeted analysis of Ukrainian legislation; (4) comparative analysis of Ukraine's laws and international human rights treaties, and (5) policy dialogue.

Preliminary RH/HIV study results were presented at the MOH seminar in the Crimean Republic, April 23–26. As a result, the PDG emphasized the need to make clear that HIV/AIDS issues are highlighted in the recommendations. For example, the new version of OP Barrier #18 is *Low quality of RH/HIV care services*, and OP Barrier #19 is *Lack of standards for RH/HIV care services*. At this meeting, the PDG determined the need to develop an RH guide to be used as an awareness raising tool for policymakers, health care providers, and others. The guide will include a section on HIV/PMTCT issues.

Development of National HIV/AIDS Program, 2004–2008. POLICY continued to support the MOH's Department for the Prevention of Socio-dangerous Diseases, AIDS, and Healthy Lifestyle Promotion (MOH's Department on AIDS) effort to develop an HIV/AIDS Prevention, Care, and Treatment Program for 2004–2008 by reviewing the draft program and providing recommendations to strengthen it. On June 6, Oleg Semerik and Monica Medrek participated in the multisectoral roundtable, which included key ministries, departments, NGOs, PLWHA, and international organizations, to help finalize the draft program. The most recent draft of the program consists of eight major focal areas: (1) political support of the program; (2) information and education; (3) prevention activities among vulnerable population groups; (4) donor blood safety; (5) vertical transmission prevention; (6) diagnostics, treatment, care, and support; (7) scientific research and development; and (8) monitoring and evaluation. The program was sent to all ministries and state oblast administrations involved in program implementation for their approval. After they approve the program, it will be reviewed by the COM, the President, or Verkhovna Rada Committee on Health Care, Motherhood, and Childhood for authorization as part of the National HIV/AIDS Policy. The MOH expects the program to be approved during the next quarter.

RH/HIV Service NGOs Meeting. On June 3–4, with support from POLICY and International HIV/AIDS Alliance, 30 HIV Care and Support Service NGOs, including PLWHA Network members, met in Kyiv. They came from a variety of regions to discuss the problems they face participating in planning and implementing the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) grant in Ukraine. On the first day, the primary recipients of the GFATM in Ukraine—the MOH, UNDP, and Ukrainian Fund—shared strategies in implementing the GFATM in Ukraine and visions of NGO involvement. On the second day, the NGOs brainstormed problems and ways to address them. The main problems identified were (1) lack of coordination among HIV-service NGOs; (2) lack of transparency and justice in planning, resource allocation, and targeting the use of resources; (3) weak HIV-service NGO representation in Ukraine's Country Coordination Mechanism (CCM); (4) absence of meaningful involvement of the NGO sector in the planning process; and (5) lack of a powerful mechanism to influence CCM decisions. The main principles that should be ensured in the work of the GFATM Project in Ukraine were identified as following: transparency and democracy, rotation of CCM members to provide effective representation and participation of NGOs that are engaged in assistance to PLWHA. As a result, participants decided to create an NGO coalition that would advocate on behalf of the interests of NGOs in the CCM. The coalition's working group will meet regularly to develop suggestions and proposals to the CCM. The group decided to send a resolution to the Vice Prime Minister of Ukraine on humanitarian issues, Dmitro Tabachnik, and the GFATM's primary recipients explaining the group's plans to create the NGO coalition that would influence GFATM policies in Ukraine. Currently, the draft resolution is under discussion among a broader group of NGOs and will be finalized and sent in late June.

LATIN AMERICA/CARIBBEAN (LAC)

GUATEMALA

The goal of POLICY assistance in Guatemala is to help create a favorable policy environment for FP/RH and promote recognition of linkages between population and development. To achieve this goal, POLICY will

- Support the active participation of private and public sector organizations in public information campaigns, advocacy activities, and RH and population policy formulation;
- Provide assistance in monitoring the RH policy environment through civic surveillance, including monitoring the status of human rights, namely health and sexual and reproductive rights, and investments in RH;
- Help develop and/or strengthen policies, laws, regulations, and plans that promote and improve access to FP/RH services, including those related to resource allocation;
- Provide training in data analysis and develop information and communication tools for educating decision makers, professional associations, civil society organizations, and other groups in FP/RH, population, and development policy issues; and
- Provide assistance to develop, update, and transfer policy tools and methodologies to ensure that up-to-date and relevant information informs policy decisions and to strengthen human resources in FP/RH policy analysis through formal educational programs.

Summary of Major Activities January 1—March 31, 2003

POLICY worked closely with the Minister of Health to coordinate and form a Health, Financing, and Economics Commission to promote public investments in reproductive health. The impetus to create this commission arose during last November's Health Financing Forum, "Desafíos en el Financiamiento de la Salud: Tendencias, Necesidades e Implicaciones," which was co-sponsored by POLICY. To assist the commission in its work, POLICY will provide TA and direction to a committee composed of the MOH, USAID, and University Research Corporation's (URC) (Calidad en Salud Project), and will also develop a conceptual framework for programming scenarios on resource needs in the health sector based on epidemiological profiles, population projections, and national and international health and development policy goals. Partnerships for Health Reform (PHR) will also contribute to this effort with a National Health Accounts Study that includes cost information on health services.

For the first time, the three leading providers of FP/RH services—the MOH, Social Security Institute (IGSS), and APROFAM (IPPF affiliate)—jointly developed a 2002 National Reproductive Health Report that assessed the National Reproductive Health Program (NRHP), its achievements and challenges. POLICY facilitated the collaborative process and provided TA in developing the report and a high-level policy presentation. The RH program directors of the three institutions presented the report on March 26 at a public event led by Dr. Molina, Minister of Health; Dr. Lily Caravantes, Secretary of the Presidential Secretariat of Women's Affairs; and Zury Rios, Vice President of Congress. Glenn Anders, the USAID Mission Director, spoke at the event, recognizing the achievements of the three institutions and encouraging them to continue improving access to reproductive health with attention and equity in service provision.

In March, POLICY began organizing and coordinating the 2003 medical barriers study with a meeting of the Medical Barriers Committee, composed of members of the MOH, IGSS, and APROFAM; the Guatemalan Association of Women Physicians (AGMM), which will be carrying out the field work as in the earlier study, and the Guatemalan Association of Obstetrics and Gynecology (AGOG). At the meeting, POLICY presented and received feedback on an initial proposal for the new study, which includes sample and instruments; and on a broadened study perspective that would permit not only the identification of medical barriers, but the evaluation of quality-of-care, reference systems, risk assessment

for STIs/HIV/AIDS, and operational policies. All feedback and inputs received during the meeting will be incorporated into the final study protocol.

POLICY began implementing the electoral strategy (2002–2004) to guarantee conditions for continuity of FP/RH policies, resources, plans, and programs from the present government to the next one (to be elected in 2003). This included (1) collaborating with AGMM and AGOG to initiate the formation of a multisectoral consortium to talk with political parties, to ensure the inclusion of reproductive health in their platforms; (2) coordinating activities with the Democratic Values Program of the Organization of American States (OAS), which has a program dedicated to strengthening political parties in the next electoral campaign, to ensure that political parties pay attention to FP/RH, HIV/AIDS, and maternal and child health care issues/needs; and (3) supporting AGMM's participation in a workshop for an OAS-supported network of women, who are developing an agenda of priority women's issues to be presented to the political parties and their candidates.

POLICY continued to provide TA to the Secretariat of Economic Planning (SEGEPLAN) in implementing the Social Development and Population Policy. Under a reorganization of SEGEPLAN, the Unit of Social Development and Population (USDP), which was created with POLICY assistance and is primarily responsible for overseeing implementation of the policy, has now been relocated within SEGEPLAN's National Policy Division (NPD), thereby giving it legitimacy and more influence. In recognition of this change, POLICY coordinated with the NPD to deliver two presentations on the SPECTRUM System of Models to the NPD and other SEGEPLAN divisions.

POLICY and SEGEPLAN renewed their formal cooperation agreement to March 2004. Under this agreement extension, POLICY will provide TA to SEGEPLAN at the regional level. Responding to a special request from the Secretary of Planning, POLICY and a team from the NDP will provide training to regional representatives of SEGEPLAN and members of the Rural and Development Councils to advocate for implementation of the Decentralization Law and the Rural and Development Councils Law, both of which were passed by the Congress last year. POLICY, SEGEPLAN, and the Instituto Nacional de Administración Pública (INAP) also began advocating for a new Diploma Course on Population and Development.

POLICY continued to provide technical and financial assistance to the Women's Network for Peace in various activities designed to increase political and popular support, as well as resources for FP/RH. POLICY provided TA to the network in the following activities: (1) evaluating the impact of network actions in the field of advocacy and civic surveillance; (2) continuing advocacy with the Congress for resources to implement the RH component of the Social Development and Population Policy; (3) implementing the project awarded by the Inter-American Democracy Network and funded by USAID; and (4) finalizing the analysis and report of the qualitative research study on Access, Quality of Care, and Gender in Reproductive Health Programs, funded by the Interagency Gender Working Group (IGWG).

In the area of contraceptive security, POLICY delivered a presentation on tools for health programming based on SPECTRUM and the FamPlan Model contraceptive requirements scenarios. The Minister and Vice Minister of Health, MOH directors, and representatives of IGSS, CAs, SEGEPLAN, and NGOs attended this presentation. Next quarter, POLICY will work closely with high-level representatives and RH program directors from the MOH and IGSS to make projections of contraceptive requirements for those two institutions.

POLICY provided TA to the National Network for Responsible Parenthood in developing its strategic plan. This network, made up of 27 organizations from the public and private sectors and donor agencies, is coordinated by MOH/NRHP. POLICY is a network member and provides ongoing TA in the legal and regulatory field and in disseminating information.

In January 2003, POLICY, the MOH, IGSS, and other CAs and donors facilitated the third Facilitators' Training Session of the Distance-learning Educational Program on Integrated Women's Health offered by the University Francisco Marroquín and the Central American and Panama Institute of Nutrition (INCAP). The program began in April 2002. This TOT session addressed women's health and nutrition, human sexuality, cervical and breast cancer prevention, and STI/HIV/AIDS prevention and treatment.

POLICY continued to implement Guatemala's core package, designed to help identify and develop policy solutions to reduce operational barriers to FP access. In February, POLICY organized a workshop to present and validate findings from interviews on operational barriers with a wide range of institutional officials, service providers, managers, and planners; and to identify operational policy solutions for improving access to FP services in public sector. Workshop participants included the Vice Minister of Health; Special Issues Advisor; and other high-level officials from Human Resources and Regulation and Attention to Persons Divisions of the MOH; directors of NRHP and SIAS (Integrated Health System Attention and Coverage Extension Program); and representatives from CAs and USAID. In preparation for the workshop, POLICY staff synthesized information generated through the interviews under 14 themes and tentatively identified operational policy problems that are probably at the root of the issues raised under each theme. The selected themes corresponded to one of three basic components of a FP service delivery system: political and administrative system, organizational structure, and program operation. By the end of the workshop, participants reached consensus on the policy problems reflected in the interviews; identified 32 policy solutions; and ranked the solutions according to urgency and feasibility of action (12 solutions were ranked high in terms of both criteria). As to next steps on the core package, POLICY will conduct meetings with selected participants to discuss and validate the final report of problems and policy solutions, and review the matrix for an action plan; select two to three specific policy solutions and provide financial and/or technical assistance to implement them; and develop advocacy strategies to support policy changes.

April 1—June 30, 2003

In anticipation of the Presidential Elections to be held in November 2003, and a subsequent transfer of power to a more conservative administration, POLICY has been focusing primarily on implementing the electoral strategy (2002–2004) to guarantee conditions for continuity of FP/RH policies, resources, plans, and programs between the present government and the next one (to be elected in 2003). Towards this end, POLICY prepared and carried out a strategic planning workshop to coordinate and plan the implementation of various activities – among others, advocacy and raising awareness on RH issues with political candidates and their parties, working with the current administration to solidify legislation and policies that favor reproductive health, strengthening civil society organizations to be effective advocates, developing informational packets – associated with the electoral strategy. Participants in this workshop included POLICY staff and local counterparts, USAID representatives, and local experts in the political arena. POLICY also put in place four subcontracts related to the electoral strategy with AGMM, AGOG, Women's Network for Peace, and Women's Journalist Network.

During this quarter, POLICY also completed preparations for the 2003 medical barriers study, including the finalization of data collection instruments that will be sent for final review to members of the Medical Barriers Committee, composed of the three main FP services providers (the MOH, IGSS, and APROFAM) and USAID. The AGMM developed and presented a proposal to carry out the field work. The proposal is under review; field work is expected to begin in July.

POLICY, SEGEPLAN, and the Instituto Nacional de Administración Pública (INAP) also continued coordinating and planning for a new diploma course on Population and Development. The underlying theme of this second course will be public financing. POLICY continued to provide technical and

financial assistance to the Women's Network for Peace in various advocacy activities designed to increase political and popular support, as well as resources for FP/RH. During this quarter, POLICY also provided TA to the National Network for Responsible Parenthood to present its strategic plan.

POLICY continues coordination with the MOH to form a Health Financing and Economics Commission to promote the allocation of public sector resources for reproductive health. Towards this end, POLICY has proposed to develop different scenarios on resource needs in the health sector, based on epidemiological profile, population projections, and national and international health and development policy goals. The proposal is pending approval by the Commission and USAID.

Core package activities are reaching their final phase in Guatemala. POLICY staff developed and presented to the Mission a final report on the workshop conducted earlier this year to present and validate findings from interviews on operational barriers. From among the list of operational policy barriers and recommended solutions identified and prioritized during the workshop, POLICY selected two to focus on during the electoral period. During the next quarter, POLICY staff will work closely with high-level officials within the MOH and other Ministries to develop and implement an action plan for achieving the policy changes necessary to address the identified barriers, both of which will require changes within the MOH structure. POLICY will also work with local counterparts and CAs to develop action plans to implement the other policy barriers and recommended solutions identified and prioritized during the workshop. Their actual implementation, however, will depend on the availability of POLICY field, support, and the efforts of other CAs and local counterparts.

HAITI

The goal of POLICY Project assistance in Haiti is to fill the policy void in population, reproductive health, and HIV/AIDS, 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. At the request of the Mission, POLICY's program emphasis in Haiti is in the area of HIV/AIDS in the context of a "sustainable social and community response," although some POLICY activities continue to support other RH issues. POLICY provides technical and financial assistance in advocacy and fundraising to NGOs, FBOs, and other CSOs that have activities focused on youth, women, health care, education, community development, and other issues. In the public sector, POLICY furnishes TA to help implement various HIV/AIDS and RH policies and strategies currently being developed or already in place, including the National HIV/AIDS Strategy, activities financed by the Global Fund in partnership with the private sector, and other strategies related to VCT, PMTCT, and care and support of PLWHA, maternal mortality reduction, and quality assurance. The Mission has also recently asked POLICY to help the MOH strengthen its information technology (IT) capabilities and to support the Ministry of Public Health and Population (MSPP) in the development of a National Strategic Plan for the Health Sector, both activities that are expected to strengthen of the MSPP to provide more leadership in HIV/AIDS. POLICY collaborates with the bilateral project HS-2004 (administered by Management Sciences for Health (MSH)) and NGO grantees, as well as MSPP department officials to improve operational policies that promote the quality of and access to FP/RH and HIV/AIDS. A severe distraction for POLICY's counterparts in addressing RH and HIV/AIDS issues has been Haiti's continuing economic and political crisis characterized by sporadic outbreaks of violent demonstrations throughout the country.

Summary of Major Activities January 1—March 31, 2003

FP/RH

POLICY has been providing TA to a steering committee of the MSPP in developing a national strategy for reducing maternal mortality. Also collaborating in this effort have been the Pan American Health Organization, UNFPA, and Futures Group International, which is providing local expertise under a contract with UNFPA. During this quarter, POLICY contributed to a diagnosis of the maternal mortality situation in Haiti that identifies the key areas for intervention and helped organize a workshop (March 26–28) to validate the design of a draft strategy. More than 100 people, including representatives from major international organizations and local NGOs, participated in the workshop. The MSPP expects to develop its final strategy document in the next quarter.

POLICY also assisted the Mission in developing a proposal on gender-based violence for funding by the USAID Interagency Gender Working Group.

HIV/AIDS

Advocacy: At the request of the Mission, POLICY is collaborating with MSH, CARE, FHI, and local organizations, including Les Promoteurs de L'Objectif Zerosida (POZ), Konesans Fanmi, and Association of Private Health Organizations (AOPS), to develop a conceptual framework for addressing HIV/AIDS through social and community mobilization. The Mission's goal is to provide assistance to mobilize the resources of civil society, religious institutions, faith-based groups, health sector NGOs, and other community-based organizations to put in place networks to help in prevention efforts, provide care and support for people infected or affected by HIV/AIDS, address the needs of the increasing numbers of orphans and street children, and provide support to other vulnerable population groups. The conceptual

framework would ultimately be used as a guide for all participants in the mobilization effort. Draft concept papers have been shared among the ad hoc committee members who will produce a final draft of the framework next quarter.

As part of the community mobilization effort, the Mission, POLICY, and other CAs have facilitated a process for bringing together major religious institutions to focus on the HIV/AIDS problem. Building on a workshop held in December 2002 with high-level leaders from the Catholic, Episcopal, and Protestant churches, POLICY began communicating with IMPACT (FHI) and HS-2004 (MSH) to discuss their joint support for a committee composed of POZ, Caritas, and World Relief. Next quarter, this committee will facilitate the efforts of religious leaders to adopt a unified strategy for confronting HIV/AIDS with assistance from POLICY and the other partners.

Strategies/Guidelines: CDC/Haiti invited POLICY to participate in developing guidelines for prevention of mother-to-child transmission of HIV. Preliminary discussions have been held regarding terms of reference.

April 1—June 30, 2003

With respect to both FP/RH and HIV/AIDS, the Mission and the MSPP requested POLICY assistance for a number of activities. First, the Mission requested that POLICY provide TA to the MSPP to prepare its 2004–2008 national health strategy plan (Plan National Stratégique de Santé). Specifically, POLICY's LTA will act as the principal consultant, coordinating all technical aspects of the planning process and overseeing the draft of the plan document. POLICY and the MSPP have developed a calendar of activities and a draft framework for analysis; POLICY helped design and conduct an intersectoral consensus-building workshop, June 23, to identify roles and responsibilities. As the five-year health sector plan, it will guide efforts in all areas, including HIV/AIDS, and will reinforce the National HIV/AIDS Strategy prepared last year with POLICY assistance. The Mission also requested POLICY's help in meeting IT and communications needs of the MSPP. This would include establishment of intra-ministry computer networking, access to the Internet and e-mail services, development of electric communication systems to facilitate information transfer between the ministry and department health offices, as well as between the ministry and stakeholders using such tools as a website. Finally, the Mission organized a Summit on U.S. Non-Governmental Assistance Providers in the Haitian Health Sector, June 26–27, with the theme, "Ratcheting Up for the Bicentennial," for the purpose of increasing the amount, effectiveness, and impact of assistance provided to the Haitian health sector by individual U.S. citizens, private firms, universities, and by philanthropic, faith-based, and other nongovernmental and Haitian Diaspora organizations. The Mission asked POLICY to make a presentation to the summit on the overall health situation in Haiti with a focus on HIV/AIDS, reproductive and maternal health, OVC, and continuing weaknesses in child nutrition and morbidity.

The MSPP formally requested in a May 8 letter that POLICY provide TA to plan the implementation of the Minimum Package of Services, guidelines to which ministry personnel should adhere in offering RH and HIV/AIDS services at different levels of the public health system, and which POLICY helped to develop as reported in previous quarters. POLICY began participating in work sessions (May 27, June 9–16).

FP/RH

POLICY has been providing TA to a MSPP steering committee in developing a national strategy for reducing maternal mortality, with additional assistance provided by the Pan American Health Organization, UNFPA, and Futures Group International, under a contract with UNFPA. Following a key stakeholders' workshop to review and have input into the design of a draft strategy, POLICY assisted the

committee to prepare and submit a final draft strategy to the MSPP. The MSPP now uses the document officially as its frame of reference for efforts to reduce maternal mortality.

HIV/AIDS

Advocacy: At the request of the Mission, POLICY has been collaborating with MSH, CARE, FHI, and local organizations, including POZ, Konesans Fanmi, and AOPS, to develop a conceptual framework for addressing HIV/AIDS using a social and community mobilization strategy. This quarter the group continued to develop and document this approach, submitting a strategic framework (“Toward a Sustainable Social and Community Response to HIV/AIDS”), which the Mission formally accepted during a May 14 meeting. The Mission is using the strategic framework as a point of reference for grantees and other partners collaborating in HIV/AIDS, and POLICY is conducting its activities in the context of this approach.

Within the context of the Mission’s social and community response approach, POLICY carried out several activities. POLICY assisted POZ in planning and organizing activities to commemorate the 20th International Memorial for AIDS, May 11. Participating organizations included the MSPP, HS-2004/MSH, FHI/IMPACT, POLICY, FOSREF, VDH, ASON, CARE Haïti, Plan International, Caritas, World Relief, UNICEF, UNFPA, and PSI Haïti, as well as Christian churches, and for the first time an organization of traditional spiritual leaders participated in transmitting life-saving messages about HIV/AIDS. In one of the largest public expressions of support for HIV/AIDS programs in recent history, all departments and communes were involved in the celebrations through the sponsoring organizations and churches.

POLICY provided technical and financial support to help Femm Soley Lever (FSL), a grassroots women’s organization, organize a public show of support to mothers with AIDS on Mother’s Day, in Cap Haïtien in the North Department. POLICY was also asked by World Relief to help organize a national conference of protestant churches on the subject of HIV/AIDS scheduled for July and expected to include 250 pastors. POLICY has already begun to participate in planning sessions.

Strategies/Guidelines: POLICY’s support for the MSPP effort to implement the Minimum Package of Services and to develop its national health strategy have specific HIV/AIDS components. The HIV/AIDS Coordinating Unit (UCC) of the MSPP and Plan International requested assistance from POLICY to develop a reference document for community-based care of persons living with HIV/AIDS. Planning meetings were held in May and June and the workshop was held June 23–25 to introduce the 50 participants to the reference document.

POLICY is a member of a technical advisory group to the Health Communication Partnership (HCP), administered by Johns Hopkins University (JHU). The group met several times (April 28, May 15, June 3 and 5) to develop a plan for coordinating BCC activities among partners. Other members include FHI/Impact, PSI, FOSREF, POZ, MSPP, Care Haïti, World Vision, Plan International, Konesans Fanmi, AOPS, and CRS.

CDC/Haiti invited POLICY to participate in developing operational policies for PMTCT of HIV. Funds have been provided directly to the Futures Group International in the form of a purchase order to recruit, hire, and oversee a consultant to assist in the effort. POLICY and Futures developed and submitted a draft of the operational guidelines and are now working on a final version.

POLICY assisted the Bill Clinton Foundation during working sessions in May and June to develop a plan for the foundation, which it can use to mobilize resources for the battle against HIV/AIDS in Haiti.

POLICY provided demographic and epidemiological data to assist in developing the plan (April 4, 9, 21; May 23; June 13).

HONDURAS

POLICY began work in Honduras in August 2002, updating the RAPID Model and projections for use in policy dialogue and advocacy with the new Honduran administration. The objective of the policy dialogue is to build political and popular support and secure adequate funding for FP/RH programs. At the same time, POLICY laid the groundwork for a HIV/AIDS program in Honduras. Honduras is considered the epicenter of the HIV/AIDS epidemic in Latin America, with more than one-half of all reported AIDS cases in Central America. Recognizing the gravity of both the current and potential HIV/AIDS situation, there has been a large influx of funds for HIV/AIDS through USAID, the Global Fund, and other international sources. POLICY's proposed HIV/AIDS program in Honduras will help the Mission strengthen coordination, collaboration, and participation among stakeholders by working to ensure that planning and policy development for HIV/AIDS are well-coordinated and multisectoral, with the goal of ensuring that the increased resources are utilized effectively. POLICY will also help create conditions necessary for successful implementation of programs to reduce stigma and discrimination to strengthen prevention, treatment, care, and support systems. POLICY will use a three-pronged approach: increasing political and popular support for HIV/AIDS issues; decreasing stigma and discrimination around HIV/AIDS and groups most affected by the epidemic; and building stakeholder capacity to advocate for, plan, coordinate, and manage effective HIV/AIDS programs.

Summary of Major Activities**January 1—March 31, 2003****FP/RH**

POLICY completed much of the technical work on updating the Honduras RAPID application. In January, POLICY consultant Eric Gaillard met with staff from the Instituto Nacional de Estadística (INE) to discuss the demographic indicators and obtain data from the 2001 census, which were subsequently included in the projections. Next steps include development of the corresponding PowerPoint presentation and booklets. Further activities in this area will depend on field support funding.

HIV/AIDS

In January, Gaillard and Philippa Lawson traveled to Honduras to conduct a country assessment for HIV/AIDS. They met with key stakeholders to identify current and planned policy-level interventions in the area of HIV/AIDS, gaps in donor assistance and public sector programs, status of civil society organizations in HIV/AIDS, and the level and nature of their participation. Persons interviewed included representatives from the Secretariat of Health and the Ministry of Education; the Global Fund; international agencies and projects, such as the Red Cross, UNDP, GTZ, and AED; and NGOs and NGO networks, such as PASMO, Project Hope, ASONAPVSIIDA, PRODIM, and Kukulcan. In addition, they met with USAID personnel from various strategic objective (SO) divisions to identify ways in which POLICY could support USAID in its HIV/AIDS program and integration of HIV in nonhealth-related SOs. Based on information gathered during these meetings, POLICY staff identified critical areas for policy-level interventions in HIV/AIDS in Honduras and submitted a proposed strategy and corresponding budget for POLICY work in this area to the Mission.

POLICY Director Harry Cross and Lawson returned to Tegucigalpa in March to discuss the project's proposed strategy and budget with the Mission. A final decision on field support funding for POLICY in Honduras is pending.

During this quarter, POLICY staff performed preparatory work for a two-day workshop on PMTCT, HAART, and AIM that POLICY will co-sponsor with the MOH, April 3-4. The workshop will be designed to help participants develop and update tools, models, and information that can be used to improve awareness and political commitment for an effective and coordinated response to the AIDS epidemic among Honduran decision makers. Representatives from the MOH, USAID, PASCA, UNAIDS, the World Bank, UNDP, UNICEF, and the National University of Honduras have been invited to the workshop.

April 1—June 30, 2003

FP/RH

In the previous quarter, POLICY completed much of the technical work in updating the Honduras RAPID application. In May, POLICY consultant Eric Gaillard presented a draft PowerPoint presentation and corresponding booklet to staff from INE and Mission staff. INE is pleased to co-author the booklet. Next steps include comments from USAID/Tegucigalpa on the draft brochure so that the final brochure and presentation can be completed and launched in a workshop next quarter. Further activities in this area will depend on field-support funding.

HIV/AIDS

During this quarter, POLICY gathered information and tools (such as baseline data and guidelines) related to the current situation in Honduras, began developing a workplan, and hired local staff for its country program. USAID confirmed that funds for HIV in Honduras will nearly quadruple this year, from US\$1 million in 2002 to approximately US\$4 million in 2003 and an estimated US\$7 million in 2004. By the end of April, the Global Fund released money to Honduras, staff was hired, and several activities had begun or were planned.

On April 3-4, POLICY and the MOH co-facilitated a workshop on PMTCT, HAART, and AIM. Eric Gaillard facilitated the workshop during which participants from the MOH, USAID, UNAIDS, World Bank, UNDP, UNICEF, and National University of Honduras reviewed data, tools, and models that could be used to improve awareness and political commitment for an effective and coordinated policy response to the AIDS epidemic among Honduran decision makers. An advisory group was formed to assist drafting the brochure, presentation, and dissemination plan. In May, Gaillard presented draft brochures and a PowerPoint presentation to MOH and USAID staff. The brochure and presentation were revised based on USAID comments and will be finalized during the next quarter.

POLICY prepared the scope of work and posted advertisements for a Resident Advisor position in newspapers and circulated it via email and a list serve. Six candidates were interviewed; two were short-listed, granted second interviews, and identified as experts, with complementary experiences and abilities. With approval from the Mission, POLICY hired both with a new scope of work developed for the position of Senior Technical Advisor. Extensive reference checks and contracts were completed in June; Joselina Paz began work with POLICY on June 16. Dr. Miguel Aragon will begin work in the next quarter.

Paz, Philippa Lawson, Pablo Magaz, and Varuni Dayaratna continued to assess the rapidly changing environment and gather information related to stigma, discrimination, coordination, and planning in order to develop a final workplan for POLICY/Honduras. Paz met with various stakeholders, including weekly meetings with the Commission of Human Rights (CONADEH). She met with representatives of health clinics and hospitals; Puerta Abierta; COCSIDA; CEPROSAF; ASONAPVSI DAH; COMADEH

(national and San Pedro Sula chapter); APREH; COMVIDA; Comunidad Gay Sampredana; SIDACOM; Project Hope; MSF; PASMO; MOH; PASCA's Acción SIDA sites (Tornabé, Tela), and Strategic Alliance; El Foro (national and San Pedro Sula, Ceiba, and Tegucigalpa chapters); international agencies and projects, such as the Global Fund (Honduras and Geneva staff), Red Cross, UNDP, UNAIDS, UNICEF, GTZ, and AED. On May 23, POLICY staff participated in the Mission's CA meeting, during which they presented the proposed POLICY/Honduras strategy and discussed opportunities and needs to collaborate and coordinate efforts with other CAs. Based on information gathered during these meetings, POLICY staff identified a range of duplicative and uncoordinated activities currently underway or being planned. In addition, many stakeholders identified stigma and discrimination as a need; however, plans to address this issue are vague, and lack specific strategies and interventions targeted at vulnerable groups. POLICY will use the information gathered to assist stakeholders in decision making based on current realities. A final workplan, with a monitoring and evaluation plan, will be submitted to USAID/Tegucigalpa in July.

JAMAICA

The goal of POLICY Project assistance in Jamaica is to foster an environment that is supportive of reproductive health, with a specific focus on the needs of youth. This involves strengthening the implementation of RH programs at the local level, with a more rational allocation of resources at both the regional and parish levels. In addition, POLICY aims to build local skills to advocate for RH goals and foster partnerships between regional and parish health authorities, other key public sector stakeholders, NGOs, and the private sector. To achieve these goals, POLICY works closely with the MOH and Regional Health Authorities (RHAs) at the decentralized level and provides technical support to the National Family Planning Board (NFPB) in implementing its reorganization. In addition, POLICY has been addressing multisectoral approaches to youth development as follow-on to the FOCUS Project's work in Jamaica. This youth initiative fosters linkages between the National Centre for Youth Development (NCYD), a coordinating agency for all youth activities under the Ministry of Education (MOE) and the RHAs to achieve the mutual goal of providing adolescents with access to comprehensive services that meet their RH needs. POLICY has provided TA to the NCYD in developing a National Youth Policy (NYP), and based on available funding, will support the development of a strategic implementation plan as well. Through a core-funded package in the Northeast Health Region, POLICY is reviewing operational policy barriers to the integration of RH services and will test the feasibility and scope of integrating these services via different models. Integration is a key strategy identified by the MOH and its counterparts to achieve objectives identified in the National Strategic Framework for Reproductive Health.

**Summary of Major Activities
January 1—March 31, 2003****FP/RH**

POLICY is implementing a core-funded package in the Northeast Health Region to determine the feasibility and potential scope of integrating RH and HIV/AIDS services in Jamaica, using the Parish of Portland and the St. Ann's Bay Health District as pilot sites. During this quarter, medical officers from the pilot areas met with the technical team in Washington to review and discuss the existing structure for RH and STI service delivery. Details of current service delivery norms were documented during subsequent visits to health centers in the Parish of Portland and the St. Ann's Bay Health District. Parish and regional staff are refining two alternative models of integration in each pilot site for review and feasibility analysis. POLICY is also developing research protocols for studying the feasibility and effectiveness of each model. Research will commence once the models have been approved for feasibility testing.

POLICY provided TA to the NCYD in revising the NYP based on feedback from stakeholders that participated in a series of public consultations with youth and adults working with youth, which were held during the previous quarter. The revised policy was submitted to sector representatives on the National Steering Committee for review and comments and the document was discussed in its entirety at a plenary session of the National Steering Committee. Revisions have been incorporated and the final draft will be submitted to the cabinet for approval next quarter. Further POLICY TA to the NCYD in bringing the NYP to fruition and developing a strategic implementation plan are contingent on new funding from USAID.

POLICY staff met with the Planning Institute of Jamaica (PIOJ), the agency responsible for coordinating external cooperation with the government of Jamaica (GOJ), to discuss roles and procedures for collaboration and to begin planning the next meeting of donors and lenders, scheduled for April 2003.

The POLICY team has also continued to meet with Dr. Donald Rhodd, the new Minister of State for Education, to brief him on the activities and achievements of NCYD to date.

POLICY participated in a three-day workshop to review findings from a mid-term evaluation of the USAID/GOJ bilateral ARH project in Jamaica. The evaluation, conducted by POPTECH in November 2002, specifically recommended that POLICY continue its support to the Mission's SO3: *Improved reproductive health of youth*.

During this quarter, Kathy McClure officially became Country Director for POLICY/Jamaica.

HIV/AIDS

Planning/Finance/Policy Formulation: POLICY provided TA to the NCYD in revising the NYP, the health component of which advocates for the full implementation of the HIV/AIDS/STI National Plan of Action. The NYP highlights Youth at Risk for STIs/HIV/AIDS as a key target group for interventions. The final draft of the NYP will be submitted to the Cabinet for approval next quarter.

April 1—June 30, 2003

FP/RH

POLICY is implementing a core-funded package in the Northeast Health Region to determine the feasibility and potential scope of integrating RH and HIV/AIDS services in Jamaica, using the Parish of Portland and the St. Ann's Bay Health District as pilot sites. During this quarter, POLICY staff participated in a meeting in Portland with regional and parish staff to discuss alternative models for feasibility testing. These models identify key areas for integrating FP/MCH with STI/HIV/AIDS services with a focus on training, screening, counseling, access, referral, outreach, patient education, management information systems (MIS), and treatment. A matrix provides a breakdown of two integration models to be tested, a basic or low-resource model and an enhanced or higher-resource model.

The models approved for testing have guided the development of a research protocol for studying the operational barriers to their implementation, as well as client and provider attitudes of the proposed changes. The firm of KPMG Peat Marwick, which recently conducted a series of research activities with the MOH, including a Manpower Planning Study and an analysis of the decentralization process, will oversee the study. POLICY will assess the cost-effectiveness of the proposed models, based on cost data provided by the MOH and the North East Regional Health Authority (NERHA). The models discussed were presented to a Tripartite Working Group member, Dr. Olivia McDonald, Acting Executive Director of the National Family Planning Board.

POLICY staff had discussions with FHI to determine whether findings from the Patient Appointment System, conducted by FHI in selected health centers in Jamaica as well as a study of laboratory facilities, could inform aspects of the feasibility study.

POLICY's TA related to youth development with NCYD reached a standstill at the end of May, pending the results of a request for additional funding to support activities in the workplan relating to finalization of the NYP and development of a Strategic Implementation Plan. The NYP has been formally submitted to the Ministry of Education for discussion and approval. If approved by the Ministry of Education, Youth and Community Development (MOEYC), the minister, responsible for the youth portfolio, will formally present the policy to the relevant Cabinet committee for approval, following which it will be tabled in Parliament for review and approval. Any further TA required to finalize the approval process and move to strategic planning will have to await a new allocation of funds from USAID.

During April and May, POLICY and NCYD had discussions with the Planning Institute of Jamaica (PIOJ), the agency responsible for coordinating external cooperation with the government of Jamaica (GOJ), to finalize planning for the donors' meeting at which the NYP was to be presented to international donors and lenders interested in supporting youth development in Jamaica. Participants at the Meeting of Donors and Lenders reiterated their interest in supporting youth development, based on a strategic implementation plan that would highlight the areas in which support was necessary. Dr. Donald Rhodd, minister responsible for youth, spoke on the achievements of the NCYD to date and emphasized the commitments needed to carry the process forward to approval and implementation. The PIOJ commended USAID support and urged continued support of the center to bring the NYP and strategic plan to fruition.

As part of its activities designed to strengthen the RHAs in resource allocation and budgeting, POLICY piloted a manual on budgeting and grant proposal writing during a four-day workshop with representatives from Jamaica's Western Regional Health Authority (WRHA) and NERHA. Four working groups developed grant proposals for reproductive health for which they will seek funding, using budgeting techniques learned in the two-day budgeting component.

POLICY collaborated with Youth.now, USAID's bilateral project with the MOH, in conducting a workshop for 30 public and NGO sector participants on 'Partnership Development and Advocacy for Policy Change.' Participants were selected based on their affiliation to youth RH activities and work at the parish and regional levels in the parishes of Kingston, St. Andrew, Clarendon, and St. Elizabeth. Participants also included representatives from the PIOJ, NFPB, and NCYD who work at the national level.

HIV/AIDS

Planning/Finance/Policy Formulation: The final draft of the NYP—the health component which advocates for the full implementation of the HIV/AIDS/STI National Plan of Action—is awaiting approval by the Ministry of Education, the Human Resource Council of the Cabinet, and Jamaica's Parliament. Developed by the NCYD as a multisectoral policy, the NYP highlights youth at risk for STIs/HIV/AIDS as a key target group for interventions. NCYD participation in the POLICY/Youth.now advocacy workshop is supported under this portfolio.

POLICY was invited to participate in a review meeting on the policy component of Jamaica's proposal to the Global AIDS Fund.

MEXICO

In Mexico, the POLICY Project works to promote enhanced participation in policy and planning processes and improve the policy environment for HIV/AIDS in targeted states. The project helps form multisectoral planning groups (MCGs), composed of a broad range of state and local organizations working in HIV/AIDS and related fields, helping them develop integrated strategic plans for HIV/AIDS that address the needs of vulnerable populations as well as strengthening members' skills in advocacy, policy dialogue, and multisectoral coordination and partnerships. 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. Additionally, POLICY provides technical updates and training on key issues, including youth and adolescents, HIV/AIDS and human rights, gender issues, and advocacy for HIV/AIDS. Since 1998, this program has been referred to as the MCG program. The project also has a core package in place to develop and test innovative approaches to stigma and discrimination around HIV/AIDS in the Federal District, State of Mexico, and Yucatan.

Summary of Major Activities **January 1—March 31, 2003**

Planning/Finance/Policy Formulation: POLICY's LTA Francisco Hernandez continued to provide TA to the MCGs in the various states during the quarter, focusing on the newest state, Vera Cruz. On January 24–25, in the port of Vera Cruz, Hernandez and consultant Hugo Benitez conducted a workshop for the MCG to further develop its multisectoral strategic plan. More than 20 people representing various sectors attended the workshop. One week later, MCG members completed the final version of the plan and on February 9 presented it to the State Health Council of Vera Cruz.

Research: Progress on the Stigma and Discrimination Core Package proceeded on schedule, under the management of the National Institute for Public Health (INSP) in Mexico. INSP's Technical Coordinator, Ken Morrison, worked with the local PLWHA network, Red Mexicana de Personas Viviendo con VIH/SIDA, to develop the questionnaire and protocol for the PLWHA workshops to take place under Component 1 (internal stigma). Morrison also worked out the details of the research protocol and workplan for Component 3 (Legal and Policy Environment) with FRENPAVIH's Director Hugo Estrada and local consultants Pedro Morales and Silvia Panebianco. The Measure Project finalized its own subcontract with INSP to implement Component 2 (Survey of Health Service Providers), and Morrison began work on that research protocol as well. Letra S, the NGO implementing Component 4 (Media), finalized the selection of photojournal subjects (three PLWHA volunteers) and began work on the report of the baseline media scan. Letra S also received training in methods for training journalists (see below), which included drafting a media training guide for further development by POLICY in the next few months. INSP organized a meeting of the implementing partners for the stigma package on March 26 in Mexico City. Kevin Osborne, POLICY's Deputy Director for HIV/AIDS, and Clif Cortez of USAID's Office of HIV/AIDS (GH/OHA), also participated. Each implementing partner presented on the status of work for their component and looked for synergies with other components and partners. The director of the National Center for AIDS Prevention and Control (CENSIDA) commented on the improved clarity of the project since the transition to INSP this past winter.

Capacity Building: In response to a request from Alejandro Brito, Director of Letra S, POLICY staff and well-known Bolivian journalist Sandra Aliaga conducted a one-day workshop on media training techniques for Letra S staff and four representatives from the Vera Cruz MCG (who requested similar training as they begin a media outreach program). The media training workshop took place on February 28 in Mexico City with 13 participants.

In collaboration with the USAID/W Interagency Gender Work Group (IGWG), POLICY staff members Sandra Aliaga and Mary Kincaid and consultant Deborah Caro conducted a two-day gender integration

workshop, February 25–26, for 17 USAID/Mexico staff and CA representatives. Participants represented the four areas of USAID involvement in Mexico—infectious diseases, environment and energy, democracy and governance, and microenterprise development—and were trained in the new IGWG methodology for integrating gender into program strategies and projects. Caro remained for an additional day after the workshop to provide TA to several sector offices, in order to fully integrate the gender issues and strategies identified in the workshop into the new USAID five-year strategy document.

Other: As part of the project's efforts to strengthen the MCGs and collaborating NGOs, and in consultation with Mission, POLICY transferred office furnishings and equipment to several groups in March 2003. The items transferred had been in storage since the closing of the local POLICY office in October and represented purchases under POLICY I and II as well as many items left from the former SOMARC Project. Recipient organizations included the MCG/Mexico (through its member NGO, Fundación Toluca), two Mexico City NGOs (Letra S and Colectivo Sol), and two NGOs from the State of Mexico (Luz de Vida and Gemac).

April 1—June 30, 2003

Planning/Finance/Policy Formulation: POLICY's LTA Francisco Hernandez continued to provide TA to the MCGs in the various states during the quarter, focusing on the newest state, Vera Cruz. In late April, Hernandez and POLICY consultant, Hugo Benitez, facilitated a meeting of the MCG/Vera Cruz, in which the MCG presented the results of its one-year self-evaluation. The POLICY team also engaged the MCG/Vera Cruz members in conflict resolution exercises, to help resolve internal issues that have arisen and to identify the principal successes and obstacles the MCG encountered during its first year. In late May, Hernandez and Kincaid held initial discussions with the National Center for AIDS Prevention and Control (CENSIDA) about launching activities in the State of Puebla in late 2003, as well as how to proceed in the states of Oaxaca, Campeche, and Quintana Roo. Hernandez worked with POLICY Regional Advocacy Advisor Sandra Aliaga and former POLICY/Mexico team members to develop a detailed outline and approach to the MCG manual, as well as to define the target audiences, dissemination strategy, and opportunities for piloting the manual (in the state of Puebla).

Research: Progress on the Stigma and Discrimination Core Package proceeded on schedule, under the management of the INSP in Mexico. Field work was completed on Component 1 (internal stigma), qualitative data collection completed, and quantitative data collection initiated on Component 2 (health service providers—this component is being conducted by MEASURE/DHS), legal/policy analysis completed on Component 3, and the media scan completed on Component 4. The PLWHA network, Red Mexicana de Personas Viviendo con VIH/SIDA, trained PLWHA interviewers in March, who then conducted three focus groups and 30 in-depth interviews in the states of Mexico and Yucatan and in the Federal District as part of Component 1. They collected information from PLWHA participants about how fear, guilt, and blame about living with HIV/AIDS has affected their lives; what participants see as the strengths and weaknesses of gay men living with HIV/AIDS; the causes and consequences of internal stigma; and possible ways to confront internal and external stigma as well as discrimination. One of the lessons learned from the focus groups was that it is hard to attract people as participants to this kind of a discussion; thus, more must be done to make participation attractive. Component 2's work to measure stigma and discrimination among health service providers is well underway, with the results of the qualitative research informing the final version of the survey questionnaire, and the INSP survey team initiating data collection in late June (Macro has a subcontract with INSP to design and conduct the research). Under Component 3, the legal analysis was completed in June with a report forthcoming in July. INSP reached agreement with FRENPAVIH, the second PLWHA network on the team, about the advocacy needs assessment and related activities to be conducted under the core package. Letra S, the implementing partner for Component 4, completed its report of the media scan, worked with Sandra Aliaga to develop a training curriculum for journalists, and launched field work for the photojournal.

INSP's technical coordinator for the project, Ken Morrison, organized a meeting of the implementing organizations in late June to review progress on the activities and indicators in light of the end of project meeting scheduled for early October.

PERU

The goal of POLICY assistance in Peru is to strengthen CSOs; advocate for sexual and reproductive health and rights, including those related to HIV/AIDS; and 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 health rights. POLICY supports policy dialogue and advocacy in the context of Peru's changing political climate, conducts analyses, and disseminates information on RH issues. POLICY also works closely with PLWHA organizations and NGO coalitions working in the area of HIV/AIDS to build capacity and strengthen their skills to advocate for political support, as well as policies and legislation in favor of prevention, care, and treatment related to HIV/AIDS.

Summary of Major Activities January 1—March 31, 2003

FP/RH

POLICY provided TA and information to its different civil society counterparts as they 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) in organizing 11 sustainability workshops for members of their departmental chapters in Ancash, Arequipa, Ayacucho, Cajamarca, Chiclayo, Ica, Lima, Loreto, Moquegua, Piura, and Tumbes. Elaboration of these departmental sustainability plans is part of the process of developing the RNPM national plan. POLICY also conducted an advocacy workshop for new members of the regional branch of the network in Arequipa, and another one for a recently created network of NGOs that promotes safe and culturally sensitive care for women and babies during delivery in Ayacucho.

In response to USAID's objective of protecting client rights in its geographic concentration areas, POLICY initiated a new strategy to expand RNPM-supported citizen surveillance committees (CSCs) to the provinces by helping create provincial-level CSCs in Huanuco. Through a signed agreement with the RNPM's Huanaco branch, the Regional Health Direction recognized and supported the CSCs and their work in the region. To extend citizen surveillance to other provinces, POLICY organized a workshop with RNPM facilitators from the departments of Ucayali, Junín, and Huánuco. Also, in the area of protecting client rights, POLICY is supporting the Peruvian Association of Public Health Law (APDS) in forming three specialized pilot centers to promote conciliation and resolution of complaints from users of health services. POLICY and APDS staff traveled to Huanuco, Ayacucho, and San Martin to identify local organizations within which the three centers could be housed.

POLICY provided TA to the Ministry of Women and Social Development (MIMDES) by hiring a consultant from the RNPM to systematize and incorporate feedback gathered through public consultation meetings into the Ministry's Plan for Equal Opportunities. A final draft of the plan was reviewed by the Vice Minister, and a final version will be ready in April.

In January 2003, a new political administration took office in the Municipality of Metropolitan Lima. To guarantee that youth issues will continue to be a priority under this new administration, POLICY organized a meeting between old and new authorities, during which an official transfer of the Metropolitan Committee on Youth Policies occurred. The committee facilitates the coordination of all Lima district municipalities in the implementation of youth policies, participation of youth groups in municipal councils, and technical support for NGOs working in youth issues. POLICY will continue providing TA to both the NGOs participating in the Metropolitan Committee and the NGO coalition supporting the regulation committee of the National Youth Council.

During this quarter, POLICY provided TA to the civil society coalition ForoSalud in some of its initial activities—elaborating a normative proposal for decentralization and coordination of the health system; analyzing health as a human right to be proposed as a constitutional article; developing its informational notes that are disseminated through the Internet to more than 1,000 registered members; and preparing four papers on immunization coverage, access to ARV treatment, health insurance coverage, and public insurance models, for dissemination at the decentralized level. POLICY is also supporting ForoSalud in forming regional coalitions for policy dialogue on health policies. These regional coalitions will be composed of local NGOs, professional organizations, and civil society representatives. Regional Foros were created in La Libertad and Ayacucho; four “catalyst” groups (*grupos impulsores*) were formed in Arequipa, Piura, Puno, and San Martín; and eight coordination groups (the first stage of creating a Foro) were identified in Ancash, Cajamarca, Cusco, Huancavelica, Huanuco, Junin, Lambayeque, and Tumbes. Representatives of these 14 groups participated in a workshop in Lima to discuss the main issues of decentralized participation.

POLICY is also supporting various women’s groups working at the decentralized level. POLICY staff helped facilitate the Third Regional Meeting for Women Leaders of Grassroots Organization in La Libertad, and the Third Regional Meeting of the Network of Municipal Councilwomen in Ayacucho. In La Libertad, the women who participated in the regional meeting subsequently received training from a POLICY-funded (small grant) local NGO that prepared them to successfully participate in the local multisectoral planning committee, Mesa de Lucha contra la Pobreza. As a result of this participation, a special commission was formed within the committee with the specific task of elaborating RH objectives and indicators to be included in the Development Plan of La Libertad.

POLICY is providing support to the MOH in defining mechanisms to facilitate international assistance at the decentralized level. Specifically, two POLICY consultants based at the MOH Office of International Cooperation will provide TA in the design and implementation of norms and mechanisms to coordinate international assistance, both technical and financial, to the decentralized Regional Health Directions.

During this quarter, POLICY developed a database containing all norms and regulations (1996–present) related to the health sector, including those related to FP/RH and HIV/AIDS. POLICY also began an inventory of norms and policies related to decentralization, particularly as it pertains to health. These policy inventories will be on two CDs that will be disseminated to USAID, CAs, and local counterparts. POLICY will follow up on how users apply the information in the database.

POLICY continues the dissemination of its biweekly and bimonthly information sheets, through CENDOC Mujer, to its national mailing list, composed of women’s organizations and NGOs working on women’s and health issues.

POLICY staff and consultants continued to implement the safe motherhood core package. The local core package team completed a review and analysis of quantitative and qualitative studies on topics related to maternal health, safe motherhood services (delivery, prenatal care, etc.), and maternal mortality in Peru. Twenty studies were reviewed for the purpose of identifying operational and cultural barriers that impede access to professional delivery and prenatal care. The team also completed a DHS data analysis. Based on the analysis, four departments—Huánuco, Piura, Puno, and San Martín—were selected for the study. Subsequently, POLICY staff traveled to Piura and Puno to hold initial meetings with key informants and to prepare for the information collection phase. POLICY staff also developed the research protocols for the qualitative interviews and focus groups and for the cost study.

POLICY/Peru hosted two regional meetings in Lima. The first, which took place in February, was the Midwifery Advocacy and Leadership Workshop, which is part of a worldwide effort sponsored by

USAID/W to encourage midwives to become involved in the policy process as it pertains to maternal and neonatal issues. Twenty-eight midwives from Argentina, Bolivia, Ecuador, Guatemala, Mexico, Paraguay, and Uruguay participated in the six-day workshop. The second meeting, which took place in March, was POLICY's Technical Development Week for the LAC Region. POLICY and USAID staff from Guatemala, Haiti, Jamaica, Mexico, and the United States attended the weeklong meeting.

HIV/AIDS

Advocacy: POLICY initiated discussions and forged relationships with two entities working in the area of HIV/AIDS: Colectivo por la Vida, a coalition of NGOs and PLWHA groups focusing on access to treatment, and Accion Internacional por la Salud (AIS), an NGO working in the area of HIV/AIDS. During the next quarter, POLICY will start providing TA to these two groups. POLICY TA to Colectivo por la Vida will consist of information collection and legal/regulatory analysis related to treatment access; strengthening of citizen surveillance methodologies that promote protection of the human rights of PLWHA; advocacy and communication training for PLWHA groups, and subsequent advocacy directed at Congressmen; and decentralized activities working with local organizations. POLICY will provide TA to AIS to advocate for the development and approval of a National HIV/AIDS Policy (as a component of the General Health Law), and changes in legislation and specific norms that lay the groundwork for improving access to services and treatment, protecting human rights, and reducing stigma and discrimination against people living with and affected by HIV/AIDS.

April 1—June 30, 2003

FP/RH

POLICY provided TA and financial support to the National Network for the Promotion of Woman (RNPM) to strengthen its departmental branches and expand its citizen surveillance strategy in USAID's geographic concentration areas. In April, POLICY organized an advocacy workshop for 50 members of the RNPM, two from each of its departmental branches. In response to USAID's objective of protecting client rights, POLICY continued to support the efforts of RNPM's departmental branches in Huanuco, Junin, and Ucayali in expanding the formation of citizen surveillance committees (CSCs) at the provincial level. This support included training workshops in reproductive health and advocacy for leaders from grassroots organizations in selected provinces (Ambo, Tingo Maria, Huancayo, Jauja, and Aguaytia); the elaboration of audio materials to sensitize the local population in RH care; and the organization of two public forums for departmental authorities in San Martin and Huanuco. POLICY also organized a public forum for other departments that are not USAID priority sites, to introduce the CSC model and encourage its use in monitoring the implementation of health policies. With POLICY support, RNPM also continued to lobby Congress to include the CSC Model as part of the legislative proposal on citizen participation being elaborated by the legislative commission on decentralization.

In the area of protecting client rights, POLICY is supporting the Peruvian Association of Public Health Law (APDS) in forming three specialized pilot centers to promote conciliation and resolution of complaints from users of health services. Initial activities included the review of past efforts designed to solve health user complaints, the elaboration of procedural manuals for use in the pilot centers, and specific agreements with local NGOs in Northern Lima, Ayacucho, and San Martin to implement the local centers. To sensitize main stakeholders in user rights issues and conflict resolution techniques, APDS, in collaboration with Cayetano Heredia University, organized two training workshops for CSOs and health sector personnel in Ayacucho and San Martin. Follow-on activities will include awareness raising among the public on user rights issues and supervision of the pilot centers.

POLICY commenced activities for the annual monitoring of the Tiaht Amendment and national FP norms by conducting a workshop to discuss the methodology and questionnaires used in last year's monitoring activities. Two subcontracts, with RNPM and its affiliate, Instituto de Investigacion y Capacitacion de la Familia y la Mujer (INCAFAM), were prepared for the implementation of field work, which will begin in July. To guarantee accuracy and quality of the information to be gathered, POLICY conducted a six-day training workshop for the two counterparts in charge of implementing field work. During the next quarter, POLICY will supervise local training of interviewers and data collection.

During this quarter, POLICY continued to provide TA to the civil society coalition ForoSalud in different activities, including the preparation of papers for policy dialogue, follow-up of the legislative health commission debates, and elaboration of informational notes that were disseminated through the Internet to more than 1,000 registered members. To promote a wide debate of the MOH's legislative proposal on general health, a POLICY consultant developed a comparative analysis of this proposal and the current health law. It was used by ForoSalud to elaborate a press note describing the main limitations of the legislative proposal and to initiate a discussion for the preparation of a new more comprehensive proposal that could guarantee health as a human right. Also, in preparation for the Cairo+10 assessments, POLICY prepared an evaluation report of Peru's accomplishments vis-a-vis its international commitments related to reproductive health. ForoSalud organized a meeting to discuss this document, and it was also used as an input to the country report prepared by the coordination group in charge of the Cairo+10 assessment.

POLICY is also supporting ForoSalud in forming regional coalitions for dialogue on health policies. These regional coalitions, composed of local NGOs, professional organizations, and civil society representatives, are in different stages of formation. POLICY provided TA to the regional Foro of La Libertad and the "catalyst" groups (grupos impulsores) of Lambayeque, Arequipa, Ayacucho, Junin, San Martin, and Ucayali in their organizational meetings and discussions of the main issues of decentralized participation. Additional TA was provided to Ayacucho and Arequipa in the formation of thematic groups around specific health issues. The regional coalitions in these departments organized public forums to present their main health problems, which were maternal mortality and HIV/AIDS.

During this quarter, POLICY facilitated four workshops/meetings to provide technical tools to different CSOs. In Arequipa, POLICY facilitated an advocacy workshop for the regional Association of Midwives, as a follow-on activity to the Regional Midwifery Advocacy and Leadership Workshop conducted in Lima in January 2003. In Lima, POLICY facilitated a workshop on legislative work and policy procedures for different counterparts elaborating legislative proposals and lobbying for Congressional approval of health initiatives. POLICY also facilitated two meetings with the NGOs members of Red SIDA Peru to present and discuss with them the different models of social vigilance and citizen surveillance for the protection of users' rights, and to share with them the methodology used to analyse the country's accomplishments of international recommendations using human rights framework. The purpose of these two meetings was to provide TA to Red SIDA in the adaptation of policy analysis and evaluation methods being used in FP/RH issues to HIV/AIDS issues.

POLICY continues to support the MOH in defining mechanisms to facilitate international assistance, both technical and financial, to the decentralized Regional Health Directions. For this purpose, two POLICY consultants based at the MOH Office of International Cooperation began a review of current norms and collected information from government officials involved in the decentralization process. A draft proposal was presented and discussed in Ayacucho, La Libertad and San Martin, and a final proposal will be developed for the next term.

During this quarter, POLICY updated its database containing all norms and regulations (1996–present) related to the health sector, including all the laws related to FP/RH and HIV/AIDS. POLICY continued updating the inventory of norms and policies related to decentralization, particularly those that could

affect the implementation of health policies. A local consultant prepared a first analysis of the opportunities that the decentralization process could mean for the implementation of local policies related to adolescents and youth health. These policy inventories will be on two CDs that will be disseminated to USAID, CAs, and local counterparts. POLICY will follow up on how users apply the information in the database.

POLICY continues the dissemination of its biweekly and bimonthly information sheets, through CENDOC Mujer, to its national mailing list, composed of women's organizations and NGOs working on women's and health issues.

POLICY began activities to enhance local capacity in health policy analysis and decision making, in the context of the ongoing decentralization process in Peru. POLICY staff visited three departments — Lambayeque, La Libertad, and San Martín—to collect information from local university authorities about their willingness to incorporate health reform contents into the curricula in each university. Through a subcontract with Universidad del Pacífico Research Center, POLICY began planning for a series of 4-day courses on health sector decentralization to be conducted in three cities. The first course will be conducted in La Libertad July 2004; participants will be 40 selected, high-level representatives from the regional government, health directions, universities, and CSOs.

POLICY staff and consultants continued to implement the Safe Motherhood Core Package. The core package team finished the elaboration of instruments for the collection of costs and qualitative data. Four persons from each of the selected departments—Huánuco, Piura, Puno, and San Martín—were identified and trained to collect costs data from hospitals and health centers. This training was conducted in Lima during 10 days, with five days supervised practice in two Lima hospitals. Collection of costs data has already begun in the four study sites. Qualitative data collection has only begun in Piura, although one local person was already hired for this activity in each of the four study sites, due to ongoing discussions on the instruments and methods with POLICY/Washington staff.

HIV/AIDS

Advocacy: During this reporting period, POLICY defined TA activities with two organizations working in the area of HIV/AIDS: Colectivo por la Vida, a coalition of NGOs and PLWHA groups focusing on access to treatment; and AIS, an NGO working in the area of access to essential drugs and rational drug use. POLICY assistance to Colectivo por la Vida will consist of advocacy and communication training for PLWHA groups, and subsequent TA in advocacy directed at congressmen; legal/regulatory analysis related to treatment access; and decentralized activities to strengthen and build coalitions among local organizations working in the areas of HIV/AIDS. POLICY will provide TA to AIS to advocate for the development and approval of a National Drug Policy and changes in legislation and specific norms that lay the groundwork for improving access to drugs and treatment for PLWHA.

Within this context, during this quarter, POLICY initiated the design of a workshop for PLWHA members of the Colectivo por la Vida to train identified spokespersons in media-related communication skills. The workshop will be conducted in July with participation of POLICY/Washington staff. POLICY is also provided TA to the Colectivo's legislation committee in developing a strategy to obtain Congressional approval of a Legislative Proposal to improve ARV treatment access for PLWHA.

Planning: POLICY initiated relationships with CONAMUSA, the national coordination entity that designed and will implement the Global Fund Project in HIV/AIDS. To facilitate implementation of this project, POLICY is providing TA to CONAMUSA to identify the roles and responsibilities of its different members, as well as define mechanisms that will guarantee the collaboration and coordination among them.

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.

Highlights of collaboration with CAs:

Program design and implementation

- POLICY/**Ghana** collaborated with the Ghana AIDS Commission (GAC), FHI, and country counterpart organizations in finalizing the draft guidelines for the development and implementation of HIV/AIDS VCT in Ghana. POLICY participated in the series of reviews and submitted to FHI a position (feedback) paper addressing some important issues, such as data management, monitoring and evaluation, policies on alternative therapies, certification of VCT sites, supervision, and supply of logistics. This draft will be used at a wider stakeholders meeting by the GAC. POLICY also participated in a stakeholders meeting of a Population Council/ Health Research Unit-supported program on Prioritizing Interventions for STIs and other Reproductive Tract Infections. POLICY continues to serve on the Initiative for Maternal Mortality Programme Assessment (IMMPACT) Country Coordinating Group of Aberdeen University Team/Ghana Program.
- POLICY/**Malawi** and JHPIEGO worked together on the design of the core package proposal, and JHPIEGO and EngenderHealth will help POLICY implement the activity. POLICY is also working with Liverpool Associates in Tropical Health (LATH) staff, Len Van Der Hoeven, assigned to the MOHP RHU as its STI Officer, to promote the use of the updated FP/RH projections among staff in the RH program. Van Der Hoeven participated in the March projections update workshop along with other RHU staff. POLICY/Malawi also continued to work closely with UNDP and UNAIDS in co-supporting NAC and the policy drafting consultants with the policy development process. UNAIDS is to provide an international consultant to work with the POLICY consultant in producing an edited, more concise third draft of the policy.
- As part of preparations for revising the **Mozambique** National Strategic Plan, the National AIDS Council (NAC) has called for an extensive legal/regulatory review of issues around HIV/AIDS, including reproductive health, children, and status of women. The multisectoral review will include various line ministries, the private sector, and donors. POLICY/Mozambique is assisting NAC to design and coordinate the review and has drafted the scope of work and a common methodology for all partners to use. The resulting workplan specifies the formal collaboration among the partners and determines the responsibilities for document review and key informant interviews. Other donors and projects that will participate in the review include Project Hope/FUTURES (Department of Labor), UNAIDS, UNICEF, and USAID/Mozambique/Economic Growth.
- In response to a Mission request, between May and June 2003, POLICY/**Guatemala** provided technical assistance to develop a official decree to create the Comisión Nacional para el Aseguramiento de Anticonceptivos. POLICY worked jointly with URC (Calidad en Salud) and the

National Reproductive Health Program. The decree was presented to the MOH legal advisory group and now is under revision.

- In **Cambodia**, in collaboration with KHANA, the United Nations Volunteers (UNV) GIPA Program, and PACT, POLICY is supporting CPN+ and the HIV/AIDS Community Coordinating Committee (HACC) in the development of their respective three-year strategic plans. POLICY assistance to CPN+ will concentrate on intra-provincial expansion and strengthening of the CPN+ network in two USAID target provinces. POLICY/Cambodia, in partnership with eight other CAs, also continues to participate in the USAID M&E Working Group (country level) to revise the USAID core and subset indicators for its Performance Monitoring Plan (PMP).
- POLICY teams with the HIV/AIDS Alliance, ORC/Macro, and the IMPACT Project to coordinate activities in **Mexico**. Activities in the states under the MCG program are closely coordinated with the Alliance, which carries out a program of institutional strengthening with NGOs; POLICY's LTA maintains regular communications with the Alliance coordinator to ensure that the two programs complement each other, conduct joint activities where feasible, and keep all parties informed of the work of the two projects.
- POLICY/**India** collaborated with the Micronutrient Operational Strategies and Technologies (MOST) Project on the development of micronutrient strategies for the state of Uttaranchal. POLICY staff attended the strategy development meeting and reviewed the draft policy document and offered comments. POLICY/India also collaborated with the Environmental Health Project on the development of urban RH strategies. POLICY, the Environmental Health Project (EHP), and USAID had several meetings with Uttaranchal government officials on urban RH strategies. POLICY prepared the report on situation analysis in two towns and shared the reports with EHP. POLICY/India also prepared the sample design for the evaluation of contraceptive marketing projects in Uttar Pradesh and shared the design with the CMS Project.

POLICY/**Nigeria** collaborates frequently with CAs. For example,

- Advocacy is a key component of any behavior change communication (BCC) strategy, and thus POLICY was asked to team with eight CAs and donors in the development of a Nigerian national BCC strategy. This activity, which is being carried out on behalf of the National Action Committee on HIV/AIDS (NACA), is led by JHU/CCP with participation from POLICY, SFH/PSI, FHI, ActionAID, JAAIDS, UNICEF, USAID, UNAIDS, the Federal Ministry of Information, the National Orientation Agency, the Nigerian Network of People Living with HIV/AIDS (NEPWHAN), Internews, and Solidarity Centre. The last major activity took place on February 25–27 and resulted in the first draft of the strategy that clarified the vision, mission, and objectives in addition to identifying key target groups and messages.
- POLICY/Nigeria collaborated with UNIFEM on developing a draft HIV/AIDS policy for health institutions in Enugu State. On February 4–5, POLICY and UNAIDS assisted UNIFEM in developing an operational HIV/AIDS policy for health institutions in Enugu State during a workshop organized for this purpose. The workshop was attended by several key leaders in health care delivery in the state, including heads of public and private health institutions, the Nigerian Medical Association, faith-based services, NGOs, and the state Ministry of Health. The draft developed is now undergoing a pilot test to ascertain the feasibility of implementation of the policy provisions before final ratification. With this activity, POLICY has opened discussions with UNIFEM for long-term collaboration on gender and human rights activities.
- Through participation in the RH partners forum, POLICY has been collaborating with Pathfinder International, WHO, UNFPA, EngenderHealth, McArthur, and IPAS on Nigeria's reproductive health agenda.

- Collaborated with the Society for Family Health and Africare to develop a strategy to work with northern Islamic groups on HIV/AIDS.
- With UNICEF, is working with the Nutrition Division of the Federal Ministry of Health on development of the Infant and Young Child Feeding Policy and review of the HIV/AIDS and Infant Feeding Guidelines.
- In collaboration with other key stakeholders on OVC such as FHI, CEDPA, DFID, and Pathfinder International, POLICY/Nigeria provided TA to NACA to develop a proposal entitled “Enhancing the Quality of Life of Orphans and Vulnerable Children in Nigeria” for the third round of proposals to the Global Fund for HIV/AIDS, Tuberculosis and Malaria.
- Collaborating with DFID and the Royal Tropical Institute of the Netherlands on an assessment of the socioeconomic impact of HIV/AIDS on rural livelihoods in Benue State.
- Along with UNAIDS, SFH, FHI, NACA, the FMOH and MEASURE Evaluation, POLICY continues to participate in the development and finalization of the Nigerian National Response Information Management System.

POLICY/Philippines collaborates frequently with CAs and other groups. For example:

- With PATH Foundation, PNAC, and DILG in organizing the study tour for the Local AIDS Councils. The purpose of the study tour was for the Cebu Local AIDS Council (LAC) to share its experiences implementing local HIV/AIDS activities. This showcased the political commitment, government/NGO collaboration, community response, and extension of social hygiene services and syndromic approach in treatment in STDs.
- With Friendly Care Foundation in developing advocacy materials, through SPECTRUM, to illustrate more cost-effective FP methods among heads of private corporations with more than 200 employees.
- With AED/The Social Acceptance for FP Project in identifying media representatives and ensuring their attendance in USAID interaction with media practitioners.
- With PNAC and the World Health Organization in advocating for the adoption of the 100% Condom Use Program in local government units.

POLICY/Kenya collaborated with numerous USAID CAs and other international and Kenyan organizations, including the following:

- UNICEF, FHI, HACI, GTZ, NACC, MOHA, Pathfinder in OVC SITAN activities, and production and launch of OVC guidelines.
- UoN, FASI, RATN, KANCO, SUPKEM, UNDP, NACC on production of Gender and HIV/AIDS poster, popular version of mainstreaming document and training curriculum.
- Legal task force, SUNY DG, USAID DG/OPH on planning the way forward for the HIV Prevention and Control Bill 2001.
- World Bank, Futures Group, NACC on the review of the KHADREP program and implementation of the Community Initiative Operational Manual.
- Internews during the launch of *Local Voices*.
- MMAAK, GTZ and MSF Belgium during the candlelight memorial.
- FHI, KANCO, Map International, CAFS, WCC, WCRP on the work of strengthening KIRAC.
- UNDP, KANCO on advocacy and policy dialogue forum for local government authorities.
- FHI, CAFS, Futures Group, KANCO, DERO, MSF Belgium on work to revitalize NEPHAK.
- FHI, NACC, KANCO, PSI, and the Network of People with HIV/AIDS in Kenya (NEPHAK), on revising and strengthening NEPHAK. POLICY and FHI co-led and facilitated a consultative process that informed stakeholders of NEPHAK’s progress to date in organizational strengthening and recommended future NEPHAK activities including a draft constitution, strategic plan, and public relations plan.

- RHAB, MOH/DRH, and the DELIVER Project, to develop the *Contraceptive Commodities Procurement Plan*, the *Contraceptives Policy and Strategy*, and the *DRH Work Plan*.
- The World Bank and the University of Nairobi on implementation of the cost-sharing and poverty studies.
- Intrah and EngenderHealth on strengthening peer support for postabortion care.

Training

- POLICY/**Nigeria** trained private sector partners and three USAID implementing partners—CEDPA, EngenderHealth, and Pathfinder International—in presenting RAPID model outputs during a workshop held in June 2003.

Advocacy

- Olga Volkova, a member of the **Russia's** National RH Advocacy Network, was invited by UNDP to share the Network's policy advocacy experience and to conduct a seminar on HIV/AIDS policy advocacy at a UNDP-sponsored meeting on April 16–17 at the National Ministry of Health. This meeting was devoted to improving the collaboration between HIV/AIDS NGOs and the government.
- POLICY and the International HIV/AIDS Alliance are working together in **Ukraine** to raise awareness on how to conduct successful advocacy efforts. In February, POLICY/Ukraine's Truhan and Semerik were asked by the International HIV Alliance's chief editor to review and revise its draft newsletter articles. Given that the concept of advocacy is quite new in Ukraine and does not translate well, POLICY's review helped the Alliance prepare this newsletter. It was also useful to POLICY to ensure the accuracy and consistency of definitions and terms used by USAID's two CAs. Moreover, POLICY's local team worked with a view toward ensuring the precision of advocacy activities it implements and those initiatives conducted by Ukrainian partners. This edition of the newsletter includes two articles by POLICY staff on advocacy and RH/HIV activities. POLICY and the Alliance also conducted a workshop from June 3–4, 2003, that led to the formation of an HIV/AIDS NGO coalition. POLICY provided support to the Substance Abuse and AIDS Prevention Foundation (a member of URHN) through a minigrant to convene the HIV/AIDS NGO workshop. The International HIV/AIDS Alliance staff presented information on the Global Fund and sponsored the participation of several members of Ukraine's PLWHA network in the meeting.

Meetings

- POLICY/**Jordan** met with the Resident Advisor for Family Health International (FHI) and discussed potential collaboration between POLICY and FHI's IMPACT Project. This resulted in inviting the Jordanian RH network members to the NGO meeting organized by IMPACT aimed at increasing the role of NGOs in advocating for AIDS prevention. POLICY staff also attended a two-day (June 9–10) workshop, entitled "Long-Term and Permanent FP Methods in Jordan: Moving Forward." The workshop's goal was to formulate a strategy to improve the provision and utilization of long-term and permanent FP methods in Jordan. POLICY staff participated and commented on the strategy recommendations that came out of the workshop and attended a one-day discussion of four studies related to these methods. The two events were organized by EngenderHealth and sponsored by the Mission.
- POLICY hosted USAID/Abuja's implementing partners (including BASICS, JHU/Health Communications Package, **Nigeria**-Applied Research for Child Health (N-ARCH), Netmark, and the International Institute for Tropical Agriculture) at a meeting to review the draft advocacy presentation that will accompany the document entitled "Child Survival in Nigeria: Situation Prospects and

Response—Key Issues.” POLICY/Nigeria also participated in a UNICEF-sponsored workshop on “Development of Media Materials on PMTCT” and collaborated with FHI to facilitate a strategic planning meeting with NASCP, NACA, and USAID and to discuss program coordination and collaboration on the U.S. Presidential Initiative on PMTCT.

- POLICY/**Uganda** and the LSA Project of USAID’s Democracy and Governance Program co-facilitated a retreat to assist the Parliamentarian Standing Committee on HIV/AIDS develop a three-year strategic plan and a one-year workplan. POLICY also collaborated with Care International to facilitate participation of DPOs, who had been left out of the National RH Symposium, 2003.
- POLICY/**Ghana** participated in the GHS/USAID/DFID/WHO-funded three-day National Forum on the CHPS Program, the second stakeholders meeting for a DFID-supported program to strengthen the HIV/AIDS/STI surveillance system at the NACP.
- POLICY/**Mali** participated in the JSI/PDY (USAID health bilateral project) and MOH-organized workshop, “Best Practices in Reproductive Health,” held at the Palais des Congress, May 28, 2003. The POLICY LTA, who was also representing USAID/Bamako at the workshop, made several suggestions to improve the workshop document and submitted several pieces that were included in the final document.
- IR2 Director Steven Forsythe made a presentation at the Second NIDA/CAREC Meeting on Drug Abuse and HIV/AIDS in the Caribbean on April 29, 2003 in Nassau, Bahamas. The presentation was entitled, “AIDS and Tourism: Trouble in Paradise.” He also made a presentation at the annual meeting of Conservation International in Washington D.C. on May 1, 2003. The presentation was entitled, “AIDS: The Reality of the Epidemic.” This session was designed to create greater awareness regarding HIV/AIDS activities and conservation issues.
- POLICY/**Guatemala** continues to collaborate with the Center for Disease Control (CDC) in implementing the 2002 Guatemalan Family Health Survey (FHS). POLICY participated in several meetings to discuss and review the preliminary report. As part of its country workplan, POLICY will be using FHS results in advocacy campaigns and promoting their use for policy formulation and evaluation. POLICY/Guatemala also made a presentation on challenges for USAID health priority issues. It was presented to USAID/G-CAP Health SO expanded team representatives from the MOH, APROFAM, MNH Project, Proredes and URC’s Calidad en Salud Project and USAID program officers, with which POLICY meets regularly.

Sharing Information

- POLICY met with FHI to determine whether data gleaned from studies conducted in **Jamaica** by that CA can contribute to components of the feasibility study being undertaken in NERHA by POLICY. POLICY is reviewing the research protocol and questionnaires for the FHI Patient Appointment System (PAS) Study which is being conducted in 2 primary care centers in Kingston. These documents will be used by POLICY to inform the development of questionnaires and focus group guides for the client and provider studies within the integration feasibility study in the North East Health Region.
- In March and April 2003, POLICY and Pathfinder/**Brazil** conducted a GIPA-related research project. Pathfinder and POLICY identified and contracted with an HIV/AIDS researcher to interview policymakers, PLWHA, and other stakeholders. The researcher summarized the interviews with salient points by key topic area identified, provided a summary of the GIPA environment with strengths and weaknesses, and made diagnostic recommendations for potential policy interventions.

This successful collaboration resulted in a comprehensive report, entitled “Assessing the Greater Involvement of People Living with HIV/AIDS in the Development and Implementation of the National AIDS Strategy,” by Miriam Ventura, a well-known Brazilian human rights attorney who has published extensively on issues related to HIV/AIDS and human rights. Portions of Ms. Ventura’s report will be used in the five-country GIPA report to be published by POLICY this fall.

- POLICY/**Cambodia** and CARE International developed and produced the report entitled “Voluntary Confidential Counseling and Testing (VCCT) in Cambodia: An Overview.” Many of the VCT report recommendations were subsequently embraced by the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) in the MOH/NCHADS Continuum of Care Framework for People Living with HIV/AIDS Operational Framework.
- Keziah, a Tanzanian midwife, requested copies of the **Tanzania** MNPI. She reports that it has been “a very useful tool for advocacy and dissemination of information on maternal and neonatal health and reproductive health. I have shared with colleagues, doctors, midwives, and one or two people in the MOH and the district health management team. It will help me a lot.”
- Articles by Stover and Johnston (POLICY Occasional Paper No. 3) and Isabel Nhatave (POLICY/Mozambique) are cited in the paper “Transferring Policies for Treating Sexually Transmitted Infections: What’s Wrong with Global Guidelines?” by Louisiana Lush, Gill Walt and Jessica published in *Health Policy and Planning*; 18(1): 18–30.
- FHI/**Cambodia** incorporated POLICY-developed monk kits into the work they do with OVCs in Battambang province and used them as part of a training session FHI conducted with monks in March 2003.
- An article by Nancy Luke and Susan Cotts Watkins, “Reactions of Developing-Country Elites to International Population Policy” in *Population and Development Review* 28(4): 707–733, uses data from four of eight countries in the reproductive health case studies published under POLICY I. The authors graciously acknowledge POLICY for sharing the data with them.
- To improve the outcome and findings of the interim EDHS from the policy perspective, POLICY/**Egypt**’s Country Director and the team reviewed the DHS questionnaire and provided feedback to both MACRO and USAID. POLICY suggested that issues such as a pre-marriage medical test and other modifications be taken into consideration.
- POLICY/**Ethiopia** continues to collaborate with Family Health International (FHI)/Ethiopia on HIV/AIDS and FP/RH issues. POLICY will begin incorporating FHI-supported BSS findings/second generation surveillance into the regional AIM profiles for Addis, Oromia and Amhara next quarter.
- POLICY/**Jordan** collaborated with MACRO on the DHS by revising two chapters for the 2002 DHS main report. The two chapters cover fertility regulation and preferences.
- JHPIEGO/**Malawi** recently secured funding to conduct a ProTrain health human resource needs application for the MOHP. To help support this, POLICY provided JHPIEGO with the updated FP/RH projections, which will serve as an input into the application.
- POLICY/**Mali** provided materials to various CAs and NGOs for their activities; for example, PSI used POLICY materials for its interventions with religious leaders.

- POLICY participated in activities, coordinated by EngenderHealth, to develop **Nigeria**'s presentation for a World Bank multicountry video conference on strengthening the linkages between reproductive health and HIV/AIDS programs.

POLICY/**Mozambique** and the Multisectoral Technical Group (MTG) responded to the following requests for information:

- UNAIDS/UNFPA requested projections of HIV prevalence among the 15–24 age group. POLICY's Cossa and Duce prepared the projections from the HIV handbook.
- POLICY LTA Toja is assisted a team from TPA Television, Republic of Angola, which visited Mozambique in March. The televised report, which was recorded on March 31, included HIV/AIDS impact projections and described the work of the MTG. TPA considers the Mozambique experience to be unique in the Lusophone world, and one that can serve as an example for Angola (which has not yet published prevalence and impact projections). The report included interviews with MTG members Nhatave, Duce, and Noya, and was filmed at the POLICY office.

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

Networking for Policy Change: An Advocacy Training Manual

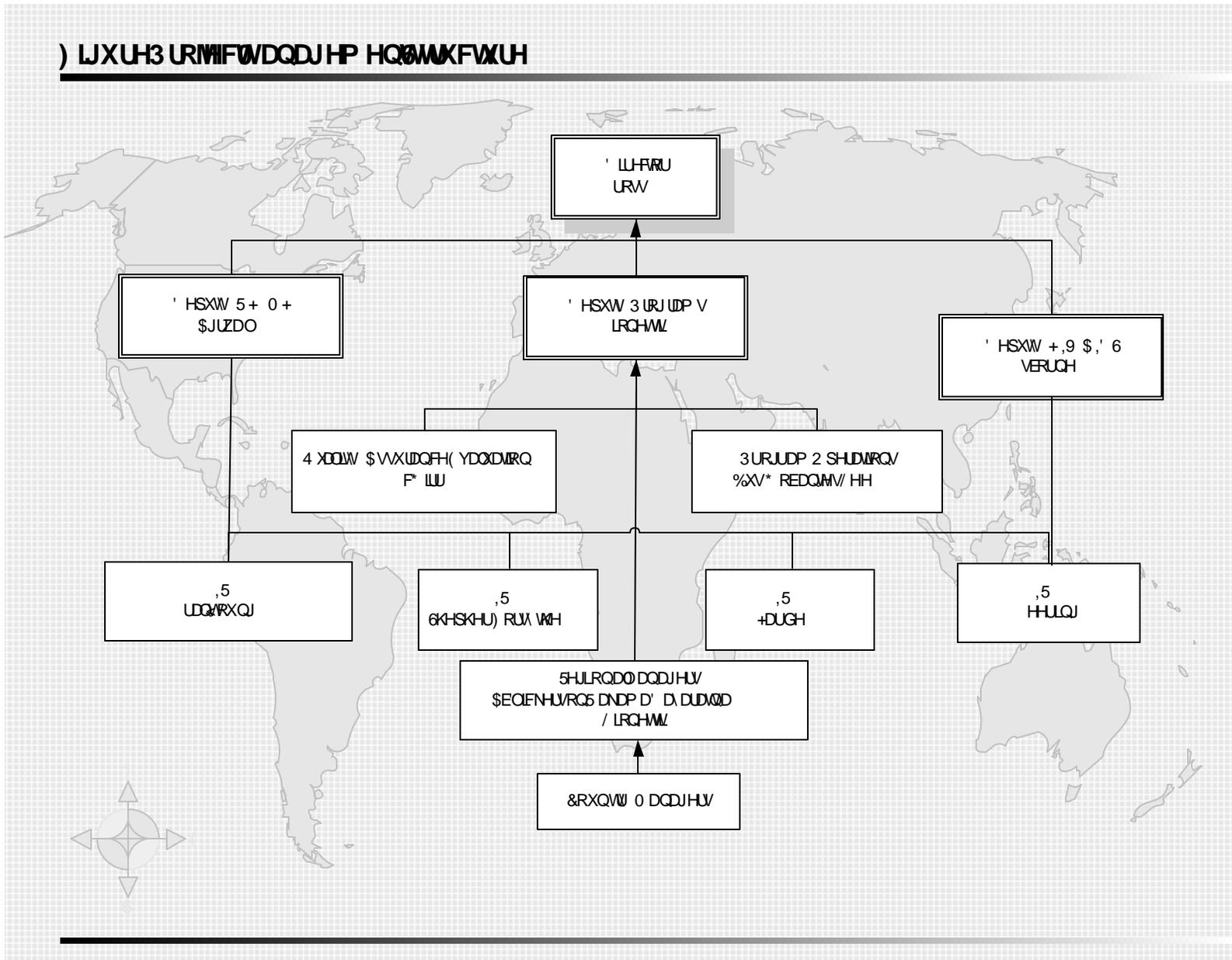
- The American Cancer Society is training staff and volunteers to be advocates for tobacco control. They requested a copy of the manual in order to determine if they could adapt portions for training these advocates.
- Eleven copies of the manual were shipped to various PAHO field offices.
- The manual was adapted for use in Armenia with Armenian cases examples and translations. With support of local World Learning Regional Office several test versions have been printed. Once the manual has been field tested, it will be printed for wider distribution

What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions: Module 1: Safe Motherhood

- Our Bodies, Ourselves, a nonprofit, public interest women's health education, advocacy, and consulting organization, posted a link to *What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions: Module 1: Safe Motherhood* on its website in the "New and Noteworthy" section. (<http://www.ourbodiesourselves.org/new.htm>).
- At a USAID-organized meeting attended by about 50 of the top experts in Safe Motherhood in the DC/NY area, "Consultation on Programming for Birth and Immediate Postpartum Care in the Home." A handout was distributed to all attendees featuring the cover page of *What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions: Module 1: Safe Motherhood* with selected excerpts.

APPENDIX
MANAGEMENT STRUCTURE AND STAFF LISTING

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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/MH)	Danielle Grant (acting)	Vicky Bush/Whitney Gafford
	IR1 (HIV/AIDS)	Felicity Young	Karen Lee/Elisabeth Smith
	IR2 (FP/RH)	Carol Shepherd (FP/RH/MH)	Vicky Bush/Kimberly Lohuis
	IR2 (HIV/AIDS)	Steven Forsythe (HIV/AIDS)	Karen Lee/Moira Cahan
	IR3	Karen Hardee	Rodrigo Gobantes/Ben Clark
	IR4	Joseph Deering	Rodrigo Gobantes/Ben Clark
	SSO2 – Safe Motherhood	Koki Agarwal	Vicky Bush/Whitney Gafford
	SSO4 – HN/HIV/AIDS	Kevin Osborne	Karen Lee/Elisabeth Smith
	Quality Assurance	Nancy McGirr	Vicky Bush/Nikki Duncan
<i>Working Groups:</i>	Adolescent RH	Nancy Murray	Rodrigo Gobantes/David London
	Gender	Anne Eckman	Rodrigo Gobantes/Ben Clark
	Human Rights	Lane Porter	Rodrigo Gobantes/Megan Noel
<i>Core Packages:</i> Koki Agarwal (FP/RH/MH) Kevin Osborne (HIV/AIDS)	Guatemala	Norine Jewell	
	Jamaica	Margaret Rowan	
	Kenya	Angeline Siparo	
	Malawi	Rita Chilongozi	
	Mexico (HIV/AIDS)	Mary Kincaid	
	Nepal (HIV/AIDS)	Philippa Lawson	
	Nigeria	Scott Moreland	
	Peru (Safe Motherhood)	Patricia Mostajo	
	RH Goals	Carol Shepherd	
	South Africa (HIV/AIDS)	Nikki Schaay	
	Swaziland (HIV/AIDS)	Nikki Schaay	
	Ukraine	Monica Medrek	

APPENDIX
MANAGEMENT STRUCTURE AND STAFF LISTING

Deputy Director	IR/Working Group	IR/Working Group Director	Administrator/ Administrative Backstop
	New core packages/targets of opportunity	POLICY Directors	
<i>Miscellaneous:</i>	Grants	Determined by Funding Source	Vicky Bush/Sarah Bradley

MANAGERS OF COUNTRY AND REGIONAL PROGRAMS

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
Africa: Brenda Rakama Backstop: Harry Cross	Africa Regional Funds	Kevin Osborne (HIV/AIDS) Koki Agarwal (FP/RH/MH)	Rodrigo Gobantes/ David London	Rose McCullough
	Southern Africa/RHAP	Nikki Schaay*		
	Malawi	Shawn Aldridge		
	Mozambique	Karen Foreit		
	REDSO/ESA	Joseph Deering		
	South Africa	Nikki Schaay*		
	Tanzania	Charles Pill		
	Uganda	John Kabera*		
	Zimbabwe	Tom Goliber		
Don Dickerson* Backstop: Brenda Rakama	Ethiopia	Charles Pill	Megan Noel	
	Ghana	Don Dickerson*		
	Kenya	Angeline Siparo*		
	Madagascar	Nicolas De Metz*		
	Mali	Don Dickerson*		
	Nigeria	Scott Moreland		
WARP	Don Dickerson*			
Asia/Near East: Ed Abel Backstop: Denise Lionetti	ANE Regional Funds	Koki Agarwal (FP/RH/MH) Kevin Osborne (HIV/AIDS)	Vicky Bush/Nikki Duncan	Elizabeth Schoenecker
	Bangladesh	Syed Ahsan*		
	Cambodia	Ed Abel (acting)		
	Egypt	Hussein Abdel Aziz*		
	India	Gadde Narayana*		
	Jordan	Ed Abel		
	Nepal	Bhojraj Pokharel		
	Philippines	Aurora Perez*		
	Vietnam	Tran Tien Duc		
Eastern Europe & Eurasia: Denise Lionetti	Russia	Anne Jorgensen	Vicky Bush/ Kimberly Lohuis	Rose McCullough
	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/ Moira Cahan	Elizabeth Schoenecker
	Haiti	Norine Jewell		
	Honduras	Philippa Lawson		
	Jamaica	Kathy McClure*		
	Mexico	Mary Kincaid		
	Peru	Patricia Mostajo*		

** Indicates overseas staff member*

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