

**POLICY PROJECT  
YEAR FOUR WORKPLAN**

**JULY 1, 2003–  
JUNE 30, 2004**

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## ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANE	Asia/Near East
API	AIDS Program Effort Index
APN+	Asia Pacific Network of People Living with HIV/AIDS
ARH	Adolescent reproductive health
AWG	Adolescent working group
CA	Cooperating agency
CDC	Centers for Disease Control
CEDPA	Centre for Development and Population Activities
CMS	Commercial Marketing Strategies (Project)
CORE	Communities Organized in Response to the HIV/AIDS Epidemic
CPR	Contraceptive prevalence rate
CPSA	Church of the Province of Southern Africa
CS	Contraceptive Security
CSO	Civil society organization
CSR	Contraceptive self-reliance
DHS	Demographic and Health Surveys
DOL	Department of Labor
E&E	Europe and Eurasia
EPP	Epidemic Projection Package
ESA	East and Southern Africa
FP	Family planning
GBV	Gender-based violence
GH	(Bureau of) Global Health
GHC	Global Health Council
GIPA	Greater involvement of PLWHA
GNP+	Global Network of People Living with AIDS
GWG	Gender Working Group
HAART	Highly active antiretroviral therapy
HCD	Human capacity development
HIDN	Health, infectious diseases, and nutrition
HIV	Human immuno-deficiency virus
HRWG	Human Rights Working Group
IAEN	International AIDS and Economics Network
ICASA	International Conference on HIV/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	Interagency Gender Working Group
IR	Intermediate result
LAC	Latin America/Caribbean
LTA	Long-term advisor
MCH	Maternal and child health
MH	Maternal health
MMR	Maternal mortality ratio
MNH	Maternal and Neonatal Health

MNPI	Maternal and Neonatal Health Program Index
MOH	Ministry of Health
MSM	Males who have sex with males
MTCT	Mother-to-child transmission
NAP+	Network of African People Living with HIV/AIDS
NGO	Nongovernmental organization
OHA	Office of HIV/AIDS
OPRH	Office of Population and Reproductive Health
OVC	Orphans and vulnerable children
PAC	Postabortion care
PEC	Policy, evaluation and communication
PLWHA	Persons living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
QA	Quality assurance
REDSO	(USAID) Regional Economic Development Services Office
RH	Reproductive health
RHAP	Regional HIV/AIDS Program
RHAP	Reproductive health action plans
RTI	Research Triangle Institute
SADC	Southern Africa Development Commission
SIDALAC	AIDS research and analysis in Latin America
SO	Strategic objective
SPARHCS	Strategic Pathway of Reproductive Health Commodity Survey
SRHRs	Sexual and reproductive health rights
SSO	Strategic support objective
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TA	Technical assistance
TD	Technical development
TFR	Total fertility rate
TOT	Training-of-trainers
UNAIDS	United Nations AIDS Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WARP	West African Regional Program
WB	World Bank
WHO	World Health Organization
WRA	White Ribbon Alliance
YARH	Young adult reproductive health

## I. PROJECT OVERVIEW

The POLICY II Project began July 7, 2000 and is funded by the U.S. Agency for International Development, GH/OPRH/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. The majority of POLICY's funding is now **HIV/AIDS** in origin; however, the project maintains a strong **emphasis and commitment to FP/RH, and maternal health (MH) policy issues**. POLICY 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
- Policies in related sectors such as education, labor, transportation, and social services

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 (TA) 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.

This workplan covers the period from July 1, 2003, to June 30, 2004, which coincides with the project's fourth year of implementation. Highlights of POLICY's Year 4 workplan include:

- Continuation of work with 31 country or regional organizations.
- Full implementation of new country programs in five countries (Honduras, Madagascar, Nepal, Vietnam, and Zimbabwe).
- Initiation of activities in China and El Salvador.
- Continued implementation of core-funded packages in Guatemala, Jamaica, Mexico, Nigeria, Peru, South Africa, and Ukraine.
- Dissemination of stigma and discrimination core package findings through major meeting in D.C.
- Field testing of the RH GOALS Model.
- Implementation of new core packages in Kenya, Malawi, Nepal, and Swaziland.
- Implementation of advocacy strategies to reposition family planning in up to four countries in Africa.
- Initiation of contraceptive security (CS) activities in two new countries (e.g., Mali, Uzbekistan).
- Development of funded strategic plans for contraceptive security in Ethiopia, Jordan, and Madagascar.
- Increased advocacy efforts for safe motherhood through the presence of the White Ribbon Alliance in POLICY's Washington, D.C. office.

## II. RESULTS FRAMEWORK

POLICY's strategic objective (SO) is *Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS*. POLICY is based on the premise that laws, regulations, and operational policies—and the plans and financial mechanisms through which they are implemented—are essential for promoting access to information and services by all who need and want them. Champions of broad-based, equitable FP/RH and HIV/AIDS services should be brought into the political process and strengthened so that they can function effectively in that process. In addition, the financial issues associated with the provision of services must be addressed. In that way, access to services that are acceptable to all who want and need them can eventually be sustained even in the face of changes in government and/or changes in donor participation.

The project's four intermediate results (IRs) contribute to the achievement of the SO:

- IR1: Political and popular support broadened and strengthened
- IR2: Planning and finance for FP/RH and HIV/AIDS improved
- IR3: Accurate, up-to-date, relevant information informs policy decisions
- IR4: In-country/regional capacity to provide policy training enhanced

IR1 – *Political and popular support broadened and strengthened*. POLICY will provide assistance to identify and strengthen policy champions; form and strengthen nongovernmental organization (NGO) coalitions; and expand participation of NGOs (including youth, gender, and human rights representatives as appropriate) in the policy process.

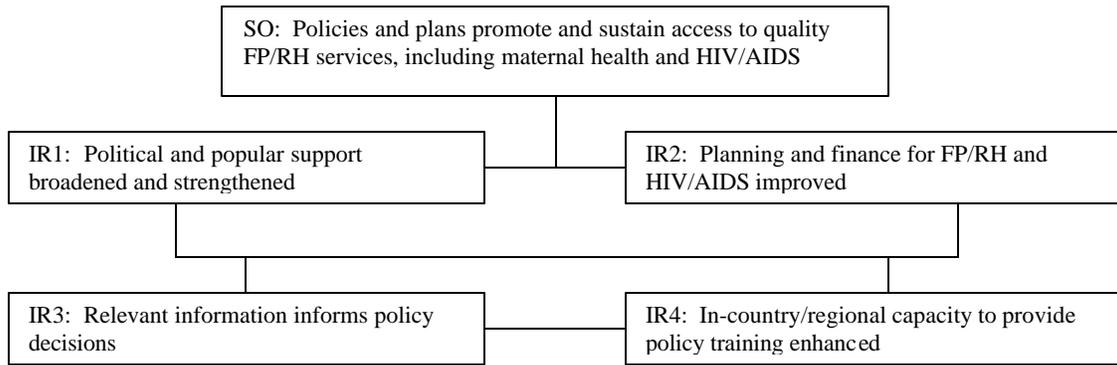
IR2 – *Planning and financing for FP/RH and HIV/AIDS improved*. Good planning, adequate resources, and efficient resource use are essential for sustaining access to quality FP/RH and HIV/AIDS services. POLICY will help policymakers design policies and financial mechanisms at the national and subnational levels to increase the level of available resources and to promote the most efficient and sustainable use of those resources to provide family planning, HIV/AIDS prevention, and maternal health services.

IR3 – *Accurate, up-to-date, relevant information informs policy decisions*. POLICY will expand and make more accessible the information base that supports policy decision making by commissioning or conducting country-specific, policy-relevant research to fill knowledge gaps and answer policy questions. It will develop and refine innovative, user-friendly models and other tools for data analysis and policy dialogue, and help strengthen local capacity to choose among analysis tools and use them appropriately.

IR4 – *In-country/regional capacity to provide policy training enhanced*. POLICY will enhance local capacity to provide policy assistance first and foremost by hiring, supporting, and empowering local long-term advisors (LTAs). These advisors will receive training and support from the project, enhancing their own ability to promote the policy process. The advisors will provide on-the-job training and support to policy analysts, advocates, and policymakers. The project will also develop curricula at regional universities and work toward institutionalizing local capability to train the next generation of policy analysts, advocates, and policymakers.

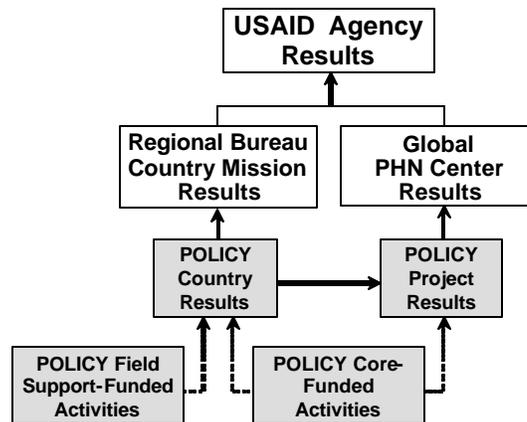
These IRs interact synergistically as shown in Figure 1. Moving the FP/RH and HIV/AIDS agendas forward in the face of resource constraints requires careful planning and financial analysis before setting priorities. Priorities cannot be addressed without political will but, without demonstrable results, popular support quickly evaporates. Information and training support the first two IRs and thus provide the bases for solid advocacy and decision making.

**Figure 1. POLICY Results Framework**



The project’s performance monitoring plan is designed to measure progress toward achievement of the SO and IRs. As shown in Table 1 on the following page, indicators are listed for the SO and IRs with suggested data sources given for each indicator. Country strategies also include a country-specific results framework and performance monitoring plan. In addition to their link to the project’s results framework, country strategies are linked to Mission frameworks and have an SO (usually one of the Mission IRs), their own IRs, and indicators of achievement. Figure 2 illustrates the linkages among country, Mission, project, and agency results frameworks.

**Figure 2. Linkages among Results Frameworks**



Finally, POLICY’s diversified portfolio of country programs and core-funded activities contribute to the achievement of the following strategic support objectives (SSO) for the Bureau of Global Health (GH):

- SS01: *Increased use by women and men of voluntary practices that contribute to reduced fertility*
- SS02: *Increased use of key maternal health and nutrition interventions*
- SS04: *Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic*

**Table 1. POLICY II Performance Monitoring Plan**

<b>Results</b>	<b>Indicators</b>	<b>Illustrative Data Sources</b>
<b>SO:</b> Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS	<ul style="list-style-type: none"> <li>❑ # of countries that adopt (approve) national/subnational policies, plans, guidelines to promote access to high-quality FP/RH services</li> <li>❑ # of countries that adopt (approve) national/subnational policies, plans, guidelines in support of HIV/AIDS prevention, care, and support services</li> <li>❑ # of countries that increase resources available for FP/RH</li> <li>❑ # of countries that adopt (approve) measures that encourage efficient and/or equitable resource allocation and use</li> <li>❑ # of countries in which identified barriers to private sector participation in FP/RH policy development and service delivery are reduced or eliminated</li> <li>❑ # of countries that adopt policy incentives to increase private sector participation in FP/RH service delivery</li> </ul>	<p>Actual policy document with evidence of government approval. <i>Document Checklist</i> will provide information on content, especially topic area addressed (access, quality, FP, RH, etc.) and crosscutting issues (e.g., gender, human rights, youth)</p> <p>Actual policy document with evidence of government approval. <i>Document Checklist</i> will provide information on content, especially topic area addressed (access, quality, HIV/AIDS, etc.) and crosscutting issues (e.g., gender, human rights, youth)</p> <p>Budgets, invoices, other evidence of expenditures</p> <p>Actual policy document. <i>Document Checklist</i> will provide criteria for and information on specific resource allocation issues addressed (e.g., targeting to specific population groups, shift from curative/tertiary care to preventive/primary care, etc.)</p> <p>Legal and regulatory review; actual policy documents</p> <p>Actual policy document</p>
<b>IR1:</b> Political and popular support broadened and strengthened	<ul style="list-style-type: none"> <li>❑ # of countries with increased public official and/or NGO support of FP/RH</li> <li>❑ # of countries with increased numbers and types of agencies involved in FP/RH policymaking</li> <li>❑ # of countries in which NGO networks or coalitions are formed, expanded, and/or strengthened</li> <li>❑ # of countries in which NGOs representing youth, gender, or human rights issues are brought into POLICY-supported networks and coalitions</li> </ul>	<p>Qualitative assessments; key informant interviews; statements of public sector officials or NGO leaders</p> <p>Meeting agendas and attendance lists; ...</p> <p><i>Advocacy Network Questionnaire; Network Member Profile; Sustainability Checklist</i></p> <p><i>Network Member Profile</i></p>

<p><b>IR2:</b> Planning and financing for FP/RH and HIV/AIDS improved</p>	<ul style="list-style-type: none"> <li>❑ # of countries with improved score on planning checklist</li> <li>❑ # of countries that develop and submit for approval plans, policies, or guidelines</li> <li>❑ # of countries that develop and submit for approval plans or policies that promote increased resources for FP/RH and HIV/AIDS</li> <li>❑ # of countries that identify, test, or adopt new financing mechanisms</li> <li>❑ # of countries that develop guidelines or mechanisms for efficient and/or equitable resource allocation</li> </ul>	<p><i>Planning Checklist</i></p> <p>Documents and letters of transmittal for approval Documents and letters of transmittal for approval</p> <p>Documents; pilot tests; etc.</p> <p>Documents and letters of transmittal for approval; <i>Documentation Checklist</i> will provide criteria for and information on specific resource allocation issues addressed (e.g., targeting to specific population groups, shift from curative/tertiary care to preventive/primary care, etc.)</p>
<p><b>IR3:</b> Accurate, up-to-date, relevant information informs policy decisions</p>	<ul style="list-style-type: none"> <li>❑ # of new tools created or adapted to address FP/RH or AIDS issues</li> <li>❑ # of countries that use information produced with support from POLICY for policy dialogue, planning and/or advocacy</li> <li>❑ # of national/subnational policies/plans that use information produced with support from POLICY</li> </ul>	<p>Project records</p> <p>Key informant interviews; documents with citations highlighted</p> <p>Documents with citations highlighted; key informant interviews</p>
<p><b>IR4:</b> In-country/regional capacity to provide policy training enhanced</p>	<ul style="list-style-type: none"> <li>❑ # of countries in which LTAs provide TA and/or conduct training in the policy process</li> <li>❑ # of countries in which counterparts trained or supported by POLICY conduct training in the policy dialogue, planning, and/or advocacy</li> <li>❑ # of instances in which curricula in policy analysis, planning, or advocacy are developed and offered at regional or national training institutions</li> <li>❑ # of instances in which POLICY contributes curricula and/or instructors in policy analysis, planning, finance, and advocacy to other training programs</li> <li>❑ # of instances in which other cost-effective capacity-building interventions are implemented</li> </ul>	<p>Project records; quarterly reports</p> <p>Training course materials</p> <p>Training course materials</p> <p>Project records; training course materials</p> <p>Project records; other sources TBD</p>

### III. WORKPLAN FOR CORE-FUNDED ACTIVITIES

The core-funded program for Year 4 of the POLICY Project will be organized around the project's SO and four IRs as set forth in the previous section. The IRs function to define the strategic objective in the context of the project, place focus on general subobjectives and results, and provide an organizational format for reporting activities and results as well as for budgeting and accounting for financial expenditures. The following sections of the workplan detail our objectives, approaches, planned activities, and expected results for Year 4 core-funded activities for SSO1 (FP/RH), SSO2 (Maternal Health), and SSO4 (HIV/AIDS). Core-funded work will be carried out in close coordination with country programs, and the mechanisms for ensuring this coordination are set forth below.

POLICY's core funding is undergoing a significant shift in its proportional mix by funding source. At the beginning of POLICY II, about 10 percent of our core money was HIV/AIDS funding, and there were no funds for maternal health. In POLICY's Year 4 funding cycle, maternal health funds account for about 11 percent of the core program, while HIV/AIDS has risen to 47 percent. Population/RH no longer accounts for the majority of core funds with 43 percent of the total. Within the population/RH funding, 34 percent is unrestricted core and 9 percent is funding for special initiatives. The increase in HIV/AIDS funding has caused us to devote more effort to managing and achieving HIV/AIDS results than anticipated when the contract was signed in July 2000.

To facilitate reporting, we have organized the workplan around funding sources, including separate sections for FP/RH, maternal health, and HIV/AIDS core funds (Sections A, B, and C below). Within each section, we have further organized the content according to IRs, working groups, core packages, and special initiatives (if applicable). Regional activities are described in Section IV. While we have organized the core workplan by funding source, there are a number of synergies across the IRs where there are opportunities for mutually supportive approaches and activities. We have noted these where appropriate in the text.

#### A. Use of SSO1 (FP/RH) Core Funds

We hope to focus most of our new initiatives for Year 4 in three critical areas that will increase our understanding of current gaps to stimulate strengthened access for FP/RH services for vulnerable groups. Furthermore, we will continue to develop and apply tools and approaches that will spark policy actions that improve access. These activities are central to USAID's objectives in FP/RH, which include scaling up efforts to reposition and reinvigorate access to FP services in Africa.

The main thrust of our activities in Year 4 will be on (1) *building commitment to increasing access to FP services, including repositioning family planning in Africa*; (2) *building strategic alliances between FP and HIV/AIDS programs*; and (3) *addressing contraceptive security (CS)*. We hope to build support for FP/RH programs in countries where contraceptive prevalence remains low and unmet need for FP services is high. We will develop a customized approach that varies depending on identified gaps and the status of the HIV/AIDS pandemic in a particular country. These focus areas are reflected in our work across IRs and special initiatives.

Funds not allocated to POLICY "core packages" (see A.6 below) will be spent on certain key activities judged by GH/OPRH/PEC and project management to be central to achieving project objectives. The following sections describe these SSO1 (FP/RH) core-funded activities and the expected results for Year 4, including a description of activities funded as special initiatives. A summary budget for the use of population/RH core funds appears in the Appendix (Table A-1). SSO2 core funds allocated for maternal

health activities are described in Section B, and SSO4 core funds allocated for HIV/AIDS activities, are summarized in Section C below.

## **1. IR1: Political and Popular Support Strengthened (FP/RH)**

The objective of IR1 is to build political commitment and popular support for client-focused FP/RH policies and programs. We achieve this objective by building the advocacy and policy dialogue skills of policy champions in both the public and private sectors, by creating and strengthening sustainable advocacy networks, and by expanding the role of the private sector (commercial and civil society) in policy planning, formulation, and implementation.

Our IR1 FP/RH program covers a range of activities aimed at contributing to POLICY's overall strategic objectives. Two focus areas were identified in the Year 3 workplan: (1) addressing the unmet need for family planning in Africa by increasing political will and commitment to family planning and (2) advocacy around contraceptive security. In Year 4, we will continue to focus on these two areas. For repositioning family planning, strategies will be developed for specific country interventions linking family planning to HIV/AIDS and emphasizing the health benefits of family planning in reducing maternal and infant mortality and preventing high-risk and unwanted pregnancies. These strategies will include using a health-benefits approach to family planning; incorporating the research findings from ongoing POLICY studies on the potential for FP/HIV/AIDS integration; and expanding advocacy partners to include working more closely with faith-based organizations (FBOs) and HIV/AIDS groups in repositioning family planning as a critical component of reproductive health. For contraceptive security, we will continue to collaborate with the IR2 team on advocacy around contraceptive security and explore new opportunities to significantly increase the representation of the private commercial sector in the policy dialogue and advocacy process.

### ***Summary of Year 3 accomplishments:***

- As part of the repositioning family planning in Africa initiative, POLICY conducted two advocacy interventions to raise political awareness and commitment to FP/RH among key political leaders. In Francophone Africa, we held 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 in the public and nongovernmental sectors adopted legislative reform agendas aimed at enacting new RH legislation, implementing laws already enacted through regulations and operational policies, and improving the legislative framework by addressing areas of law that impact on FP/RH access and quality. In Kenya, POLICY facilitated two stakeholders' meetings with regional and district stakeholders from five provinces and a second meeting with district stakeholders from the Central Province. Outcomes included commitment by the MOH/Division of Medical Services (DMS) to refocus FP efforts and develop advocacy strategies for targeting new members of Parliament. These efforts will lead to improved awareness and greater political commitment to family planning.
- Designed and conducted a Regional Training-of-Trainers (TOT) in Africa on Advocacy for FP/RH to develop the skills of selected policy champions to train and lead others in advocacy efforts to reassert the crucial role of FP policies and programs. The 18 participants trained included members of both the government and nongovernmental sectors from six POLICY countries: Ghana, Kenya, Malawi, Nigeria, Uganda, and Zambia. The training was designed to provide training and facilitation skills—focused on tools and skills for advocacy training—and provided an opportunity for participants to share and enhance their knowledge of technical and policy issues involved in promoting FP programs.

- Together with IR3, drafted the “Policy Circle,” which provides a framework for policy analysis and development; supported the preparation of an annotated bibliography on policy-related topics (e.g., policy processes, stakeholders, policy implementation, policy analysis, etc.); and put together, pretested, and adapted analytical tools that can be used in policy analysis.
- Worked with IR2 staff to develop a checklist on the key elements of planning and finance that was pretested in Russia to determine its applicability in policy analysis and in determining issues for advocacy.
- Facilitated two five-day “Regional Advocacy and Leadership Workshops for Midwives.” The first, in the Asia/Near East (ANE) region, was held on July 22–26, 2002, in Manila, Philippines for 25 midwives from eight ANE countries. The second, for Latin America and the Caribbean (LAC) region, was held on February 10–15, 2003, in Lima, Peru, for 26 participants representing eight countries. Both workshops were planned in collaboration with POLICY/MH, JHPIEGO’s Maternal and Neonatal Health (MNH) Project, and the International Confederation of Midwives (ICM). IR1 provided follow-up technical assistance (TA) with advocacy implementation plans and small grants.
- As follow up to the Regional Advocacy and Leadership Workshops for Midwives, awarded mini-grants to participants from Cambodia, Ghana, Nepal, Pakistan, Uganda, and Vietnam. The mini-grants supported activities, such as stakeholder meetings, analysis of the impact of user fees on the quality of care in maternal health, curriculum review/revisions, development of informational materials and advocacy messages for policymakers, and additional advocacy training. These activities are part of the various country teams’ advocacy implementation plans.
- Participated in the International Conference on Safe Motherhood Best Practices, organized by the White Ribbon Alliance, in October in New Delhi, India. IR1 staff made a presentation on “Building Advocacy and Leadership Skills Among Midwives.”
- Completed 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.” This was pretested with advocacy networks in Jordan and Ukraine.
  2. Working with POLICY/MH, developed and finalized the Maternal Health supplement to the Advocacy Manual. This supplement was tested in the two regional midwives workshops.
  3. Collaborated with IR1 HIV/AIDS staff in finalizing the HIV/AIDS Advocacy Stories Manual, *Moments in Time*.
- Participated in both ANE and LAC Technical Development (TD) Weeks. IR1 staff conducted sessions on the Planning and Finance module, overview of the advocacy using the GOALS Model, and “What Does Gender Integration Mean for POLICY?”
- Completed the evaluation of the Advocacy Training Manual.
- At the country level, carried out sustainability workshops in Mexico for three multisectorial citizen groups (MCGs), formed with POLICY’s support. In Ghana, IR1 staff provided technical and financial support to two district-level networks in advocating for RH issues; and provided TA to three judet-level advocacy networks in Romania in their successful efforts to advocate for CS policy changes, including government funding for NGOs implementing public health programs, including FP/RH. In February 2003, the Romanian government approved the policy providing for norms and criteria for government funding of NGOs. In March 2003, the government approved self-certification of poverty status as sufficient documentary requirement to access free contraceptives.
- Worked with IR3 and IR4 staff in training new POLICY staff on population and FP issues and projections of FP requirements using SPECTRUM.

***In Year 4, IR1 (FP/RH) core funds will be used to***

- ***Reposition Family Planning in Africa***

As part of POLICY's efforts in Year 4 to reinvigorate family planning in Africa, IR1 staff will provide follow-up TA for the two advocacy interventions initiated in Year 3 (Francophone Africa and Kenya) and expand the support to include additional countries like Ghana and Zambia. As deemed appropriate by country counterparts and stakeholders, the approach for repositioning family planning will be informed by ongoing research within the POLICY Project and will seek to involve FBOs and other nontraditional partners in selected countries. To build upon the accomplishments in Year 3, IR1 will provide TA and support to participants trained on advocacy for FP/RH at the Africa Regional TOT. Participants will be encouraged to initiate advocacy efforts in their respective countries to reposition family planning as a critical component of RH services. Support includes conducting in-country advocacy training on FP/RH with existing networks; working with FBOs, civil society, and the public sector; identifying policy champions among persons living with HIV/AIDS (PLWHA) who will publicly promote family planning; and developing advocacy strategies for promoting access to and awareness of quality FP services.

- ***Further Develop Policy Analysis Guide***

IR1 will continue working with senior POLICY staff and IR2, IR3, and IR4 to complete the policy analysis guide. As envisioned, the first part of the guide will be the Policy Circle, which has been jointly developed by IR1 and IR3. The Policy Circle provides a framework for policy analysis and development, especially in the FP/RH field. The Policy Circle is also being developed into an interactive guide with drop-down windows containing policy analysis tools that will be accessible to POLICY and non-POLICY staff on the internet and in CD-ROM format. While some policy analysis tools have been pretested in Jamaica and Russia, IR1 will continue working with the other IRs, particularly IR3, to collect and adapt policy analysis tools that can be used by advocacy networks and policy champions in advocacy and policy dialogue. IR1 and IR3 along with other senior POLICY staff will also work together with field staff in preparing case studies aimed at answering the question "Does policy matter?" Initial work is focusing on a review of literature, using the annotated bibliography and other international materials.

- ***Develop Advocacy Module in Conjunction with IR2 for RH GOALS***

IR1 will work with IR2 to prepare an advocacy module to complement the RH GOALS Model. IR2 will develop the model, which aims to improve priority setting and resource allocation. Dissemination of the model will be carried out through regional training workshops. Following the HIV/AIDS GOALS approach, IR1 will support the development and country application of an advocacy module to promote better resource allocation using the output from GOALS to influence decision makers.

- ***Promote Contraceptive Security in Africa, ANE, and LAC***

IR1 staff will work with IR2 staff in providing training and TA to build NGO/network skills in technical issues related to CS, in order to help networks/NGO/champions promote and support CS initiatives in the three regions. In LAC, IR1 will identify potential advocacy interventions to the LAC Contraceptive Security Initiative, and in ANE will provide input and support to the workshop on Media Advocacy for Contraceptive Security.

- ***Conduct Country-Level Training and TA***

Building on IR1 efforts to reposition and strengthen commitment to FP/RH programs, ensuring contraceptive security, and promoting linkages between FP and HIV/AIDS programs, IR1 staff will

- Continue to form and expand multisectoral advocacy networks focusing on family planning and contraceptive security, to include HIV/AIDS groups and FBOs, and strengthening these networks with advocacy skills.
- For our maturing networks, in such countries as Russia, Uganda, and Ukraine, ensure network sustainability and build NGO–public sector partnerships, for continued support of FP/RH programs and contraceptive security.
- Expand our networks technical knowledge and awareness of FP/RH issues and contraceptive security. Work with the networks in identifying and strengthening linkages between FP and HIV/AIDS programs.
- Building on the regional midwifery leadership and advocacy workshops, provide ongoing support to midwives in implementing advocacy strategies focusing on MH policy and programs.
- Provide TA to support advocacy and policy dialogue initiatives at the country level.

- ***Produce and Translate Advocacy Tools and Materials***

A number of technical supplements to *Networking for Policy Change* and training modules have been developed, such as the Adolescent Reproductive Health and Human Rights supplements, and the Planning and Finance, Sustainability, and Public-Private Partnership training modules. In Year4, IR1 will collaborate with the Adolescent and Human Rights working groups in final printing of the supplements. Similarly, IR1 will print the training modules for wider dissemination.

***Proposed core-funded activities for Year 4:***

- Provide technical and financial support in developing and implementing advocacy strategies to reposition family planning in up to three African countries.
- Support trained participants from the Africa Regional TOT in conducting in-country advocacy training on FP/RH with networks, civil society and the public sector, FBOs, and HIV/AIDS groups to initiate advocacy efforts in FP/RH.
- Continue development of the “Policy Analysis Guide.”
- Prepare CS briefing packets and advocacy materials to help networks/NGOs/ and policy champions promote CS initiatives in Africa, ANE, and LAC.
- Develop an advocacy module to complement the RH GOALS Model and with IR2 disseminate it through regional training workshops.
- Work with regional and country managers to build on IR1 efforts to reposition FP/RH in their programs by incorporating strategies into workplans and providing technical support and training.
- Support staff participation in regional TD weeks.
- Print and disseminate the Adolescent Reproductive Health and Human Rights supplements.
- Print and disseminate the Planning and Finance, Sustainability and Public-Private Partnership modules.
- Continue strengthening and expanding multisectoral advocacy networks’ knowledge and commitment to FP/RH by conducting workshops in sustainability, planning and finance, and public-private partnerships.
- Expand network efforts to advocate for FP/RH to include faith-based, private commercial, and HIV/AIDS groups.

***Potential linkages to Year 4 field-support activities:***

Linkages with field-support activities will occur in the two focus areas: repositioning family planning in Africa and contraceptive security in Africa, ANE, and LAC. We anticipate the following linkages:

- In Kenya and the Francophone region, provide TA in the implementation of advocacy strategies to reposition FP/RH resulting from the two advocacy interventions carried out in Year 3.
- In Zambia, IR1 is helping to develop a repositioning FP/RH strategy within the country program.

***Expected achievements for Year 4:***

- Family planning recognized as a critical component of RH services in three selected African countries.
- FP/RH advocacy efforts expanded to include FBOs and HIV/AIDS groups.
- African TOT participants initiate FP/RH advocacy efforts in their respective countries.
- Networks, NGOs, and policy champions' knowledge and skills on advocating for CS issues enhanced.

**2. IR2: Planning and Finance Improved (FP/RH)**

IR2's goal is to *expand access to quality FP/RH services through improved planning and finance*. The strategic approach identified to achieve this goal focuses on building local capacity in the areas of planning and finance in order to improve resource utilization and availability in FP/RH and maternal health programs. The strategic approach is further defined by three specific objectives: to increase resources available to FP/RH and maternal health programs, to improve planning processes at the national and subnational levels, and to achieve greater efficiency in the use of existing resources. POLICY will achieve these objectives using the following interventions:

- Build capacity among country counterparts, LTAs, and project staff to identify and address planning and finance issues in country programs;
- Advance policy approaches for addressing planning and finance issues in country programs;
- Obtain definitive and sustainable results at the country level via core packages, and apply the results to other country programs where applicable;
- Develop contraceptive and RH commodity security as a key focus of IR2 activities<sup>1</sup> through (1) ongoing refinement of the Strategic Pathway for Reproductive Health Commodity Security (SPARHCS), (2) innovative applications of the SPARHCS framework in country partnerships, and (3) a series of briefs on planning and finance issues related to contraceptive security; and
- Collaborate with IR1 to use advocacy to support efficient and focused financing choices, with IR3 to ensure that sound research and accurate data guide financing decisions, and with IR4 to improve country and regional capacity in the areas of planning and finance. In addition, we will incorporate gender and human rights into activities as appropriate.

***Summary of Year 3 accomplishments:***

- POLICY was one of three primary projects (DELIVER and Commercial Market Strategies [CMS]) named to the SPARHCS executive committee, which is responsible for developing the final draft of SPARHCS. This work has resulted in significant broadening of the IR2 portfolio.

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<sup>1</sup> Much of IR2's work in regard to CS is funded with Special Initiatives funds from USAID's Commodity Security Logistics (CSL) Division.

- Led sessions on contraceptive security during ANE TD Week and on “Contraceptive Security and Planning and Finance: The Role of the Advocate,” at the LAC TD Week.
- In July, participated in the initial three-week SPARHCS pilot test in Nigeria. Following the pilot test, POLICY, CMS, and DELIVER made recommendations on needed modifications to SPARHCS.
- In follow-up to the Nigeria SPARHCS field test, provided ongoing TA to Nigeria to develop the framework for a draft strategic plan for contraceptive security.
- In September, participated in a two-day workshop to redesign the SPARHCS framework and process. Following this workshop, three representatives, one each from POLICY, DELIVER, and CMS, were appointed to the SPARHCS executive committee to complete the re-design.
- Developed and conducted a 4-day (October 18–21, 2002) training course on *Costing the Reproductive Health Action Plan in Aqaba, Jordan*. In November, the SPARHCS executive committee presented this work to USAID.
- In November, participated in the first meeting of the USAID Working Group on Contraceptive Security.
- Designed and conducted two-day (November 3–4, 2002) stakeholders’ workshop on Developing a Common Understanding of Contraceptive Security in Amman, Jordan in collaboration with CMS and DELIVER projects.
- Participated and made a presentation, in collaboration with DELIVER and CMS, on the SPARHCS framework and country examples of CS at USAID’s Contraceptive Self-Reliance (CSR) Strategic Planning meeting (September 5–6, 2002) in the Philippines.
- Developed and presented potential scenarios concerning the contraceptive prevalence rate (CPR) and the total fertility rate (TFR) based on the proposed contraceptive self-reliance (CSR) strategy and analyzed and refined the targeting strategy for Pangasinan Province in the Philippines. Also made a joint presentation with Carina Stover, Chief HPN, Philippines to USAID/W in June.
- In December, made two presentations at a two-day conference at UNFPA in New York, in which it demonstrated the usefulness of SPECTRUM/FamPlan in making long-term contraceptive requirements projections and outlined POLICY’s country experience and lessons learned in CS.
- In December, participated in a UNFPA workshop in Bratislava, Slovak Republic on “Reproductive Health Commodity Security” and made a presentation on “Policy Aspects of Contraceptive Security: Issues and Lessons.”
- In January, participated in a one-day meeting to identify potential indicators and an overall index for contraceptive security. POLICY has continued to provide technical support and staff to further develop these indicators.
- Produced “ready lessons” for USAID’s Commodity 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 market segmentation.
- In February, participated in a five-day workshop on “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 has continued to provide TA.
- In June, initiated and participated in a second SPARHCS pilot test in collaboration with DELIVER and PHRplus in Madagascar.
- Developed training modules on strategic and financial planning and budgeting. In June, the budgeting module was piloted tested in Jamaica. The module was followed by a two-day training on grant writing, which built on the material covered in the previous two days.
- Prepared a policy brief on “Targeting: An Essential Element of National Contraceptive Security Planning” for the next issue of *Policy Issues in Planning and Finance*.
- Prepared a policy brief on “Mobilizing the Private Sector for Contraceptive Security.”
- Participated and provided TA in the implementation of Ukraine and Jamaica core packages:

- Participated in a national workshop on integration of HIV/AIDS/RH/sexually transmitted infection (STI) services that identified the potential scope of integration in Jamaica. IR2 has continued to provide TA for core package activities.
- Participated in a workshop with the city government of Kamianets–Podilsky, which helped the city set priorities regarding RH interventions and services.
- Provided technical support to POLICY/Egypt to enable them to complete two family planning cost studies for fiscal years 1998/1999 and 1999/2000.

***In Year 4, IR2 (FP/RH) core funds will be used to***

Develop new, and improve existing, tools and techniques as practical, user-friendly approaches that POLICY country managers can use to improve planning and finance in selected countries. The focus areas for Year 4 will include advancing policy approaches and interventions in three key areas (noted with an asterisk in the table below depicting our overall framework for IR2):

- Public-private collaboration;
- Planning and resource allocation; and
- CS policy.

<b>Objectives</b>	<b>Approach</b>
Good Planning	Build public–private collaboration* Priority-setting techniques Decentralization
Efficient Use of Resources*	Operational policy analysis Market segmentation Source and use analyses Integration of FP/RH/STI/HIV/AIDS Resource allocation models
Adequate Resources	Contraceptive security* New financing mechanisms Insurance

**Public–Private Collaboration**

The IR2 team will provide technical guidance to country teams to conduct market segmentation studies and willingness to pay studies. Effective market segmentation and targeting strategies can help the public sector focus its resources on those most in need while promoting the growth of commercial sector services for those who are able to pay. Taken together this work will provide the basis for developing targeting strategies within the larger context of contraceptive security.

**Planning and Resource Allocation**

- Revise the Strategic and Financial Planning and Action Planning and Budgeting modules based on information from the initial pilot tests, conduct a second pilot test, and make any final changes that are required. Published modules will be disseminated to staff and training will be conducted in selected countries.
- Apply RH GOALS at the country level. Several countries have expressed interest in the application of the RH GOALS Model to improve priority setting and resource allocation decisions. Jordan is currently developing an RH action plan and would like to use this model to assist with costing. Kenya has a Division of Reproductive Health within the MOH and would like to use this model to support planning within that unit. The Uttar Pradesh Department of Health

has expressed a need for a model of this sort and is interested in testing the model. Uganda would like to use such a model to support resource allocation decisions at the district level. POLICY proposes an application of the model in one or more of the selected countries. The training will include both the model application and its advocacy component. Once the model is completed, it will be disseminated through the typical channels, including regional training workshops.

- Develop an advocacy module to complement RH GOALS together with IR1. Following the HIV/AIDS GOALS approach, IR1 and IR2 will support the development of an advocacy module to promote better resource allocation using the output from RH GOALS in influencing decision makers. Dissemination of this module will be carried out through regional training workshops.
- Conduct two highly visible policy seminars, each highlighting a recently completed activity. Seminars will target the US development community, including USAID, other donors, and cooperating agencies (CAs). Beyond increasing the visibility of POLICY IR2 work, the series is intended to serve as a forum for information exchange and debate about current RH planning and finance issues. Where possible, POLICY will seek partnerships with other CAs working on similar issues to co-present at seminars.<sup>2</sup>

### **Contraceptive Security (Special Initiative funding from CSL Division)**

- Support the SPARHCS pilot testing. It is designed to help countries assess their level of RH commodity security and to develop, implement, and monitor a CS strategy and plan. There are presently plans to field-test SPARHCS one more time following Madagascar. This will entail a two-week TDY and two weeks of DC-based time for a total of four weeks per field application.
- Apply the SPARHCS framework in two additional countries (two country partnerships) to identify policy opportunities to jointly promote contraceptive security and to target program resources to increase its impact on HIV/AIDS and/or maternal health. This will also serve as an opportunity to test the appropriateness of applying SPARHCS modules strategically in a country.
- Participate in the Contraceptive Security Working Group. The CSL Division of USAID has created a Contraceptive Security Working Group to achieve the following:
  - Identify and publish current best practices or ready lessons for implementing contraceptive security.
  - Develop and test CS monitoring and evaluation indicators. The IR2 team will continue to participate in the small working group that was formed last year by USAID/CSL Division to begin work on monitoring and evaluation indicators.
- Disseminate presentations and briefs at TD Week and in the field through workshops and forums. Fund IR2 staff to attend CS workshops sponsored by other organizations, such as UNFPA.
- Prepare briefs within the *Policy Issues Planning and Finance* series: Two policy briefs are proposed for the next fiscal year as follow-on to those being done this year. Topics include *Reproductive Health Security: How Is it Different from CS?*; *CS in Decentralized Settings*; *HIV/AIDS and Dual Protection: Issues and Financial Implications*; *Operational Policy Barriers in CS*.
- Support and participate in the Contraceptive Security Media and Advocacy Workshop organized by JHU and DELIVER. The workshop is scheduled for October and will be held in Indonesia.

Most of this work is and will continue to be done through development of relevant packages for country programs funded with population/RH monies and CS country partnerships funded by CSL. Core monies will be used to support small-scale activities such as undertaking research/studies, developing background planning and finance papers, participating in SPARHCS country assessments, assisting countries to develop CS strategies and/or documenting country program results where any one of these approaches are implemented.

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<sup>2</sup> This activity could also fall under contraceptive security and/or public-private partnerships.

***Proposed core-funded activities for Year 4:***

- Pilot test training modules on Strategic and Financial Planning and Action Planning and Budgeting in one other country. Finalize, publish, and disseminate the training modules
- Apply the RH GOALS Model in one country (Egypt, India, Jordan, or Uganda); disseminate model once finalized
- Work with IR1 to develop an advocacy module to complement RH GOALS. This would be similar to the one developed to support HIV/AIDS GOALS
- Conduct two highly visible policy seminars, each highlighting a recently completed activity.
- Assist with the completion of the SPARHCS framework in the United States
- Continue to participate on the SPARHCS Committee and USAID's Contraceptive Security Working Group
- Continue work on CS indicators and index
- Participate in a final pilot test of the revised SPARHCS
- Participate in two field applications of SPARHCS with country partners
- TA to the governments of Ethiopia, Jordan, and Madagascar to develop a CS plan
- Ongoing TA to the government of Nigeria to complete the Reproductive Health Commodity Security Strategic Plan
- Complete the paper on "Lessons Learned from Contraceptive Phase Out: The Case of Mexico"
- Conduct in-house training on the basic principles of costing
- Prepare two policy briefs that draw on global conferences and national experiences gained under POLICY. Disseminate the presentations and briefs at TD Week and in the field through workshops and forums.

***Potential linkages to Year 4 field-support activities:***

- TA to Jamaica in developing cost-effective FP/STI/HIV/AIDS integration strategies
- TA to Jordan to develop and fund a strategic plan that moves the country toward contraceptive security
- TA to Madagascar to develop and fund a strategic plan for RH commodity security
- TA to Ethiopia to gather data and conduct a stakeholders meeting on CS
- TA to Nigeria to complete a funded strategic plan for Reproductive Health Commodity Security
- TA to Bangladesh for market segmentation and willingness to pay studies

***Expected achievements for Year 4:***

- The RH GOALS Model for setting national/subnational priorities, selecting feasible goals, estimating financial requirements, and assisting in dialogue about resources allocation will be completed and applied in two pilot tests.
- POLICY staff and counterparts will be able to identify problems and develop strategies in the three primary areas of planning and resource allocation, contraceptive security, and public-private collaboration.
- The SPARHCS framework will be finalized following the last field test.
- Bangladesh, Jordan, Madagascar, and Nigeria will develop funded CS strategies.
- St. Anns Bay Health District and Portland in Jamaica will identify and prioritize those integration activities that are most feasible in their specific areas.

**3. IR3: Accurate, Up-to-Date, Relevant Information Informs Policy Decisions (FP/RH)**

The development and use of information are crucial to successful policy assistance; thus sound information underpins all project activities. The objective of IR3 is to provide information, generated

from primary or secondary research or the application of computer models or policy analysis tools, to understand FP/RH and HIV/AIDS dynamics, explore answers to key policy questions, advocate for change, examine planning and organizational needs, and to estimate the resources required to achieve FP/RH and HIV/AIDS goals.

Through IR3, POLICY undertakes models work and research. The models work centers on the SPECTRUM suite of models, such as DemProj and the AIDS Impact Model (AIM), and includes development of new models and their adaptation into SPECTRUM. The research undertaken is designed to answer policy questions that arise in POLICY work or in response to global policy issues. Much of the research comprises secondary analysis of existing information, such as DHS data. IR3 also compiles evidence of effective reproductive health, family planning, safe motherhood and STI/HIV/AIDS interventions to assist in making sound, evidence-based policy decisions in the context of scarce resources.

### ***Summary of Year 3 accomplishments:***

#### *Models (Refer to Table 2):*

- Under IR3, POLICY continued to improve and disseminate SPECTRUM models (more than 150 complete sets and 150 individual models were sent out, and more than 2,000 downloaded from the Internet).
- The Safe Motherhood Model was applied in Uganda and presented more widely within USAID and other CAs (see Section B below for more detail).
- A cost component has been added to the Safe Motherhood Model.
- The GOALS Model has been added to the SPECTRUM Suite. The SPECTRUM-based model is being debugged and the manual is being updated accordingly.
- The NewGen Model and manual were completed.
- A SPECTRUM archive has been developed and applications of the SPECTRUM models have been included.

#### *Research*

- The publication, *What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions: Module 1, Safe Motherhood*, was completed and distributed to 650 people based on specific requests for the document. It is currently being translated into Spanish. 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. The next module, *Module 2, STI/HIV/AIDS*, is under development. This work has been used to change safe motherhood program norms in Ukraine and Guatemala.
- From the analysis undertaken for USAID on the factors critical to completing the demographic transition in developing countries, POLICY prepared Occasional Paper 8, *Completing the Demographic Transition in Developing Countries*, to dispel the notion that population growth is no longer an issue in developing countries. The paper has been widely distributed and multiple copies have been requested by other organizations.
- POLICY prepared an analysis of further needs in family planning and service delivery for USAID entitled, "Trends and Issues Affecting Service Delivery Over the Next Decade."
- The Policy Circle, a framework for policy analysis and development that includes the 6 "Ps" of policy (problem, people/places, process, price, paper/paperless, and programs/performance), was drafted and made into an interactive tool soon to be available on the web and on CD.

- IR3 staff provided assistance to country programs and to core package teams to develop and review research protocols and data collection instruments.

***In Year 4, IR3 core funds will be used to***

Continue work on supporting models and conducting research, including policy analysis. Models work is conducted throughout the project. IR3's role is to maintain the models once they are developed and to distribute them worldwide. IR3 collaborates with other IRs to ensure that staff is trained in new and existing models. Year 4 objectives are to continue to bring new models into the SPECTRUM system, collaborate with other IRs and working groups to update policy models to address key RH concerns and to update, translate, and disseminate policy models.

Core-funded research and policy analysis are conducted throughout the project, including through other IRs, working groups, and core packages. Most research on planning and finance is supported through IR2, for example. On these studies, IR3 staff will provide TA as required. In Year 4, IR3 will continue to support global policy-relevant research and policy analysis on topics of relevance to the project (with the exception of planning and finance); compile evidence of STI/HIV/AIDS interventions that work; disseminate policy-relevant research through the *Policy Matters* series, working papers, occasional papers, and journal articles; and strengthen research training under IR4. In addition, IR3 will continue to provide TA to field-based studies.

***Proposed core-funded activities for Year 4:***

*Bring new models into the SPECTRUM system*

- Complete bringing the GOALS HIV/AIDS Model and the Safe Motherhood Model into the SPECTRUM system and complete manuals

*Update policy models to address key RH concerns (RH-GOALS, the costs of safe motherhood interventions, adolescents, HIV/AIDS)*

- Complete the RH GOALS Model (see IR2 and core package sections for more detail) and manual
- Revise calculations of AIDS orphans in AIM
- Update FamPlan

*Update, support, translate, and disseminate policy models*

- Continue to disseminate SPECTRUM models
- Add a help function to SPECTRUM
- Check interaction between models
- Continue the SPECTRUM archive
- Respond to requests for SPECTRUM
- Provide other general support for models, as needed
- Conduct a survey of SPECTRUM users to ascertain useful and not useful features

*Support global policy-relevant research*

- Complete the STI/HIV/AIDS Module for the series, *What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions*
- Complete the additional analysis on the effect of family planning on abortion in Bangladesh (a follow-up to the POLICY I global commissioned study with RAND, Pathfinder, and ICDDR,B)
- Complete the policy circle framework and interactive tool kit and disseminate it through the Internet and CD
- Complete analysis of a topic in response to USAID requests

- Provide TA to country or package-funded research (e.g., Jamaica, Peru, Tanzania)

*Disseminate policy-relevant research through Policy Matters, working papers, occasional papers, journal articles, and BBLs*

- Complete and distribute a POLICY Occasional Paper on a topic TBD in collaboration with USAID (e.g., The Need for FP in High HIV Prevalence Settings).
- Prepare a journal article on addressing operational policies based on country experience in Ukraine.
- Collaborate with IR1 to prepare a paper, “From Population to Reproductive Health: Policymaking in the 21<sup>st</sup> Century.”

*Strengthen research training under IR4*

- Provide training and mentoring to staff for producing and publishing research results
- Collaborate with IR4 on training staff on use of models

*Potential linkages to Year 4 field-support activities:*

- Operational policy work continues to be incorporated into country programs, including HIV/AIDS
- Technical review of country-level research in five countries
- Publication of global and country-level research

*Expected achievements for Year 4:*

- NewGen model disseminated; Safe Motherhood Model completed
- Operational policy work undertaken in more country activities
- Staff trained in producing papers and other documentation of research results
- Staff trained on SPECTRUM and new models (GOALS, RH GOALS, Safe Motherhood)
- POLICY research results published in various forms
- The STI/HIV/AIDS module from the *What Works?* series completed and disseminated; one additional module started.

**Table 2. Availability of POLICY Models and Manuals**

Model	In SPECTRUM	Language					
		English	Spanish	French	Portuguese	Russian	Arabic
DemProj makes population projections required by the other programs in SPECTRUM.	Yes	X	X	X	X	X	X
FamPlan projects FP requirements needed to reach national goals for addressing unmet need or achieving desired fertility.	Yes	X	X	X		X	X
AIM projects the consequences of the HIV/AIDS epidemic.	Yes	X	X	X	X	X	#
RAPID projects the social and economic consequences of high fertility and rapid population growth.	Yes	X	X	X	*		X
NewGen projects the characteristics of the adolescent population in terms of such indicators as school enrollment, sexual activity, pregnancy rates, prevalence of HIV and STIs, and marriage rates.	Yes	X	#	#			#
Ben-Cost compares the costs of implementing FP programs with the benefits of those programs.	Yes	X	#	#			
PMTCT evaluates the costs and benefits of intervention programs to reduce transmission of HIV from mother to child.	Yes	X	X	X			#
Safe Motherhood represents the relationships between a national maternal health program and the resulting maternal mortality ratio and the number of maternal deaths.	No, Excel only	#					
GOALS addresses resource allocation for HIV/AIDS programs.	Yes	X	X	X			

**Key:** X = Both model and manual are available # = Only the model is available \* = Only the manual is available

#### 4. IR4: Capacity Development (FP/RH)

The strategy of IR4 centers on building capabilities of POLICY staff and establishing courses and training interventions to foster policy champions around the world. There are two main approaches to achieve the strategy objectives. One is to deliver throughout the year selected updating and training interventions for current staff and our associated policy champions to improve their knowledge and skills. A second is to

ensure a supply of new and future policy champions by designing, delivering, and institutionalizing courses and short learning modules, particularly at national universities and for preservice students. IR4 also supports selected training centers and regional institutes where policy curricula are most likely to be adopted and continued.

A great strength of the POLICY Project is the number of skilled and accomplished long-term advisors (LTAs) and Country Directors. IR4's first objective includes ongoing support for them so that they advance the policy process and strengthen training capacities in policy topics at local institutions and universities. Much of IR4's work during Year 4 in this area will consist of technical updates delivered in several manners and formats. The most comprehensive will be through a worldwide gathering of selected in-country and US-based staff in Washington during spring, 2004. One technical update will be delivered in July 2003 on a regional basis for Africa staff and is a carry-over from Year 3 due to temporary security issues and the need to reschedule. Additional technical updates will take place through sharing of information and documentation across countries and regions, support for a variety of ad hoc internships, and assistance by IR4 as LTAs and Country Directors respond to in-country, ad hoc requests for capacity building. There will also be efforts to bring additional field staff into positions of project management as POLICY aims at leaving many skilled staff in place at the end of the project's work. Selected technical updates sponsored in part by IR4 will strengthen US-based staff skills in such matters as HIV/AIDS interventions and health program financing and costing. IR4 will also collaborate in training new staff in SPECTRUM models for policy analysis and formulation, as well as training on newly developed models such as the RH Goals Model.

The second IR4 objective aims at establishing policy courses and training interventions. IR4 will accomplish this by facilitating work of its most senior Country Directors and staff to apply their experience, technical knowledge, and professional connections. IR4 will also complete four core course packages of materials for dissemination. These include: the SPECTRUM suite of models; policy analysis and development; human rights and reproductive rights policies; and health policies, health financing reform, and resource allocation. By the end of the project, we expect that LTAs and other POLICY staff employed in country programs will be actively providing TA and training to their colleagues to further the policy process. A number of regional and national institutions will have established ongoing policy-related programs with the potential of reaching thousands of counterparts in the next decades.

***Summary of Year 3 accomplishments:***

- Strengthened knowledge and skills of POLICY staff through the design and delivery of two regional TD Weeks that provided updating and training for 44 POLICY staff and 10 countries of the ANE region, including US-based staff, and 36 POLICY staff from five countries of the LAC region, including US-based personnel.
- Established with IR2 the learning objectives and criteria for selection of participants for GOALS training in the July/August 2003 workshop in Washington designed to prepare POLICY staff and selected USAID personnel to become competent in applying the GOALS Model. Collected all training materials and recorded the main training interventions and presentations for compilation into a learning package for eventual distribution.
- In Uganda, with POLICY colleagues and selected university counterparts, developed course design and delivery for TOT, collaborating with Makerere University faculty, regarding use of the SPECTRUM models in data analysis and presentations at the university. Subsequently, faculty in the Department of Applied Economics and Statistics began teaching the DemProj Model to 44 postgraduate students. SPECTRUM models have now 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 also were trained. IR4 secured computers and related equipment for both the university and the ministry so

that the course became institutionalized in Makerere University's regular course curricula and became part of the Population Secretariat's updating of district personnel throughout Uganda.

- In collaboration with POLICY/Kenya, negotiated with Kenyan MOH regarding approaches and mechanisms for developing and for conducting courses for MOH personnel on planning, budgeting, and priority setting in decentralized hospital and health facilities management and administration systems. Wrote and issued the required request for proposals (RFP) with Wasunna Owino for universities to bid on course development and delivery. POLICY/Kenya then assessed responses to select the U.S. International University to design and deliver the course in Year 4.
- In collaboration with POLICY/Egypt, IR4 provided TA to the Cairo Demographic Center for the design, delivery, and integration of a course on "Policy Analysis and Development of Presentation Skills with a Focus on Reproductive Health," which was delivered to degree program students in June 2003 at the Center. Course content and approach drew from previously delivered courses on "Policy Analysis and Presentation Skills" done in collaboration the South-to-South Initiative, the Ford Foundation, UNFPA, and the government of Egypt. Shifting course delivery responsibilities to the Cairo Demographic Center from POLICY/Egypt institutionalized an important policy course in a permanent setting. Negotiations are underway for replication of this course at other university settings in Egypt.

***In Year 4, IR4 core funds will be used to***

- Complete five core course packages<sup>3</sup> of materials for dissemination. These include the SPECTRUM suite of models; basic and advance knowledge and skills in resources allocation, planning, costing and budgeting of programs for FP/RH, safe motherhood, and HIV/AIDS; policy analysis, development, and advocacy; reproductive health and human rights; and gender and policy analysis.
- Institutionalize three of the most appropriate of these five policy course curricula into learning packages for application at selected universities, institutes, and training centers for teaching policy analysis skills to graduate-level students (preservice) and career professionals (in-service).
- Support POLICY country staff with affiliations and collaborative connections in local academic and training settings to introduce policy-related courses or selected modules into existing programs and curricula in five of the following countries: Egypt, India,\* Jordan,\* Kenya,\* South Africa, Tanzania, and Uganda. (\*The asterisk denotes a course whose development began in Year 3 but was not implemented and for which funding will be carried over into Year 4)
- Continue to improve the skills of POLICY staff through TD Weeks, one for the Africa region in July 2003 and one for POLICY staff worldwide in Washington, D.C.
- Conduct training on the SPECTRUM suite of models (particularly for recently hired staff), policy analysis and development, human rights and reproductive rights, and gender issues as part of the overall internal staff capacity-building efforts of IR4 and associated IRs.
- Assist in the transfer of project management capabilities and skills to in-country personnel.
- Expand dissemination of information and tools related to capacity building via an enhanced POLICY website component on IR4.
- Continue to foster policy internships supervised by senior LTAs using guidelines developed by IR4.

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<sup>3</sup> We define a course as a body of studies prescribed to learn the knowledge and skills pertinent to a content area. In this sense, a course is generally implemented in a formal teaching, training, and learning setting. A course can be divided into modules, units that focus on discrete content and specific topics of a subject area. Modules can be easily moved or inserted into other curricula and courses. A learning package is the assemblage of tangible course materials that typically includes course syllabus, outline and curriculum, reference manual, trainers' manual, participants' guides, learning checklists, readings, training aids, and monitoring/evaluation procedures.

***Potential linkages to Year 4 field-support activities:***

- Within the framework of South-to-South Initiative and Ford Foundation support, continue to institutionalize training capabilities at selected sites in Egypt regarding policy analysis and advocacy with the POLICY/Egypt staff
- Replication of the policy analysis course delivered by the Cairo Demographic Center during Year 3 at one or two additional universities in Egypt with collaboration of POLICY/Egypt staff
- Joint development of SPECTRUM Series training with Makerere University; the Population Secretariat of the Ministry of Finance, Planning, and Economic Development; the Ministry of Health; and the National AIDS Commission in Uganda
- Policy analysis, formulation, and advocacy courses at three universities and training academy institutes in Jordan with TA from IR4 and POLICY/Egypt staff regarding curriculum development and teaching methodologies appropriate to delivery of health policy courses
- Further development of senior staff capabilities at the Commonwealth Regional Health Community Secretariat in East and Southern Africa to enhance policy training among country counterparts in the region, work closely with country counterparts in governments, and develop regional strategy for HIV/AIDS interventions and resource mobilization
- Design and deliver course on planning and financial management skills for facilities managers in Kenya in collaboration with POLICY'S field-supported Health Sector Reform Project

***Expected achievements for Year 4:***

- Five policy-related courses designed and delivered at universities and training institutes for preservice and in-service health and population personnel; the course materials will be modified into general course materials that can be adapted for use in other countries.
- These materials will be disseminated and available on the POLICY Project website
- Enhanced IR4 component of the POLICY Intranet that provides information about past, current, and future activities of IR4; a concise source for answers regarding IR4; easy ways to get answers to those not available online; easily accessible source of training manuals and learning packages online available to the entire project; and a starting point for research and questions on capacity building within and outside of the POLICY Project
- Up to three in-country internships for promising policy-oriented personnel completed
- Regional Coordinators for Capacity Building active in their countries by promoting the teaching of FP/RH policy analysis at key educational institutions.
- POLICY staff, and overseas staff in particular, more effective in their performance thanks to updating and training received during the TD Weeks as well as through ad hoc assistance related to their position as Country Directors and managers
- POLICY staff function as a team with a common vision of the project and increasingly demonstrate skills in designing, implementing, and reporting on their country programs

**5. Core-Funded Working Groups (FP/RH)****a. Adolescent Working Group**

The purpose of the Adolescent Working Group (AWG) is to create a shared understanding of critical issues in adolescent reproductive health (ARH), both globally and regionally, and to explore ARH issues in the context of sexual and reproductive health policy. A primary role of the AWG is to educate POLICY staff about ARH to promote greater integration of ARH policy activities into country programs and activities. Another important purpose of the AWG is to create and collect relevant supporting

information, resources, and tools for POLICY staff in their efforts to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

***Proposed core-funded activities for Year 4:***

- Participate in regional policy and programming workshop in Tanzania
- Provide TA to the Reproductive Health and Family Education Foundation (FOSREF) Haiti in the design of the data collection instruments (qualitative and quantitative) to document perceived and actual policy and operational barriers to the use of FOSREF services (in collaboration with REACH and YouthNet). Note: this activity is subject to further discussion and may fall into a “Target of Opportunity” (see Section A.6.e below)
- Complete ARH Policy Compendium, which describes what an ARH policy should contain (key elements) and provides examples of what constitutes good language for each key element
- Complete policy issues paper on ARH, including HIV/AIDS
- Provide TA in ARH to field programs
- Collaborate with YouthNet by co-hosting meeting(s) of ARH Policy experts
- Co-host expert meetings for conceptualization of Policy Compendium
- Participate in selected regional/country meetings related to ARH
- Conduct four brown bags on ARH issues
- Collaborate with Gender and Human Rights working groups

***Expected achievements for Year 4:***

- ARH-specific analyses/papers presented at professional and regional/country meetings
- Greater awareness of adolescent policy issues by country staff
- Greater attention to adolescent issues in carrying out country programs

**b. Gender Working Group (GWG)**

The objective of the Gender Work Group (GWG) is to support the integration of gender into project activities. In addition to population/RH core funds, the GWG receives funds for special initiatives in gender. For example, activities relating to USAID’s Interagency Gender Working Group (IGWG) are funded by Special Initiatives funds (See Section A.7 below). For Year 4, our overall strategy will be to facilitate technical leadership and integration of gender through POLICY’s internal GWG, while also continuing our participation and leadership in the IGWG. The GWG will

- Leverage technical inputs to and the resources available through the IGWG, by adapting materials and methodologies for use in POLICY
- Build technical leadership by developing, disseminating, and building capacity to use gender tools for policy analysis
- Further mainstream gender within POLICY via information-sharing, TA, and capacity-building
- Document and disseminate our gender work beyond POLICY

***Proposed core-funded activities for Year 4:***

- Provide IGWG leadership
  - Chair the IGWG Technical Advisory Group
  - Coordinate and provide gender training/workshops to USAID and CAs, in collaboration with IGWG counterparts
  - Integrate gender-based violence (GBV) issues into RH policy and care and support activities for reproductive health and HIV/AIDS in Haiti

- Bring IGWG tools to bear in POLICY’s portfolio, through dissemination of materials (including via the Intranet) and TA to adapt tools as needed to a field setting
- Provide technical leadership through the development of gender tools for policy analysis, and disseminate the guidelines within and beyond POLICY; guidelines will also be integrated into the Policy Analysis Guide under development by IR1 and IR3 in Year 4
- Leverage POLICY technical work in other core-funded Year 4 activities (GBV and women’s legal rights) to identify, document, and disseminate cutting-edge approaches for integration into country activities
- Respond to ongoing requests for TA from the field, including preparing materials and advising country teams on workplans
- Facilitate information, education, and communication (IEC) within POLICY on current gender issues, resources, and ongoing fieldwork via expanded use of the Intranet, brown bag lunches, and maintenance of the gender resources library
- Build capacity of POLICY staff on gender
  - Provide training on gender using adapted IGWG modules, technical areas, and newly developed policy analysis tools at POLICY TD Week
  - Strengthen gender leaders in the Washington, D.C. office and in the field through other targeted capacity-building activities, to be developed in conjunction with IR4

*Expected achievements for Year 4:*

- Strengthened integration of gender into country programs and IRs by POLICY staff and partners
- Strengthened technical leadership through the development, dissemination, and use of gender and policy analysis tools and through the dissemination of promising strategies and lessons learned in the GBV and women’s legal rights activities

**c. Human Rights Working Group (HRWG)**

The purpose of the HRWG is to create a shared understanding of critical issues in human rights as applied to reproductive health and to promote a rights-based approach in core-funded and field activities. Grounded in human rights principles and provisions stated in international treaties, consensus statements, national constitutions and laws, components of a rights-based approach include advocacy and activism, information services, participation, capacity development, alliance building, community mobilization, and collaboration and coordination. The objective of the HRWG is to achieve an increasing number of core and field results that incorporate a rights-based approach. The strategy is to support application of a human rights approach by increasing knowledge of human rights by staff and counterparts; increasing staff and counterpart collaboration and coordination of human rights activities; and promoting human rights applications in POLICY countries.

POLICY’s human rights work will be aimed at raising the profile of FP/RH as a basic human right, focusing especially on the legal status of women and how improvements in that status can advance access to high-quality RH services.

*Proposed core-funded activities for Year 4:*

- **Increase knowledge of human rights by staff and counterparts with focus on applications in POLICY countries**
  - Prepare (2–3 page) technical updates for field on RH and human rights subjects, to be suggested by the HRWG membership

- Prepare two country briefs reporting on applications of human rights approaches in POLICY countries
- Update HRWG website according to regions and to the materials most relevant to staff needs
- Continue to disseminate and train staff and counterparts to use the Human Rights Matrix
- Coordinate with IR4 activity (course on Reproductive Health and Human Rights), and probable course application in LAC region
- **Increase staff and counterpart collaboration, coordination of human rights activities**
  - Establish new collaborations and program involvement (e.g., with WHO’s Department of Reproductive Health and Research, Human Rights Advisor; Strategy Unit/Director General’s office, Human Rights Advisor); Rebecca Cook, University of Toronto; UN Special Rapporteur on Health; and other resource experts in the field of reproductive health and human rights, including HIV/AIDS)
  - Strengthen collaboration and activities with current collaborators and advisors (e.g., Center for Reproductive Rights, Human Rights Watch, Physicians for Human Rights)
- **Promote human rights applications in POLICY countries**
  - Develop human rights and RH training and TA materials based on human rights and RH “lessons learned” in selected countries (e.g., Guatemala, Peru, Ukraine) for application in FP/RH activities
  - Prepare RH Legislation Score tool and conduct a desk review of legislation in two POLICY countries

***Expected achievements for Year 4:***

- Balanced and comprehensive approach to human rights and reproductive health implemented at the country level with primary focus on application of a rights-based approach

**d. FP/RH Working Group**

The FP/RH working group will focus on raising awareness of our staff in priority RH areas. The members of the working group will also participate in several of the USAID-sponsored working groups such as MAQ (Maximizing Access and Quality), PAC (postabortion care), and FP-HIV/AIDS integration and share information with POLICY staff worldwide. The working group will facilitate dissemination of cutting-edge project findings to a variety of audiences at ICASA, CA meetings, and global meetings on RH and safe motherhood.

**e. Quality Assurance and Monitoring and Evaluation**

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 of project documents. The QA Team also provides guidance on the results framework, indicators, data sources, and results reporting. In Year 3, a major thrust of the QA Team’s work involved implementing new reporting requirements for OHA. POLICY completed inputs to the OHA Strategic Review, including a five-year review of POLICY’s achievements in the area of HIV/AIDS, and entered data about POLICY’s activities in the revised Programmatic Database (PDB).

***Proposed core-funded activities for Year 4:***

- Review inputs and produce project workplans, semi-annual and annual reports, and quarterly reports for OPRH and OHA
- Produce information for portfolio reviews and ad hoc reporting requests
- Update the POLICY Project Results Database and the OHA PDB
- Prepare a training and documentation binder for staff on HIV/AIDS reporting requirements
- Provide TA to country managers for M&E activities
- Prepare Contractor’s Self-Assessment Report as part of the project’s performance monitoring procedures

**6. POLICY Core Packages (FP/RH)****a. Approach**

Since the majority of POLICY’s work is field-based, significant gains in efficiency and effectiveness in accomplishing USAID’s global objectives can be realized through direct application of core funds to field-based packages. A POLICY package is a combination of technical and financial resources that is usually applied at the country level with the aim of advancing technical knowledge, demonstrating or testing new or innovative approaches, and providing additional resources to address a critical global policy issue that a Mission might not otherwise fund.

A package typically includes a mix of U.S.-based staff, country staff, consultants, and collaborating institutions as well as direct financing of specific activities such as studies and workshops. The contents of a POLICY package depend on the issues and opportunities offered in a particular country and USAID’s global objective in the policy area. However, the main focus of the “packages” is on POLICY IR1 and IR2—advocacy and planning and finance—and their synergies, and on the underlying crosscutting issues of adolescents, gender, and human rights. In addition, core funds for maternal health and from OHA are applied to core packages. Currently, the two technical areas for HIV/AIDS core package funding are policies relating to reproductive rights of positive women and the role of IDUs in advocating for improved HIV/AIDS programs. The safe motherhood core package is focused on financial barriers to seeking obstetric care.

POLICY Directors, consisting of senior program managers, are responsible for designing and implementing the packages. Once the package is designed, the Country Manager, or a Core Package manager supported closely by the Regional Manager, is responsible for implementing the activities at the country level and monitoring progress with periodic oversight from the project’s Management Group. POLICY has had eight core packages including those in Kenya and Malawi, which will be implemented in Year 4, together with ongoing packages approved earlier in Year 3 and Year 2.

In this section, we provide an update and description of planned Year 4 activities for current core packages supported by population/RH funds. We also provide some ideas for new packages that could be implemented during the year. As suggested in our Management Review turned into the CTOs in December 2002, we also would like to use core package funds to seek some “Targets of Opportunity,” whereby we would pursue shorter term opportunities to achieve policy changes that have global significance and that are related to our core FP/RH objectives in the strategies above (IR1 and IR2).

Updates on core packages for maternal health (Peru) and HIV/AIDS (Mexico, South Africa, Swaziland, and Nepal) appear in the corresponding sections of the workplan.

## b. Ongoing FP/RH Core Packages

**Romania Core Package.** Activities completed and final documentation drafted.

**Ukraine Core Package.** 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. The main objectives of this component of the package are to determine program priorities based on relevant information, build local capacity to use the priorities to develop an RH implementation plan, and allocate local resources to fund priorities. The priority-setting exercise requires relevant information to inform decision making; cost information for each RH intervention is a key component.

- *Efficiency Component.* POLICY and a local subcontractor, MEDMA, designed a study protocol, developed data collection instruments, and collected and analyzed data on the existing inefficiencies in the health system in Kamianets-Podilsky and Svitlovodsk. Findings from the studies were presented to the Policy Development Group in Kiev (September 2002) and to key stakeholders in KP (November 2002). The PDG is actively developing recommendations to address several of the specific operational policy barriers identified in the studies. POLICY and MEDMA have developed a draft of the final report and recommendations on removing inefficiencies in the RH care system.
- *Priority-setting Component.* POLICY conducted the final workshop on priority setting in Kamianets-Podilsky in November 2002. Using information about relative costs and impacts, political viability, and burden of disease, policymakers identified their top priorities and developed a new RH plan for the city, including safe motherhood interventions that they designed to address specific problems. Based on the priorities, the city developed a plan for RH priorities that was approved by the local authorities. Ukraine field support paid for follow-up to ensure implementation of the RH plan.

Remaining activities include

- Finalize the report on the efficiency component and incorporate it into the final documentation of the core package, and
- Disseminate the findings to broader audiences including USAID, donors, other CAs.

**Nigeria Core Package.** 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.

In Year 3, from July to October 2002, the data from the various components of the situation analysis was collected and analyzed and presented to the local network and at the Population Association of America meetings in May 2003. A NewGen model application for Edo State was initiated. These analyses will result in a presentation and a report highlighting the key YARH indicators in Edo, which will also form the information base for the subsequent development of the YARH strategic plan in the fall of 2003. There was some delay in implementing package activities due to the restrictions placed on travel to Nigeria following political unrest in the wake of the national elections and the conflict in Iraq.

***Guatemala Core Package.*** This package will expand 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.

Thus far, POLICY has conducted three workshops for key stakeholders to engage them in developing the core package methodology, to present the findings of the legal regulatory analysis, and to analyze the results of the interviews. The findings to date are that there are few legal-regulatory obstacles to services although some legal gaps exist; respondents at all levels of service delivery perceive problems that could undermine efforts to improve FP services; and that many major problems can be addressed through certain policy actions. Participants in the third workshop identified and prioritized potential policy actions for removing operational barriers to the provision of FP services. A report is being prepared to illuminate the proposed policy actions and assist stakeholders to select and implement two or three operational policies affecting Guatemala's FP services.

***Jamaica Core Package.*** 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 to 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.

The package activities were somewhat delayed initially but have gained momentum since January 2003. The current service provision for family planning and STIs was examined, and POLICY worked with counterparts to develop different packages of interventions that can be costed out for comparison. The cost estimates along with the analysis on the operational barriers to integration and information from client and provider studies will be used in Year 4 to

- Identify and train policy champions to advocate for integration of services as defined by the region; and
- Make recommendations and develop a plan based on cost effectiveness of integration alternatives and client and provider reactions to those alternatives, and assess operational barriers.

***Resource Allocation Model for Reproductive Health.*** Approved at the end of Year 2, 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.

The model developed thus far includes the safe motherhood and postabortion care components. The costs of these interventions have been included in the Excel spreadsheet version. Other components of this model that are under development include resource allocation for STIs and family planning. Once the full model is developed, it will be piloted in up to two countries (see IR2 section for more detail).

### **c. FP/RH Core Packages Approved in Year 3**

***Kenya: Improving Access to Family Planning Services in Public Sector Facilities for Poor/Underserved Populations.*** 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 achieve the following three objectives:

- 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. We will focus on the following two operational policy areas:

- Fees, waivers, and exemptions for FP services; and
- Targeting of services (e.g., targeted to low-income households and other priority groups).

#### **Activities conducted in Year 3:**

- Convened and facilitated consultative meetings (February–May 2003) and a stakeholders workshop (May 2003) to increase awareness, build consensus on the pertinent issues, and devise an implementation strategy for the program.
- Identified the most suitable consultant (Prof. G. Mwabu) to carry out the implementation of this task under POLICY's guidance (May 2003).

#### **Activities Planned for Year 4:**

- Undertake a review of the literature and related policies and guidelines to document the situation of, and rationale in, FP/RH service provision (May–June 2003).
- Identify areas for further field research and undertake a market segmentation study using the latest KDHS and/or Welfare Monitoring Survey data to address FP access to the poor and underserved populations; prepare a background report on FP Market Segmentation, including an analysis of policy scenarios for improving access (June–July 2003).
- Facilitate stakeholders' consensus on the findings of the Needs Assessment and Baseline Study.
- Design the research tools and undertake field studies in the four locations to determine the level of, and barriers to accessing, FP services, with a focus on financial barriers.
- Draft and implement new FP Fees, Waivers, Exemptions, and Revenue Guidelines in the four locations (October 2003–March 2004).
- Complete reports and disseminate findings and recommendations (April 2004).

***Malawi: Removing Key Operational Policy Barriers That Limit Access to Family Planning.*** The best national and ministerial strategies and plans are not effective unless there is a positive operational policy

environment to ensure the implementation of the larger goals and objectives. In fact, a poor operational policy environment can have an effect unintended by national policies and actually restrict access to services at the delivery point. Poor operational policies are all too obvious in the health system, which manifests the symptoms almost everywhere: lack of supplies, lack of personnel, misallocation of existing personnel, medical barriers, poor maintenance, lack of transportation, poor logistics, and so forth. One example is the fact that doctors trained at Malawian government expense are not required to remain in public service (apparently). Last year, only one of the 20 new doctors graduated in Malawi took up service with the government.

Focusing on access to FP services, this core package will review previously identified key operational policies that may act as barriers to service provision. For three or four 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 MOH to change the policies; and assess the impacts one year after the policy change.

#### **d. FP/RH Target of Opportunity Approved in Year 3**

##### ***Strategic Linkages: Exploring the Links of Family Planning Within HIV/AIDS Policies and Programs.***

This activity was approved as a target of opportunity because it has global significance in informing policy decisions regarding integration of services. POLICY has completed a desk review analyzing how family planning is addressed within HIV/AIDS, voluntary counseling and testing (VCT), and PMTCT policies in 15 countries through a desk review of country policies. The analysis will be complemented by in-depth research in four countries that examines the need for family planning from the perspective of FP clients, users of VCT and PMTCT programs, and service providers. Thus far, POLICY has completed a draft research protocol to guide in-depth research in four countries. The investigation will provide a rich source of information and guidance on the extent of and potential for integrating FP services within HIV/AIDS, VCT, and PMTCT policies and programs.

The following activities are planned for Year 4:

- Finalize paper and disseminate findings broadly; weave the findings into the repositioning family planning in Africa activities
- Conduct in-depth research in 4 countries: Jamaica, South Africa, Thailand, and Uganda

##### ***Haiti: Addressing policy and operational barriers to accessing integrated youth RH and VCT services.***

Youth face several barriers when accessing RH and VCT services globally. POLICY will support operational policy analysis and development of guidelines to address key operational barriers identified in Haiti in partnership with FOSREF. POLICY will provide TA to FOSREF in research, design, and development of data collection instruments for identifying operational barriers to accessing youth services. Findings from the study will be used to involve youth and other stakeholders in advocacy efforts to develop operational guidelines that address critical barriers. The activity will provide valuable perspectives from youth, parents, and providers. The package will also demonstrate the value of including youth and other stakeholders as champions for change.

#### **e. New FP/RH Core Packages/Targets of Opportunity**

The process of conceiving, developing, seeking approval, and obtaining results from a core package has been a challenging process in some instances. Because these packages require approval from several partners, a delay in completion of activities sometimes is unavoidable. Based on the assessment provided in the July 2002 Core Package Review and the December 2002 Management Report, new core packages will have the following characteristics:

- An interested Mission and counterparts;
- A shorter time frame (one year); and
- A dedicated POLICY staff member entrusted with core package management responsibilities.

Another approach that POLICY would like to use in lieu of core packages is developing a set of activities that we call “Targets of Opportunity” as mentioned above. We define this as opportunities that arise within the scope of POLICY work, are cutting edge, based on our Year 4 strategic focus areas, and have the potential of informing and raising awareness for critical issues within the community at large. In the coming year, we will explore prospects where such targets present themselves and can meet the approval of our CTOs and country counterparts. Some examples of potential core packages or targets of opportunity are mentioned below.

***Egypt – Importance of addressing price controls as a component of contraceptive security.*** Several dimensions of Egypt’s price control mechanisms are major barriers to contraceptive security in the country. Price controls act as a barrier to sustainability of NGOs and place a drag on commercial sector interest in marketing FP products and services. Concern about the impact of price controls is increasing for two reasons. First, USAID has determined that it will cease providing contraceptive commodities to the national program by no later than 2009 and most likely earlier. In a post-phaseout environment, NGOs could be a key element in national FP program sustainability. NGOs that previously could depend on contraceptives from USAID will see their ability to remain in the FP market threatened unless they are freed from the cost burden of price controls. Second, after years of currency exchange stability, the value of the Egyptian Pound (LE) has begun to erode. With price controls set in LE terms, profit margins of NGO and commercial sector distributors and providers are increasingly being squeezed. The net affect will be to reduce private sector participation just when unprecedented pressure is being placed on the public program to assume complete financial responsibility for its program. Egypt currently sets its prices based on prices for contraceptives in seven Ministry of Health and Population-designated comparison countries, including Cyprus, Iraq, Jordan, and Syria.

The goal of this package would be to loosen price control rules as they apply to FP commodities so that NGO and commercial prices can adjust to more reasonable and sustainable levels. POLICY would foster dialogue about the utility of sticking with these seven countries for the purposes of setting contraceptive prices, using results from analysis of prices in the seven countries and Egypt, comparing them against prices against a broader cross-section of prices, and demonstrating the widely held belief that Egypt’s contraceptive prices are among the lowest in the world.

***Uganda – Reduction of operational policy barriers to access adolescent sexual and RH services (including both family planning and HIV/AIDS prevention and care)*** POLICY proposes to work in collaboration with one of the REACH grantees, Care Uganda, to reduce operational barriers to access to FP/RH and VCT services for youth in Kabale District in southwestern Uganda. With core package funds, we could leverage funds to complement the policy and service delivery interventions that Care Uganda (three-year project, budget 300K) plans to conduct at the district level.

The first step would be to conduct an assessment of the operational policy barriers at the service delivery points where Care Uganda is working to provide integrated RH services to adolescents. This assessment would primarily use qualitative methods. The core package team would also conduct cost-effective analyses of various approaches of ARH service delivery. Since the literature surrounding the cost of different ARH interventions is scant, this will be an important contribution to the field.

Study findings will be used to advocate for changing high-priority operational policies that are identified. The POLICY core package team will work with district-level officials to use these findings for developing recommendations to address operational barriers.

***Uganda – Using a targeting strategy to expand access for vulnerable groups.*** The public sector program dominates FP service delivery in Uganda. Though that program is largely untargeted, there is evidence that program managers may be interested in some aspects of targeting. There is expressed interest in creating better access to services for adolescents and young adults, and there is strong governmental support for the country’s anti-poverty program. The objective of this package would be to have a policy adopted that mandates FP program attention to one or more high priority groups (e.g., youth and the poor in poverty-reduction program areas) and specifies targeted approaches to create improved access to services for this/these groups. Achieving such an objective will demonstrate that targeting can be incorporated into public programs in countries with low contraceptive prevalence (the CPR is 18 percent in Uganda), laying a more sound foundation for program growth and long-range prospects for contraceptive security.

***Ethiopia – Reducing operational barriers to maternal health, family planning, and PMTCT programs.*** Maternal mortality rates in Ethiopia are among the highest in sub-Saharan Africa. POLICY will explore initiating activities in three districts that focus on reducing operational barriers to maternal health services and implementing effective PMTCT programs. This will be combined with the use of the Safe Motherhood Model at the district level to demonstrate the value of integrating cost-effective interventions into program strategies. The process will involve building advocacy networks/WRA alliance within the three districts to influence community and district decision making to reduce operational policy barriers and increase resources for safe motherhood and FP programs.

***Zambia – Building political commitment for FP/safe motherhood services in Mazabuka District*** Preliminary research results on the status of FP programs in Kenya and Zambia illustrate that support for family planning is waning while there is explicit need expressed by antenatal clients, HIV-positive women, and providers. POLICY will initiate activities in Mazabuka District to strengthen political commitment to family planning, particularly for young adults, by raising awareness of district managers and leaders, NGOs, and the faith-based community on the health benefits of family planning. Addressing key barriers to providing services to youth by engaging a wide range of stakeholders will be the follow-up step. Expected outcomes would include strengthened commitment and an improved environment for providing FP services, particularly for youth.

***Nepal – Promoting contraceptive security.*** Contraceptive use has been growing at a fast pace in Nepal over the past decade or so. The program remains heavily dependent on donor support, particularly in the area of commodities supplies. There are several reasons Nepal needs to take a strategic look at contraceptive security. First, indigenous sources of support will likely need to augment donor resources to keep the program’s healthy pace of growth on track. Second, a vigorous program is necessary in light of two other pressing public health issues in the country. Condom use is an important intervention for dual protection as concerns about the spread of HIV grows. Family planning is also an important, under-recognized intervention needed to reduce high maternal mortality levels in the country, especially among rural women who have poor access to MCH services and for whom such access is likely to be years in the making.

SPARHCS provides a tool to explore the links that should be in place between contraceptive security and public health approaches to HIV prevention and maternal mortality reduction. The SPARHCS framework will be applied in Nepal, with special attention given to the interrelationships between family planning, HIV/AIDS, and maternal health on CS issues. Application of the SPARHCS framework will identify policy opportunities to jointly promote contraceptive security and to target program resources to increase its impact on HIV/AIDS and/or maternal health. This will also serve as an opportunity to test the appropriateness of applying SPARHCS modules strategically in a country.

## 7. Special Initiatives

The Special Initiatives funds are allocated to provide policy support for critical issues under consideration by USAID task forces. This year POLICY applied for Special Initiatives funds in three categories: contraceptive security, venture capital, and FP-HIV integration. Some of the activities to be carried out with Special Initiatives funds also appear within the sections of the workplan for IR2 (FP/RH) and the GWG as noted below.

### *In Year 4, special initiative funds will be used for*

#### *Contraceptive Security (CS)*

This is the third year that POLICY has received funding from USAID's CSL Division to carry out activities related to contraceptive security. Funding has been earmarked for five activities. At present these include, completion of the contraceptive security indicators, participation in the CS working group, piloting and completion of the SPARHCS framework and interview guide, and application of SPARHCS in two countries. Additional detail can be found in the IR2 FP/RH section above.

#### *Advocacy Presentation on Linkages Between Family Planning and HIV/AIDS*

POLICY will develop and disseminate an advocacy presentation that explains the benefits of family planning, even in the face of AIDS, to policymakers in sub-Saharan Africa by creating an interactive link between FP and HIV within SPECTRUM. POLICY has used several different approaches to raise awareness of the health benefits of family planning. These have included assessing the impact of family planning on maternal and infant mortality by reducing unmet need and high-risk pregnancy and on HIV infection averted. POLICY will develop a new model that examines the various health benefits of FP programs and the links between family planning and HIV/AIDS. (The budget does not include bringing this model into SPECTRUM).

#### *Gender-Based Violence (GBV)*

***Analysis Guidelines and Advocacy Presentation Template***. GBV has been increasingly identified as a key determinant of women's use of FP/RH, safe motherhood, and vulnerability to HIV/AIDS. With the October 2002 release of WHO's groundbreaking cross-national study as well as the increased incorporation of GBV modules into the DHS, a new opportunity exists to use data for advocacy. POLICY is in a unique position to translate these findings into high-level policy dialogue and policy change. To facilitate this process, we will develop and disseminate guidelines for analysis of the DHS GBV data and an adaptable template for advocacy presentations. We would seek collaboration with PATH (the lead CA working on the WHO cross-country study) in the development of these products.

***GBV Briefing Kit***. Raising awareness of the importance of GBV among USAID Missions, "including the key role policy plays in addressing this problem," was identified as a key strategy in the recent *IGWG GBV and RH & HIV/AIDS: Summary of a Technical Update* (October 2002) for further integrating GBV into Global Health Bureau activities. POLICY will develop a briefing booklet and related tools that can be used with Missions and other counterparts to raise awareness about policy opportunities and strategies for responding to GBV. We would seek collaboration with PATH (the lead CA working on the WHO cross-national study) in the development of this briefing kit.

### *Gender Technical Leadership*

POLICY is given Special Initiatives funds to provide technical leadership to the IGWG. Activities include chairing advisory groups and task forces and providing gender training and workshops to USAID and CAs. Additional details can be found in Section A.5.b above describing GWG activities.

### *Postabortion Care*

POLICY will review, analyze, and synthesize research related to postabortion care. The information will be presented in the same format of the “What Works” document for Safe Motherhood, “What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions.”

### *Maximizing Access and Quality (MAQ)*

POLICY staff in Mali will participate in planning and facilitating the MAQ Exchange program that will take place in Mali in September 2003. The MAQ Exchange will be a 3–4 day workshop focusing on ways in which participants can maximize access and quality to FP/RH services.

## **B. Use of SSO2 (Maternal Health) Core Funds**

### **1. Non-package Activities (MH)**

POLICY’s maternal health activities are carried out using resources from multiple sources: SSO2 from the Office of Health, Infectious Diseases, and Nutrition (HIDN); OPRH; regional bureaus (ANE and Africa); and field-support funds. Country-specific MH activities are described in the country pages later in the workplan. A summary budget for the use of core MH funds appears in the Appendix (Table A–2).

The POLICY Project seeks to assist countries in reducing maternal mortality by raising awareness, building political commitment, increasing resources, and improving the efficiency of maternal health programs. POLICY’s MH program contributes to USAID’s SSO2 Results Framework as follows:

- IR2.2: *Improved policy environment for maternal health and nutrition programs*
- IR2.2.1: *Broadened public and private political commitment to maternal survival, including strategic planning for and resource allocation to maternal health and nutrition*

The project adopts a multisectoral approach to addressing the challenge of reducing maternal mortality and morbidity while focusing on three critical areas: improving the policy environment in which MH programs operate, improving efficient use of resources for maternal health, and strengthening advocacy for increasing resources.

POLICY uses tools like the Maternal and Neonatal Program Index (MNPI) to advocate for building support for MNH programs and evaluating progress in creating a favorable policy environment over time. Core funds are used to advance the development of approaches that can help stakeholders from various sectors to plan, set priorities, and implement effective programs. For instance, POLICY has developed the Safe Motherhood Model, which allows for multisectoral policy dialogue on interventions that can reduce maternal mortality. Identifying and reforming operational policy constraints that impede access to and use of MH services are additional ways that POLICY promotes improvements in health systems. Another focus of POLICY work has been to train stakeholders, such as midwives, in advocacy skills to make them more effective partners in policymaking and in mobilizing more resources for maternal health. POLICY helps the public sector, private sector, and civil society work cohesively to advocate for

developing policies and plans that increase use of maternal health services. Core resources help build the information base to inform policy decisions that respond to addressing the challenge of reducing maternal mortality.

In 2003, the White Ribbon Alliance for Safe Motherhood (WRA) joined the POLICY Project. This is a grassroots organization that was formed in 1999 by a group of 35 international NGOs, United Nations (UN) agencies, and USAID. They 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. Since its launch, approximately 200 organizations representing 23 countries have joined the global alliance, and many countries have initiated their own activities in collaboration with international and local NGOs and governments.

### **WRA's Goals**

- **Raise awareness of safe motherhood** among citizens, international NGOs, government agencies, and national/local NGOs and community-based organizations in developing countries, with special emphasis on the need for action to make pregnancy and childbirth safe for all women.
- **Build alliances to save women's lives** through broad-based partnerships among organizations and individuals representing a range of sectors such as health, education, human rights, religion, and government, recognizing that the strength of a large and united effort can affect change.
- **Act as a catalyst for action** to address the tragedy of maternal deaths and expand safe motherhood efforts.

The WRA Global Secretariat has successfully transitioned from the NGO Networks for Health Project, which is ending in FY03, to CEDPA and the POLICY II Project.

### ***Summary of Year 3 accomplishments:***

- **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. The MNPI briefs highlight the gaps and strengths of MNH policies and programs. POLICY country staff and counterparts extensively reviewed the briefs and are now beginning to use them to advocate for improved policies and programs for maternal health. POLICY has distributed these briefs widely through regional advocacy training workshops for midwives (attended by participants from 16 countries), international safe motherhood conferences, and in-country dissemination seminars (Guatemala, Nigeria, and Ethiopia). Future advocacy seminars are planned for Uganda and Kenya.
- **Safe Motherhood Model.** POLICY has developed a statistical model to represent the relationships between a national maternal health program and the resulting maternal mortality ratio (MMR) and the number of maternal deaths. In fall 2002, POLICY 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 has offered three weeks of her time to raise awareness for safe motherhood in Uganda. In addition, using the information from POLICY's Safe Motherhood Model, a group of stakeholders in Guatemala reexamined interventions that can help reduce maternal mortality and considered the feasibility of reducing the MMR in the next five years. Stakeholders are currently working on defining a strategy to reduce maternal mortality by considering the results from the model, a maternal mortality study conducted by POLICY/Guatemala, and the Safe Motherhood

Module of *What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions*.

- **International Conference on Safe Motherhood Best Practices.** In October 2002, seven POLICY staff and consultants attended the International Conference on Safe Motherhood Best Practices, held in New Delhi, India, and delivered five presentations of POLICY's work. The presentations were: "Building Advocacy and Leadership Skills Among Midwives" (Elizabeth Neason); "Using Information on Safe Motherhood Best Practices to Remove Operational Policy Barriers in Ukraine" (Nicole Judice); "Program Interventions and Maternal Mortality: A Model" (Koki Agarwal); "Mapping Midwife Coverage: A Tool for Implementation Planning" (Jeff Sine); and "Combating Gender Inequalities to Improve Maternal Health" (Jill Gay). Upon the team's return from the conference, staff that participated in the conference organized a brown-bag lunch presentation for POLICY, USAID, and other CAs. This presentation covered the main themes and debates of the conference, including new developments or best practices presented at the conference.
- **Safe Motherhood Module of *What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions*.** Multisectoral groups of policymakers in Ukraine and Guatemala used this manual to develop and strengthen the policy environment for maternal health. The Policy Development Group in Ukraine produced an Order on Outpatient Obstetric and Gynecological Care (policy) to strengthen the referral system, provide relevant job descriptions for midwives and other health personnel, and provide updated information on best practices for clinicians. In addition to the information from POLICY's Safe Motherhood Model, a group of stakeholders in Guatemala used this publication to reexamine interventions to help reduce maternal mortality and considered the feasibility of reducing the MMR during the next five years. The stakeholders are currently working on defining a strategy to reduce maternal mortality.
- **Regional Advocacy and Leadership Workshop for Midwives held in the Philippines and Peru.** Building on productive collaboration in the African Regional Midwives Advocacy and Leadership Workshop, conducted in December 2001, POLICY staff continued collaboration with the MNH Project and the ICM to carry out an ANE regional advocacy workshop for midwives in Manila, July 22–26, 2002, and in Lima in February 2003. The workshops 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. Six small grants have been allocated as a follow on to the training (more details under IR1).

#### ***Planned Activities for Year 4:***

We begin with a description of activities that will be undertaken by POLICY. This is followed by activities specific to the WRA.

- **Provide follow-up support to Ethiopia, Guatemala, and Uganda to support maternal health strategy development based on the Safe Motherhood Model applications in 2002 (ongoing).**
- **Develop an advocacy presentation on the impact of family planning on maternal mortality in a country.** POLICY proposes to work with a multisectoral group in a country to develop an

advocacy presentation on the impact of family planning on maternal mortality. This presentation would then be used in advocacy and policy dialogue activities sponsored by POLICY.

- **Print and finalize MNPI briefs for up to 10 countries using the 2002 data (ongoing).** POLICY will produce up to 10 briefs using data from the 2002 round of the MNPI. Egypt has already requested a brief with 2002 data. Other countries will be selected based on maternal health activities being conducted in that country.
- **Develop policy recommendations to address formal and informal fees that impede use of safe motherhood services in one country.** This is follow up to the multicountry user fee study currently underway. POLICY is currently conducting a study in Egypt, Ghana, India, Kenya, Peru, and Vietnam to identify barriers that formal and informal costs pose to accessing maternal health services. POLICY will use the information from this study to develop concrete policy recommendations and activities to address the barriers.
- **Collaborate on the 2003 WRA Africa workshop.** POLICY is currently participating on the organizing committee for the 2003 WRA Africa workshop and will continue this collaboration by helping to organize and plan the workshop, providing advocacy training at the workshop, and funding participants to the workshop.
- **Assist WRA members as well as midwives who were trained by POLICY/MNH in advocacy to initiate advocacy activities at the country level to improve maternal health.** POLICY will provide training, TA, and funding to WRA members who are trained at the WRA Africa workshop as well as midwives who have been trained in advocacy, to develop and undertake advocacy campaigns to improve maternal health.
- **Report and monitor safe motherhood activities.** Assist with presentations on POLICY tools, approaches, and results at USAID monthly series, to CAs, and other donors.

#### *White Ribbon Alliance*

- **Raise Awareness of Safe Motherhood.** Participate in Global Health Council (GHC) annual conference and provide them with information on safe motherhood for their lobby days, continue dialogue with/participate as a steering committee member in the Partnership for Safe Motherhood and Newborn Health, and meet with and educate international policymakers during country visits about WRA activities.
- **Build Alliances to Save Women's and Newborn's Lives.** Increase WRA membership, provide members with information (via postings, email, and the website), ensure public availability of accurate information through the website and publications, support in-country members' events, provide ongoing TA to in-country secretariats and Alliance groups, and hold a strategic planning workshop in Africa.
- **Act as a Catalyst for Action.** Implement and monitor the WRA's "Call to Action," and develop and publish a guide on "How to Form a White Ribbon Alliance in Your Country" (working title).
- **Strengthen the WRA Organizational Capacity at the Global Secretariat and Other Levels.** Implement the WRA Strategic Planning Process.
- **Monitor and Evaluate WRA Activities.** Develop and implement a monitoring and evaluation tool for membership use.

***Expected Year 4 achievements:***

- Ethiopia, Guatemala, and Uganda have increased capacity to develop appropriate strategies for maternal health based on the application of the Safe Motherhood Model.
- Understanding of the relationship between family planning and maternal mortality is demonstrated in improved advocacy and policy dialogue in one country.
- Printed and finalized MNPI Briefs for up to 10 countries using 2002 data.
- Barriers to access to maternal health services in selected countries removed as a result of advocacy and policy discussion.

**2. POLICY Core Packages (MH)**

***Peru Core Package.*** Approved at the end of Year 2, 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 to address operational barriers at the service delivery level. This package will identify and study such policies and address, *through policy change*, operational policies that are at the root of these barriers.

In Year 3, based on the initial DHS and other data, a cluster analysis was carried out to select the sites for the intervention. Four districts were selected from different regions that had high maternal mortality ratios. POLICY collected relevant national and local policies and guidelines for maternal health and has initiated policy dialogue with stakeholders at these sites. Currently, the protocol and questionnaires for the cost and the operational barrier study are being designed.

In Year 4, the cost of and operational barriers to providing delivery services will be established at the four sites. Local advocacy groups will use the data on costs and operational barriers to improve use of services by low-income women in study sites. This information will also be used at the national level to change operational policy guidelines and cost reimbursement systems for hospitals.

**C. Use of SSO4 (HIV/AIDS) Core Funds**

Since POLICY began in July 2000, the project's HIV/AIDS portfolio has continued to grow in terms of the number of countries where activities are carried out and the range of policy interventions that fall within the project's scope. The project is currently working on HIV/AIDS activities in 19 countries and in the Southern Africa, East Africa, and ANE regions.

The POLICY Project collaborates with a range of in-country partners to strengthen support for and enhance the *synergy* of broad-based, multisectoral HIV/AIDS policies and programs. Enhancing personal and institutional capacity to respond to the ever-increasing demands of the epidemic stimulates improved policy, program, and operational responses, which also encourages increased funding at global, national, and local levels.

HIV/AIDS is interconnected with and exacerbated by a host of factors (e.g., human rights, poverty, gender), and it has the ability to affect all sectors of society. Meaningful strategies to prevent the spread of HIV, care for PLWHA, and mitigate the impacts of the epidemic require the mobilization and coordination of efforts and resources across sectors.

POLICY addresses many areas highlighted by USAID in *Leading the Way: USAID Responds to HIV/AIDS* (2001). POLICY has incorporated **stigma reduction** through two groundbreaking stigma and discrimination core packages. POLICY has promoted **human rights** through legal assessments conducted in Tanzania and Peru. The project actively promotes the **involvement of PLWHA** not only among POLICY's staff and consultants but also via the project's technical work with the Global Network of People Living with AIDS (GNP+), Network of African People Living with AIDS (NAP+), Asia-Pacific Network of People Living with AIDS (APN+), and country associations. POLICY's work with faith and community leaders, decision makers, and politicians around policy issues as diverse as resource allocation and policy issues facing OVC shows our commitment to **policy dialogue and advocacy**, another aspect of the USAID strategy. **Multisectoral engagement**, another strategic focus area, is the cornerstone of POLICY's HIV/AIDS approach and not only reflects the diversity of the many groups engaged in policy-related work but is also an approach actively supported in all interventions. POLICY's approach to **human and institutional capacity development** can be seen in the large number of local staff who are the lasting legacy of all developmental support. During the past year, the number of local and DC-based staff has also increased to meet the demands made on the project.

In response to the changing dictates of the HIV/AIDS epidemic, POLICY has also developed core packages to develop and stimulate cutting-edge policy activities in the field. POLICY IR1 (HIV/AIDS) will continue its support of core packages on stigma and discrimination indicators in Mexico and South Africa. POLICY's core package in Swaziland, which is aimed at addressing the sexual and reproductive health rights of women, will showcase the importance of technical integration of HIV/AIDS and FP/RH issues. POLICY's core package in Nepal will develop a model to increase the meaningful involvement of persons affected in the HIV/AIDS policymaking environment in order to increase the effectiveness of HIV/AIDS prevention, support, and care among injecting drug users (IDUs). Additional core package ideas that meet the OHA mandate will once again be explored in the coming year.

HIV/AIDS activities are carried out using resources from multiple sources, including the OHA, Africa and ANE regional funds, as well as HIV/AIDS field support. Core-funded HIV/AIDS activities are described in Sections 1–6 below. A summary budget for the use of HIV/AIDS core funds appears in the Appendix (Table A–3). The use of regional HIV/AIDS funds is described Section IV. Country-specific HIV/AIDS activities carried out with field-support funds are described in the country pages later presented in Section V.

## **1. IR1: Political and Popular Support Strengthened (HIV/AIDS)**

The purpose of IR1 (HIV/AIDS) is to build political and popular support for client-focused HIV/AIDS policies and programs by strengthening policy champions at both government and civil society levels. By focusing on and strengthening the human rights linkages to HIV/AIDS advocacy work, POLICY will strengthen public-private partnerships in responding to the epidemic and its broader developmental concerns. This support will strengthen the responses by government and civil society policy champions in a number of strategic areas and with key target groups along the continuum of care. A special emphasis in Year 4 will be placed on the policy issues related to access-to-treatment. This focus area also reflects one of the strategic integration areas for FP/RH and HIV/AIDS advocacy issues for the project. By focusing on the need to address the sexual and reproductive health rights of HIV-positive women and by addressing the broader issues related to OVC, POLICY will find meaningful areas in which to integrate FP/RH and HIV/AIDS advocacy issues. In addition, the *Moments in Time* advocacy manual, a companion volume to the *Networking for Policy Change* manual, will serve as a catalyst for documenting the changing HIV/AIDS advocacy environment.

Technical issues and concerns that will receive increased IR1 attention relate to stigma and discrimination, the implementation of the greater involvement of PLWHA (GIPA) principle, resource

allocation, and OVC. In particular, attention will be given to strengthening policy responses by global PLWHA leaders, meeting the UNGASS policy requirements, and fostering increased multisectoral policy engagement. IR1 (HIV/AIDS) will continue to expand the repertoire of technical and training materials for HIV/AIDS advocacy and support materials development and implementation of advocacy activities aimed at addressing the issues listed above.

In support of building political and popular support for HIV/AIDS issues and concerns, Year 4 objectives are as follows:

- Foster among key government and civil society leaders a greater understanding of the policy issues and implications involved in access-to-treatment issues. (This will include highly active antiretroviral therapy (HAART) and opportunistic infection policy issues.)
- Strengthen the strategic advocacy skills of all project staff and partners in areas of issue-based advocacy and networking with relation to HIV/AIDS and synergistic FP/RH issues. Specific attention will be paid to PLWHA, community- and faith-based organizations, development NGOs, AIDS councils, and key government sector responses.
- Provide TA to country programs in integrating and implementing issue-based advocacy and multisectoral networking activities. This approach will be strengthened through the application of the *Moments in Time* advocacy manual, which has emphasized the importance of women, PLWHA, and community- and faith-based organizations in responding to the pandemic.
- Strengthen and expand current HIV/AIDS advocacy issues in relation to human rights, gender, and youth (including OVC).
- Expand and strengthen the development focus and involvement of HIV/AIDS policy champions.
- Identify and strengthen the advocacy skills of policy champions from key sectors in government and civil society, especially in the Asia region through the Asia Pacific Leadership Forum (APLF).
- Foster and support opportunities to create and/or strengthen public-private partnerships.
- Reduce stigma and discrimination through core packages currently being carried out in South Africa and Mexico and through development of an index to measure stigma.
- Promote human rights by integrating human rights and gender principles in all policy work through continuing support of the Human Rights Working Group and the Gender Working Group's task force on HIV/AIDS. In particular, advocacy and policy emphasis will be placed on addressing the inheritance and property rights of women.
- Increase involvement of global PLWHA leaders through research on GIPA and support of GNP+ and its regional offices.
- Carry out policy dialogue and advocacy through continued work with males having sex with males (MSM), focusing on HIV/AIDS and health issues facing this vulnerable group in the LAC region and possibly in the ANE region.
- Support Global Fund activities by strengthening civil society involvement and participation to ensure greater in-country ownership and support.

***Summary of Year 3 accomplishments:***

POLICY's ability to build broad-based, multisectoral HIV/AIDS programs is evident. Recently POLICY has published two advocacy manuals. The *Moments in Time* advocacy manual draws on the lessons learned from faith and community organizations, women's groups, and PLWHA networks and has placed these lessons in a format that allows the user to learn from and possibly replicate successful interventions. The ASICAL MSM Advocacy Guide, *Guía de incidencia política en VIH/sida hombres gays y otros hsh*, will be used to promote men's health for effective HIV/AIDS prevention and care among MSM in 13 countries. The project has worked with GNP+ to develop the position of Policy Coordinator. The Policy

Coordinator will work with regional secretariats to build consensus on and help implement the Global Advocacy Agenda. Policy completed a review of “Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead.” The paper has been translated into French and copies will be disseminated through POLICY’s country programs. In the past year, POLICY has also completed its activities under the CORE Initiative Pilot. Also, drawing on the success of the first Muslim Leader’s Consultation in Uganda in 2001, POLICY participated in and contributed to the Muslim Leader’s Consultation in Malaysia as a member of the international steering committee. In addition, POLICY has continued to work with many CORE small grant recipients to complete their community projects.

*In Year 4, IRI (HIV/AIDS) core funds will be used for*

*ASICAL*

POLICY will continue to support ASICAL in the application of advocacy activities undertaken by NGOs and other organizations with regard to HIV prevention and MSM issues. POLICY will analyze and address constraints within HIV/AIDS prevention policies in the LAC region. ASICAL will help build the capacity of NGOs, develop strategies to help PLWHA to confront and reduce stigma, and strengthen the ability of PLWHA networks to exercise and facilitate international collaboration. Through this initiative, POLICY will expand the use of the ASICAL advocacy model to other countries in the LAC region where policy gaps have been found. As part of our ongoing commitment and involvement with ASICAL, POLICY is proposing to assist in the implementation of advocacy activities as an outcome of the advocacy strategy training workshops, which took place in 2002–2003.

*Human Rights Support*

POLICY will continue expanding and strengthening activities that provide human rights support to core activities by supporting human rights personnel on POLICY staff; concentrating on civil, political, economic, social, and cultural rights of highest impact on PLWHA and other vulnerable populations (e.g., women, MSM, IDUs, sex workers, refugees, prisoners); fulfilling ad hoc requests from USAID, CAs, and other POLICY staff; carrying out advocacy and TA activities; publishing a series of technical updates on human rights and HIV/AIDS that focus on vulnerable populations; conducting POLICY human rights and HIV/AIDS educational programs at the 2004 International AIDS Conference; and contributing human rights leadership in a number of USAID interagency working groups.

*The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM): Strengthening Civil Society Involvement in Policy Mechanisms*

It has been increasingly acknowledged that many approaches to community participation—a key element of a policy response—may paradoxically contribute to disempowering these populations. The impact of HIV-related stigma and discrimination on meaningful civil society engagement requires greater exploration, understanding, and remedy. The Global Fund and the Country Coordinating Mechanisms (CCM) have made effective partnership building a policy imperative, yet many of the key stakeholders still lack capacity in partnership building and despite the best policy intentions, communities closest to the epidemic remain isolated from the response. POLICY, in collaboration with other key partners, will explore the advocacy and policy implications of strategies designed to increase empowerment of selected vulnerable populations, such as PLWHA, MSM, IDUs, sex workers, and transgender populations. Strategies for increasing empowerment of these populations will be explored and documented. The initial focus will be on one of USAID’s, intensive-focus countries in each of the regions where POLICY works.

### *Orphans and Vulnerable Children*

In further support of the Africa Bureau-funded OVC country assessments, POLICY will expand this initiative to look more closely at specific advocacy issues (highlighted in the POLICY-produced OVC policy gaps report, *Policies for Orphans and Vulnerable Children: A Framework for Moving Forward*). This will include issues related to child-headed households in other parts of the world. The work, in partnership with other agencies (e.g., UNICEF, etc.), will critically analyze some of the current strategies on dealing with child-headed households and provide recommendations to address issues related to stigma and discrimination.

### *Women and Inheritance: A Framework for Action*

Denial of inheritance rights to women who lose their spouses to HIV/AIDS is a clearly documented and widespread HIV/AIDS-related human rights violation. Yet, in almost all countries, policy reform and, especially, successful implementation to address human rights violations have not occurred. We propose conducting a *policy demonstration project* (similar to the successful core-funded *Zambian Human Rights Project*), linking legal and policy assessment and reform with advocacy and education related to women's inheritance rights in Kenya. As POLICY/Kenya's recent experience highlights, the issue of women's legal rights needs to be addressed at various points into the legal system, including customary law, the formal court system, and other likely entry points (such as, for example, the local police victim support unit, which is the first place to register a complaint in many countries). As with many other types of stigma and discrimination, however, legal reform alone will not resolve the issue. Thus, we also propose conducting a set of advocacy activities designed to mobilize both community and higher-level support for women's inheritance rights. The process of mapping which areas of legal and policy reform deserve priority, as well as developing an advocacy strategy, would be documented as a process that could be replicated in other country contexts.

### *International Conferences*

- **GNP+: People Living with HIV/AIDS:** One of the key recommendations from the UNGASS Declaration (July 2001) is the meaningful and proactive involvement of PLWHA in all aspects of policy formulation and implementation. USAID has a long history of supporting PLWHA organizations and associations. In continued support of GNP+, POLICY proposes to support the International GNP+ conferences in Uganda in 2004. POLICY will support a policy track at the conference that will focus on PLWHA leadership analysis and will, as a continuation of previous USAID-funded work on internal stigma, support an analysis of the stigma and discrimination reduction initiative undertaken by the various GNP+ regional networks.
- **International AIDS Conference: Bangkok 2004:** POLICY will highlight its tools and resources on GIPA and the products of the Mexico and South Africa core packages on stigma and discrimination. Oral presentations will be developed on topical HIV/AIDS policy issues, such as work with ASICAL, the Church of the Province of Southern Africa (CPSA), and so forth.

### *Strengthening Leadership through the Asia Pacific Leadership Forum (APLF) on HIV/AIDS*

The APLF, with assistance from the UNAIDS regional office, has developed an indicative program of work for 2002–2005, which presents many opportunities for joint work, including:

- Regional collaboration for political advocacy among senior civil servants and other policymakers from diverse government ministries;

- Modeling and advocacy tools;
- Socioeconomic analysis and scenarios;
- Civil society linkages; and
- Building from the findings of POLICY's assessment of political commitment in the region to design specific country interventions.

POLICY and the OHA has launched the planning process with UNAIDS/Bangkok regarding POLICY's activities program in APLF effort for the coming year.

### *Developing a Stigma Index*

Without a consistent methodology to measure stigma, it is difficult to monitor and evaluate interventions to reduce stigma. Although some indices have been developed, no standardized method has been adopted. Some indices examine the attitudes of people in society toward PLWHA, while other indices evaluate perceptions of loneliness, social support, or quality of life of PLWHA themselves. In addition, it is difficult to develop survey questions that will have unbiased results because most questions regarding stigma are hypothetical in nature. Thus, an important area of research is to develop stigma indicators and a corresponding index in order to evaluate interventions to reduce stigma.

The objective of the POLICY Project's "Stigma and Discrimination Initiative" is to demonstrate how HIV/AIDS-related stigma and discrimination can be reduced using careful analysis and replicable interventions. The aim of the core projects, based in Mexico and South Africa, is to develop indicators to measure internal and external stigma and discrimination as well as the impacts of interventions in addressing these issues. A meeting held in August 2002, co-funded by the InterAmerican Development Bank, the National Institute of Public Health (INSP) in Mexico, and POLICY, resulted in a draft set of indicators for measuring internal and external stigma, stigma among health care providers, legal and normative protections against stigma and discrimination, and media portrayal of HIV/AIDS and PLWHA.

Based on the outcomes of the stigma and discrimination core packages in Mexico and South Africa, which will end in March 2004, POLICY will work to meet some of the recommendations from the packages' final reports.

The expertise developed in this effort can be combined with the expertise POLICY has developed in designing and fielding surveys and building measurement indices such as the Family Planning Effort (FPE) Index, the Maternal and Neonatal Program Index (MNPI), and the AIDS Program Effort Index (API), to construct a stigma index. Additional research in defining stigma indicators, including efforts by the MEASURE Project and the USAID-funded Interagency Working Group (IWG) on stigma indicators would be included in the effort. Steps in this project would include developing an index, designing a questionnaire, fielding a survey, and analyzing the resulting data. Note that this activity would provide a link between the advocacy efforts of POLICY IR1 and IR2 activities. It would also support the World AIDS Campaign 2002–2003 theme of eliminating stigma and discrimination.

### *GNP+ Policy Activities*

One of the key recommendations from the UNGASS Declaration (July 2001) is the meaningful and active involvement of PLWHA in all aspects of policy formulation and implementation. USAID has a long history of supporting PLWHA organizations and associations. POLICY will continue to support GNP+ in strategic planning and policy management processes to ensure the active engagement of PLWHA at regional levels through the regional structures of GNP+ (e.g., NAP+, APN+, etc.).

*HIV/AIDS Advocacy Manual (Moments in Time)*

Over the past year, POLICY has developed an HIV/AIDS Advocacy Manual. This manual includes a mail-in form to learn about how the manual is being used and to collect stories from other advocacy organizations. Based on specific information from the feedback process, POLICY will extend the HIV/AIDS advocacy focus to other areas in selected countries.

*Reporting to OHA: Rapid Response*

While it is important to ensure that policy-focused activities meet the demands of USAID, the POLICY Project, and its partners, experience has indicated that unforeseen activities do arise. In order to remain both responsive and proactive, it is essential that these unplanned policy activities be accommodated, as much as possible, within the dictates of collective goals. The resources available for this activity will enable the project to respond to ad hoc requests regarding HIV/AIDS policy issues from partners and members of the IWG. Due to the expanding HIV/AIDS portfolio, additional support will be given to POLICY's participation in USAID's HIV/AIDS Communications Working Group.

***Potential linkages to Year 4 field-support activities:***

IR1 (HIV/AIDS) will work closely with country and regional managers and local partners to design and conduct advocacy campaigns pertaining to the strategic focus areas and strengths of the project. Country work will focus on issues such as stigma and discrimination, care and support (including PMTCT and use of antiretrovirals), and strengthening advocacy responses of community- and faith-based organizations. In particular, policy emphasis will be on strengthening multisectoral government responses from national government departments, national AIDS councils, civil society groups with an emphasis on vulnerable populations, and development organizations. POLICY will also implement and monitor the GIPA principle in its IR1 advocacy program activities. IR1 (HIV/AIDS) will provide TA for developing and implementing advocacy strategies, train a cadre of policy champions across a variety of sectors, and backstop local advocacy staff. In light of the many Global Fund applications from POLICY countries and UNGASS target date commitments, POLICY will also foster collaborative public-private partnerships.

***Expected achievements for Year 4:***

- Strengthened public-private partnerships, including developing successful GFATM applications, addressing access-to-treatment policy issues, and increasing government and private sector resources dedicated to programs identified through applications of the GOALS Model
- HIV/AIDS advocacy networks expanded to include non-health organizations and to foster collaboration with other advocacy stakeholders.
- Project staff and stakeholder skills in topical HIV/AIDS advocacy issues enhanced.
- Forum discussions held on advocacy issues, including resource allocation, stigma and discrimination, GIPA implementation, and evaluation.
- Materials/manuals on MSM advocacy issues in LAC disseminated, and lessons for other regions distilled.
- OVC policy framework paper used by stakeholders to address key policy issues. Operational plan for addressing OVC issues in selected countries in Africa implemented.
- Improved understanding of the central role of stigma and discrimination in prevention and care policies and programs.
- Analysis of the global role of PLWHA in the policy environment completed, including focus on GIPA and the UNGASS commitments.
- Core packages developed and implemented in two additional countries.

- Political support strengthened through regional programs such as the APLF in Asia.

## 2. IR2: Planning and Finance Improved (HIV/AIDS)

The strategy for IR2 HIV/AIDS activities is to both increase HIV/AIDS resources and to ensure that available resources are spent in a cost-effective manner. This is being achieved by working directly with multisectoral groups of stakeholders in countries to develop 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.

IR2 will work closely with IR1 to use advocacy to support efficient and focused financing choices, with IR3 to ensure that sound research and accurate data guide planning and financing decisions, and with IR4 to improve country and regional capacity in the areas of planning and finance. IR2 will use this experience to focus attention on three main priority areas: resource allocation and mobilization, economic impact and mitigation, and policy evaluation and projections. As the project grows in HIV/AIDS, so does the demand for work under IR2. Therefore, we have added a new staff person through RTI (who will be stationed in Washington, D.C.) who is an expert on HIV/AIDS financing and planning.

### *Summary of Year 3 accomplishments:*

Year 3 saw significant accomplishment in the area of planning and finance. One of the vehicles that has been used extensively by POLICY for disseminating information on the economics of HIV/AIDS has been the International AIDS and Economics Network (IAEN), which was co-founded 10 years ago by the current IR2 Director for HIV/AIDS. In April 2003, the IAEN organized a meeting in Washington, D.C. on “Current Issues in the Economics of HIV/AIDS” that was attended by more than 150 economists and policymakers. IR2 also plans to begin preparations for a larger meeting of economists involved in HIV/AIDS during the 2004 HIV/AIDS Conference in Bangkok.

### *Papers and Reports*

One way that the IR2 HIV/AIDS team disseminates information is by writing papers that assist in clarifying issues surrounding the economics of HIV/AIDS. POLICY staff completed the following published papers and reports:

- ‘Resource Requirements to Fight HIV/AIDS in Latin America and the Caribbean,’ with M. Opuni, S. Bertozzi, L. Bollinger, J.P. Gutierrez, E. Massiah, W. McGreevey, and J. Stover in “The HIV Epidemic in Latin American and the Caribbean: Impact and Response. A Multidisciplinary View,” *AIDS* 16 (3) ed. Bernhard Schwartlander and Roel Coutinho, pp. 566–75
- “Construction Workplace Interventions for Prevention, Care, Support and Treatment of HIV/AIDS,” prepared for inclusion in a volume to be published by Agence nationale de recherches sur le SIDA (ANRS), *Economics of AIDS and Access to HIV/AIDS Care in Developing Countries: Issues and Challenges*
- “SIDALAC: Challenges and Opportunities,” a review of LAC regional data on resource flows and HIV/AIDS programs in 18 countries, prepared for presentation at an upcoming meeting on HIV/AIDS in the LAC region, sponsored by the Mexican Foundation for Health (FUNSALUD), Mexico City
- Notes and Commentary: Eleventh Meeting of the International AIDS and Economics Network (IAEN) Conference

- “Show Me the Money,” editorial for [www.iaen.org](http://www.iaen.org), February 2003
- “The Economics of Addressing HIV/AIDS in the Workplace: Is Enlightened Self-Interest the ‘Right’ Argument?”, editorial for [www.iaen.org](http://www.iaen.org), December 2002
- “Cost of Care and Support,” in Kelly, K., W. Parker and S. Gelb (eds.) *HIV/AIDS, Economics and Governance in South Africa: Key Issues in Understanding Response*
- “Traditional Authority and Local Government in Lesotho,” in *Grassroots Governance? Chiefs in Africa and the Afro-Caribbean*

### *Training*

A key component of IR2 activities has included training POLICY staff in finance and planning. IR2 made several presentations during TD Week in Asia, including presentations on finance and planning and the GOALS Model. During TD Week in Latin America, IR2 presented the GOALS Model and trained regional representatives in its use.

IR2 and IR1 jointly developed a curriculum and conducted a five-day training in advocacy and the use of the GOALS Model in Bangkok, Thailand. Nineteen participants from Cambodia, India, Nepal, Thailand, and Vietnam were trained in the use of the model. As follow-up to the workshop, proposals for small grants from workshop participants were reviewed and funds were awarded to two teams (Nepal and Vietnam).

### *New Tool Development*

IR2 completed the development of a Human Capacity Development (HCD) add-on that will be incorporated into the GOALS Model. HCD identifies the capacity requirements (e.g., training) needed as countries scale-up their HIV/AIDS programs. A draft version of this module was completed in Year 2 and the final version was completed in Year 3.

IR2 also updated various modules in AIM. This new version updates the programming language used in SPECTRUM; calculates maternal, paternal, dual and total orphans due to AIDS and non-AIDS causes; and can display all orphans or by single years of age. Updated patterns for the age and sex distribution of HIV are included and the interface with EPP has been updated to accommodate the new version of EPP that will soon be released. A revised AIM manual is now available on the web in English.

One of the other new tools developed was the Resource Needs Model (RNM). RNM was posted on the POLICY Project website for ad use in strategic planning for HIV/AIDS. IR2 also cooperated with Inter-American Development Bank, World Bank, INSP (Mexico), and UNAIDS in offering training in model applications for 15 countries in the LAC region and eight countries in the Commonwealth of Independent States (Former Soviet Union).

IR2 initiated the development of a database of HIV/AIDS workplace policies. The database now contains policies from more than 25 companies in developing countries. This database will serve as a key tool in the development of a new piece of software, Workplace Policy Builder.

One of the challenges in modeling concerns the strengths and weaknesses of existing models. IR2 compared results of the GOALS Model with the World Bank ABC Resource Allocation Model to see how the models compared. The resulting analysis was presented as a paper at the IAEN meeting in April. This analysis revealed benefits to each of the models and similarities in inputs, but overall the outputs were assumed to be more reliable using the GOALS Model.

Year 3 also began the application of the 2003 round of the API. POLICY developed a revised API questionnaire, which was field-tested in Haiti and Kenya. National consultants have been recruited in 55 countries to conduct the 2003 round of the index.

#### *Collaboration*

IR2 has collaborated with other organizations that are involved in finance and planning issues associated with HIV/AIDS. For example, the IR2 HIV/AIDS Director is a member of the technical working group for SmartWork, which is a Department of Labor (DOL)-funded project to address the impact of HIV/AIDS on the private sector in developing countries. POLICY also collaborated with the World Bank, WHO, Kaiser Family Foundation, and UNAIDS to sponsor the IAEN face-to-face meeting in Washington.

POLICY continues to participate in the work of the UNAIDS Reference Group on Estimates, Models, and Projections. Activities in Year 3 included participating in the full reference group meeting in December 2002, updating model patterns of HIV prevalence by age and sex that are in AIM, adding a new orphan section to AIM that estimates maternal, paternal and dual AIDS and non-AIDS orphans by age and sex, updating the AIM manual, and participating in a training of trainers in Geneva in preparation for regional workshops to teach national programs to use EPP and SPECTRUM to estimate and project national prevalence.

POLICY also worked in close collaboration with UNAIDS, WHO, and INSP (Mexico) to update the analysis of global resources required for AIDS. The final analysis was presented to the UNAIDS Governing Board in November 2002.

#### *Mobilizing Resources from the Global Fund*

One of the important results achieved by IR2 involved the procurement of resources from GFATM. IR2 staff members participated in the preparation of various proposals to the Global Fund. For example, Swaziland's CCM received a commitment of funds in excess of \$56 million from the GFATM partially, we believe, as a result of assistance from IR2 in reviewing and revising the proposal. Kenya's CCM submitted and received commitments of funding for \$173.8 million in part due to assistance provided by IR2 in defining the national resource envelope and identifying financial priorities for achieving the country's strategic plan. Finally, the Dominican Republic's CCM submitted and received commitments of funding for \$14.7 million due also in part to assistance provided by IR2 in redrafting a proposal that was passed over in the first round of proposals.

#### ***In Year 4, IR2 (HIV/AIDS) core funds will be used for***

##### *National Estimates and Projections*

UNAIDS estimates the current state of the HIV/AIDS epidemic for every country in the world every two years. It is beginning work now for the estimates that will be released on December 1, 2003. The POLICY Project has collaborated with UNAIDS in past efforts. UNAIDS uses various SPECTRUM modules and POLICY has collaborated in the development of the EPP Model (Estimation and Projection Package). SPECTRUM and EPP are used together to estimate prevalence from surveillance data and estimate the number of people infected, new infections, and AIDS deaths. UNAIDS is planning regional training workshops to help countries use these models to make national estimates for their countries. It is planning two workshops in LAC, three in Africa, two in Asia, one in Eastern Europe, and one in North Africa/Middle East. UNAIDS has asked POLICY to collaborate on these workshops. UNAIDS will pay participant travel and per diem and all other workshop costs and POLICY will cover the costs of

providing one or two staff to serve as trainers along side UNAIDS personnel in these workshops. This is a highly useful collaboration that will build on POLICY's country work in preparing estimates and using them for advocacy and planning.

#### *Resource Flows and National HIV/AIDS Accounts*

There is a growing recognition that strategic planning to address HIV/AIDS and design cost-effective interventions requires a more accurate picture of the sources and uses of funds that finance these services. Most critically, the absence of data on out-of-pocket payments for AIDS care, support, mitigation, and treatment make it difficult to determine whether public spending is buying the best combination of services. At the 2002 International AIDS Conference, USAID, UNAIDS, and the World Bank each committed at least \$250,000 to strengthen data collection on public spending. These organizations do not have the staff for the coordination or management of these commitments. The POLICY Project, with its focus on effective operational policies in support of better use of financial resources, would be an ideal vehicle to assist the other institutions to make effective use of their limited staff and funding capabilities. Collaborators have been identified in the LAC region, Asia, Eastern Europe, and sub-Saharan Africa to work with other institutions and local staff in 30 countries that are ready to develop HIV/AIDS accounts and financial flow data. If this activity goes according to plan, the data will appear as an annex to the UNAIDS global situation report for 2004.

#### *International AIDS and Economics Network Support*

POLICY is now the leading USAID CA in the field of economics and HIV/AIDS. In Year 4, POLICY plans to expand on its work with the IAEN through both face-to-face meetings and online discussions with the more than 6,000 network members. IR2 also will be conducting a preconference workshop on AIDS and Economics in Bangkok in 2004. In addition to its work with the IAEN, POLICY also expects to expand its current work on the issue of HIV/AIDS and the world of work. Specifically IR2 plans to document the ways in which companies have developed workplace policies. In order to remain a leading organization in the field of HIV/AIDS and economics, it is proposed that resources be made available for one face-to-face meeting in Washington, D.C. and one face-to-face meeting in Bangkok, Thailand. In addition, one online meeting will be conducted. Resources will also be used to produce a sequel to the document produced for Barcelona, "State of the Art: AIDS and Economics."

#### *Support to UNAIDS Reference Groups*

UNAIDS uses reference groups to provide outside expert input for its work. POLICY contributes to three of these reference groups: the UNAIDS Reference Group on Estimates Models and Projections, the UNAIDS Reference Group on Evaluation and Research (MERG), and the UNAIDS Reference Group on Economics and AIDS (URGE). The Estimates Reference Group assists UNAIDS in making estimates of the extent of the epidemic by country by developing methodologies for using surveillance data to make national estimates, developing tools for implementing the methodologies, and training country counterparts in the use of these tools. In particular, UNAIDS uses SPECTRUM to estimate the number of people infected, new AIDS cases, and AIDS deaths. A new round of global and national estimates will be prepared in 2003 and released on World AIDS Day (December 1, 2003). The Reference Group on Evaluation assists UNAIDS to develop and apply indicators to measure the response to the UNGASS Declaration of Commitment. The POLICY Project contributes to this work, especially through the development and implementation of the AIDS Program Effort Index. The Reference Group on Economics will focus much of its work in 2003 on improving estimates of current expenditure on HIV/AIDS programs and the need for additional funding for an expanded response. POLICY has played a key role in developing these estimates. In addition this reference group serves as the Governing Board of the

International AIDS and Economics Network. Each of these reference groups meets about twice a year and requires additional work between meetings.

#### *Global Survey to Measure Coverage of Services*

All of the partners in the expanded program to fight HIV/AIDS have a need to collect and report information on the progress made toward scaling up national responses. Considerable work has gone into developing appropriate indicators. Many of the coverage indicators will be best measured by national population or facility surveys. However, such surveys are only available for a small number of countries and none measures all the indicators needed. POLICY will prepare a global survey to measure coverage of the key HIV/AIDS services which will be used by USAID and others to help measure progress of the various USAID initiatives abroad.

#### *AIDS and the Workplace*

In Year 4, IR2 plans to develop a software program that can assist businesses in developing their own HIV/AIDS workplace policies. This software, currently named “Workplace Policy Builder” will provide one common source for useful background information (e.g., ILO and Centers for Disease Control (CDC) workplace guidelines), a database of national workplace policies, and a set of company-specific HIV/AIDS policies. The software will allow the users to evaluate various components from other company policies and will lead the users to design their own workplace policies based on international, national, and other company-specific policies.

#### ***Potential linkages to Year 4 field-support activities:***

- TA to Cambodia to assist in evaluating the social and economic needs of HIV-affected families and orphans
- TA to REDSO/ESA to develop regional training capacity in GOALS modeling
- TA to Nepal and Ukraine in order to conduct GOALS modeling

#### ***Expected achievements for Year 4:***

- Additional countries are able to identify current resource flows for HIV/AIDS programs
- Improved global estimates of coverage for prevention, care, and treatment services
- Additional resources generated in selected countries from successful applications to the Global Fund
- Research in the area of HIV/AIDS and economics disseminated
- More attention to resource issues in POLICY country programs

### **3. IR3: Accurate, Up-to-Date, Relevant Information Informs Policy Decisions (HIV/AIDS)**

The development and use of information are crucial to successful policy assistance; thus sound information underpins all project activities. The objective of IR3 is to provide information, generated from primary or secondary research or the application of computer models, to understand and raise awareness about HIV/AIDS dynamics, explore answers to key policy questions, advocate for change, examine planning and organizational needs, and estimate the resources required to achieve HIV/AIDS goals. Much of the research on finance issues pertinent to HIV/AIDS is conducted in collaboration with IR2. IR3 is also responsible for the development of new models and the maintenance of existing models and for overseeing their incorporation into SPECTRUM. (And in this regard, there are close connections between the modeling work for FP/RH and HIV/AIDS as noted in the FP/RH IR3 workplan above.)

***Summary of Year 3 accomplishments:***

- Development of a qualitative interview guide used to interview selected key stakeholders from the government sector, PLWHA communities, and policymakers
- Development of a collaborative effort with Pathfinder International (PI) in which PI in Brazil helped carry out the Brazil component of POLICY's multicountry GIPA study.
- Analysis of country-specific HIV/AIDS national policies, such as national AIDS plans and HIV/AIDS legislation, for inclusion of GIPA-related content
- Development of drafts of five country-specific reports (Benin, Brazil, Cambodia, South Africa, and Ukraine) highlighting the major findings of the study, including key policy and program recommendations to strengthen GIPA in national policy processes
- Development of draft of a consolidated report containing major findings of the study, including identification of common themes, strengths and weaknesses, and key policy and program recommendations to strengthen GIPA in national policy processes

***In Year 4, IR3 (HIV/AIDS) core funds will be used for******GIPA Research***

In line with POLICY's work in other regions with regard to implementing, monitoring, and evaluating GIPA, the project will expand the initial literature review and case study of the benefits of adhering to the GIPA principle with the view of developing comprehensive global guidelines to help with its implementation. This will build and expand on the findings of the Year 3 research. By the fall 2003, POLICY will publish and disseminate:

- Five country-specific reports highlighting the major findings of the study, including key policy and program recommendations to strengthen GIPA in national policy processes;
- A consolidated report containing major findings of the study including identification of common themes, strengths, weaknesses, and key policy and program recommendations to strengthen GIPA; and
- A "POLICY Issues Brief" summarizing key findings of the study.

***ABC Research***

"Abstinence, be faithful, and use condoms," or ABC, has been the standard prevention campaign of many donors, including USAID, as well as a cornerstone of some national country programs. This campaign focuses on changing patterns of personal behavior by shifting the community norms and rules that govern the behavior. POLICY will conduct a qualitative research study aimed at documenting how individuals make use of the ABC model in their personal decision-making in five countries in three different regions. This research will shed light on the policy-effectiveness of this approach in different settings and help in improving the response to the pandemic relative to this prevention message.

**4. IR4: Capacity Development (HIV/AIDS)**

IR4 focuses on strengthening capabilities of POLICY staff and establishing courses and training interventions to foster policy champions around the world. IR4 supports the project's LTAs so that they advance the policy process and strengthen training capacities in policy topics at local institutions and universities. Selected technical updates sponsored in part by IR4 will strengthen U.S.-based staff skills in matters such as HIV/AIDS interventions and health program financing and costing. IR4 will also

collaborate in training new staff in SPECTRUM models for policy analysis and formulation and newly developed SPECTRUM models, such as the GOALS Model.

***Summary of Year 3 accomplishments:***

- Using HIV/AIDS core funding, IR4 supported the design and delivery of a short course, “Developing HIV/AIDS Workplace Policies,” for 300 students at the University of Stellenbosch/Medunsa Winter School in South Africa. Course materials are available for dissemination to other POLICY Project countries.
- IR4 also used limited HIV/AIDS funding to plan workshops in Year 4 dealing with human resource development policies needed to counter the HIV/AIDS pandemic in east, central, and southern Africa.

***In Year 4, IR4 (HIV/AIDS) core funds will be used for***

*Local Capacity Building*

POLICY will hold TD Week training for POLICY staff in Cape Town, South Africa for the Africa region to provide insights, practical approaches, and sharing of lessons learned across areas of common concerns. The project will also train in-country local technical advisors on current HIV/AIDS policy trends. (Again, this activity is cross-referenced in the FP/RH IR4 section above.)

*HIV/AIDS Impact on Health Sector Personnel*

POLICY has collaborated with the SARA Project using REDSO/ESA funds to assess health policy issues in the ESA region and to advocate for policy changes. SARA has identified loss and attrition of personnel in health care systems across this region due to HIV/AIDS as a major factor in increased constraints on quality and access to health care. It has supported data collection in Malawi and Kenya on the extent and causes of health care personnel loss. POLICY is supporting the analysis and dissemination of study findings, together with activities to implement health policy dialogue on how best to prevent and mitigate health care personnel issues. POLICY will support a satellite meeting at ICASA in September to share findings on Malawi and further the discussion of policy implications.

**5. Core-Funded Working Groups (HIV/AIDS)**

**a. Gender Working Group (GWG)**

*IGWG: Gender and HIV Task Force.* The purpose of the Gender and HIV Task Force is to enhance the understanding of current approaches to gender and HIV programming in the USAID community and use this information to advocate for improved programming and targeting of priority areas for intervention. SSO4 support to the IGWG Gender and HIV Task Force covers leadership of the Gender and HIV/AIDS Task Force and implementation of task force activities (through July 2003). SSO4 support also covers co-leadership of the IWG Gender Committee and implementation of technical activities (April–August 2003).

***In Year 4, GWG core funds will be used to***

- Complete IGWG Gender and HIV/AIDS Task Force activities, including completing and disseminating the policy brief, “Integrating Gender and HIV/AIDS: Key Issues, Program Implications, and Promising Approaches,” and presenting the results of the task force’s assessment of gender programming, promising interventions, and gaps

- Provide technical input and serve as co-chair of the IWG Gender Committee to identify indicators on gender and HIV for inclusion in SSO4's Expanded Response

#### **b. Human Rights Working Group (HRWG)**

The purpose of the HRWG is to create a shared understanding of critical issues in human rights as applied to HIV/AIDS and promote a rights-based approach in core-funded and field activities. Grounded in human rights principles and provisions stated in international treaties, consensus statements, national constitutions, and laws, components of a rights-based approach include advocacy and activism, information services, participation, capacity development, alliance and network building, community mobilization, and collaboration and coordination. POLICY's human rights activities for HIV/AIDS focus on empowerment and protection of those infected with HIV/AIDS, with particular attention devoted to prevention among those populations most vulnerable to HIV—MSM, IDUs, sex workers, and street children.

#### ***In Year 4, HRWG core funds will be used to***

- Partner with the Harvard Francois-Xavier Bagnoud Center for Health and Human Rights (FXB Center), Harvard School of Public Health, and its colleagues in creating an improved state-of-the-art course on Health and Human Rights for Development. The course will focus on ensuring that the central role of human rights in HIV/AIDS keeps pace with thematic trends, such as access, vulnerability, and stigma reduction.
- Contribute to the design, conduct, and review of legal reviews and policy reform in Kenya, Malawi, Mozambique, Tanzania, and Ukraine
- Publish a series of “technical updates” on human rights and HIV/AIDS, focused on vulnerable populations
- Conduct POLICY human rights and HIV/AIDS educational programs at the 2004 International AIDS Conference, possibly on such topics as legal reviews and policy reforms, human rights tools and indicators, and/or capacity development with PLWHA
- Contribute human rights leadership in USAID's working groups on stigma and discrimination indicators and human rights

### **6. POLICY Core Packages (HIV/AIDS)**

#### **a. Core packages approved in Year 2**

***Mexico Core Package.*** 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 open about their status and more proactive about tackling both the internal and external manifestations of stigma and discrimination. It also seeks to help health care providers and PLWHA better understand how stigma adversely affects the delivery of services and the types of national and operational policies that can be adopted to reduce service-related stigma. The package will also show how public perception of PLWHA, as influenced by media images, can be improved and thus contribute to eliminating stigma and discrimination. The approaches to address these focal areas include the following four components:

- Research to design a survey and indicators on stigma and discrimination and capacity building for PLWHA organizations.

- Research on barriers to access to and use of services in health care, welfare, employment, and legal support; development of policy dialogue materials in these areas; and development and pilot testing of a training program for health care providers.
- Review of legislation, policies, and norms related to stigma and discrimination particularly in the workplace, a diagnostic of labor union activity on stigma and HIV, and capacity building for a PLWHA network on advocacy and policy dialogue to reduce discrimination in the workplace.
- Development and testing of a media training and sensitization program, including involvement of PLWHA and creation of a photo journal on PLWHA.

All four components are in the implementation phase, with key instruments developed and field work either in progress or completed. INSP is coordinating the program in Mexico, as well as providing TA to partner organizations in the implementation of the surveys and diagnostics. INSP is also the implementing partner for Component 2, the survey of health care providers, under a subcontract to Macro/MEASURE. All components are on schedule to deliver a report of preliminary findings at a final workshop and dissemination event planned for early October 2003.

*Year 4 planned activities for the Mexico core package include the following:*

- Pilot of media training workshop (with Letra S, a local NGO/media organization).
- Shadowing selected PLWHA by a photographer and journalist to create a photo journal on PLWHA experiences for use in media training and policy dialogue activities (with Letra S).
- Analysis and presentation of field work on internal stigma and barriers to access to services in health, housing, legal affairs, and employment, followed by design and piloting of stigma and discrimination training workshop for health service providers (with Colectivo Sol and Red de Personas Viviendo con SIDA, a PLWHA organization).
- Data collection and analysis for quantitative survey of health service providers (through Macro/MEASURE subcontract with INSP).
- Completion of the review of legislation, norms, and regulations in target sites and at the national level to assess stigma and discrimination from a legal perspective and recommend changes to laws, norms, and/or regulations.
- Conduct of a diagnostic of labor union activity in the area of stigma and discrimination, including an assessment of knowledge and implementation of norms and laws.
- In preparation for policy dialogue and advocacy activities by FRENPAVIH, a PLWHA network, during 2004, the package team will also conduct an institutional assessment of advocacy and policy dialogue skills and training needs, and work with the network to develop a comprehensive plan to strengthen its ability to plan and undertake advocacy activities in the area of stigma and discrimination.
- A final workshop to disseminate findings to the health community in Mexico is planned for early October.

***South Africa Core Package.*** 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.

Work on this package is underway and progressing according to the project timelines. Thus far, there are two subcontracts in place to manage the implementation of the project and conduct the research. The subcontracts were awarded to the Centre for the Study of AIDS at the University of Pretoria and Inside-out Research. The project is further supported by four reference groups—a National Reference Group and three sector-specific groups. Each reference group has met three times. They also meet quarterly as a group. In addition to the research in the three sectors, a literature review and a media scan have been completed to provide context and background to the project.

*Development of Indicators.* The process of developing indicators began in November 2002, when preliminary indicators were developed in a two-day workshop. The verification of preliminary indicators through a series of subsequent focus-group discussions and selected key informant interviews in the three geographic areas has been completed. All 23 focus-group discussions have been transcribed and data analysis is underway. The first draft report will be presented during the second consultative workshop on July 30–31, 2003. Key informant interviews with Director Generals of the participating government departments have been completed. Ten experts in the media field will be interviewed in August 2003, following the write-up of the first draft of the findings of the focus-group discussions. The purpose of these interviews is to test key themes and verify the findings. Ten quality-control interviews with decision makers and experts from civil organizations as well as key members of faith communities will be conducted in August 2003, following the completion of data analysis.

*Best Practice.* The identification of case studies is underway. Case studies will be selected within faith communities, the media, and national government departments to show how HIV-related stigma has been reduced. Interviews will be conducted in June and July 2003. Lessons learned from these case studies will also inform guidelines for reducing stigma in the three focus areas.

*Development of Stigma-Mitigation Interventions.* Using the guidelines drawn from the data and the inputs of the stakeholders, training interventions will be developed from August 2003 for the three focus areas. A capacity-building package to empower PLWHA to proactively engage with the media will be tested in September and October 2003. The final indicators report, guidelines, the best practice series, and the stigma-mitigation interventions will be completed by December 1, 2003.

### **b. Core Packages Approved in Year 3**

*Nepal Core Package.* 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, which are described below.

*Leadership and Advocacy.* The purpose of this component is to build the leadership and advocacy skills of IDUs to participate in HIV/AIDS policy dialogue. POLICY, in partnership with the IDU community and other stakeholders, will develop an assessment tool to measure their perceptions, values, practices, and barriers to involvement. The assessment findings will inform the development of an advocacy and leadership training and skills-building program. It is anticipated that this component will support the establishment of a cadre of community “leaders” who are able to represent the IDU community in HIV/AIDS policy forums. The capacity-building program will be monitored and evaluated to ensure effectiveness.

*Stigma and Discrimination.* This component aims to increase the understanding of the impact of HIV/AIDS and drug use-related stigma and discrimination. The negative role of HIV/AIDS-related stigma and discrimination is becoming increasingly understood; however, this stigma and discrimination is compounded by the stigma related to injecting drugs. In order to address external and internal stigma

in relation to IDUs, there will be two target audiences for this component: service providers and IDUs. With regard to the first audience, a self-administered survey will be developed and distributed to drug treatment facilities, HIV/AIDS service providers, PLWHA organizations, AIDS service organizations, NGOs, key government departments and leaders, hospitals and clinics, and other CAs to assess the current involvement of IDUs in leadership roles, the current number of IDUs that access services, and the perceptions of IDUs. In order to reach the second target audience and building on the previous components, focus groups will be facilitated with IDUs to identify issues related to stigma and discrimination and ensure consistency between the results of the questionnaires and IDU perceptions.

*Partnership Building.* This component 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. Building on the efforts of the two previous components, POLICY, in partnership with stakeholders, will develop a tool designed to measure the government's understanding of IDU issues. The assessment will be used to inform, monitor, and evaluate the delivery of TA, and a training program will be developed specifically for government bodies. Government leaders will be sensitized to HIV and health issues for IDUs and their sexual partners. It is envisaged that community leaders (identified and trained in the first component) will actively work with government representatives with the ultimate goal of involving IDUs as partners in defining HIV/AIDS policy approaches.

*Swaziland Core Package.* 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.

An important and structural element of this package is the meaningful involvement of PLWHA. This project grounds itself in participatory processes designed to identify, set priorities for, advocate for, and develop policy solutions. It embraces the approach of the GIPA Principle by building the capacity of HIV-positive women to engage in and assume leadership roles in all phases of the core package. Within this broader approach, the package will use key POLICY approaches to influence policy change, including applied research and analysis for policy development, policy dialogue and advocacy, and the strengthening of PMTCT endeavors. Proposed approaches and activities are as follows:

- *Identify partners, establish task team, and conduct needs assessment analysis.* POLICY will identify and meet with key stakeholders, including the MOH and NGO/PLWHA partner organizations, to develop a workplan, build commitment and consensus, and conduct a needs assessment for activity development.
- *Conduct research, analysis, and survey activities and identify existing gaps and barriers in addressing RSHRs of HIV-positive women in the VCT/PMTCT programs.* Through this activity, an in-depth situational analysis and programmatic assessment will take place. In addition, team members will identify the additional inputs and cost additional key RSH care services needed at existing service delivery points.
- *Policy dialogue and advocacy.* POLICY will organize workshops and work sessions with local counterparts, prepare a report on findings from the analysis and consensus workshops, and work with

existing NGO/PLWHA partner organizations to develop and implement a multilevel advocacy and training strategy to mobilize support for RSHRs of HIV-positive women.

**c. New Core Packages**

POLICY's HIV/AIDS technical advisors are currently conceptualizing core packages for the coming year. These packages will aim to address some of the strategic OHA policy priorities. Concepts will be available for discussion with OHA during the summer, and selected core packages will begin activities during Year 4.

#### **IV. WORKPLAN FOR REGIONAL ACTIVITIES**

While most of the regional activities are managed as “core” activities, funds for these activities come from regional sources. Regional obligations for Africa, Southern Africa, ANE, and LAC are shown in Table A-4 with other field-support funds. The majority of POLICY’s regional funds are for HIV/AIDS activities; however, in previous years POLICY has also received regional funds for FP/RH activities in Africa and the ANE region, for which ongoing activities are reported here.

**AFRICA BUREAU (FP/RH)**

<b>Strategy</b>
The Africa Bureau regional initiative will focus on repositioning family planning in Africa. This will build on the current studies underway on the status and trends of FP programs in countries hard hit by the HIV/AIDS epidemic. The studies were carried out in Kenya and Zambia, and results were presented at the International AIDS Conference held in Barcelona in July 2002 and at a CA and donors meeting in October 2002. Another study has been conducted in Ethiopia. POLICY has also conducted focus group discussions among service providers, policymakers, and women living with HIV/AIDS to add a human dimension to the identified FP/RH needs in Kenya and Zambia (ongoing). POLICY will continue to work on completing the studies in the remaining countries and initiate activities to advocate for strengthening FP programs in countries that are severely affected by the HIV/AIDS epidemic.
<b>Staff</b>
Koki Agarwal, Don Dickerson, Brenda Rakama
<b>Funding</b>
Funds remaining (as of 6/30/03): \$270,453 Anticipated FY03 funds: \$325,000
<b>Ongoing Activities</b>
<ul style="list-style-type: none"> <li>• <i>Assess the status of FP programs in two additional countries: Tanzania and Uganda.</i> POLICY will conduct in-depth interviews with key informants in-country, supplemented with information from policies, plans, and budget documents.</li> <li>• <i>Advocate for strengthening FP programs in countries that have been severely impacted by the HIV/AIDS epidemic.</i> With IR1 assistance, POLICY will host seminars and policy dialogue events at the country and regional levels to assist countries in developing policies and plans that meet the FP/RH needs of their populations. (See IR1 FP/RH core workplan above.)</li> <li>• <i>Host a FP/HIV/AIDS integration satellite session at ICASA.</i></li> <li>• <i>Sensitize community leaders and FBOs on the impact of family planning on saving maternal lives (using FY01 Africa Bureau funds for Safe Motherhood).</i></li> </ul>

**AFRICA BUREAU (HIV/AIDS)**

<b>Strategy</b>
The POLICY Project’s HIV/AIDS strategy is designed to build and strengthen the policy synergy between the HIV/AIDS responses of both national governments and civil society. On a continent that is carrying a disproportionate share of the world’s HIV/AIDS burden, one of the key policy responses rests in enhancing the personal and institutional capacity to respond to the ever-increasing demands of the epidemic. For this will in turn improve policy, program, and operational responses—all key ingredients of a sustained response. A broad and comprehensive multisectoral response, based on principles of human rights, will ensure that a wide range of influential policy champions are cultivated and that issues related to stigma and discrimination, care and support, and impact mitigation, are addressed.
<b>Staff</b>
Managers: Brenda Rakama, Don Dickerson, John Stover
<b>Funding</b>
Funds remaining (as of 6/30/03): \$113,005 Anticipated FY03 funds: \$TBD
<b>Proposed Activities</b>
One of the key HIV/AIDS policy issues facing the African continent is related to OVC. With joint funding (from OHA), POLICY plans to develop and implement a set of activities related to OVC to address some of the policy gaps identified in the core-funded review of OVC policy constraints, barriers, and opportunities. Working in collaboration with local stakeholders, organizations, and networks, POLICY will strengthen some of the current responses that have been identified. This intervention will specifically address the need to ensure that vulnerable children remain part of the community in which they live by strengthening the capacity of vulnerable families and communities through key policy initiatives (e.g., access to education, welfare, social services, etc.). The activity will also highlight critical operational policy issues that are needed to ensure sustainable OVC programs.

**SOUTHERN AFRICA REGIONAL HIV/AIDS PROGRAM (RHAP)**

<b>Strategy</b>
In 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 in the following focus areas: regional policy activities, networking and information sharing, and improved consistency and comparability of data. Since the inception of RHAP in 2000, POLICY, in close collaboration with U.S. embassies, has provided TA in the planning and implementation of the U.S. Ambassador’s Initiative Program in Botswana, Lesotho, and Swaziland. Through a series of capacity- and skills-building workshops and the disbursement of small grants, institutions in these countries are able to advocate for and/or increase their involvement in HIV/AIDS activities, develop local partnerships, and facilitate development of HIV/AIDS activities in the three non-presence countries. Programs carried out through the U.S. Ambassador’s Initiative Program are determined by the U.S. Ambassador and his staff in each country and are guided by current HIV/AIDS strategic plans, activities, and/or identified priority areas in these countries.
<b>Staff</b>
RHAP Manager: Sylvia Abrahams Local Staff: Graeme de Bruyn, Project Manager; Aguil Deng, Training Coordinator; Rene Petersen, Craig Dumont, and Olympia Vumisa, Administrative Support Additional Technical Support from local POLICY team: Caroline Wills, Melanie Judge, Yoliswa Notshe, Puleng Phooko
<b>Funding</b>
Funds remaining (as of 6/30/03): \$755,631 Anticipated FY03 funds: \$900,000
<b>Proposed Activities</b>
<p><b>SO: National plans and policies in place that promote access to quality RH/HIV/AIDS services</b></p> <ul style="list-style-type: none"> <li>• Provide assistance and organize and analyze data as needed to facilitate approval of revision of National HIV/AIDS Strategy in Swaziland and facilitate approval of the operational plan</li> </ul> <p><b>IR1: Political and popular support broadened and strengthened</b> <i>Support policy dialogue on implementing national policies and strategies, including the HIV/AIDS Strategic Plan for USAID’s Regional Center for Southern Africa based in Botswana</i></p> <ul style="list-style-type: none"> <li>• Facilitate community advocacy to address stigma and discrimination, promote care and support, and encourage VCT by using traditional and religious leaders as “policy champions”</li> <li>• Support the Transport Sector—making the border policies work for communities most at risk</li> <li>• Support the Migrant Labor Sector—the policy implications for implementing gender-sensitive HIV/AIDS projects within the SADC’s mining, employment, and labor sectors</li> <li>• Conduct a review of policies that affect physical, natural, social, and human capital with regard to HIV/AIDS and address how to improve on these policies to ensure food security and strengthen and support current food security programs in the three non-presence countries</li> </ul> <p><i>Support the faith-based sector</i></p> <ul style="list-style-type: none"> <li>• Assist FBOs in the region to reflect on the global and regional lessons learned on addressing stigma and discrimination, which will be documented and disseminated for all SADC countries</li> </ul> <p><i>Support media reporting of HIV/AIDS</i></p> <ul style="list-style-type: none"> <li>• Disseminate information on HIV/AIDS to shape community attitudes toward those most affected.</li> </ul> <p><i>Support the meaningful involvement of PLWHA</i></p> <ul style="list-style-type: none"> <li>• Encourage participation in processes designed to identify, prioritize, advocate for, and develop policy solutions. Provide TA and support to PLWHA networks to advocate for stigma reduction</li> </ul>

**IR2: Planning and financing for FP/RH improved***Planning and policy formulation*

- Implement the Health Promoting School Initiative in two regions in Lesotho and promote the development of a comprehensive health approach and influence policymakers to integrate life skills into their school curriculum

*Strategies and guidelines developed*

- Assist ministries by integrating HIV/AIDS into their core functions through developing workplace policies on HIV/AIDS and with the design and implementation of HIV/AIDS programs

*Build capacity in civil society to advocate for reproductive health and HIV/AIDS, gender equity, and youth*

- Provide support to NGOs to develop necessary leadership skills to effectively address reproductive health and HIV/AIDS in their core functions
- Support inter-university study tours for the University of Botswana, to exchange ideas and develop new HIV/AIDS programs and address stigma and discrimination on campus
- Promote greater involvement of PLWHA (GIPA) by building the capacity of HIV-positive women to centrally engage in and assume leadership roles in all phases of the core package in Swaziland

*Strengthen NGO planning and fundraising capabilities*

- Provide TA to civil society in strategic planning and fundraising
- Support for NGO capacity and sustainability training sessions
- Support the participation of NGOs in formulating an action plan to incorporate RSHRs into RH programs

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

- Disseminate “Caring for Caregivers” manual to key stakeholders
- Conduct analysis of economic impact of HIV/AIDS in Lesotho and use information for study to promote policy dialogue and planning
- Carry out costing studies and analysis on integrating HIV/AIDS and the impact on the ministries in Lesotho, and assist with the development of plans and policies that promote effective and equitable resource allocation for FP/RH/HIV/AIDS
- Use data from POLICY-supported RSHRs analyses, program assessments, and health surveys in the development of national operational and policy guidelines
- Incorporate recommendations for improved prevention PMTCT practice in health sector guidelines
- Present RHAP tools and resources in Nairobi, Kenya, at the International Conference on AIDS in STDs in Africa (ICASA), September 2003; sponsor regional PLWHA and stakeholders to attend and participate in the conference proceedings; in particular, highlight the RHAP cross-border initiative and the policy implications/lessons
- Continue support for the development and maintenance of the RHAP website
- Develop a new RHAP brochure
- Develop and disseminate a RHAP Best Practice Report

**IR4: In-country capacity to provide policy training enhanced***Support for training programs*

- Provide training and support to empower vulnerable and affected communities to advocate for HIV/AIDS policies and programs; promote IEC and awareness-raising activities in the community through the Sister Cities Network
- Evaluate the effectiveness of the “Caring for Caregivers” manual through focus-group

discussions; assist NAB with making necessary changes and additions to the manual; and conduct a course/training session so that the manual can be incorporated into the Nursing Curriculum

- Conduct workshops to train editors and journalists, addressing policy and advocacy issues around HIV/AIDS and providing ongoing TA
- Conduct two workshops to provide guidance on accessing funds/grants to support OVC and programs that support them; provide TA and conduct training in the policy process
- Support three NGO capacity-building sessions that will provide NGOs with management skills, assist in integrating HIV/AIDS into their current programs, enhance community response to HIV/AIDS, and support community needs
- Provide TA and support to the Good Shepherd Hospital's Home-based Care and Community-based HIV/AIDS Counseling Program
- Carry out mentorship program for small-grants recipients on financial recordkeeping and accountability, program implementation, and integration of sustainability mechanisms

*LTA provides TA and conducts training in the policy process*

- Appointment of local HIV/AIDS coordinators in Botswana, Lesotho, and Swaziland

**ANE BUREAU (FP/RH)**

<b>Strategy</b>
The primary aim of POLICY’s FP/RH activities in the ANE region is to generate relevant information on key FP/RH issues and advocate for policy and program change based on the findings. Based on regional needs, POLICY’s work has focused on three critical areas: maternal health, adolescent reproductive health, and declining contraceptive prevalence rates in some ANE countries. POLICY did not receive any new funding from the ANE Bureau for FY02 and FY03, so these activities reflect a continuation of ongoing activities.
<b>Staff</b>
Ed Abel, Karen Hardee, John Ross
Funds remaining (as of 6/30/03): \$111,761 Anticipated FY03 funds: \$0
<b>Ongoing Activities</b>
<p><i>Strengthening ARH policies and programs in ANE.</i> POLICY conducted in-depth research to document the status of ARH policies and programs in 13 ANE countries. Individual country reports and a synthesis report for the region was shared with USAID staff and will be shared with high-level policymakers in the region to advocate for strengthening ARH programs.</p> <p><i>Report on plateauing of contraceptive prevalence.</i> Many countries in the ANE region have begun to experience a decline in the rate of increase of the contraceptive prevalence rate (CPR). These countries may be heading toward a plateauing of CPR and an associated reduction in the speed of fertility decline. POLICY has examined the trends in selected ANE countries that are witnessing the plateau and prepared a synthesis report for USAID staff and other donors. This information will be critical for developing lessons learned and new strategies to prevent such occurrences in the future.</p> <p><i>Other activities.</i> POLICY will develop additional activities using the remaining funds after deliberations with ANE Bureau staff.</p>

**ANE BUREAU (HIV/AIDS)**

<b>Strategy</b>
POLICY's HIV/AIDS ANE Regional Program supports policy and advocacy efforts in the public and private sectors as a means of increasing commitment, resource allocation, and participation at the local/community, subnational, and national levels. In further support of the regional work that POLICY has been doing, and in response to demands, POLICY aims to strengthen many of the previously funded activities while initiating some new cutting-edge policy approaches, especially those that focus on the proactive involvement of vulnerable groups in the ANE Region.
<b>Staff</b>
Manager: Felicity Young Local Staff: David Lowe Affiliated Staff: Pablo Magaz, Anne Eckman
<b>Funding</b>
Funds remaining (as of 6/30/03): \$876,758 Anticipated FY03 funds: \$1,350,000
<b>Proposed Activities</b>
<b>Ongoing Activities: July 2003—June 2004</b>
<p><b>Regional Faith-based Activities.</b> In May 2003, the Malaysian AIDS Council and the Malaysian Ministry for Religious Affairs jointly hosted the <i>Second International Muslim Leaders Conference</i>. The theme areas were the following:</p> <ol style="list-style-type: none"> <li>1. Protecting Human Dignity</li> <li>2. Understanding and Reducing Vulnerability</li> <li>3. Sexual Health and Sexuality</li> <li>4. Drugs: Islamic Perspective on Harm Reduction</li> <li>5. Role of Muslim Leaders</li> </ol> <p><i>Ongoing activities to complete the activity:</i> POLICY provided the Malaysian AIDS Council with funding to document the conference proceedings. This activity will run from May to September 2003. A monograph and CD-ROM will be produced and distributed globally.</p> <p><b>Asia Pacific Network of People Living with HIV/AIDS (APN+) and POLICY.</b> Linked to the core-funded policy assistance of the Global Network of People Living with HIV/AIDS (GNP+), POLICY is supporting the regional PLWHA network, the Asia Pacific Network of People Living with HIV/AIDS (APN+). This collective strategy was designed to ensure that global policy considerations and advocacy issues are implemented at the regional level. With POLICY support, APN+ hosted a regional strategic planning meeting in April 2003.</p> <p><i>Ongoing activities to complete the activity:</i> As a result of the above meeting, POLICY is currently negotiating with APN+ to provide technical and financial support to assist the network in implementing the recommendations from the strategic planning process and to further develop its governance and accountability structure. This will enable the network to more effectively represent its consistency and participate in regional policy processes related to PLWHA involvement.</p> <p><b>China—Policy Assessment.</b> Formulation of comprehensive HIV/AIDS policies to mitigate the impact of the epidemic is a cornerstone of any response. However, implementation of the HIV/AIDS policy is as important as its existence.</p> <p><i>Ongoing activities to complete the activity:</i> As an entry point into this nonpresence country, POLICY</p>

proposes in August 2003 to conduct an HIV/AIDS policy opportunities and strategies' assessment of local and regional policies in the Mekong regional province of China. On the basis of this assessment, POLICY will address key policy and advocacy issues.

**Sex Work and Advocacy.** Sex work continues to be one of the main misunderstood and underaddressed risk environments for HIV transmission in the ANE region, which is especially evident in the policy arena. In addition, the meaningful involvement of sex workers in program design, delivery, and monitoring and evaluation is generally overlooked. Addressing the regional policy and advocacy gaps related to the growing sex industry is an important component of an HIV/AIDS prevention and care response in this region. The importance of adequately addressing the policy needs of this important population cannot be underestimated.

*Ongoing activities to complete the activity:* Repeat the 100 percent Condom Use Program (CUP) study in another country and document regional strategies for sex worker interventions.

**Political Commitment.** The purpose of this activity is to increase understanding of political commitment to respond to the HIV/AIDS epidemic within the context of low-prevalence countries. This activity will develop a set of indicators and a qualitative tool to measure political commitment in low-prevalence countries.

The following activities were completed last year:

- Conducted a literature review on political commitment.
- Selected five countries to participate in the project: Bangladesh, India, Nepal, Philippines, and Vietnam.
- Developed a qualitative tool that measures political commitment, including preliminary indicators in 13 key topical areas, a narrative section summarizing existing literature on political commitment, and a bibliography/reference section.
- Selected five highly qualified consultants with extensive experience in FP/RH/HIV/AIDS to conduct study in each of the five countries, where interviews with high-level government officials, international donors, affected communities, and other stakeholders are currently taking place.
- Submitted an abstract to the *Seventh International Congress on AIDS in Asia and the Pacific* to conduct a satellite broadcast on political commitment and to disseminate the findings of the study.

*Ongoing activities to complete the activity:*

- By fall 2003, five individual country reports highlighting salient themes and recommendations resulting from the interviews will be published and widely disseminated to key stakeholders.
- By fall 2003, a consolidated report identifying common regional themes, policy gaps, strengths, weaknesses, and recommendations for the region will be produced.
- Starting in fall 2003, a series of country-specific and regional meetings, including a satellite broadcast during the *Seventh International Congress on AIDS in Asia and the Pacific* will be held with key stakeholders to disseminate findings of the study and promote policy dialogue regarding political commitment.

**Greater Involvement of PLWHA (GIPA).** The goal of this activity is to contribute to a greater understanding and body of knowledge on the current state of GIPA in the ANE region. This activity will focus on how USAID Missions and CAs working in this region understand and are incorporating GIPA principles in the planning, implementation, and evaluation of HIV/AIDS policies and programs.

The following activities took place last year:

- Selected five countries to participate in the project: Cambodia, India, Nepal, Philippines, and Vietnam.
- Developed a self-administered questionnaire to gather information on how USAID Missions and CAs working in the region understand and are incorporating GIPA principles in the planning, implementation, and evaluation of HIV/AIDS policies and programs.
- Distributed the questionnaire to all USAID missions, regional programs, and CAs working in the five countries.
- Began analysis of survey results.

*Ongoing activities to complete the activity:* By fall 2003, POLICY will develop an advisory report for USAID and CAs highlighting major findings of the study and key policy and program recommendations to strengthen GIPA in HIV/AIDS program and policy development in the ANE region.

***Building Civil Society and Capacity Building: GOALS Model (linked activities).*** The purpose of this activity is to increase civil society's participation in and partnership with government stakeholders in resource allocation decision making using the GOALS Model. This activity will develop and pilot a training curriculum designed to foster evidence-based, multisectoral resource allocation decision making in the ANE region, and provide seed subcontracts for in-country follow-up activities. The curriculum and lessons learned from the country-level follow-up activities will build the tools and experience needed for such efforts to be replicated.

The following activities were completed last year:

- Developed a five-day curriculum for resource allocation advocacy, which included linking curriculum designed to foster multisectoral partnership in resource allocation decision making between civil society and government stakeholders.
- Conducted a five-day regional training held in Bangkok in December 2002, with participants representing civil society and government from five countries—Cambodia, India, Nepal, Thailand, and Vietnam.
- Awarded two subcontracts to participant teams to conduct follow-up activities designed to enhance multisectoral partnerships and use of sound data in resource allocation decision making.
- Submitted an abstract to the *Seventh International Congress on AIDS in Asia and the Pacific* to disseminate lessons learned from fostering increased civil society participation in resource allocation decision making.

*Ongoing activities to complete the activity:*

- By fall 2003, the two in-country subcontracts for follow-up activities will be completed, and individual reports highlighting accomplishments, lessons learned, and recommendations will be completed, published, and widely disseminated to key stakeholders.
- By fall 2003, a briefing booklet highlighting the importance of civil society–government partnership in resource allocation decision making will be produced to share lessons learned in the ANE region about opportunities, benefits, challenges, and key approaches to fostering increased civil society involvement.
- Starting in fall 2003, dissemination of the briefing booklet and lessons learned will be promoted through regional meetings and in-country exchanges, including an anticipated presentation at the *Seventh International Congress on AIDS in Asia and the Pacific*.

## Activities Under Discussion

### **Theme: Policy Dialogue, Advocacy, and Participation**

*A GIPA Model for the Asian Context.* This activity builds on the core-funded and ANE-funded GIPA activities undertaken in FY 2002/2003. The concern is that the GIPA principle as articulated in the *Paris Declaration of 1994* has lost “meaning” and has failed to facilitate meaningful involvement of PLWHA from the ANE region. Generally, Asian programs that have aimed to empower PLWHA and increase their involvement have been small and not systematically documented and evaluated. It is increasingly understood that GIPA cannot be fully effective or widely applied unless there is a supportive and enabling policy environment. In addition, the GIPA principle must be contextually appropriate, and the “context” and model for the Asia and Pacific region is yet to be determined. POLICY has begun work both through the GIPA monitoring of selected countries in the ANE region (2002–2003) and through the work with APN+ in this area, and is well placed to expand activities under this mandate.

*China.* With current ANE funds, POLICY conducted an assessment of the HIV/AIDS policy gaps, constraints, and opportunities in China. On the basis of this assessment and complimenting other ANE regional policy initiatives, POLICY will address another area of identified need in the coming year. Emphasis will be placed on issues regarding human rights violations.

*Regional Conferences.* POLICY will present its tools and resources in Kobe, Japan, at the International Congress on AIDS in Asia and the Pacific in December 2003. POLICY will also sponsor regional PLWHA and staff to attend and participate in the conference proceedings. In particular, POLICY hopes to present its findings from its Political Commitment in Low-Prevalence Countries survey, which was conducted in 2002–2003; its stigma reduction work with GNP+; and the 100 percent CUP study.

*PLWHA.* Linked to the core-funded policy assistance to GNP+, POLICY will continue to support APN+. Building on the recommendations from the March 2003 APN+ Strategic Planning Meeting, POLICY, in collaboration with relevant stakeholders, will identify and support the implementation of policy-related activities of the global advocacy agenda (addressing stigma, legislation, etc.)

### **Theme: Research, Information, Policy Directions**

*Centers of HIV/AIDS Excellence.* In the past two years, POLICY strengthened regional capacity on a number of issues, including resource allocation. In further support of this successful approach, POLICY proposes to facilitate two new activities:

1. *Human Rights Best Practice Roundtable.* A series of HIV/AIDS and Human Rights Best Practice Roundtables will be conducted with local actors (from government, civil society, and the private sector) to provide a forum for discussing the conceptual framework for health rights and specifically, HIV/AIDS and human rights. This will enable the broader engagement of government actors and would strengthen the understanding of the conceptual and practical relationships among HIV/AIDS, public health, and human rights. The Asia Pacific Forum of Human Rights, Seven Sisters Alliance, APLF, and the Asia/Pacific Council of AIDS Service Organizations (APCASO) are ideally placed to become partners (this will also support the synergies of the work POLICY will do in partnership using global core funds with the François-Xavier Bagnoud Center for Health and Human Rights at Harvard). Focuses of the roundtables will be MSM, IDUs, sex workers, and migrants.
2. *Access to Treatment: Policy Opportunities.* Widespread access to ARV drugs will become available in much of Asia during 2003. Few countries have an appropriate policy framework within which to procure, distribute, and prescribe these drugs, and to subsequently monitor uptake, adherence, treatment failure, and impact on behavior. The uncertainty of World Trade Organization legislative requirements by 2006 complicates the development of these policy

frameworks. Civil society will be a key driver for governments to develop appropriate policy frameworks in a timely manner. This activity will analyze the current policy frameworks in 12 designated southeast Asian countries, develop and deliver a training program aimed at facilitating appropriate changes to these frameworks, targeted toward identified policy influencers from civil society, including PLWHA as well as people from medical and health sector agencies.

Key policy questions requiring attention include the following:

- What is government policy on ARVs? To what extent are decisions regarding access to treatments influenced by morals as well as economic considerations; for example, IDUs do not deserve expensive treatments.
- What are current treatment practices? The knowledge levels of service providers, PLWHA's understanding of treatments, and access-to-treatment information (including broader health and nutrition)?
- Traditional medicine—which modalities? How are they used and what sort of claims and beliefs are attached to their use?
- Economic considerations of treatment—what is the economic cost of traditional and western (Orthodox/Allopathic) medicine for PLWHA?

*GIPA Monitoring.* Based on the findings from POLICY's regional report on GIPA, key recommendations to assist USAID Missions and in-country CAs in the region in operationalizing GIPA will be disseminated.

*MSM and HIV/AIDS in ANE.* MSM is another misunderstood and underaddressed mode of HIV transmission in the ANE region, and this is especially evident in the policy arena. Determining what MSM means in the context of the region is an important step before advocacy tools are developed, appropriate policy is determined, or resources are provided for targeted populations included under this term. The importance of adequately addressing the policy needs of this important cross-over population cannot be underestimated. POLICY will provide assistance in policy development for regionwide MSM issues and will build on the strengths of MSM networks in ANE countries (notably the NAZ Foundation and Humsfar Trust in India, etc.)

***Theme: Capacity Development and Policy Implications***

*Capacity Building for Policymakers.* Policymakers from government, civil society, and the private sector require capacity building in policymaking. Many countries have developed extensive policy frameworks; however, there is still a lack of in-country expertise related to policy analysis, skills for operationalizing policies, and monitoring and evaluation of policy impact. Without capacity building related to these areas, program effectiveness will be limited. POLICY proposes to develop and pilot a train-the-trainer program on HIV/AIDS policymaking in selected ANE countries. This will further strengthen the relationships USAID has made with these relevant stakeholders.

**LAC BUREAU (FP/RH)**

<p><b>Strategy</b></p> <p>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-national) approach. This determination would then be used to develop regional interventions. The feasibility study will attempt to answer the following questions:</p> <ul style="list-style-type: none"> <li>• What are the priority issues with respect to contraceptive security in the LAC region? Which of these are shared across countries?</li> <li>• Are any of these issues amenable to regional interventions that would likely improve effectiveness and efficiency?</li> <li>• If so, how could regional assistance efforts be structured to produce maximum benefit?</li> <li>• What are the national-level issues that should continue to be dealt with in country, and why are they not appropriate for “regionalization”?</li> </ul> <p>Toward this end, between July 2003 and 2004, POLICY and DELIVER will conduct a Regional Contraceptive Security Meeting to raise awareness about contraceptive security and gain support for the feasibility study; conduct up to five country-level assessments to identify key issues related to contraceptive security; conduct 2–3 regional research studies (topics to be determined during workshop and country assessments); and prepare a report on study findings and recommendations for the LAC Bureau.</p>
<p><b>Staff</b></p> <p>Varuni Dayaratna, Lori Bollinger, Pati Mostajo, Cindi Cisek (consultant)</p>
<p><b>Funding</b></p> <p>Funds remaining (as of 6/30/03): \$81,867          Anticipated FY03 funds: \$157,795</p>
<p><b>Proposed Activities</b></p> <ul style="list-style-type: none"> <li>• <i>Regional Contraceptive Security Workshop to be held July 16-18 in Managua, Nicaragua, to raise awareness about contraceptive security and stimulate a dialogue and preliminary analysis of the CS situation in the region.</i> Teams of 5–7 contraceptive security “champions,” including representatives from USAID Missions, ministries of health, social security institutes, NGO service providers, and social marketing programs from nine USAID-assisted countries will attend the workshop. Workshop results will be used to finalize plans for country assessments and topics for multicountry studies.</li> <li>• <i>Country assessments in up to five USAID-assisted countries.</i> Assessments will be two weeks in length and will evaluate a country’s CS situation against a set of established criteria. To ensure active participation of key country stakeholders, a steering committee will be formed in each study site and its members will be involved in assessment activities. Key issues related to policy, financing, logistics, demand and supply, service delivery and the roles of the private and public sectors will be evaluated.</li> <li>• <i>In-depth regional investigations.</i> POLICY and DELIVER will conduct several smaller, more intensive studies to address cross-national gaps in information. Topics for these studies will be identified during the regional workshop.</li> <li>• <i>Final report preparation.</i> This report will include findings and analyses from country assessments and multicountry studies, as well as recommendations for regional interventions.</li> </ul>

## V. COUNTRY WORKPLANS

Country activities are mainly carried out with field-support funds<sup>4</sup> from USAID Missions and regional bureaus. POLICY is currently working in 29 countries and with two regional programs (REDSO/ESA and the West African Regional Program (WARP)). In Year 3, POLICY began work in Vietnam (using ANE regional funds for HIV/AIDS to get activities started), Nepal, Honduras, Madagascar, and Zimbabwe. In Year 4, we expect to initiate activities in China (using ANE regional funds) and in El Salvador.<sup>5</sup> Work in the Philippines will conclude in September 2003.

Summaries of the country strategies and workplans are contained in the following pages, organized by geographic region. Table A-4 in the Appendix summarizes field-support obligations to date, including anticipated and/or received obligations for FY03. The pipeline information listed on the individual country pages is shown as of June 30, 2003.

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<sup>4</sup> POLICY uses a limited amount of core funds to support country programs through its core package program, which was described earlier. Core packages are approved or underway in Guatemala, Jamaica, Kenya, Malawi, Mexico, Nepal, Nigeria, Peru, South Africa, Swaziland, and Ukraine. Several new packages may be approved in Year 4.

<sup>5</sup> Potential activities will include secondary analysis of data and training local institutions in the use of data for decision making.

AFRICA



## ETHIOPIA

<b>Strategy</b>
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 the implementation of Ethiopia's multisectoral HIV/AIDS program by providing TA in policy advocacy, priority setting, human rights issues, work with PLWHA, 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 to address barriers, developing a consensus and strategy on contraceptive security, and integrating safe motherhood into RH programs.
<b>Staff</b>
Country Manager: Charles Pill Local Staff: Seyoum Gebre-Selassie, Eleni Seyoum, Hailegnaw Eshete Consultants: Bekure Herouy, Tefera Ghedamu Affiliated Staff: Sumi Subramaniam, Koki Agarwal, Carol Shepherd, Jeff Sine, Leah Wanjama
<b>Funding</b>
Funds remaining (as of 6/30/03): \$41,225 Anticipated FY03 funds: \$275,000
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Support national RH network for meetings, issues, and advocacy skills development*</li> <li>• Support PLWHA organizations in advocacy skills development, advocacy campaigns, engagement in support for care, and policy analysis and dialogue*</li> <li>• Assist Mission's Ambassador's Initiative summit as part of AIDS strategy development (funded with anticipated FY03 HIV/AIDS FS)</li> </ul> <p><b>IR2. Planning and financing for FP/RH and HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Assist MOH/Family Health Department (FHD) and stakeholder groups to review CS issues and develop a five-year CS strategy (core funded); provide assistance for support of implementation of the plans, and assist with policy dialogue and advocacy activities*</li> <li>• Assist Ministry of Labor and Social Affairs, labor leaders, and businesses to develop and implement national tripartite HIV/AIDS workplace guidelines; carryout stakeholder meetings to develop guidelines and implementation materials*</li> <li>• Work with counterparts in MOH/FHD, other NGOs, CAs, and WHO to assist in development of the Maternal Mortality Reduction Model through a series of policy dialogue and analysis workshops; assist the MOH/FHD in development of costing and target setting for implementation of its maternal mortality reduction activities (initial activities funded by core safe motherhood funds)</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Disseminate FP/RH Macro-level Policy Barriers study and assist RH network to advocate for implementation of recommendations for removal of import barriers</li> <li>• Revise RAPID Model for World Population Day and 10<sup>th</sup> anniversary of the National Population Policy</li> <li>• Review study of FP/RH operational policy barriers at regional and service provider levels; study will be directed by a stakeholder group*</li> <li>• Carry out Program Effort Index studies in the three primary regions (SSNPR, Amhara, and Oromia) where the USAID RH/POP ESHEII Project operates; results will be shared with stakeholders in the regions*</li> <li>• Finalize, disseminate, and discuss HIV/AIDS legal and policy assessment with stakeholder groups*</li> <li>• Assess policies and guidelines affecting OVC*</li> <li>• Prepare and disseminate HIV/AIDS advocacy materials based on MOH data*</li> <li>• Develop two regional HIV/AIDS/STI profiles and update Addis Ababa AIM*</li> </ul>

\*Pending discussions with the Mission

## GHANA

<b>Strategy</b>
The goal of POLICY assistance in Ghana is to assist the government in finalizing the national HIV/AIDS and STI policy and increase the level of political and popular support for its implementation. POLICY's strategy is to support the efforts of the newly established Ghana AIDS Commission (GAC) in achieving public and private sector consensus on a final national policy and to identify the need for and propose to the Cabinet any necessary enabling legislation. POLICY will also support efforts of the National AIDS Control Program (NACP) of the Ghana Health Service (GHS), the MOH, and the GAC to disseminate the policy and to use the updated AIM and the revised "HIV/AIDS/STI Situation in Ghana" booklet to raise awareness among elected officials, the business community, and other audiences at national and decentralized levels. The Mission has also asked POLICY to provide assistance to the GHS and the MOH in developing policy guidelines for reproductive tract infection (RTI) following a study on the issue. POLICY will contract with a consultant with expertise in policy analysis, provide financial support for meetings and workshops to facilitate the process, and support the publication and dissemination of the final policy guidelines. POLICY will also provide assistance to conduct a Human Resource (HR) Stakeholders Analysis and develop and implement a HR Management Action Plan.
<b>Staff</b>
Country Manager: Donald Dickerson Local Staff: Benedicta Ababio, David Logan Consultant: Kate Parkes
<b>Funding</b>
Funds remaining (as of 6/30/03): \$29,975 Anticipated FY03 funds: \$450,000
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide HIV/AIDS and FP/RH advocacy aimed at newly elected public officials and other strategic groups</li> <li>• Assist NACP, GHS, MOH, and GAC on advocacy using AIM and for the development of a national dissemination strategy of the policy and strategic plan</li> <li>• Assist the GAC in the development of OVC policy guidelines</li> <li>• Provide community-level advocacy through RH networks (core funded)</li> </ul> <p><b>IR2. Planning and financing for FP/RH and HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Provide TA to the GHS and MOH in the development and adoption of STI and RTI policy guidelines</li> <li>• Develop policy options to broaden access to STI treatment</li> <li>• Assist the GHS in developing an action plan to rationalize HR allocation and management</li> <li>• Provide TA to the GHS, MOH, and Attorney General's Department in revising policy issues concerning sex workers</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Assist the Division of Reproductive Health in reviewing maternal health data to develop an effective database presentation on reproductive health and maternal health to promote policy dialogue and advocate for higher visibility of safe motherhood program initiatives</li> </ul>

**KENYA**

<b>Strategy</b>
<p>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. Notwithstanding, there is a greater degree of hope and optimism in reversing the trends as the new leadership employs a strategy to renew and restore donor and public confidence and support in the health sector and to increase community ownership of FP/RH and HIV/AIDS programs. In response, POLICY's strategy is to strengthen and improve information, advocacy, policy formulation, and policy implementation for FP/RH and HIV/AIDS, including HIV/AIDS prevention, care, and mitigation; and to strengthen the MOH's capacity to increase health sector revenue recovery (under Kenya's health sector reform and cost-sharing program) and remove key operational barriers to efficiency, effectiveness, and equity in the delivery of FP/RH, HIV/AIDS, and other health services. To implement our strategy, POLICY is working with a wide range of governmental, nongovernmental, and civil society stakeholders and interest groups at national, provincial, district, and community levels.</p> <p>In FP/RH, POLICY's assistance focuses on achieving a renewed, high-level commitment to family planning in the era of HIV/AIDS; developing and improving national policies and strategies; and building support and capacity for postabortion care (PAC) services at district and community levels. POLICY is implementing a core package focused on improving financial access to FP services for poor and underserved populations. In HIV/AIDS, POLICY is working to strengthen the capacities of government organizations and NGOs across all sectors to develop and implement HIV/AIDS policies and programs, emphasizing a holistic, integrated, and multisectoral approach. POLICY provides assistance to the police and military, FBOs, and organizations of PLWHA; and on priority issues such as orphans, youth, gender, law, and human rights. In health finance, POLICY will spearhead the establishment of a mandatory social health insurance while adopting a more participatory process centering on the decentralized public sector units that promote the mobilization of additional resources from alternative financing mechanisms. This will include the strengthening of health policies and systems at national, provincial, and district levels to achieve improved planning, financing, and quality of FP/RH, HIV/AIDS, and other primary health care services.</p>
<b>Staff</b>
<p>Country Director: Angeline Siparo  Local Staff: Wasunna Owino, Colette Aloo-Obunga; Julie Odhiambo; James Mbanda; Leah Wanjama; Alice Wanjuu; Saleh Chebii; Grace Akengo; Agnes Amakove  Consultants: George Rae, Benjamin Nganda, Germano Mwabu, Julius Korir, Paul Otiende Amollo, Timothy Oketch, Eileen Mairua, Paul Krystall, Dorothy Southern, Yuanita Omollo  Affiliated Staff: Donald Dickerson, Jim Kocher, Bill McGreevey, John Stover, Steven Forsythe, Shawn Aldridge, Danielle Grant, Koki Agarwal</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$456,978  Anticipated FY03 funds: \$2,250,000</p>
<b>Proposed Activities</b>
<p><b>SO. Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS</b></p> <ul style="list-style-type: none"> <li>Develop FP/RH/HIV/AIDS policies and guidelines (to be subsequently adopted by the government of Kenya) including the National Contraceptive Policy and Strategy for 2002–2006, National Workplace Policy on HIV/AIDS, National Situation Analysis for Orphans and Other Children Made Vulnerable by HIV/AIDS, Adolescent Reproductive Health and Development Policy, Maternal Health Policy and Guidelines, Revised National RH Strategic Plan (1997–2010), a National RH Implementation Plan (2004–2007), and the Department of Reproductive Health</li> </ul>

**(DRH) Workplan (2003–2004)**

- Develop and implement FP Pricing Guidelines that improve financial access to services in selected public hospitals and clinics for poor and underserved populations
- Update the National Health Sector Strategic Plan (1999–2004) to guide health sector operations in the next five years
- Develop and update pro-poor, health sector cost-sharing policies and guidelines adopted by the government of Kenya
- Increase funding for health services by mobilizing institutional support from the National Hospital Insurance Fund (NHIF) and community financing schemes
- Develop policies and guidelines that are adopted by the government of Kenya in establishing Social Health Insurance (SHI), including SHI Strategy, Sessional Paper on SHI, and SHI Parliamentary Bills

**IR1. Political and popular support broadened and strengthened**

- Produce advocacy materials to increase public officials' and NGOs' support of the implementation of FP/RH/HIV/AIDS policies and programs, including *Kenya FP Achievements and Challenges* report and presentation, National AIDS Control Council (NACC) policy advocacy documents, World AIDS Day Briefing Kit, sector-specific policy briefs for several ministerial AIDS Control Units (ACUs), and a training curriculum on gender and HIV/AIDS
- Advocate for support by government officials and community leaders for provision of PAC services by nurses
- Promoting networking and advocacy for maternal health and ARH and development policy
- Sensitize and inform stakeholders on maternal health indicators in Kenya
- Stimulate implementation of the revised Kenya National HIV/AIDS Strategic Plan 2000–2005 (NASP)
- Strengthen the institutional capabilities of parliamentarians and MOH heads of departments to support FP/RH, HIV/AIDS, and health finance programs; municipal and county councils to plan and coordinate HIV/AIDS activities at the community level through a subcontract with the Kenya AIDS NGOs Consortium (KANCO); the Network of People Living with HIV/AIDS in Kenya (NEPHA-K) to coordinate and assist PLWHA organizations to develop plans and programs; the Inter-religious AIDS Consortium (IRAC) to coordinate its activities; and the District Stakeholders' Forum to mobilize support for the implementation of FP/RH/HIV/AIDS policies and additional resources
- Expand and strengthen NEHPAK, IRAC, and the Media and HIV/AIDS Coalition and empower them to conduct a national anti-stigma campaign
- Strengthen MOH decentralization process by enhancing capacities in financial information systems and health planning and reforms
- Support planning for the International Conference for AIDS and STDs in Africa
- Host the National Conference on Health Finance and Policy

**IR2. Planning and financing for FP/RH improved**

- Assist NACC with costing and resource analysis and decision making using the GOALS Model
- Develop HIV/AIDS policies and programs in the police force and assist the police in developing a long-term policy and strategy for their HIV/AIDS program
- Develop policy guidelines on efficient and effective use of cost-sharing revenues based on analysis of impacts of cost sharing on poverty and on efficiency and quality of health services
- Put in place mechanisms to improve governance and efficiency in collecting cost-sharing revenue and NHIF reimbursements in public hospitals
- Strengthen the Financial Information System (FIS), collections efficiency, planning and management, and quality of services provision in four public hospitals
- Strengthen the health/FIS for better planning and implementation to increase cost recovery for health services and to improve resource allocation

- Integrate the FIS/NHIF database systems to provide more reliable data on payments to hospitals
- Support the Nairobi Health Management Board in developing a viable financing plan and strategy for facilities within the city
- Assist two institutional members of IRAC to produce strategic plans
- Build the ministry's technical capacity to plan and implement cost sharing and policy development

**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Produce information and conduct analyses for the HIV/AIDS Policy and Program Index for 2003 and compare findings with those for 1998 and 2000, and for a report to supplement the 2001 *AIDS in Kenya* with HIV/AIDS data for 2002–2003
- In collaboration with CDC and UNAIDS, assist the MOH's National AIDS and STDs Control Program (NAS COP) in analyzing and disseminating sentinel surveillance and other HIV/AIDS data
- Assist in planning, facilitating, and disseminating the 2003 Kenya DHS and the 2004 Joint HIV/AIDS Program Review
- Provide information to NACC, the Attorney General's Office, and Parliamentary Health Committee to prepare bills and amendments to implement the recommendations of the HIV Legal Task Force

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

- Support training and capacity-building for several ACUs to mainstream HIV/AIDS advocacy programs into government operations and functions, KANCO to train key stakeholders and institutional members, and PMO staff to ensure efficient functioning and maintenance of the FIS
- Build the MOH's technical capacity in policy, reform, and proposal development, and for implementing the cost-sharing program
- Conduct and support health planning and budgeting courses in local institutions
- Strengthen and institutionalize POLICY's internship and short-term training programs

## MADAGASCAR

<b>Strategy</b>
<p>POLICY and JSI/DELIVER are collaborating on a one-year program to strengthen RH commodities security in Madagascar. POLICY and JSI/Deliver will build on and expand existing commodity logistics and management, reinforce the government's and SALAMA's (Central Procurement Agency) RH commodity management at the national and district levels, and facilitate policy dialogue.</p> <p>Madagascar is the second country to further test and implement the SPARHCS initiative with the aim of creating a global demonstration model. The long-term goal of POLICY/DELIVER collaboration with the government of Madagascar is to have every Malagasy able to choose, obtain, and use quality contraceptives and other essential RH supplies whenever she or he wants and/or needs them. POLICY's support will also strengthen and expand a national and decentralized health commodity management system to set the stage for the next USAID/Madagascar bilateral health program (slated to begin in 2004).</p>
<b>Staff</b>
<p>Country Director: Nicolas De Metz  Local Staff: Nirina Ranaivoson  Consultants: Jean-Pierre Guengant  Affiliated Staff: Scott Moreland, Karen Foreit, Bill Winfrey, Carol Shepherd</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$N/A  Anticipated FY03 funds: \$934,677</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Conduct an opening stakeholder conference using the SPARHCS framework and guidance to review assessment findings, achieve initial consensus around priority issues to be addressed, and conduct a year-end conference to devise a strategy and action plan</li> </ul> <p><b>IR2. Planning and financing for FP/RH or HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Provide support to the Inter-Agency Coordination Committee (ICC) in defining roles and responsibilities, and improve logistics management functions of the Expanded Program of Immunization (EPI)</li> <li>• Continue support for the process of integrating contraceptives into the essential drugs distribution system</li> <li>• Establish and support the functioning of a national commodity security coordinating committee that includes the MOH, Ministry of Finance, SALAMA, representatives of the Pha-G-Dis, National AIDS Control Campaign (CNLS), National Institute of Public Health, INSTAT, UNFPA, other donor agencies, selected USAID CAs, NGOs, and commercial sector representatives</li> <li>• With the committee and MOH, review findings and recommendations generated about contraceptive issues based on the FamPlan analysis implemented for 1999–2002</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• In partnership with the MOH and select partners, conduct a rapid assessment of the situation, using the SPARHCS framework to examine the policy environment, capacity, demand, service delivery, role of public and private sectors, financing, and logistics, and identify key opportunities and challenges as they relate to progressing toward contraceptive security</li> <li>• Conduct a Logistics System Assessment using the LSAT (Logistics System Assessment Tool) (this information will be critical for establishing a plan to improve logistics and forecasting)</li> <li>• Provide support in drafting a five-year forecast of commodity needs based on national data and validated data extrapolated from all provinces, and update contraceptive procurement tables</li> </ul>

- Begin preparation for follow-on studies that will take place under the new strategic objective agreement, including designing the willingness-to-pay study and designing the study for cost recovery/community financing mechanisms

**IR4. In-country, regional capacity to provide policy training enhanced**

- Strengthen reinforcement training capabilities, both formal and on-the-job, for counterparts in the use of forecasting tools for commodities, analyzing trend data on consumption, writing contraceptive specifications, and strengthening logistics management capabilities
- Provide TA to appropriate national entities in producing international tenders for RH commodities, and facilitate the development of a quality assurance system for contraceptives

**MALAWI**

<b>Strategy</b>
<p>In Malawi, POLICY's objective is to promote human rights and multisectoral participation, including participation of PLWHA in the review, development, adoption, and implementation of national and sector-specific HIV/AIDS-related policies and legislation and in the development and implementation of plans that improve access to quality HIV/AIDS/FP/RH programs.</p> <p>POLICY is completing its current workplan activities, which include providing TA, training, and other support to the National AIDS Commission (NAC), the Malawi Network of People Living with HIV/AIDS (MANET), and stakeholder groups to complete the development and adoption of a comprehensive national HIV/AIDS policy and conduct a national advocacy project to improve the understanding and reduce the impacts of HIV/AIDS-related stigma and discrimination in Malawi. POLICY is also assisting the Ministry of Health and Population's Reproductive Health Unit (MOHP RHU) in completing and applying long-range projections for FP/RH user and resource needs for program advocacy and planning purposes. In addition, POLICY has designed a core package with the RHU to identify and address operational policy barriers in order to improve FP/RH service quality and access.</p> <p>Looking ahead, USAID/Lilongwe has asked POLICY and other projects and implementing agencies in Malawi to participate in joint planning activities beginning in summer 2003 to develop and coordinate new HIV/AIDS/FP/RH workplans. With Mission approval, POLICY is discussing with some of these implementing agencies, including Save the Children/US and FHI/Impact, as well as with key Malawi counterpart organizations, such as NAC and MANET, areas requiring POLICY's expertise. Joint planning activities are anticipated to be completed in July/August 2003, and workplan activities would commence shortly thereafter. Possible areas for POLICY TA may include HIV/AIDS-related legislative revision and development, sector-specific HIV/AIDS policy review and development, PLWHA network advocacy capacity development, HIV/AIDS prevalence projections update, GOALS Model application, and HIV/AIDS policy environment assessments.</p>
<b>Staff</b>
<p>Country Manager: Shawn Aldridge  Local Staff: Rita Chilongozi  Consultants: Gautoni Kainja, Dawn Cavanagh  Affiliated Staff: Leah Wanjama, Danielle Grant, Lane Porter, Koki Agarwal, Brenda Rakama</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$(-69,308)  Anticipated FY03 funds: \$TBD</p>
<b>Proposed Activities</b>
<p>(To be determined once stakeholders meeting takes place in July/August 2003)</p> <p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Build capacity of MANET regional groups to conduct advocacy</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Examine operational policy barriers to distributing condoms for HIV prevention</li> <li>• Conduct HIV/AIDS legislative review</li> <li>• Update HIV/AIDS prevalence projections</li> <li>• Apply GOALS Model</li> <li>• Assess policy environment for OVC and home-based care</li> </ul>

**MALI**

<b>Strategy</b>
<p>POLICY assistance in Mali is aimed at strengthening programs in HIV/AIDS, family planning, and nutrition. POLICY will facilitate greater collaboration among government agencies and between the public and private sectors through a participatory process in transferring skills and knowledge in policy analysis, policy dialogue, and advocacy. POLICY will also support the Groupe Pivot Santé Population (GPSP), an NGO representing more than 150 NGOs, which has a close working relationship with government agencies and has received advocacy training and TA from POLICY. The tools used to generate the necessary data to support the activities are stakeholder analyses, policy environment assessments, computer models, and legislative reform.</p> <p>In the area of HIV/AIDS, POLICY will broaden and strengthen its awareness-raising efforts, reaching the community level and specific target groups. The strategy for expanding access to and use of FP services is to support a widespread advocacy campaign using the RAPID presentation developed during the previous period and focusing on the health benefits of family planning. POLICY will also assist counterparts in the effective use of presentations in awareness raising. The strategy for elevating nutrition on the national agenda is to help the MOH strengthen its public-private and multisectoral approach through the use of the updated PROFILES presentation to raise awareness of nutrition issues among decision makers. POLICY will work to strengthen civil society organizations, including PLWHA groups, in the areas of advocacy, management, leadership, team building, and so forth, to allow them to become policy champions in POLICY's three intervention areas.</p>
<b>Staff</b>
<p>Country Manager: Donald Dickerson  Local Staff: Modibo Maïga, Noumouké Diarra, Mamadou Mangara  Regional Staff: Martin Laourou, Alle Diop, Justin Tossou</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$221,235  Anticipated FY03 funds: \$550,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide advocacy using AIM in specific regions and targeting specific groups (religious leaders, women's groups, PLWHA groups, etc.)</li> <li>• Provide TA to the National AIDS Control Program (PNLS) to encourage decentralization of advocacy activities</li> <li>• Provide HIV/AIDS advocacy activities at the communal level through the GPSP</li> <li>• Provide TA to the High Council of Islam of Mali (HCIM) to develop functional thematic groups to carry out HIV/AIDS advocacy among its members</li> <li>• Provide advocacy activities using the RAPID Model at national and regional levels targeting national and regional leaders as well as civil society; collaborate with civil society and religious groups to reach specific target groups (youth, parents, religious leaders, etc.)</li> <li>• Organize a national advocacy campaign in collaboration with the ministries of Health and Women's Affairs focusing on the role of family planning in the reduction of maternal mortality</li> <li>• Carry out an advocacy campaign with parliamentarians to disseminate and educate the population about the newly adopted RH law</li> <li>• Carry out an advocacy campaign using the PROFILES Model at the national and regional levels aimed at political, governmental, and civil society opinion leaders and decision makers</li> </ul> <p><b>IR2. Planning and financing for FP/RH and HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Build on the POLICY/WARP-funded workshop held in Ouagadougou in September 2002; collaborate with members of Parliament and jurists for the development and adoption of an HIV/AIDS law</li> </ul>

- Build the legislative agenda developed at the POLICY core-funded workshop on RH legislative reforms held in Conakry in June 2003; collaborate with members of Parliament and civil society partners for the implementation of their legislative agendas and development and application of national and operational policies
- Explore possibilities of collaboration with DELIVER and the MOH on contraceptive security

**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Update AIM and the HIV/AIDS film in collaboration with the PNLs
- Develop a “RAPID for Religious Leaders” based on similar experience in Senegal
- Develop a film based on the RAPID Model for use at the community level based on similar experience with AIM

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

- Train partner groups in government and civil society in advocacy, leadership, and team building
- Assist PLWHA groups at national and regional levels in management, advocacy, HIV/AIDS and development, and so forth; carry out training activities in collaboration with the PNLs and GPSP
- Under the guidance of the USAID Health Team and in collaboration with the PNLs, assist other technical teams (DG, Sustainable EG, etc.) at USAID to integrate HIV/AIDS into their respective programs
- Work with USAID Mission to plan MAQ Exchange Conference and facilitate working sessions during the conference

## MOZAMBIQUE

<b>Strategy</b>
<p>POLICY/Mozambique objectives are to facilitate intersectoral collaboration, strengthen local ability to analyze policy on HIV/AIDS, and strengthen planning and advocacy for national responses to the HIV/AIDS epidemic through the use of up-to-date, technically sound information. POLICY facilitates collaboration of health and nonhealth sectors in strengthening HIV sentinel surveillance, data analysis, and HIV/AIDS projections and impact analyses; the second focus is use of that information in program design, implementation, and evaluation.</p> <p>During Year 4, POLICY will continue to strengthen local capacity to generate and use new surveillance data and HIV/AIDS projections for program decision making, outreach, and advocacy, with increased attention to strengthening and expanding the newly created provincial technical groups. POLICY will look for ways to provide TA in budgeting and resource allocation and collaborate in efforts to address the HIV/AIDS epidemic in the workplace.</p>
<b>Staff</b>
<p>Country Director: Henriqueta Tojais (as of September 1, 2003)  Local Staff: Isabel Nhatave, Pedro Duce, Maria Alfeu, Adelaide Liquidao, Matchecane Cossa  Affiliated Staff: Karen Foreit</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$623,453  Anticipated FY03 funds: \$200,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide TA to provincial technical groups, who will conduct outreach to civil society organizations, including PLWHA and the public sector, to raise awareness of HIV/AIDS levels and impacts</li> </ul> <p><b>IR2. Planning and financing for HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Support the National AIDS Council (NAC) reformulation of the National Strategic Plan by collaborating on commissions; provide technical resources for application of the GOALS Model</li> <li>• Assist private employers in developing operational policies and strategic plans to address anticipated challenges of HIV/AIDS</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Collaborate with the technical group, CDC, and the MOH to finalize new HIV prevalence projections based on the expanded 2002 sentinel survey</li> <li>• Support locally conducted special studies on determinants of the variation in HIV prevalence levels observed in different areas of Mozambique</li> <li>• Provide TA to the technical group on new prevalence projections and publications</li> <li>• Develop a dissemination strategy with the technical group to promulgate new projections</li> <li>• Participate in planning and implementation meetings of the NAC, as requested by USAID/Maputo and the NAC</li> </ul> <p><b>IR4. In-country/regional capacity to provide policy training enhanced</b></p> <ul style="list-style-type: none"> <li>• Strengthen the intersectoral technical group with refresher training in EPP, AIM, PMTCT, and other analytic tools</li> <li>• Assist the technical group and the Eduardo Mondlane University to incorporate policy analysis into existing curricula</li> <li>• Fund student internships to serve as research assistants for the technical group</li> </ul>

## NIGERIA

<b>Strategy</b>
POLICY/Nigeria is working to increase political support for high-quality HIV/AIDS, FP/RH, and child survival services, and improve the planning and financing of such services. To achieve these objectives, POLICY is working with a wide range of stakeholders and interest groups through a multisectoral approach. Activities include developing HIV/AIDS policies in the civilian and military populations; developing a national population policy (NPP); developing strategic plans for HIV/AIDS and young adult and adolescent reproductive health (YAARH); supporting the launch of a child and nutrition policy; advocating for HIV/AIDS, family planning, and child survival; researching the effects of HIV/AIDS on vulnerable segments of the population; and using 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.
<b>Staff</b>
Country Manager: Scott Moreland Local Staff: Jerome Mafeni, Charity Ibeawuchi, Ochiawunma Ibe, Oluwatoyin Jolayemi, Oluwole Fajemisin, Theresa Effa Support Staff: Babatunde Afuwape, Theresa Ochu, Mary Arigo Consultants: Sylvia Adebajo, Kris Peterson, Olatubosun Obileye, Stella Iwuagwu, Martins Overedjo Affiliated Staff: Nancy Cecatiello, Nancy Murray, Robert Ssengonzi, William Emmet, Sumi Subramaniam, Rebekah Davis, Mary Scott
<b>Funding</b>
Funds remaining (as of 6/30/03): \$1,471,160 Anticipated FY03 funds: \$3,010,000
<b>Proposed Activities</b>
<p><b>SO. Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS</b></p> <ul style="list-style-type: none"> <li>• Assist with finalizing and adopting a Ministry of Defense (MOD)/Armed Forces Policy on HIV/AIDS</li> <li>• Assist with developing and adopting an HIV/AIDS policy for the police and the paramilitary sector (Prisons and Immigration)</li> <li>• Provide TA to nutrition division of the Federal Ministry of Health (FMOH) in developing and adopting an Infant and Child Feeding Policy</li> </ul> <p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Collaborate with UNIFEM and other gender-based organizations on gender activities for HIV/AIDS</li> <li>• Provide TA and training to the armed forces, police, and paramilitary in developing advocacy presentations and materials</li> <li>• Provide TA to launch and disseminate the Revised National Population Policy for Sustainable Development (2001)</li> <li>• Provide TA to increase awareness and sensitization on Population/FP/RH issues on World Population Day</li> <li>• Conduct a study tour for religious and traditional leaders and key political office holders in the Northern Zone</li> <li>• Collaborate with other agencies to remove cultural and religious barriers to FP/RH in the North</li> <li>• Provide TA for continued dissemination of RAPID at national, state, and local government levels</li> <li>• Provide TA to launch and disseminate the Food and Nutrition Policy of Nigeria</li> <li>• Provide TA to the National Assembly on relevant HIV/AIDS, FP/RH, and child survival legislation</li> </ul>

- Provide TA to conduct advocacy training for public sector partners on HIV/AIDS, FP/RH, and child survival issues
- Develop advocacy materials for PMTCT

#### **IR2. Planning and financing for FP/RH improved**

- Develop the OVC five-year strategic plan
- Provide TA to an additional Christian organization in developing an HIV/AIDS policy
- Provide TA to a Muslim organization in developing an HIV/AIDS policy
- Develop FamPlan model for Nigeria and disseminate results
- Provide TA to relevant population agency in developing a strategic plan for the NPP
- Provide TA in reviewing and updating existing CS policies and guidelines
- Provide TA to the National Committee on Food and Nutrition (NCFN) for institutional appraisal of nutrition coordination in Nigeria

#### **IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Provide TA for socio-economic impact assessments
- Provide TA and support for cost effectiveness studies in Nigeria
- Provide TA in implementing the GOALS model
- Disseminate “Access to Drugs for HIV/AIDS” report
- Disseminate study on access to health care for PLWHA in Nigeria
- Provide TA to National AIDS Control Agency (NACA) in improving its monitoring and evaluation system for monitoring the implementation of the HIV/AIDS Emergency Action Plan (HEAP)
- Provide TA to the National Population Commission (NPC) in developing and disseminating the policy implications of 2003 Nigerian DHS
- Continue education on population dynamics
- Complete the NewGen model and develop ARH presentations for advocacy
- Conduct the Policy Environment Score (PES) module on child survival
- Develop and disseminate a child survival model
- Develop annual policy briefs on HIV/AIDS, FP/RH, and child survival issues
- Develop and disseminate a PMTCT model in collaboration with FMOH and NACA

#### **IR4. In-country, regional capacity to provide policy training enhanced**

- Capacity development of the Federal Ministry of Women’s Affairs and Youth Development (FMWA&YD) in coordination of OVC activities
- Provide TA in developing and introducing HIV/AIDS training modules
- Provide SPECTRUM training for partners and stakeholders

**REDSO/ESA**

<b>Strategy</b>
The USAID Regional Economic Development Services Office (REDSO/ESA) works to strengthen, build capacities in, and link East and Southern Africa (ESA) regional institutions in efforts to meet shared multisectoral and regional needs. The POLICY Project assists REDSO with its objective of enhancing the capacity of the region to improve its health systems. POLICY's strategy is to collaborate directly with senior staff of the Commonwealth Regional Health Community Secretariat (CRHCS), especially program coordinators and selected country counterpart staff of ministries, to build their capacities for problem identification and formulation of health program interventions based on evidence; develop health policy briefs and advocate for appropriate program interventions to key decision makers, including for HIV/AIDS programs; strengthen collaboration on policy development in human resource development and capacity building among regional entities; and analyze policy implications relative to the causes for, and approaches to, health sector reform, in order to assist program coordinators to formulate strategies and tactics in health policy advocacy through information sharing and workshops with health sector reform and financing experts.
<b>Staff</b>
Country Manager: Joseph Deering Regional Staff: Leah Wanjama, Wasunna Owino Affiliated Staff: Steven Forsythe, John Ross, Carol Shepherd
<b>Funding</b>
Funds remaining (as of 6/30/03): \$464,369 Anticipated FY03 funds: \$200,000
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide second health policy advocacy training and capacity-building interventions with senior CRHCS staff and country counterparts from the MOH to consolidate the Regional Health Policy Advocacy Network and foster implementation of health policy advocacy activities. These interventions will take place on a subregional basis in grouping the 14 CRHCS participating countries into three subregional groups that share similar policy development needs.</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Provide TA and workshop interventions with senior CRHCS staff to draft policy briefs on health policy matters useful to high-level decision makers, health policy advocates, and opinion leaders; emphasize production of briefs based on the best international and regional scientific evidence summarized in succinct and clearly communicable fashion. HIV/AIDS-related policy briefs will be produced in relation to the CRHCS HIV/AIDS program and its applied studies and research.</li> </ul> <p><b>IR4. In-country/regional capacity for policy training enhanced</b></p> <ul style="list-style-type: none"> <li>• Provide training for selected country officials, experts, and senior CRHCS staff in the SPECTRUM system of models and the GOALS Model. Up to two country-specific applications of GOALS will be implemented so that training participants produce two analyses based on country data and develop capacities to apply the model in additional settings and train others in the region about its use.</li> </ul>

## SOUTH AFRICA

<b>Strategy</b>
<p>The goal of POLICY 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.</p> <p>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.</p>
<b>Staff</b>
<p>Country Manager: Nikki Schaay  Senior Project Manager: Sylvia Abrahams  Local Staff: Melanie Judge, Caroline Wills, Graeme de Bruyn, Yoliswa Notshe, Puleng Phooko, Aguil Deng, Rene Petersen, Olympia Vumisa, Craig Dumont  Consultants: Saadiq Kariem, Ashraf Grimwood, Dawn Cavanaugh, Andile Xonti, Enrico Girolo, Abigail Dreyer, Busi Makhanya, Karena Du Plessis, Pierre Brouard, Musa Njoko, Kerry Irish, Rose Smart, Mzwamadoda Mangxola  Affiliated Staff: John Stover, Ben Clark</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$1,039,918  Anticipated FY03 funds: \$1,500,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide training to key stakeholders in HIV/AIDS awareness and “mainstreaming,” HIV/AIDS advocacy, and workplace policy and program development</li> <li>• Provide TA and support to a range of local programs to facilitate community advocacy to address stigma and discrimination, promote care and support, and encourage VCT</li> </ul> <p><b>IR2. Planning and financing for FP/RH improved</b></p> <ul style="list-style-type: none"> <li>• Assist national and local government departments, NGOs, and civil society organizations with integrating HIV/AIDS into their core functions through developing workplace policies on HIV/AIDS and with designing and implementing HIV/AIDS programs</li> <li>• Provide TA to key stakeholders in strategic HIV/AIDS planning, monitoring, and evaluation (e.g., DOH and other national government departments, NGOs, local government structures, the civil-military alliance, faith-based communities, and organizations working with women and men)</li> <li>• Provide support to NGOs in developing the necessary leadership skills to effectively mainstream HIV/AIDS into their core functions</li> <li>• Provide TA in developing HIV/AIDS workplace policy and program manuals (for example, for the Department of Water Affairs and the Department of Public Service and Administration)</li> <li>• Provide TA in developing policy guidelines for the Department of Health (such as those being developed for the Continuum of Care)</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Ensure that the outcomes of all POLICY-supported multisectoral research projects are incorporated into POLICY-led training and policymaking sessions, and are used in developing national and operational policy guidelines</li> <li>• Conduct research and training on the economic impact of HIV/AIDS and the impact of HIV/AIDS at the community level so that it contributes to the development of national and</li> </ul>

operational policy guidelines

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

- Provide TA in developing specific curricula (such as the post-graduate HIV/AIDS management course run by the University of MEDUNSA/Stellenbosch)
- Provide TA in developing capacity-building sessions for key stakeholders (such as members of FBOs, PLWHA, and traditional leaders)
- Develop multisectoral HIV/AIDS capacity development modules for key stakeholders
- Provide mentoring and training support to four NGOs focusing on providing support to local communities with regard to TB

## TANZANIA

<b>Strategy</b>
The goal of POLICY/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 (CSOs) 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 STI program by working with civil society, Parliament, and the government. Activities include assisting different stakeholders in developing and implementing effective advocacy strategies for HIV/AIDS, strengthening collaboration between the governmental and nongovernmental sectors by facilitating partnerships, encouraging effective planning for HIV/AIDS programs, and increasing the information used for policy and program development by the Parliament and civil society.
<b>Staff</b>
Country Manager: Charles Pill Local Staff: Maria Tungaraza, Elizabeth Mwaipyana Consultants: Richard Lunaga, Adeline Kimambo, Faustine Ndugulile, Calista Simbakalia, Moshi Ntabaye, Tanzania Public Health Association Affiliated Staff: Leah Wanjama, Lane Porter, Brenda Rakama, Karen Hardee, John Ross
<b>Funding</b>
Funds remaining (as of 6/30/03): \$663,293 Anticipated FY03 funds: \$900,000
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide organizational development and capacity development with Tanzanian Parliamentarians AIDS Coalition (TAPAC)</li> <li>• Assist with the development of a Catholic Bishops Statement on AIDS–Tanzanian Episcopal Conference (TEC)</li> <li>• Assist with the development and publication of an HIV/AIDS best practices newsletter with the National Islamic Conference (BAKWATA)</li> <li>• Assist in planning and carrying out an interfaith summit and development of a care and support statement</li> <li>• Provide organizational development and capacity development with national network of PLWHA organizations (TANOPHA), and support its first Annual General Meeting</li> </ul> <p><b>IR2. Planning and financing for FP/RH and HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Provide HIV/AIDS finance and planning data collection at the district level and capacity-building seminars on HIV/AIDS budget issues with TAPAC</li> <li>• Support the development of diocese-based models for HIV/AIDS response; support the process and provide minigrants to dioceses with the Anglican Church of Tanzania (ACT)</li> <li>• Support consensus on draft assessment of HIV/AIDS legal issues; support capacity-building in drafting HIV/AIDS legislation with the Ministry of Justice</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• In collaboration with TAPAC, develop information sheets on HIV/AIDS and national response, funding, stigma, and so forth</li> <li>• In collaboration with TANOPHA, disseminate GIPA principles, self-care information, and legal rights of PLWHA</li> <li>• In collaboration with the Ministry of Justice, disseminate summary of HIV/AIDS legal assessment report and proposed legislation changes</li> <li>• Assist in dissemination of information and advocacy materials with Tanzania Commission on AIDS (TACAIDS), including analysis of AIM and GOALS applications</li> </ul>

**IR3.1. Increased critical information base**

- Assist in developing AIM with TACAIDS
- Support the Mission's Performance Monitoring Plan (PMP) regarding RCH and assess the HIV/AIDS policy environment in five districts
- Support the Mission's strategic planning process and Annual Strategy Meeting for SO1
- Conduct a Depo-Provera market research study

## UGANDA

<p><b>Strategy</b></p> <p>POLICY has field support to continue certain activities through June 2004 that will eventually be closed out or folded into the new country strategy for 2002–2007, intended to be implemented through two bilateral projects. In April 2003, USAID/Kampala announced the cancellation of the planned bilateral project, which would have focused the activities most related to POLICY’s current mandate. Decisions that are likely to affect POLICY’s workplan for Year 4 will not be made for several months. In the interim, POLICY’s strategy is to build on the foundation laid by the dissemination of RAPID-based information to promote a vigorous national dialogue on population and reproductive health. POLICY’s program will reinforce the leadership of the Population Secretariat (POPSEC) at the national and district levels through support to District Population Officers (DPOs), assist the MOH in strengthening its RH strategy at the national and district levels through support to district health officers (DHOs), support the alliance of CSOs that have undertaken adolescent RH advocacy efforts at both the national and district levels, and help POPSEC strengthen the role of parliamentarians in improving the policy environment.</p> <p>USAID/Kampala has also requested POLICY assistance in developing community- and faith-based activities through the Inter-religious Council of Uganda (IRCU) for people affected by HIV/AIDS. POLICY’s strategy is to subcontract with IRCU to assist in the management of a grants program for OVC activities through FBOs, including the review and award of funds, tracking grant use, meeting reporting requirements, and to provide TA in institution building.</p> <p>POLICY core funds will complement support to the MOH by financing a complete application of the Safe Motherhood Model, including a costing component using data from the national budget. Core funds are also being used to provide an in-depth legal and policy analysis of OVC in Uganda as a contribution to the Mission’s project to facilitate development of a comprehensive national OVC policy for Uganda in collaboration with the Ministry of Gender, Labor, and Social Development.</p>
<p><b>Staff</b></p> <p>Country Director: John Kabera  Local Staff: Grace Nagendi, John Kyakulaga  Consultants: Paul Kizito Kiwanuka-Mukiibi, Deo Rubumba Nkuzingoma (OVC), Robert Kanyarutokye Basaza and Chris Mugasha–Mugarura (Safe Motherhood Model)  Affiliated Staff: Norine Jewell, Tom Goliber, Danielle Grant, Leanne Dougherty, Lori Bollinger (Safe Motherhood Model)</p>
<p><b>Funding</b></p> <p>Funds remaining (as of 6/30/03): \$529,456  Anticipated FY03 funds: \$265,000</p>
<p><b>Proposed Activities</b></p> <p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide training, TA, and financial support to POPSEC to carry out policy dialogue and advocacy at the national level and through DPOs at subnational levels, incorporating use of the RAPID-based presentation, “Uganda: Population, Reproductive Health, and Development”</li> <li>• Provide TA and financial support to the MOH to expand the range of stakeholders supporting its RH Strategy</li> <li>• Provide TA and minigrants to IRCU to conduct national and district-level advocacy and expand active membership</li> <li>• Provide TA and a subcontract with IRCU to develop, manage, and evaluate a small grants program for community- and faith-based organizations to undertake activities in support of OVC</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Support POPSEC district capacity building in policy analysis and advocacy through training for</li> </ul>

DPOs and DHOs in CS-PRO and effective use of DHS data

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

- Develop and implement training in policy analysis and advocacy at the district level incorporating secondary analysis of DHS and SPECTRUM models as tools in planning

**WARP (WEST AFRICA REGIONAL PROGRAM)**

<b>Strategy</b>
<p>USAID/WARP is awarding two major agreements to address HIV/AIDS and FP/RH issues at the regional level in West Africa. These agreements, expected to be awarded by September 2003, each contain a major policy and advocacy component.</p> <p>In West Africa, POLICY will pursue activities to improve the policy environment in the region by strengthening political commitment for FP/RH programs. POLICY will collaborate with the West African Health Organization (WAHO), the Forum for African and Arab Parliamentarians for Population and Development (FAAPPD), the WARP RH awardee, and Divisions of Family Health throughout West Africa to promote the adoption of laws, policies, and plans that will increase access to and quality of FP/RH services in West Africa. Activities will build on the Conakry regional conference in June 2003 with parliamentarians and civil society representatives in adopting and implementing RH legislative agendas using POLICY IR1 core funds.</p>
<b>Staff</b>
<p>Country Manager: Donald Dickerson  Local and Regional Staff: Justin Tossou (Benin), Martin Laourou (Benin), Alle Diop (Senegal)  Consultants: Badara Seye, Bachir Sow</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$85,305  Anticipated FY03 funds: \$100,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Building on the Conakry conference results, hold regional conference on repositioning family planning, bringing together members of Parliament, MOH staff, and civil society representatives to develop country-level action plans that will ensure increased support and resources for FP programs</li> </ul>

**ZAMBIA**

<b>Strategy</b>
<p>Zambia has been combating the HIV/AIDS epidemic for nearly two decades and has succeeded in stabilizing it in contrast to neighboring countries. Nevertheless, prevalence remains high at about 16 percent of the population ages 15–49 years. The government has embarked on a decentralization program, and much of the continued response to the epidemic is determined at subnational levels. USAID has designated Zambia as a rapid scale-up country.</p> <p>POLICY/Zambia’s strategy is to build and strengthen the capacity of partner organizations and institutions to design, implement, and advocate for multisectoral HIV/AIDS policies and programs at national, provincial, and district levels. POLICY’s program will concentrate in the following three theme areas: multisectoral response, information for policy dialogue and planning, and human rights. While POLICY will conduct national activities in all three areas, its strategy is to focus mostly on building capacity at the district level. POLICY will support the National AIDS Council (NAC) in implementing the National HIV/AIDS Strategic Framework by building the capacity of district task forces (DTFs) in all 11 districts in the Southern Province to function as unified administrative units. POLICY will also promote the use of up-to-date information, particularly sentinel surveillance and behavioral data for effective decision making, advocacy, and policy implementation. POLICY will expand support to the HIV/AIDS and Human Rights Campaign, both at the national and district levels, and will work in collaboration and coordination with key stakeholders, including the government of Zambia (GRZ), NGOs, FBOs, other CAs, and donors.</p>
<b>Staff</b>
<p>Country Director: Robie Siamwiza</p> <p>Local Staff: Vesper Chisumpa, George Chigali, Charles Hakoma, Kini Musalo, William Nkausu, Cecila Wright, Chanda Phiri, Priscilla Banda, Kaseba Kabwe, Bartholmeuz Mulenga, Paul Chishaka, Juta Mudenda</p> <p>Consultants: Giovanna Brennan, Muriel Syacumpi, Reuben Lifuka, Given Lubinda, Gidieon Bulwani, Sheila Siwela, Chipu Mweetwa, Laura Miti, Liyawalii Kwibisa, Moses Chibale, Margaret Munalula</p> <p>Affiliated Staff: Tom Goliber, Lane Porter, Leah Wanjama, Danielle Grant, Ed Abel</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$605,204</p> <p>Anticipated FY03 funds: \$2,894,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Strengthen and expand membership in DTFs in Southern Province</li> <li>• Form and strengthen coalition of members of Parliament (MPs) in Southern Province to advocate for HIV/AIDS issues</li> <li>• Mobilize provincial leader and MP support for district-level HIV/AIDS/RH activities</li> <li>• Develop capacity of NGOs, including Network of Zambian PLWHA (NZP+), to provide services to PLWHA as part of the human rights campaign</li> </ul> <p><b>IR2. Planning and financing for FP/RH/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Assist DTFs in developing district HIV/AIDS strategic plans in all 11 districts of Southern Province</li> <li>• Assist NAC in developing an HIV/AIDS Human Rights Charter</li> <li>• Assist the police services in developing guidelines for responding to victims of sexual violence</li> <li>• Assist MPs in securing resources for district projects</li> </ul> <p><b>IR3. Accurate, up-to-date relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Finalize AIM and disseminate products at national, provincial, and district levels in Southern Province</li> <li>• Support development of HIV/AIDS/RH resource centers in all 11 districts</li> <li>• Assist NAC in establishing a national resource center</li> </ul>

- Support production and dissemination of monthly newsletter to Southern Province political leaders on HIV/AIDS/RH

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

- Conduct training in strategic planning, advocacy, and presentation skills for partners
- Conduct resource mobilization training for Southern Province political leaders
- Conduct training in AIM and presentations
- Develop curricula and victim support protocols for police academy and in-service training unit

**ZIMBABWE**

<b>Strategy</b>
Zimbabwe is undergoing one of the worst HIV/AIDS epidemics in the world. Prevalence estimates are now being reevaluated based on new information and new assessments. These processes are not yet completed, but it is likely that the new estimates will indicate that adult HIV prevalence is in the 23–25 percent range. Along with the extremely grave HIV/AIDS epidemic, the country is in a state of political and economic crisis. Zimbabwe is now suffering from hyper-inflation, massive unemployment, crisis-level food shortages, severe lack of transport, disappearing gasoline supplies, and violent political suppression. In this difficult environment, the major goal of POLICY and the Zimbabwe AIDS Policy and Advocacy Project (ZAPA), a bilateral project implemented by Futures Group International, is to promote HIV/AIDS policy dialogue and planning initiatives as best as possible. Results achieved by these projects are intended to serve as building blocks when the national situation starts to improve.
<b>Staff</b>
Country Manager: Thomas Goliber Local Consultant: Ityai Muvandi
<b>Funding</b>
Funds remaining (as of 6/30/03): \$N/A Anticipated FY03 funds: \$450,000
<b>Proposed Activities</b>
<p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>Update and disseminate AIM. Most USAID/Harare support for policy and advocacy activities goes through the ZAPA Project. USAID/Harare has given POLICY a discrete, activity-specific assignment. Zimbabwe has recently released a Young Adult Survey (YAS), a population-based survey that tests for HIV among both men and women ages 15–29. In addition, Zimbabwe has just released the results from the 2002 sentinel survey results. CDC has sponsored an expert group analysis to evaluate these results to determine a national HIV prevalence estimate for the country. In addition, Zimbabwe has other important initiatives, including a successful application to the Global Fund and the introduction of public sector antiretroviral drugs. AIM is designed to synthesize and disseminate information on the epidemic to inform policy dialogue and planning in the country.</li> </ul>

**ASIA AND THE NEAR EAST**



**BANGLADESH**

<b>Strategy</b>
POLICY/Bangladesh focuses on the Mission's IR5, <i>Sustainability of family health services and support systems improved</i> ; thus, the POLICY SO for Bangladesh is <i>Policies and plans that promote and sustain access to quality FP/RH services</i> . To achieve this goal, POLICY will provide assistance to the Mission to ensure that NGO and community involvement in FP/RH services grows; assist in sorting out the problems faced by the NGOs in providing FP/RH services; promote consensus to increase the amount of resources for the FP/RH program; improve the government planners' and NGO managers' ability to conduct rational and effective planning; generate and use accurate and timely information on program requirements; and work to promote awareness of HIV/AIDS in Bangladesh.
<b>Staff</b>
Country Director: Syed Shamim Ahsan Local Staff: Areba Panni Alam, Aliya Khan-Munir, M.A. Borhan Affiliated Staff: Dennis Chao, Don Levy, Courtney Bickert, Suneeta Sharma
<b>Funding</b>
Funds remaining (as of 6/30/03): \$20,252 Anticipated FY03 funds: \$850,000
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Develop and present a policy presentation for population fortnight activities, focusing on the intersectoral linkages between reproductive health and other development sectors</li> <li>• Continue to promote NGOs' roles in providing essential services package (ESP) services</li> <li>• Continue working toward privatization of behavioral change communication (BCC) activities</li> <li>• Develop and implement an advocacy strategy to improve the image and credibility of the Social Marketing Corporation (SMC) and enhance its relationship with the government, donors, NGOs, and the community</li> <li>• Continue advocating for the release of condoms by the government in favor of the SMC, which will be the basis of continuous discussion with the government</li> <li>• Engage in dialogue with the Ministry of Health and Family Welfare (MOHFW) to facilitate the revision of commodity regulations, such as the provision of prepackaged therapy for male STIs and expanded provision for injectable contraceptives</li> <li>• Begin promoting awareness of HIV/AIDS with USAID, SMC, and the BCC Program through information campaigns</li> <li>• Work with the Center for Policy Dialogue to develop recommendations in the following areas: political commitment to HIV/AIDS campaign, greater emphasis on family planning, health promotion, medical care, paramedics, nursing, training, sanitation, nutrition, immunization, mapping of diseases, gender disparities, and privatization of medical institutions now controlled by the government</li> </ul> <p><b>IR2. Planning and financing for FP/RH improved</b></p> <ul style="list-style-type: none"> <li>• Assist the government in the completion of the new population policy</li> <li>• Assist in the preparation of the new Health, Nutrition, and Population Plan</li> <li>• Assist in the implementation of the SO Agreement (SOAG), and help ensure that government-committed resources are forthcoming</li> <li>• Continue to facilitate and monitor the implementation of the CS program, helping SMC to develop policies and strategies to expand services</li> <li>• Remain engaged in dialogue with the government to enlist support for free airtime for promotional activities of the National Integrated Population and Health Program (NIPHP)</li> <li>• Continue to facilitate the design, development, and implementation of an integrated logistics</li> </ul>

management system

**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Develop market segmentation strategy for CS initiative
- Continue to disseminate the contents of the CS program to government officials who are responsible for the procurement and distribution of contraceptives

**IR4. In-country/regional capacity to provide training improved**

- Continue to facilitate a Health and Population Sector Program (HPSP) training strategy in ESP and other service delivery
- Conduct study tour with government and SMC management

## CAMBODIA

<b>Strategy</b>
<p>POLICY will support USAID/Phnom Penh in creating an improved and enabling policy environment for family health (FH) and HIV/AIDS programs and services through USAID's SO of <i>Increased use of high impact HIV/AIDS and family health services and appropriate health seeking behaviors</i>.</p> <p>POLICY will undertake policy and advocacy activities within an integrated FH and HIV/AIDS framework. Specifically, POLICY will facilitate the creation of an enabling policy environment and assist different role players (government, CSOs, faith communities, and the private sector) in developing and implementing effective FH and HIV/AIDS policies, strengthening collaboration between sectors, encouraging effective planning and broader participation, and increasing the information used to inform policy and program development.</p>
<b>Staff</b>
<p>Country Manager: Ed Abel (acting)  Local Staff: Navuth Ya, Uy Chanton, Ik Navapol, Ung Sophea, Sok Chanra  Consultants: Chris Ward (PSC), Susan Paxton  Affiliated Staff: Felicity Young, Steven Forsythe, Sarah Alkenbrack, Edward Abel, David Stephens, Alan Johnston</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$895,740  Anticipated FY03 funds: \$1,100,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Facilitate faith-based advocacy to address stigma and discrimination using monks and religious leaders as policy champions <ul style="list-style-type: none"> <li>◦ Scale up the monks' sensitization training in collaboration with the Ministry of Cult and Religions (MOCR) as defined and articulated in the ministry's workplan</li> <li>◦ Facilitate and support scaling up the Wat Norea program model as per the recommendations of the project evaluation</li> </ul> </li> <li>• Continue to support the selected NGO networks in advocating for greater awareness of the benefits of FP/SM among public and private sector leaders <ul style="list-style-type: none"> <li>◦ POLICY and selected NGO networks organize advocacy events to disseminate FP/RH policy analysis to policymakers</li> <li>◦ Continue subcontracts with the trained advocacy networks to implement advocacy activities, and provide them with ongoing technical support</li> </ul> </li> <li>• Collaborate with the Australian and Cambodian Red Cross to support HIV/AIDS advocacy <ul style="list-style-type: none"> <li>◦ Documentation/TV spot</li> <li>◦ ARV access internal and external advocacy program</li> </ul> </li> <li>• Implement the GIPA principle <ul style="list-style-type: none"> <li>◦ Continue action research into barriers to involving PLWHA in the response to AIDS</li> <li>◦ Implement/disseminate media advocacy toolkit</li> <li>◦ GIPA placements in media organizations and capacity building</li> <li>◦ Mentoring of media organization employers/partners</li> </ul> </li> </ul> <p><b>IR2. Planning and financing for FP/RH and HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Improve human and legal rights and their enforcement, particularly among vulnerable populations, such as sex workers, MSM, women, and vulnerable children <ul style="list-style-type: none"> <li>◦ Continue to support the Cambodian Human Rights and HIV/AIDS Network (CHRHAN)</li> <li>◦ Continue to provide TA to the National AIDS Authority Legal Policy Working Group for</li> </ul> </li> </ul>

its workplan implementation

- Reform operational policy barriers that affect access to safe motherhood services
  - Finalize survey and analysis on policy barriers
  - Work with the MOH to formulate appropriate operational policies
  - Develop an implementation plan for the new operational policies
  - Support advocacy efforts of counterparts involved in reforming the identified policies
- Reform legal and regulatory policy barriers to encourage private sector participation in the provision of FP/RH services
  - Identify policy options derived from the report on legal and regulatory analysis, and implement the advocacy or policy dialogue with relevant institutions
  - Plan and implement advocacy activities based on the findings of the analysis
- Continue to work on improving VCT policies

**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Continue and finalize study on the “Social and Economic Impact of HIV/AIDS on Families and Children in Cambodia”

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

- Respond to policy opportunities in emerging areas for HIV with an emphasis on the needs of vulnerable populations
  - Continue to support capacity building and development of national advocacy networks that have a policy formulation/advocacy mandate through the development of advocacy campaigns and the allocation of contracts to deliver these campaigns (CPN+, HACC, Cambodian Red Cross)
  - Peer Treatment Officer Programs
  - Support capacity building to promote the meaningful involvement of illicit drug users in policy formulation and program design, delivery, and evaluation
  - Support capacity building to promote the meaningful involvement of MSM in policy formulation and program design, delivery, and evaluation
  - Training and support of providers and sex workers in participatory approaches to design, delivery, and evaluation
- Continue to build the capacity of POLICY/Cambodia field staff

## EGYPT

<b>Strategy</b>
<p>The major thrust of USAID's current FP/RH program (TAHSEEN) is to ensure that a high-quality and sustainable family planning program remains once USAID has phased-out operations in 2009. The stated goal of TAHSEEN is <i>to provide the kind of assistance that will solidify USAID's investments of the last three decades, leave a sustainable FP/RH program that provides quality services to all who want and need them, and help Egypt take its final steps in reaching replacement level fertility by 2015</i>. To achieve this goal, TAHSEEN has been designed around four interlocking themes: focused attention to priority groups, improved quality for the customer, stronger institutional capacity and systems, and sustainable sectoral shares (expanded roles for both NGO and commercial sectors).</p> <p>In general, POLICY's primary role in supporting the TAHSEEN strategy is to help bring about specific policy reforms that will, in turn, help the program achieve its goals. Specifically, POLICY/Egypt will focus on three primary areas during the coming year: work with counterparts to develop and advocate for the adoption of strategies and policies that will bring about contraceptive security; continued work with youth to strengthen their capacity to advocate for FP/RH issues; and work with religious institutions (specifically Al-Ahzar University) to train advocates to address FP/RH issues. In addition, as necessary, POLICY will assist in the initiation, development, and adoption of policy reforms related to the achievement of national goals (e.g., age at first marriage) that will directly affect the achievement of TAHSEEN's goal.</p>
<b>Staff</b>
<p>Country Director: Dr. Hussein Abdel-Aziz Sayed  Local Staff: Manal El-Fiki, Deputy Country Director; Dr. Mahassen Hassanin; Fatma El-Zahraa Geel; Ibrahim Zaki; Hesham Abdel-Mageed; Mohamed Emam; Soha Hassan; and Engy Fekry  Affiliated Staff: Carol Shepherd, Margaret Rowan, Suneeta Sharma, Jeffrey Sine, Edward Abel</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$296,316  Anticipated FY03 funds: \$615,548</p>
<b>Proposed Activities</b>
<p><b>IR1: Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Activate the National Youth Task Force, which was created for purposes of advocating to policymakers for youth issues related to family planning</li> <li>• Adapt the advocacy curriculum and support advocacy roles by special groups, especially the Al-Azhar initiative.</li> <li>• Expand the youth champions program <ul style="list-style-type: none"> <li>◦ Expand advocacy efforts to encourage youth to adopt a preference for small family size through the use of existing champions and by increasing the number of advocates</li> <li>◦ Strengthen and expand links with individuals and active groups working in the area of youth FP/RH</li> <li>◦ Continue the implementation of the protocol of collaboration with the Ministry of Youth aiming to advocate for the concept of small family size within the context of youth camps</li> </ul> </li> <li>• Strengthen the advocacy capacity of religious institutions (specifically Al-Ahzar University) to train students to advocate for FP/RH issues</li> <li>• Provide support to counterparts in advocating for the adoption of policies that will affect contraceptive security</li> <li>• Develop advocacy tools around policies affecting the achievement of national goals and advocate, or identify additional champions to advocate, for the adoption of policy reforms</li> </ul>

**IR2: Planning and financing for FP/RH improved**

- Support the initiation, development, and adoption of policies, regulations, and guidelines that will help ensure that the FP/RH program becomes and remains sustainable
  - Undertake a review of the existing logistics and procurement systems
  - Produce and disseminate a trend analysis of past family planning costs
  - Define/refine contraceptive security policy issues based on above task
  - Assist stakeholders from the Ministry of Health and Population (MOHP), NGOs, and the private sector to prepare strategies for contraceptive security
  - Build consensus among MOHP/Population Sector (PS), NGOs, and the private sector concerning the proposed plan
- Assist in the development of sustainability strategies and plans that are consistent with USAID's phaseout plan
  - Assist the Mission to document its options and preferred phaseout plan
  - Review MOHP strategies and plans for consistency with the USAID phaseout plan
  - Assist the MOHP in adopting/revising strategies plans to help ensure they are consistent with USAID phaseout plans
- Encourage multisectoral collaboration and partnerships among the government, NGOs, and the private sector
  - Conduct a workshop for the public, NGO, and commercial sectors to build consensus around the contraceptive security sustainability plan
  - Assist in strengthening the relationship between the MOHP and NGO/commercial sectors
- Identify policies and issues that are related to the achievement of national goals and work with USAID and counterparts to prioritize these issues and to develop strategies to address the identified issues and to formulate appropriate policies (e.g., analysis of the age at first marriage)
- Suggest appropriate revisions to the laws and regulations and advocate for their adoption

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

- Provide decision makers with accurate and updated information for policy dialogue events for policy and decision makers
- Strengthen linkage between POLICY and target groups (champions, youth, trainees, etc.) through electronic media
- Reinforce existing contraceptive commodity procurement capabilities by upgrading the MOHP/PS staff capabilities and skills in the development of multi-scenario procurement projections
- Support research needed for policy issues (e.g., periodic DHS/SPA) and provide technical support to the National Population Commission (NPC) Research Management Unit
- Conduct a review of all population-related laws and regulations, and identify laws and regulations that do not include a population dimension

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

- Provide training in policy formulation and analysis for MOHP/PS, NPC/TS, and for the MOHP/governorate staff of selected priority areas

## INDIA

<b>Strategy</b>
The Mission's SO2 strategy is to improve access to, demand for, and the quality of RH services in northern Indian states, particularly Uttar Pradesh (UP), Uttaranchal, and Jharkhand. The Mission-funded Innovations in Family Planning Services (IFPS) Project in these states focuses on formulation of health and population policies, operational policies, decentralized plans, infrastructure, facilities, and development of new institutions and systems. POLICY is assisting the Mission in preparing health and population policies, decentralized plans, and urban RH strategies; creating State Institutes of Health and Family Welfare; tracking progress according to SO2 indicators; and conducting policy studies to encourage states to make informed decisions.
<b>Staff</b>
Country Director: Gadde Narayana Local Staff: K.M. Sathyanaraya, Anantha Rao, P.N. Rajna, Ashok Singh, Naveen Sangwan, Prabhudhagopal Goswami, Deepankar Datta, Nilesh Deshpande, Mitali Deka, Nidhi Kaul
<b>Funding</b>
Funds remaining (as of 6/30/03): \$1,509,285 Anticipated FY03 funds: \$1,525,000
<b>Proposed Activities</b>
<p><b>SO: Policies and plans to promote and sustain access to quality FP/RH services</b></p> <ul style="list-style-type: none"> <li>• Seek approval for the health policy, population and RH policy, and drug policy from the Jharkhand Cabinet</li> <li>• Seek approval for the drug policy in Uttaranchal</li> <li>• Seek approval for the urban RCH strategy for three major towns of Uttaranchal</li> </ul> <p><b>IR 1: Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Prepare presentations for the Cabinet on the status of health infrastructure in Jharkhand, and generate support to improve health infrastructure</li> <li>• Conduct consultation meetings and workshops to generate consensus on medicine policies, urban RCH strategies, and health and population policies</li> </ul> <p><b>IR 2: Planning and financing for FP/RH improved</b></p> <ul style="list-style-type: none"> <li>• Assist the Jharkhand and Uttaranchal governments in establishing State Institutes of Health and Family Welfare</li> <li>• Assist the Uttaranchal government on cost-recovery measures in hospitals</li> <li>• Prepare implementation plans for district action plans in Uttar Pradesh</li> </ul> <p><b>IR 3: Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Conduct an SO2 indicator survey in Uttar Pradesh with a sample of 12,500 households, and disseminate the results to USAID and SIFPSA</li> <li>• Conduct an impact analysis of IFPS Project and disseminate the results to USAID and CAs</li> <li>• Publish and distribute Cabinet-approved state health and population policies</li> <li>• Conduct facility surveys to improve efficient use of resources, and create a database on facilities in Jharkhand and Uttaranchal</li> <li>• Conduct a workshop on household health expenditure in Uttaranchal</li> </ul> <p><b>IR 4: In-country/regional capacity to provide policy training enhanced</b></p> <ul style="list-style-type: none"> <li>• Revise policy-related curricula in at least two health and family welfare institutions, and introduce and institutionalize new curricula</li> </ul>

**JORDAN**

<b>Strategy</b>
USAID/Amman has adopted as one of its strategic objectives “Improved access to and quality of reproductive and primary health care” (SO3). POLICY/Jordan is designed to assist in removing many of the barriers that impede the use of family planning and other RH services by strengthening political and popular support and improving the policies and plans of the FP/RH program. POLICY will focus on improving the policy environment for FP/RH activities in Jordan by increasing political support for favorable FP/RH policies; working with local institutions to identify barriers to improved FP/RH access and services and advocate for policies that remove such barriers; developing recommendations to improve the financing of FP/RH programs; improving the planning capacity of institutions engaged in the FP/RH program; and helping strengthen NGOs in their ability to engage in constructive policy dialogue and advocacy.
<b>Staff</b>
Country Manager: Ed Abel Local Staff: Issa Al-Masarweh, Basma Ishaqat, Sawsan Madanat Affiliated Staff: William Emmet, Anne Jorgenson, Carol Shepherd, Suneeta Sharma
<b>Funding</b>
Funds remaining (as of 6/30/03): \$451,241 Anticipated FY03 funds: \$500,000
<b>Proposed Activities</b>
<p><b>SO. Policies and plans promote and sustain access to quality FP/RH services</b></p> <ul style="list-style-type: none"> <li>• Continue to assist the government with the adoption and implementation of the Reproductive Health Action Plan (RHAP) in support of implementing the National Population Strategy (NPS)</li> </ul> <p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Conduct awareness-raising activities among the new parliamentarians to increase their support for FP policies and programs</li> <li>• Develop and deliver analyses and presentations on the impacts of population growth on social and economic development to key, high-level decision makers, CAs, and counterparts</li> <li>• Advocate for increased support for the revised NPS and RHAP</li> <li>• Support advocacy efforts to eliminate operational policy barriers specified in the RHAP, including barriers to increased/improved FP counseling, access to services, and other service delivery</li> <li>• Advocate for policies and programs that focus on the postpartum and premarital periods</li> <li>• Expand membership and strengthen the advocacy skills of the Jordanian Network for Reproductive Health (JNRH)</li> <li>• Support the planning and implementation of the JNRH strategy to advocate for sufficient funding of RH programs</li> </ul> <p><b>IR2. Planning and financing for RH improved</b></p> <ul style="list-style-type: none"> <li>• Continue to strengthen the policy environment to make it conducive to achieving contraceptive security through awareness raising, advocacy, policy dialogue, training, research, and building an information base that is then used in the policy process</li> <li>• Continue to support activities in support of Jordan’s long-term CS plan</li> <li>• Build national capacity in the areas of RH costing, budgeting techniques for RHAP, and strategic planning for family planning</li> <li>• Continue work with stakeholders to advocate for FP coverage in health insurance, self-insured benefits, and a social security benefits package</li> <li>• Initiate steps to create a National Health Account for family planning and advocate for the itemization of a RH budget item in the national budget</li> </ul>

- Provide the necessary TA to the National Council for Family Affairs in identifying priority family issues

**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Conduct research on key policy aspects of contraceptive security, such as market segmentation and projection of future FP requirements
- Finish the study on contraceptive dynamics based on DHS calendar data
- Support research on the practices of religious preachers/leaders with respect to FP support and awareness among men through a subcontract with ZENID
- Compile updated information from DHS and other sources for JNRH research and advocacy
- Collaborate with relevant CAs with a study on the performance of nurses/midwives in IUD services under the new policy
- Synthesize existing RH policy-related information from all sources
- Collect and assess the content of messages and slogans sent to the public by the candidates of the 2003 Parliament election to develop appropriate advocacy for the parliamentarians' use
- Support the development of monitoring and evaluation mechanisms for the RHAP

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

- Provide TA for the inclusion of population and FP/RH policy education in the Health Academy and University of Jordan through department/course development, internship, mentoring, and training (core funds)
- Integrate FP/RH, advocacy, and computer-based policy models (SPECTRUM) into curricula at universities and training activities at the Department of Statistics and other relevant agencies
- Provide SPECTRUM training for government and NGO sectors

## NEPAL

<b>Strategy</b>
The goal of POLICY/Nepal assistance is to collaborate with the National Center for AIDS and STD Control (NCASC) to create an enabling policy environment by supporting the development of a Planning and Coordination Unit. This unit will be responsible for facilitating and monitoring policy dialogue, development, and advocacy and for partnership building with the civil society sector. Specifically, POLICY will support the NCASC to increase ownership of the National HIV/AIDS Strategy and Operational Plan within the public and private sectors and at the district level. In collaboration with the NCASC, POLICY will also focus on addressing the complex challenges of strengthening the multisectoral policy response to the HIV/AIDS epidemic in Nepal. POLICY activities are also aimed at implementing GIPA in the formulation of HIV/AIDS policies and programs. POLICY will help establish improved and effective planning and finance mechanisms for HIV/AIDS policies and programs and increase understanding of the impact of stigma and discrimination on prevention, care, and support policies and programs.
<b>Staff</b>
Country Director: Bhojraj Pokharel Local Staff: Sumi Devkota Affiliated Staff: Felicity Young, Chris Ward, Phillipa Lawson, Anne Eckman, David Lowe
<b>Funding</b>
Funds remaining (as of 6/30/03): \$182,394 Anticipated FY03 funds: \$675,000
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Based on findings from the review and analysis of policy, legal, and regulatory environments conducted in the previous year, work with stakeholders to build consensus on recommendations that emerged from the review and commence work on legal and policy reform (this will be supported by targeted advocacy interventions)</li> <li>• Continue to support the compilation of the HIV/AIDS Advocacy and Policy “Partners” matrix database</li> <li>• Conduct a national study tour focused on multisectoral approaches at the district level (module one, the National study tour, has already been conducted)</li> <li>• Support the development of cross-border policy agreements between the governments of Nepal and India to effectively address the prevention, care, support, and counseling needs of female sex workers and other migrant workers</li> <li>• Provide ongoing support to the multisectoral partnership between the government and civil society</li> <li>• Provide continued capacity building for the National NGO Advocacy Network and support its expansion to major centers</li> <li>• Support ongoing policy dialogue regarding GIPA</li> <li>• Promote and facilitate the GIPA placements in selected government agencies and civil society groups</li> <li>• Promote and facilitate the development of a Nepal HIV/AIDS legal and human rights organization and the adoption of guidelines for the protection and clarification of rights and responsibilities of PLWHA</li> </ul> <p><b>IR2. Planning and financing for HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Provide ongoing support regarding the promotion and distribution of a National HIV/AIDS Strategy and Operational Plan with a focus on targeted districts</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Based on the media thematic analysis conducted last year, design and deliver a training and</li> </ul>

capacity-building program for journalists for improving media coverage of HIV/AIDS, with an emphasis on PLWHA

- Support the implementation of findings from the baseline research on the impact of stigma and discrimination with regard to the health sector
- Facilitate networking and linkages among PLWHA in the districts, avoiding duplication with other agencies
- Support the PLWHA network to develop an advocacy document addressing HIV-related stigma and discrimination (gaps, opportunities, and best practice)
- Apply the AIDS Program Effort Index
- Provide ongoing support to the NCASC for their web page and a broader role in information dissemination

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

- Enhance in-country capacity to provide advocacy and policy awareness and training to key stakeholders
- Provide ongoing support to the NCASC with regard to organizational development, policy development, and advocacy capacity building
- Provide ongoing identification and compilation of HIV/AIDS policy and advocacy resources for the NCASC

**PHILIPPINES**

<b>Strategy</b>
For the period covering July–September 2003, POLICY assistance in the Philippines will continue to strengthen the capability of the provincial government of Pangasinan and the 10 project sites within the PALARIS Inter-Local Health Zone (ILHZ), including the city of Urdaneta, in support of the implementation of the Contraceptive Self-Reliance (CSR) Initiative to ensure domestic funding for contraceptive commodities.
<b>Staff</b>
Country Director: Aurora E. Perez Local Staff: Annabella Fernandez, Vilma Aquino, Estela del Rosario, Vivien Cabanban, Aldrick Francisco, Sheila Flores, Charmaine Siens, Juanito Soriano Consultants: Emelina Almario, Jonathan Flavier, Bienvenido Alano, Odilyn de Guzman, Jose Ariel Canaverl, Carmeli Chaves, Demographic Research and Development Foundation Affiliated Staff: Jeff Sine
<b>Funding</b>
Funds remaining (as of 6/30/03): \$320,436 Anticipated FY03 funds: \$250,000
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Conduct awareness raising for policymakers and other stakeholders, and advocate for allocation of funds for CSR, market segmentation, and targeting strategies activities</li> <li>• Develop a unified advocacy plan for public and NGO sector advocates</li> <li>• Provide TA in the implementation of an advocacy plan for CSR</li> </ul> <p><b>IR2. Planning and financing for FP/RH improved</b></p> <ul style="list-style-type: none"> <li>• Provide TA to USAID in conducting donor’s meeting and other activities to finalize USAID’s Transition Plan for each contraceptive method</li> <li>• Institutionalize operational policy barriers reform process</li> <li>• Conduct strategic planning workshop on financing of contraceptives for FP program managers in eight municipalities and two cities in Pangasinan</li> <li>• Develop targeting/financing strategies in support of CSR</li> <li>• Identify policy recommendations in the areas of forecasting, selection, procurement, and distribution, as well as for a functional referral system</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Conduct technical monitoring and evaluation of the CSR Initiative in Pangasinan</li> <li>• Finalize targeting strategies/segmentation models using Willingness to Pay and Facility Survey data</li> <li>• Document overall CSR TA results</li> <li>• Conduct lessons learned conference, highlighting the CSR Initiative in Pangasinan</li> <li>• Analysis of Willingness to Pay and Facility Survey in support of contraceptive financing strategies used in policy dialogues with the governor and mayors of Pangasinan</li> </ul> <p><b>IR4. In-country/regional capacity to provide training enhanced</b></p> <ul style="list-style-type: none"> <li>• Conduct training on the use of facility mapping using GIS</li> <li>• Conduct advocacy skills training for public sector advocates</li> <li>• Conduct training on targeting and financing tools</li> </ul>

## VIET NAM

<b>Strategy</b>
The activities outlined below have been designed to support the USAID strategic objective of preventing HIV and mitigating its effects in Viet Nam. Activities are designed to improve the advocacy skills of key government and NGO stakeholders, raise the awareness of government actors of the value of PLWHA involvement; improve national and provincial HIV/AIDS strategic planning; provide information about the impact of HIV/AIDS; and strengthen health policy training in national institutions. A specific focus of the activities in the current workplan is to assist people living with HIV/AIDS build the capacities required to enable them to participate in the HIV/AIDS policy domain.
<b>Staff</b>
Country Director: Mr.Tien Tran Duc, Local Staff: Dr. David Stephens, Resident Advisor; Dr. Nguyen Thi Minh Ngoc, Program Officer; Ms. Nguyen Nam Phuong, Office Manager
<b>Funding</b>
FY03 funds: \$1,345,000
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support for HIV/AIDS broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Strengthen advocacy for the revised National Ordinance on HIV/AIDS Prevention and Control</li> <li>• Support PLWHA self help and organizational development</li> <li>• Strengthen awareness and support for GIPA principals among policymakers, MOH staff, and national and international stakeholders</li> </ul> <p><b>IR2. Planning and financing for HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Provision of technical and financial support to increase capacity of national HIV/AIDS program to plan strategically</li> <li>• Provide technical and financial support for the review and redrafting of the National Ordinance on HIV/AIDS Prevention and Control</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• AIM and GOALS model training and implementation at the national and provincial level</li> <li>• Policy research and advocacy on drug prevention and rehabilitation and HIV/AIDS</li> <li>• Raise awareness of the human rights dimensions of HIV/AIDS in Viet Nam</li> <li>• Support the Socioeconomic Impact Study of HIV/AIDS in Viet Nam</li> <li>• Assess research on MSM issues</li> <li>• Assess Viet Nam's capacity to increase access to ARVs</li> <li>• Conduct research on the HIV/AIDS impact on women</li> <li>• Strengthen the capacity of the media to report on HIV/AIDS</li> </ul> <p><b>IR4. In-country/regional capacity to provide training enhanced</b></p> <ul style="list-style-type: none"> <li>• Strengthen the capacity of health policy training in Ho Chi Minh Political Academy and in the Hanoi School of Public Health</li> </ul>

# EUROPE AND EURASIA



**RUSSIA**

<b>Strategy</b>
While continuing modest support to the National Advocacy Network for Reproductive Health, POLICY/Russia will focus its TA on the advocacy efforts and sustainability of the five regionally-based network branches that formed during the last program year. Additionally, in collaboration with POLICY-trained partners, POLICY will support the All Russian Youth-Friendly Clinics Association in its advocacy capacity building and advocacy strategies for increasing the number of youth-friendly RH clinics in several regions. POLICY will also coordinate with the Healthy Russia 2020 Project to include the participation of POLICY-supported advocacy networks and POLICY-trained partners in the forthcoming advocacy capacity-building strategies for other health sectors. POLICY will coordinate its future support to the Youth-Friendly Clinics Association with the Mission's new MCH initiative.
<b>Staff</b>
Country Manager: Anne Jorgensen Local staff: Katya Yusupova, Julia Andrianova Consultants: Viktoria Sakevich, Olga Khazova Affiliated staff: Imelda Feranil, Karen Hardee, Olena Truhan (Ukraine)
<b>Funding</b>
Funds remaining (as of 6/30/03): \$120,553 Anticipated FY03 funds: \$150,000
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide targeted support for the national network's sustainability strategy, particularly as it relates to strengthening coordination among regional networks</li> <li>• Support publication of the network's third newsletter, focusing on reproductive health, STIs, and HIV/AIDS; should the network choose to publish another edition, this will be supported as well</li> <li>• Facilitate the development, training, and advocacy efforts of five regionally-based network branches</li> <li>• In consultation with the Mission, consider expanding the number of regional networks by two; alumnae of the TOT from Voronez and Penza have begun the process of forming networks and have requested POLICY support</li> <li>• Provide additional advocacy training and TA to the All Russian Youth-Friendly Clinics Association; coordinate future work in regions with the Mission's new MCH initiative</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Assist regional networks to prepare fact sheets based on results of the MNPI and the Policy Environment Score (PES)</li> </ul> <p><b>IR4. In-country/regional capacity to provide policy training enhanced</b></p> <ul style="list-style-type: none"> <li>• Continue to support partners' efforts to include advocacy modules in curricula of training and education centers</li> <li>• Encourage Healthy Russia 2020 to work with POLICY-trained advocacy trainers and established advocacy networks throughout Russia to achieve its advocacy capacity-building objectives</li> </ul>

## UKRAINE

<b>Strategy</b>
POLICY/Ukraine's activities contribute to USAID/Kyiv's IR5.3.1C, <i>Policies and regulations that ensure access to reproductive health services for women at risk</i> . POLICY's goal is to strengthen the ability of the MOH and other partners to implement the National Reproductive Health Program 2001–2005 (NRHP) and policies that improve RH service delivery. This is accomplished by providing technical and financial assistance to a range of stakeholders including the MOH and local partners responsible for implementing, monitoring, and evaluating the NRHP; members of the Policy Development Group (PDG) who forward policy and programmatic issues relevant to successful implementation of the NRHP, including recommendations to remove operational policy barriers; the Ukrainian Reproductive Health Network (URHN) in planning, implementing, and evaluating its ongoing advocacy campaigns in support of funding and implementing the NRHP; and local government and NGO leaders in the city of Kamianets-Podilsky who are reducing inefficiencies in RH service delivery. Partners will use data from the MOH and POLICY-supported analyses to inform policy and program decisions. In addition, to help control and mitigate the impact of HIV/AIDS in Ukraine, POLICY is supporting a RH/HIV/AIDS initiative to improve policies that increase access to quality RH services for HIV-positive women. These activities are grounded in a human rights approach.
<b>Staff</b>
Country Manager: Monica Medrek Local Staff: Andriy Huk, Lena Truhan, Oleg Semerik, and local subcontractors Affiliated Staff: Anne Jorgensen, Kokila Agarwal, Anne Eckman, Lane Porter
<b>Funding</b>
Funds remaining (as of 6/30/03): \$134,389 Anticipated FY03 funds: \$400,000
<b>Proposed Activities</b>
Proposed activities will be refined pending obligation of FY03 funds and discussion with USAID/Kyiv and counterparts.
<b>IR1. Political and popular support broadened and strengthened</b>
<ul style="list-style-type: none"> <li>• Further strengthen URHN's sustainability and ability to advocate for regular and sufficient financing of the NRHP at the local level and improving the RH component of school curricula to promote healthy lifestyles among youth</li> <li>• Support policy dialogue and advocacy to improve existing HIV/AIDS policies related to reducing stigma and discrimination and increasing access to and quality of RH services for HIV-positive pregnant women</li> </ul>
<b>IR2. Planning and financing for FP/RH/HIV improved</b>
<ul style="list-style-type: none"> <li>• Support the PDG in developing evidence-based recommendations for the Cabinet of Ministers to remove operational policy barriers concerning inefficiencies in the RH care system</li> <li>• Support the PDG in developing a guide for policymakers, health administrators, and providers on improving the quality and efficiency of RH service delivery</li> <li>• Provide targeted support to a pilot site initiative to improve the efficiency of RH services in Kamianets-Podilsky</li> </ul>
<b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b>
<ul style="list-style-type: none"> <li>• Conduct targeted a legal review based on results of interviews with HIV-positive women and their providers</li> <li>• Compare Ukraine's HIV/AIDS laws to international norms and treaties to identify gaps</li> </ul>
<b>IR4. Local capacity to develop policy analyses and provide policy training enhanced</b>
<ul style="list-style-type: none"> <li>• Provide local staff with TA and training in the policy process</li> </ul>

# LATIN AMERICA AND THE CARIBBEAN



## GUATEMALA

<b>Strategy</b>
<p>POLICY/Guatemala works to create a favorable policy environment for FP/RH and human development by supporting the active participation of private and public sector organizations in the policy process, providing TA to develop and/or strengthen policies that improve access to and funding for FP/RH services, and expanding the social and political response to the population's RH needs.</p> <p>POLICY's strategy during the next year will focus on the presidential elections scheduled for November 2003. POLICY will take a lead role in implementing an 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. Within this context, POLICY will raise awareness and garner support among policymakers on FP/RH issues, with emphasis on family planning, safe motherhood, adolescents, human rights, gender, financing, access, and quality. Specifically, POLICY and its counterparts will provide information to political parties and presidential and congressional candidates and work with them to develop policies that are responsive to health and development needs. POLICY will update and facilitate the use of findings from several studies—including studies on operational and medical barriers to accessing FP/RH services, the maternal mortality baseline, policy environment analysis, national accounts, and the 2002 Family Health Survey (FHS)—to convince decision makers, political candidates, and program managers of the need to improve national and operational policies and norms on reproductive health. POLICY will also complete a core package examining and recommending changes in operational policies that create barriers to family planning services, based on a 1999–2000 medical barriers study. The core package will develop a “road map” to serve as a model for implementation of solutions.</p> <p>POLICY will also continue providing TA to the MOH as it implements and funds the Social Development and Population Policy and to SEGEPLAN as it develops a second “Diploma” course on the same topic. POLICY assistance to SEGEPLAN will also include strengthening its institutional capacity at the regional level and implementing the Decentralization Law, the Urban and Rural Development Councils Law, the Poverty Reduction National Strategy, and the Social Development and Population Policy. POLICY will also support individual NGOs and networks in implementing civic surveillance campaigns to monitor the implementation of commitments such as the National Reproductive Health Program and the Social Development and Population Law.</p>
<b>Staff</b>
<p>Country Manager: Lucía Merino  Local Staff: Claudia Quinto, Marisela De La Cruz, Miriam Rodríguez, Lilian Castañeda  Consultants: Elizabeth Quiroa, Carlos Ríos, Nancy Franco, Mirna Montenegro  Affiliated Staff: Norine Jewell (core package manager)</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$500,249  Anticipated FY03 funds: \$500,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide technical and financial assistance to NGOs for advocacy activities/campaigns in the capital city and selected departments within the context of the electoral strategy</li> <li>• Organize and implement forums, meetings, and presentations on FP/RH, human rights, adolescents, safe motherhood, health policy and financing, and gender to raise awareness and galvanize support among political candidates, parties, and decision makers, both in the public and private sectors</li> <li>• Through workshops and meetings, provide TA to NGOs at the national and subnational levels in formulating and implementing a civil society strategy to monitor the implementation of official FP/RH commitments</li> </ul>

**IR2. Planning and financing for FP/RH improved**

- As part of the core package, provide TA to the MOH, Social Security Institute (IGSS), APROFAM (IPPF affiliate), Guatemalan Association of Obstetrics and Gynecology (AGOG), Guatemalan Association of Women Physicians (AGMM), and civil society groups to identify and implement policy changes to reduce operational barriers and improve access to and quality of FP/RH services
- Provide TA to SEGEPLAN to implement the Social Development Policy at the decentralized level

**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Conduct the second round of the Medical Barriers to Family Planning Survey
- Update SPECTRUM models with 2002 FHS data; conduct participatory application and analysis with decision makers at SEGEPLAN, MOH, and IGSS, diploma participants, and counterparts
- Conduct a workshop on FamPlan for MOH and IGSS as part of their CS initiatives and workshops on other models, including the Safe Motherhood Model, for decision makers
- Conduct a workshop on tools for using 2002 FHS data in planning, policy formulation, and advocacy

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

- Co-sponsor two diploma courses. One course will be on women's health, in conjunction with the Central American Institute of Nutrition (INCAP), MOH, and IGSS and with support from an inter-institutional committee and donors. The other will be on population and development, with emphasis on financing and resource allocation, in collaboration with the National Institute of Public Administration and SEGEPLAN. This will be the second diploma degree on population and development in Guatemala
- Support the Public Health Program of the University of San Carlos to increase access to updated online information and other research

## HAITI

<b>Strategy</b>
<p>POLICY's program emphasis in Haiti is in the area of HIV/AIDS with some activities aimed at supporting other RH issues. The public sector in Haiti continues to fulfill its policy and planning roles only sporadically, as it has done since the late 1980s. As a result, USAID/Port-au-Prince asked that the bilateral project HS2004, field-support projects including POLICY, and key local organizations help develop and implement a "Sustainable Social and Community Response to HIV/AIDS" as a means to strengthen prevention, care and treatment, and mitigation efforts taking gender issues into account. A major part of POLICY's strategy is to collaborate with HS2004, FHI/Impact, and local organizations to help implement the Mission's approach. Toward this end, POLICY will help build capacity among NGO service providers financed by USAID; build capacity among NGOs representing women, youth, and FBOs; and, as opportunities arise, provide TA to government counterparts at the national and subnational levels. Specifically, POLICY will provide minigrants to NGOs to strengthen their capability to plan and mobilize resources for HIV/AIDS and carry out advocacy and policy dialogue activities.</p> <p>POLICY will also continue to facilitate an inter-religious effort that was initiated in late 2002 to respond to the HIV/AIDS challenge. Furthermore, POLICY will support public sector implementation of 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, care and support of persons living with HIV, maternal mortality reduction, and quality assurance. POLICY will also collaborate with HS2004 and the MOH to strengthen and help implement the operational policies reflected in the Minimum Package of Services (MPS) for the MOH and NGO service providers. In addition, POLICY will expand advocacy efforts to reduce gender-based violence, help the MOH strengthen its information technology (IT) capabilities, and support the MOH in developing a National Strategic Plan for the Health Sector, in which HIV/AIDS will be a high priority.</p>
<b>Staff</b>
<p>Country Manager: Norine C. Jewell  Local Staff: Laurent Eustache, Mireille Barolette  Consultants: Eric Gaillard, Guy Craan  Affiliated Staff: Emily Sonneveldt</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$97,831  Anticipated FY03 funds: \$300,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Participate in implementation of the Mission's "Sustainable Social and Community Response to HIV/AIDS"</li> <li>• Provide TA and training to NGOs, including Konesans Fanmi, POZ, Association of Private Health Organizations (AOPS), FSL, CECOSIDA, and l'Associations d'Etudiants to plan and implement HIV/AIDS policy and advocacy activities</li> <li>• Assist the MOH to advocate for its maternal mortality reduction strategy among private sector partners</li> <li>• Provide TA to public and private stakeholders in policy analysis and advocacy to reduce gender-based violence</li> </ul> <p><b>IR2. Planning and financing for FP/RH or HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Collaborate with HS2004 and the MOH to implement their quality assurance plan, as well as the operational policies reflected in the MPS that NGO grantees have begun to implement</li> <li>• Provide TA and financial support for development of a coherent inter-religious strategy for</li> </ul>

battling HIV/AIDS

- Collaborate with HS2004 and the MOH to operationalize the National HIV/AIDS Strategic Plan
- Collaborate with UNFPA to assist the MOH in developing a maternal mortality reduction strategy

**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Maintain and update population, RH, and HIV/AIDS database using SPECTRUM models, incorporating results of the Haiti census when they become available
- Assist the MOH in strengthening its IT capability

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

- Continue ongoing collaboration and training activities with local partners and NGOs

**HONDURAS**

<b>Strategy</b>
<p>The POLICY/Honduras strategy focuses primarily on strengthening the country's HIV/AIDS response by working to ensure that planning and policy development processes and implementation of programs at the national and regional levels are well-coordinated, collaborative, and multisectoral. POLICY will provide TA to several multisectoral bodies that currently coordinate the HIV/AIDS response in Honduras, including El Foro Nacional and its regional chapters, the Global Fund Country Coordinating Mechanism (Fundación), and the National AIDS Commission (CONASIDA). POLICY assistance to stakeholders will take the form of strengthening key information systems and information-based decision making; providing opportunities for and building skills among donors and civil society members to coordinate, monitor, and evaluate the implementation of national and regional strategic plans; and facilitating the use of AIM, GOALS, and other planning/coordinating tools.</p> <p>POLICY will also provide TA to various vulnerable groups in Honduras to help ensure that they are involved in policy formulation and the planning and implementation of HIV/AIDS programs and initiatives. Areas for POLICY assistance to vulnerable groups will be identified jointly with those groups and other CAs but will likely include policy dialogue and advocacy to build political commitment, strengthening and implementation of GIPA principles, strategies for decreasing stigma and discrimination around HIV/AIDS, and building capacity to advocate for and manage effective HIV/AIDS programs.</p>
<b>Staff</b>
<p>Country Manager: Philippa Lawson  Local Staff: Miguel Aragon, Joseline Paz (contracts yet to be finalized and signed)  Affiliated Staff: Pablo Magaz, Sandra Aliaga, Omar Perez</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$ (-126,443)  Anticipated FY03 funds: \$800,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide TA and training for PLWHA and MSM groups in policy dialogue, advocacy, implementation of GIPA principles, stigma and discrimination, use of media, and other areas</li> <li>• In collaboration with the German Agency for Technical Cooperation (GTZ), El Foro, UNAIDS, and Fundación, provide TA to the National Human Rights Commission (CONADEH) and relevant CSOs to ensure that commitments made during the March 2003 National Human Rights Conference are implemented</li> </ul> <p><b>IR2. Planning and financing for HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Provide mechanisms and tools to enable USAID, its CAs, and other donors to coordinate TA, ensuring that funds are used efficiently</li> <li>• Bring together, in different spaces and forums, groups made up of and working on issues related to PLWHA, MSM, and the coastal community of Garifuna; using policy and planning tools as a base, facilitate multisectoral coordination in plan development</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Complete AIM application and disseminate findings</li> <li>• Apply GOALS and promote its use as a tool for coordinated and rational allocation of HIV/AIDS funds from different sources to key interventions specified in the National AIDS Plan and Global Fund proposal (pending discussion with MOH)</li> <li>• Conduct an inventory of policies, plans, baselines, diagnostics, and treatment guidelines currently in existence and in circulation in Honduras; create database linking stakeholders with activities, target audiences, and geographic concentration to be used as coordinating and planning tools</li> </ul>

**JAMAICA**

<b>Strategy</b>
<p>POLICY/Jamaica continues to support USAID's SO of improving youth reproductive health in Jamaica by using a multipronged strategy to foster a policy environment that will promote and sustain access to services for youth. This strategy will involve building advocacy and partnership skills of public and private sector stakeholders and developing advocacy networks that focus on improving RH outcomes for Jamaica's youth. POLICY will work with counterpart organizations, including the four Regional Health Authorities (RHAs), the National Family Planning Board (NFPB), the National Center for Youth Development (NCYD), the Planning Institute of Jamaica (PIOJ), and Youth.Now (the Mission's bilateral project) to ensure that the policy environment is supportive of youth and responsive to their needs.</p> <p>POLICY's strategy will also include continued support to the NCYD in finalizing the National Youth Policy (NYP), which takes a multisectoral and assets-based approach to youth development, with a special emphasis on health. Specifically, POLICY will provide TA to NCYD to plan for the dissemination of the NYP and develop a strategic plan for its implementation.</p> <p>POLICY will continue to work with the MOH and the four RHAs to ensure that annual regional plans keep with the National Strategic Framework for Reproductive Health (NSFRH) 2000–2005, and that the regional authorities have the skills to implement their workplans at the local level. Training in budgeting and finance, as well as proposal development and the use of data in planning and decision making will assist the RHAs to respond to needs at the local level.</p> <p>As part of the core package, POLICY is assisting the Northeast Region to determine the feasibility of integrating FP/MCH services with STI/HIV/AIDS services within a primary care setting. The findings will be of significant value to the MOH and the other health regions in planning for improved service delivery.</p>
<b>Staff</b>
<p>Country Director: Kathy McClure  Local Staff: Amory Hamilton  Consultants: Beryl Chevannes, Alfred Brathwaite, James Rosen  Affiliated Staff: Elizabeth Neason, Margaret Rowan, Nancy Murray, Minki Chatterji, Karen Hardee, Carol Shepherd, Don Levy</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$67,180  Anticipated FY03 funds: \$100,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide training in partnership and network development to ARH advocates in both the public and private sectors in the four health regions</li> <li>• Provide advocacy training to stakeholders from NGOs and the public sector in the four health regions</li> <li>• As a follow-up to the advocacy and partnership training, provide TA to the public and private sectors in sustaining partnerships and implementing advocacy workplans/activities</li> </ul> <p><b>IR2. Planning and financing for FP/RH improved</b></p> <ul style="list-style-type: none"> <li>• Provide TA to NCYD in finalizing the NYP for cabinet approval, developing methodologies for national dissemination of the policy, and developing a National Strategic Plan for Youth Development designed to operationalize the policy</li> <li>• Provide training and TA to regions/parishes in developing budgets and financial plans for priority RH programs and activities</li> <li>• Provide TA to regions/parishes in developing a funding proposal to mobilize resources necessary to</li> </ul>

implement priority programs/activities, including research and data collection

**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Provide training and TA to the PIOJ in using the relevant SPECTRUM models to systematize existing data, and promote the use of this information for planning and coordination
- Provide TA to NCYD in using data such as the Youth Programmatic Inventory for decision making
- Apply the Policy Environment Score to determine changes from previous scores

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

- Work with the local university to develop and implement a training module in RH policy analysis
- Develop local training capacity in advocacy and partnership development, program budgeting, and proposal development

**MEXICO**

<b>Strategy</b>
<p>POLICY's strategy in Year 4 focuses on three major activities. First, POLICY will move the program to the national policy arena by promoting dialogue on MSM issues related to HIV/AIDS and stigma and discrimination against PLWHA. Second, the project will consolidate the state-level policy change program by moving into the third phase of the program, where existing multisectoral citizens' groups (MCGs) in the states of Vera Cruz, Yucatán, Guerrero, and Edo serve as mentors to newly forming groups in other states (Puebla, Oaxaca, Campeche, and Quintana Roo), and ensure the sustainability of four existing MCGs. Third, POLICY will document the process with publication of the MCG Guide.</p> <p>The project will also create spaces for an informed dialogue about MSM and HIV/AIDS in Mexico and the policy implications at the national and state levels, collaborating closely with the UNAIDS Working Group on MSM and HIV in the LAC region as well as other networks addressing the issue. This collaboration will take place in part through the formation of MSM subcommittees in the MCGs and associated training. The subcommittees will substitute for a state-level MSM Task Force in MCG states (in other states, the National Task Force will foster the creation of separate, state-level MSM Task Forces). Through its core package on stigma and discrimination, POLICY is assessing the extent to which PLWHA experience stigma and discrimination in several different environments and is identifying and testing ways to reduce it in health care services, the media, and through legal and regulatory changes. The objective of the work with the MCGs is to have multisectoral plans in place for HIV/AIDS at the state level—approved, supported, and implemented by state policymakers, civil society, and the private sector—and to foster the creation and sustainability of a space for civil society participation in policy formulation and advocacy on HIV/AIDS. To achieve its objectives, the project takes an integrated approach to programming, with implementation of planning and finance activities supported by policy dialogue and advocacy and updated information for policymakers.</p>
<b>Staff</b>
<p>Country Manager: Mary Kincaid  Local Staff: Francisco Hernández  Consultants: Edgar González, Hugo Benítez, Arturo Díaz, Silvia Aliaga  Affiliated Staff: Sandra Aliaga</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$53,903  Anticipated FY03 funds: \$600,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide TA and training to MSM subcommittees formed within the MCGs</li> <li>• Provide advocacy and sustainability workshops for Vera Cruz MCG</li> <li>• Coordinate policy dialogue activities with Red de Masculinidad and other counterparts to open a dialogue on policy aspects of MSM and HIV/AIDS</li> </ul> <p><b>IR2. Planning and financing for HIV/AIDS improved</b></p> <ul style="list-style-type: none"> <li>• Launch MCG process in Oaxaca (modified), Puebla, Campeche, and Quintana Roo (regional model)</li> <li>• Apply GOALS Model at the state level, and train Yucatán MCG members in its use for advocacy and policy dialogue activities with high-ranking state officials</li> </ul> <p><b>IR3. Accurate, up-to-date, relevant information informs policy decisions</b></p> <ul style="list-style-type: none"> <li>• Conduct baseline of AIDS Policy Environment Score (APES) and situation/response analyses in Campeche, Quintana Roo, and Puebla</li> </ul>

**PERU**

<b>Strategy</b>
<p>POLICY's strategy in Peru is to strengthen CSOs' advocacy for sexual and reproductive health and rights, including those related to HIV/AIDS, and to participate in the design and surveillance of FP/RH/HIV/AIDS policies and programs to ensure that they respond to the needs of women, men, and vulnerable populations. Project assistance focuses on training and TA to local partners in the areas of advocacy and policy dialogue in the context of Peru's changing political climate and conducting analyses and disseminating information on RH and HIV/AIDS issues.</p> <p>POLICY provides TA and support to NGOs and networks to promote legislative changes in policies and norms that could otherwise pose a barrier to access to FP/RH and services. Such legislative changes include promoting specific laws that sustain the activities of citizen surveillance committees that protect women's FP/RH rights and the institutionalization of accountability mechanisms at the government level that will respond to abuses or malpractices reported by clients. POLICY also expects to contribute to resource mobilization for FP/RH by supporting NGOs and networks in policy dialogue and advocacy activities in the face of possible political opposition from the new government. In the context of government policy reform that could affect health services quality, coverage, and sustainability, POLICY will coordinate with other stakeholders to help make this process as objective and data-driven as possible. POLICY will continue the core package 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.</p> <p>POLICY also works in the area of HIV/AIDS. A key component of POLICY's HIV/AIDS approach in Peru is providing training and TA to help empower and protect the rights of PLWHA. POLICY will work closely with the Mission to analyze the current status of policies, laws, and regulations in the area of HIV/AIDS, as well as the roles of stakeholders who are active in this area.</p>
<b>Staff</b>
<p>Country Director: Patricia Mostajo  Local Staff: Edita Herrera, Lidia Reyes, Gracia Subirira, Marcela Huaita, Eugenia de Arias  Consultants: Rosa Ines Béjar, María Rosa Gárate</p>
<b>Funding</b>
<p>Funds remaining (as of 6/30/03): \$357,771  Anticipated FY03 funds: \$1,650,000</p>
<b>Proposed Activities</b>
<p><b>IR1. Political and popular support broadened and strengthened</b></p> <ul style="list-style-type: none"> <li>• Provide technical and financial assistance to ForoSalud to facilitate ongoing policy dialogue on health policies and strengthen its capacity to participate in formulating policy proposals</li> <li>• Support formation of local coalitions to promote health policy discussion at the decentralized level</li> <li>• Provide TA to health coalitions in developing proposals to modify norms, policies, laws, and administrative regulations that pose barriers to health service access; using small grants, support RNPM, ForoSalud, and human rights coalitions in organizing meetings and public hearings with legislators to present and discuss these proposals</li> <li>• Provide training and TA to improve advocacy and leadership skills among PLWHA groups and increase their involvement in the HIV/AIDS policy process</li> <li>• Conduct media-related training for PLWHA</li> <li>• Collaborate with RNPM to monitor adherence to Tiaht and FP norms through a survey of both health providers and users in a sample of health centers and hospitals; design and pilot test complaint mechanisms to be institutionalized at different levels within the MOH</li> <li>• Support the expansion of RNPM citizen surveillance committees in USAID's emphasis areas</li> </ul>

**IR2. Planning and financing for FP/RH improved**

- Conduct a legal and regulatory analysis to evaluate existing norms and laws related to HIV/AIDS and identify policy barriers to treatment and care access and protection of PLWHA rights; promote use of findings to propose policy changes
- Conduct a strategic planning process with the intersectoral group for the implementation of the HIV/AIDS national plan, Coordinadora Nacional Multisectorial de Salud (CONAMUSA)
- In collaboration with the MOH Office of Investment and External Cooperation, design a system to manage and control external cooperation projects

**IR3. Accurate, up-to-date, relevant information informs policy decisions**

- Modify existing HIV/AIDS stakeholder database to respond to the current needs of Red SIDA Peru
- Design and collect information to develop a database and analysis of key stakeholders in the area of health policies and interventions at the decentralized level
- Continue providing technical and financial support to a local consortium of NGOs and universities in the formation of a think tank for health reform dialogue that will prepare policy documents, hold national meetings, and disseminate their discussions at regional forums

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

- Review institutions, programs, and course content that incorporate or are related to population policy issues, and define types of TA and resources needed to incorporate population policy issues in existing educational programs
- Help develop material for a long-distance course on demography and population that will be given by Cayetano Heredia University
- Institutionalize local capability by providing support to the local university in developing a curriculum for health reform issues to be conducted in Peru's main cities
- Collaborate with USAID to organize observation visits by Peruvian policymakers to learn from countries with successful health reform practices

## VI. OPERATIONAL PLAN

POLICY is proud of its unique organizational structure that places emphasis on using our highly-skilled, experienced in-country staff, and on building the capacity of our local counterparts. Our U.S.-based staff of 60 works closely with our 150+ local professionals and 200 partner organizations in countries across Africa, Asia and the Near East, Eastern Europe and Eurasia, and Latin America and the Caribbean.

### A. Management Structure

This section provides a description and an organizational chart showing how the project is managed. As evidenced in Figure 3 on the following page, the project is structured along technical and operational lines as follows:

- Management Group (Project Director, Deputy Directors (RH/MH, HIV/AIDS, and Program Operations), and Quality Assurance/Evaluation Advisor)
- IR Group (IR Directors and technical staff, including working groups on ARH, Gender, and Human Rights)
- Country Group (Regional Managers, Country Managers, and country technical staff)

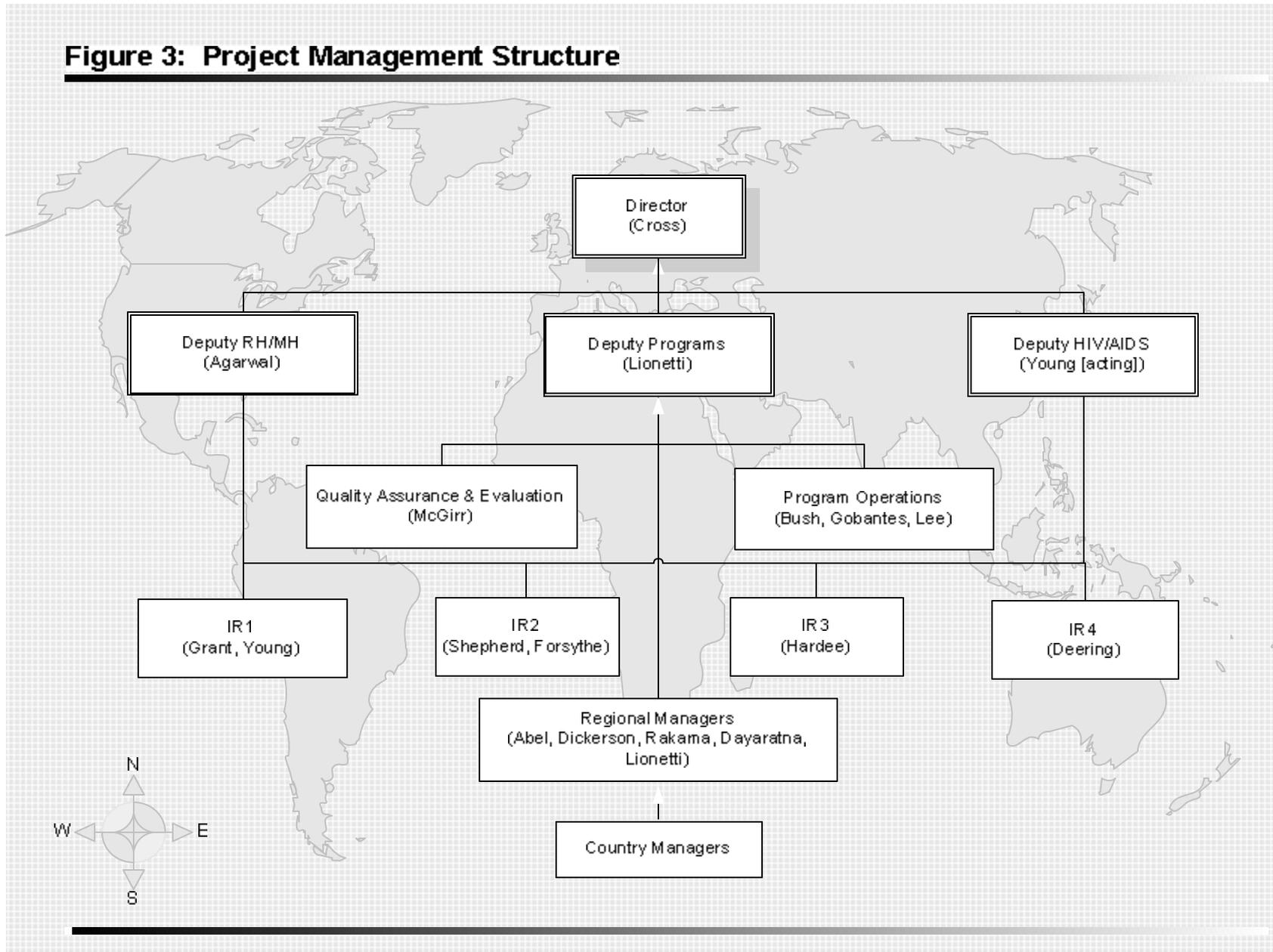
#### 1. Management Group

The Management Group is responsible for the overall technical and operational direction of the project. The Management Group consists of the Project Director and the three deputies. As a group, these people provide overall technical direction, set project policies and strategies, and deal with specific project issues ranging from core packages to operational procedures. The management group coordinates formal communications and decision making involving the IRs and country programs. Requests for core-funded work at the country level flow through the Management Group and are mediated at that level to ensure that limited core funds are applied taking into account overall project goals as well as specific country goals in an effort to maximize impact. Within this structure, Regional Managers report to the Deputy for Program Operations, and the IR Directors report directly to the deputies for RH/MH and HIV/AIDS depending on the technical issues they are working on. The Project's Quality Assurance and Evaluation Advisor serves as an adjunct member of the management team.

Technical management specifically flows through the Project Director and the deputies for RH/MH and HIV/AIDS. These three people are responsible for coordinating the integration of work, where appropriate and warranted. Examples of this integration include issues such as dual protection, contraceptive security, family planning in high-prevalence HIV/AIDS countries, and the crosscutting issues of adolescents, gender, and human rights. They are also responsible for seeing that special areas of focus receive the emphasis warranted. Examples include work with different groups in civil society such as PLWHA, technical issues such as OVC, and the like. Integration is also achieved by having the Management Group represented in the project's three crosscutting issues working groups and on all core package development teams.

The Project Director, along with the Deputy for Program Operations, is responsible for overall program operations, including oversight of the Program Operations Team. Field and core activities are, therefore, managed and mediated through the Deputy for Program Operations and the Project Director.

**Figure 3: Project Management Structure**



## **2. IR Group**

The IR Directors and IR technical staff (the IR group) have the responsibility of addressing the project's global concerns in their technical areas, and for providing assistance to country and regional programs. In this group, there are IR1 and IR2 Directors for both RH/MH and HIV/AIDS (four directors in total for Advocacy and Planning/Finance). This division of responsibility was created to recognize the differentiated needs to achieve IR goals related to the GH Center's SSO1 and SSO4.

The IR1 and IR2 Directors report to the deputies for RH/MH and HIV/AIDS. That is, the IR2 planning and finance director for RH/MH reports to the Deputy for RH/MH, and the planning and finance director for HIV/AIDS reports to the Deputy for HIV/AIDS. IR3 and IR4 do not have a similar subdivision. The IR3 and IR4 Directors report to the deputies for RH/MH or HIV/AIDS depending on the specific issues they are working on. For technical issues that are integrated across RH/MH and HIV/AIDS, the IR3 and IR4 Directors report to the Management Group as a whole. The IR3 Director is responsible for ensuring the coordination of research and modeling needs to support RH/MH and HIV/AIDS, in both an integrated and individual fashion. Among other duties, the IR4 Director must ensure that LTAs—either as individuals or through TD Weeks and regional meetings—receive appropriate training in all project topic areas. Under the guidance of the Quality Assurance and Evaluation Advisor, IR Directors are also responsible for monitoring results reporting in their respective areas.

To ensure integration of RH/MH and HIV/AIDS wherever possible, all four IRs are represented in the project's three crosscutting issues working groups. Furthermore, it is the overall responsibility of the Management Group to ensure appropriate integration at the country-activity level, as well as at the core-funded activity level.

## **3. Country and Regional Group**

Regional Managers, Country Managers, and country technical staff form the country and regional group and maintain the responsibility for the design, implementation, and monitoring and evaluation of country programs. As a group, their responsibilities include ensuring, to the extent feasible, the integration of the project's four IRs and consideration of the crosscutting concerns. When IR staff perform core-funded work as part of a country portfolio, the appropriate IR Director will work with the Country Manager by serving as technical monitor for the core-funded work.

### **B. Management Issues**

Year 4, as in the previous three years, holds some continuing and additional management challenges, which we will need to address over the next months. Many of the challenges are an ongoing part of the project's functioning (i.e., providing overall strategic vision to core and field programs, maintaining appropriate staffing patterns, monitoring and evaluation) as we strive to provide appropriate and effective services.

Some of the continuing challenges reflect new realities for the project in terms of funding patterns and balance among the project's core technical areas (FP/RH, Maternal Health, and HIV/AIDS) as well as its crosscutting issues. HIV/AIDS core funding and field support have again increased significantly for Year 4 such that HIV/AIDS FS, for example, is now almost 70 percent of our country allocations. In addition, our Deputy Director for HIV/AIDS is moving on to another position, so we begin Year 4 with a vacancy in this most key project position.

Specific management issues to be addressed in Year 4 include the following:

- Keeping our HIV/AIDS activities on track, while recruiting new staff and possibly reassigning others.
- Appointing an Acting Deputy for HIV/AIDS and seeking a permanent technical manager for that position.
- Recruiting an IR1 (FP/RH) Advocacy Director and continuing to build the capacity of staff to work in HIV/AIDS and RH.
- Building a team to expand our efforts to address safe motherhood and MTCT.
- Tracking and implementing core packages according to plan.
- Ensuring solid management oversight for countries just starting major programs (Honduras, Nepal, Vietnam) and for those countries with newly expanded programs (Zambia).
- Producing the quantity of HIV/AIDS information increasingly required, such as special reports on different technical areas. In addition, we are still faced with a continually changing HIV/AIDS reporting system.
- Improving communications given the growing volume and complexity of policy activities in all countries.
- Continuing to build management skills of in-country staff and devolving responsibilities to them.
- Implementing a management information system for POLICY's field offices to better track project activities and budgets.
- Refining and updating procedures and providing administrative tools and information including procedures check lists, country start-up packets, and staff orientation and training.
- Rationalizing the quantity and depth of financial, administrative, and technical reporting (e.g., reducing size of the annual workplan).
- Continuing to invest in program operations staff to enable them to gain technical experience while working for the project.

## APPENDIX

**Table A-1. Summary Budget for Core Population/RH Funds**

<b>Component</b>	<b>Year 3 (FY02) Estimated Pipeline (June 30, 2003)</b>	<b>New Resources Needed (July 1, 2003 - June 30, 2004)</b>	<b>Year 4 (FY03) Projected</b>	<b>Person Responsible</b>
<b>SO</b>				
IR1	(42,110)	650,000	607,890	Grant
IR2	54,075	445,000	499,075	Shepherd
IR3	212,415	560,000	772,415	Hardee
IR4	170,597	495,000	665,597	Deering
<b>Working Groups</b>				
Adolescent RH	125,582	200,000	325,582	Murray
FP/RH	(378)	50,000	49,622	Agarwal
Gender	(1,627)	100,000	98,373	Eckman
Human Rights	33,537	150,000	183,537	Porter
Quality Assurance	(4,624)	50,000	45,376	McGirr
<b>Core Packages</b>				
Guatemala	60,066	-	60,066	Jewell
Jamaica	209,693	-	209,693	Rowan
Kenya	331,158	-	331,158	Owino
Malawi	182,430	-	182,430	Aldridge
Nigeria	102,279	-	102,279	Moreland
RH Goals	178,166	-	178,166	Shepherd
Romania	2,431	-	2,431	Feranil
Ukraine	52,531	-	52,531	Medrek
Packages under development	269,086	300,000	569,086	Directors
<b>Targets of Opportunity</b>				
FP-HIV Linkages	118,716	-	118,716	Agarwal
Haiti	150,000	-	150,000	Murray
<b>Special Initiatives</b>				
Contraceptive Security	1,868	295,000	296,868	Shepherd
FP/HIV/AIDS Linkages	-	115,000	115,000	Agarwal
Gender-based Violence	-	100,000	100,000	Eckman
Gender Technical Leadership	61,058	235,000	296,058	Eckman
MAQ (Mali)	-	5,000	5,000	Agarwal
PAC	-	75,000	75,000	Agarwal
<b>Core Agreements</b>				
Cambodia	100,000	-	100,000	Abel
Nigeria	18,548	-	18,548	Moreland
Tanzania	98,826	-	98,826	Pill
<b>Total Population Core</b>	<b>2,484,323</b>	<b>3,825,000</b>	<b>6,309,323</b>	

**Table A-2. Summary Budget for Core Maternal Health Funds**

<b>Component</b>	<b>Year 3 (FY02) Estimated Pipeline (June 30, 2003)</b>	<b>New Resources Needed (July 1, 2003 - June 30, 2004)</b>	<b>Year 4 (FY03) Projected</b>	<b>Person Responsible</b>
<b>SO</b>				
IR1	5,066	140,000	145,066	Directors
IR2	76,098	75,000	151,098	Directors
IR3	154,476	110,000	264,476	Directors
<b>Working Groups</b>				
Reporting & Monitoring	-	50,000	50,000	Agarwal
<b>Special Initiatives</b>				
White Ribbon Alliance	-	580,000	580,000	Shaver
<b>Core Packages</b>				
Peru	162,112	-	162,112	Mostajo
<b>Total Maternal Health Core</b>	<b>398,122</b>	<b>955,000</b>	<b>1,352,752</b>	

**Table A-3. Summary Budget for Core HIV/AIDS Funds**

<b>Component</b>	<b>Year 3 (FY02) Estimated Pipeline (June 30, 2003)</b>	<b>New Resources Needed (July 1, 2003 - June 30, 2004)</b>	<b>Year 4 (FY03) Projected</b>	<b>Person Responsible</b>
<b>SO</b>				
IR1	351,656	2,050,000	2,401,656	Young Forsythe Magaz Directors
IR2	6,266	925,000	931,266	
IR3	45,885	200,000	245,885	
IR4	27,037	-	27,037	
<b>Working Groups</b>				
Gender	1,881	150,000	151,881	Eckman Porter
Human Rights	26,880	575,000	601,880	
<b>Core Packages</b>				
Mexico	53,903	50,000	103,903	Kincaid
Nepal	125,000	-	125,000	Lawson
South Africa	138,522	-	138,522	Schaay
Swaziland	125,000	-	125,000	Schaay
New Packages	-	150,000	150,000	Directors
<b>Core Agreements</b>				
Uganda Core Agreement	77,341	-	77,341	Jewell
<b>Total HIV/AIDS Core</b>	<b>979,371</b>	<b>4,100,000</b>	<b>5,079,371</b>	

**Table A-4. Summary of Field Support Resources by Country**

Country	FY00-FY02 Funding	Anticipated FY03 <sup>6</sup> Funding	Total
<b>Africa Region</b>	\$1,005,000	325,000	1,330,000
<b>Ethiopia</b>	\$850,000	275,000	1,125,000
<b>Ghana</b>	\$688,311	450,000	1,138,311
<b>Kenya</b>	\$5,500,000	2,250,000	7,750,000
<b>Madagascar</b>	\$0	934,677	934,677
<b>Malawi</b>	\$900,000	0	900,000
<b>Mali</b>	\$950,000	550,000	1,500,000
<b>Mozambique</b>	\$1,525,000	200,000	1,725,000
<b>Nigeria</b>	\$5,798,000	3,010,000	8,808,000
<b>REDSO/ESA</b>	\$944,000	200,000	1,144,000
<b>South Africa</b>	\$3,985,000	1,500,000	5,485,000
<b>Southern Africa Region</b>	\$2,565,000	900,000	3,465,000
<b>Tanzania</b>	\$2,800,552	900,000	3,700,552
<b>Uganda</b>	\$2,200,000	265,000	2,465,000
<b>WARP (FHA/REDSO/W)<sup>7</sup></b>	\$925,000	100,000	1,025,000
<b>Zambia</b>	\$2,005,000	2,894,000	4,899,000
<b>Zimbabwe</b>	\$0	450,000	450,000
<b>Africa Total</b>	<b>\$32,640,863</b>	<b>\$15,203,677</b>	<b>\$47,844,540</b>
<b>Asia/Near East Region</b>	\$1,964,000 <sup>8</sup>	1,350,000	3,314,000
<b>Bangladesh</b>	\$1,300,000	850,000	2,150,000
<b>Cambodia</b>	\$2,150,000	1,100,000	3,250,000
<b>Egypt</b>	\$1,981,523	615,548	2,597,071
<b>India</b>	\$4,100,000	1,525,000	5,625,000
<b>Jordan</b>	\$1,650,000	500,000	2,150,000
<b>Nepal</b>	\$325,000	675,000	1,000,000
<b>Philippines</b>	\$2,300,000	250,000	2,550,000
<b>Viet Nam</b>	\$500,000	1,000,000	1,500,000
<b>Asia Total</b>	<b>\$16,270,523</b>	<b>\$7,865,548</b>	<b>\$24,136,071</b>
<b>Romania</b>	\$150,000	N/A	150,000
<b>Russia</b>	\$750,000	150,000	900,000
<b>Ukraine</b>	\$1,400,000	400,000	1,800,000
<b>E&amp;E Total</b>	<b>\$2,300,000</b>	<b>\$550,000</b>	<b>\$2,850,000</b>
<b>LAC/RSD (Regional)</b>	\$120,000	157,795	277,795
<b>El Salvador</b>	\$0	400,000	400,000
<b>Guatemala</b>	\$1,600,000	500,000	2,100,000
<b>Haiti</b>	\$865,000	300,000	1,165,000
<b>Honduras</b>	\$50,000	800,000	850,000
<b>Jamaica</b>	\$630,000	100,000	730,000
<b>Mexico</b>	\$1,700,000	600,000	2,300,000
<b>Paraguay</b>	\$15,000	N/A	15,000
<b>Peru</b>	\$2,290,000	1,650,000	3,940,000
<b>LAC Total</b>	<b>\$7,270,000</b>	<b>\$4,507,795</b>	<b>\$11,777,795</b>
<b>Grand Total</b>	<b>\$58,481,386</b>	<b>\$28,127,020</b>	<b>\$86,608,406</b>

<sup>6</sup> Includes \$3,300,666 in MAARD through 6/30/03<sup>7</sup> Includes funds and activities for the Sahel<sup>8</sup> Includes start-up funds for Vietnam

**Table A-5. Managers of Core-Funded Activities**

<b>Deputy Director</b>	<b>IR/Working Group</b>	<b>IR/Working Group Director</b>	<b>Administrator/ Administrative Backstop</b>
<i>Core Activities:</i>  Koki Agarwal (FP/RH/MH) Felicity Young (HIV/AIDS) (acting)	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 – Maternal Health	Koki Agarwal	Vicky Bush/Whitney Gafford
	SSO4 – HIV/AIDS	Felicity Young (acting)	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) Felicity Young (HIV/AIDS) (acting)	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	

<b>Deputy Director</b>	<b>IR/Working Group</b>	<b>IR/Working Group Director</b>	<b>Administrator/ Administrative Backstop</b>
	Ukraine	Monica Medrek	
	New core packages/targets of opportunity	POLICY Directors	
<i>Miscellaneous:</i>	Grants	Determined by Funding Source	Vicky Bush/Sarah Bradley

**Table A-6. Managers of Country and Regional Programs**

<b>Regional Managers</b>	<b>Country</b>	<b>Country Manager</b>	<b>Administrator/ Administrative Backstop</b>	<b>CTO</b>
<b><i>Africa:</i></b>	Africa Regional Funds	Felicity Young (HIV/AIDS) (acting) Koki Agarwal (FP/RH/MH)	Rodrigo Gobantes/ David London	Rose McCullough
Brenda Rakama	Southern Africa/RHAP	Nikki Schaay*		
Backstop: Harry Cross	Malawi	Shawn Aldridge		
	Mozambique	Henriqueta Tojais*		
	REDSO/ESA	Joseph Deering		
	South Africa	Nikki Schaay*		
	Tanzania	Charles Pill		
	Uganda	John Kabera*		
	Zambia	Robie Siamwiza*		
	Zimbabwe	Tom Goliber		
Don Dickerson*	Ethiopia	Elizabeth Neason	Megan Noel	
Backstop: Brenda Rakama	Ghana	Don Dickerson*		
	Kenya	Angeline Siparo*		
	Madagascar	Nicolas De Metz*		
	Mali	Don Dickerson*		
	Nigeria	Scott Moreland/ Jerome Mafeni*		
	WARP	Don Dickerson*		
<b><i>Asia/Near East:</i></b>	ANE Regional Funds	Koki Agarwal (FP/RH/MH) Felicity Young (HIV/AIDS)	Vicky Bush/Nikki Duncan	Elizabeth Schoenecker
Ed Abel	Bangladesh	Syed Ahsan*	Sarah Bradley	
Backstop: Denise Lionetti	Cambodia	Ed Abel (acting)		
	Egypt	Hussein Abdel Aziz*		
	India	Gadde Narayana*		
	Jordan	Ed Abel		
	Nepal	Bhojraj Pokharel*		
	Philippines	Aurora Perez*		
	Vietnam	Tran Tien Duc*		
<b><i>Eastern Europe &amp; Eurasia:</i></b>	Russia	Anne Jorgensen	Vicky Bush/ Kimberly Lohuis	Rose McCullough
Denise Lionetti	Ukraine	Monica Medrek		

\* Indicates overseas staff member

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<b><i>Latin America:</i></b>	Guatemala	Lucia Merino*	Vicky Bush/ Moirá Cahan	Elizabeth Schoenecker
Varuni Dayaratna	Haiti	Norine Jewell		
	Honduras	Philippa Lawson		
Backstop: Denise Lionetti	Jamaica	Kathy McClure*		
	Mexico	Mary Kincaid		
	Peru	Patricia Mostajo*		

*\* Indicates overseas staff member*

**Table A-7. POLICY Staff**  
(as of July 7, 2003)

**U.S.-Based Technical Staff**

Edward Abel  
Kokila Agarwal  
Shawn Aldridge  
Sarah Alkenbrack  
Jane Begala  
Anita Bhuyan  
Alphonse Bigirimana  
Lori Bollinger  
Nancy Cecatiello  
Dennis Chao  
Minki Chatterji  
Ben Clark  
Harry Cross  
Varuni Dayaratna  
Joe Deering  
Don Dickerson  
Ann Eckman  
William Emmet  
Imelda Feranil  
Karen Foreit  
Steve Forsythe  
Thomas Goliber  
Danielle Grant  
Karen Hardee  
Norine Jewell  
Alan Johnston  
Anne Jorgensen  
Nicole Judice  
Mary Kincaid  
Sharon Kirmeyer  
James Kocher  
Philippa Lawson  
Don Levy  
Denise Lionetti  
Pablo Magaz  
Cynthia McClintock  
Nancy McGirr  
William McGreevey  
Monica Medrek  
Scott Moreland  
Nancy Murray  
Elizabeth Neason  
Kirsten Olson  
Omar Perez  
Charles Pill  
Lane Porter  
Michelle Prosser  
Brenda Rakama

John Ross  
Mary Scott  
Suneeta Sharma  
Theresa Shaver  
Carol Shepherd  
Jeffrey Sine  
Emily Sonneveldt  
Robert Ssengonzi  
John Stover  
Molly Strachan  
Sumi Subramaniam  
Alicia Weiss  
Doug Willier  
Bill Winfrey  
Felicity Young

**U.S.-Based Program Operations Staff**

Jonathan Adler  
Sarah Bradley  
Vicky Bush  
Moira Cahan  
Ben Clark  
Rebekah Davis  
Nikki Duncan  
Whitney Gafford  
Rodrigo Gobantes  
Karen Lee  
Kimberly Lohuis  
David London  
Megan Noel  
Veronica Padberg  
John Shutt  
Elisabeth Smith  
Paul Smith  
Chuck Wilkinson  
Lorraine Wood

**Overseas Technical Staff**

Benedicta Ababio (Ghana)  
Hesham Abdel-Mageed (Egypt)  
Sylvia Abrahams (South Africa)  
Syed Shamim Ahsan (Bangladesh)  
Areba Panni Alam (Bangladesh)  
Sandra Aliaga (Bolivia)  
Issa Al-Masarweh (Jordan)  
Colette Aloo-Obunga (Kenya)  
Vilma Aquino (Philippines)  
Gift Buthelezi (South Africa)

Sok Chanra (Cambodia)  
 Uy Chanton (Cambodia)  
 George Chigali (Zambia)  
 Rita Chilongozi (Malawi)  
 Vesper Chisumpa (Zambia)  
 Matchecane Cossa (Mozambique)  
 Graeme de Bruyn (South Africa)  
 Estela del Rosario (Philippines)  
 Nicholas de Metz (Madagascar)  
 Aguil Deng (South Africa)  
 Nilesch Deshpande (India)  
 Sumi Devkota (Nepal)  
 Noumouke Diarra (Mali)  
 Alle Diop (WARP)  
 Pedro Duce (Mozambique)  
 Dipankar Dutta (India)  
 Theresa Effa (Nigeria)  
 Manal El-Fiki (Egypt)  
 Fatma El-Zahraa Geel (Egypt)  
 Mohamed Emam (Egypt)  
 Hailegnaw Eshete (Ethiopia)  
 Laurent Eustache (Haiti)  
 Wole Fajemisin (Nigeria)  
 Annabella Fernandez (Philippines)  
 Aldrick Francisco (Philippines)  
 Seyoum Gebre-Selassie (Ethiopia)  
 Prabhudhagopal Goswami (India)  
 Charles Hakoma (Zambia)  
 Amory Hamilton (Jamaica)  
 Soha Hassan (Egypt)  
 Mahassen Hassanin (Egypt)  
 Francisco Hernandez (Mexico)  
 Edita Herrera (Peru)  
 Marcela Huaita (Peru)  
 Andriy Huk (Ukraine)  
 Ochiawunma Ibe (Nigeria)  
 Charity Ibeawuchi (Nigeria)  
 Basma Ishaquat (Jordan)  
 Oluwatoyin Jolayemin (Nigeria)  
 Melanie Judge (South Africa)  
 John Kabera (Uganda)  
 Gautoni Kainja (Malawi)  
 Aliya Khan-Munir (Bangladesh)  
 John Kyakulaga (Uganda)  
 Martin Laourou (WARP)  
 Adelaide Liquidao (Mozambique)  
 David Lowe (Thailand)  
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