

**NINTH SEMI-ANNUAL
REPORT**

July 7, 2004 –
January 6, 2005

**POLICY II PROJECT
NINTH SEMI-ANNUAL REPORT**

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ABBREVIATIONS

ABC	Abstinence, behavior change, condom use
AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANE	Asia/Near East
API	AIDS Program Effort Index
APLF	Asia Pacific Leadership Forum on HIV/AIDS and Development
ARH	Adolescent reproductive health
ASEAN	Association of Southeast Asian Nations
ASRH	Adolescent sexual and reproductive health
BSS	Behavioral surveillance survey
CA	Cooperating agency
CBO	Community-based organization
CCM	Country coordinating mechanism
CDC	Centers for Disease Control and Prevention
CEDPA	Centre for Development and Population Activities
COP	Country Operational Plan
CORE	Child Survival Collaborations and Resources Group
CS	Contraceptive security
CSL	Commodity Security and Logistics
CTO	Cognizant technical officer
DFID	Department for International Development
DHS	Demographic and Health Surveys
E&E	Europe and Eurasia
EPP	Epidemic Projection Package
ESA	East and Southern Africa
EWC	East West Center
FBO	Faith-based organization
FHI	Family Health International
FP	Family planning
GBV	Gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GH	Global Health (Bureau)
GIPA	Greater involvement of PLHAs
GNP+	Global Network of PLHAs
GWG	Gender Working Group
HIV	Human immunodeficiency virus
HRWG	Human Rights Working Group
IAC	International AIDS Conference
IAEN	International AIDS and Economics Network
IDU	Injection drug user
IEC	Information, education, and communication
IGWG	Interagency Gender Working Group
IR	Intermediate result
IWG	Interagency Working Group
JSI	John Snow Inc.
LAC	Latin America and the Caribbean
LTA	Long-term advisor
M&E	Monitoring and evaluation
MCH	Maternal and child health
MH	Maternal health

MMR	Maternal mortality ratio
MNH	Maternal and Neonatal Health (Project)
MNPI	Maternal and Neonatal Health Program Index
MOH	Ministry of Health
MPH	Master of Public Health
MSM	Males who have sex with males
MTCT	Mother-to-child transmission
NEP	New Entry Professional
NGO	Nongovernmental organization
O/GAC	Office of the Global AIDS Coordinator
OHA	(USAID) Office of HIV/AIDS
OVC	Orphans and vulnerable children
PAC	Postabortion care
PEC	Policy, evaluation, and communication
PLHA	Person living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PRH	Population and reproductive health
QA	Quality assurance
REDSO	(USAID) Regional Economic Development Services Office
RH	Reproductive health
RHAP	Regional HIV/AIDS Program (Southern Africa)
RSH	Reproductive and sexual health
RSHRs	Reproductive and sexual health rights
RTI	Research Triangle Institute
SADC	Southern Africa Development Commission
SM	Safe motherhood
SO	Strategic objective
SOW	Scope of work
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SW	Sex worker
TA	Technical assistance
TAG	Technical advisory group
TB	Tuberculosis
TD	Technical development (Week)
TOO	Target of opportunity
TOT	Training-of-trainers
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WARP	West African Regional Program
WHO	World Health Organization
WPB	Workplace Policy Builder
WRA	White Ribbon Alliance for Safe Motherhood
YAARH	Young adult and adolescent reproductive health

PROJECT OVERVIEW

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

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

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

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

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

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

This reporting period, POLICY was active in 29 countries and with four regional programs. The following sections of this semi-annual report present the project's results framework and results achieved during the six-month reporting period. This is followed by a summary of major activities for the project's main technical components (IRs and working groups), regional work, and for each of the countries in which POLICY was active during the reporting period. The appendix shows the project's management structure and contains a list of all activity managers.

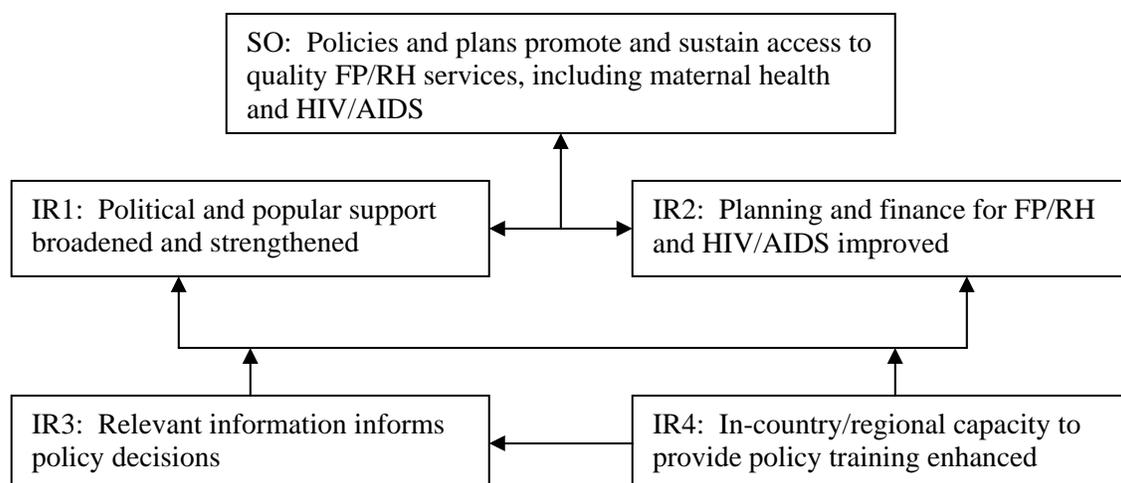
RESULTS FRAMEWORK

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

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

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

Figure 1
Policy Project Results Framework



PROJECT RESULTS

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

For the ninth reporting period, 15 SO-level results are presented below for 10 countries, and 39 IR-level results are presented for 20 countries, for a total of 54 results in 24 countries. Table 1 shows the total number of results achieved by country. A complete listing of results achieved in the ninth reporting period follows.

**Table 1. Project Results Tally (# of results) for SAR Period 9
July 7, 2004 to January 6, 2005**

COUNTRY	SO	IR1	IR2	IR3	IR4	Total Results
Africa						
Ethiopia						–
Ghana	1					1
Kenya	2	1	1	2		6
Madagascar			1	1		2
Malawi				1		1
Mali		1		1		2
Mozambique				1		1
Nigeria	1	1	1			3
REDSO/ESA						–
South Africa				1	1	2
Southern Africa			1			1
Tanzania	2					2
Uganda	2			2		4
WARP/FHA/CERPOD						–
Zambia	1					1
Zimbabwe						–
Asia/Near East						
Bangladesh						–
Cambodia		2			1	3
China						–
Egypt				2	2	4
India	1					1
Jordan				1		1
Mekong		1				1
Nepal		2				2
Viet Nam		1				1
Europe and Eurasia						
Ukraine	1	1		1		3

COUNTRY	SO	IR1	IR2	IR3	IR4	Total Results
Latin America/Caribbean						
El Salvador						
Guatemala	3			1	2	6
Haiti						–
Honduras		2				2
Jamaica						–
Mexico		1				1
Peru	1	2				3
Global						–
Total Results	15	15	4	14	6	54
Total Countries	10	11	4	11	4	24

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

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

- Poor reproductive health status of adolescents is an urgent concern requiring immediate attention in **Uganda**. Currently, 31 percent of adolescents are already mothers or are pregnant with their first child. The Uganda Reproductive Health Advocacy Network (URHAN), whose focus is to advocate for youth-friendly RH services, conducted a qualitative survey of 11 program managers in various government departments such as ministries of Health, Gender, and Labor. The results of the survey described in the booklet, “The Effect of the Lack of Approved Adolescent Reproductive Health Policy on the Implementation of RH Programs,” show that lack of a policy constrained the implementation of adolescent RH programs. In December 2001, URHAN highlighted “approval of the draft adolescent policy” as its main advocacy issue. URHAN and a number of stakeholders teamed up to review the existing draft adolescent health policy in 2001. In 2002, stakeholders reviewed the draft policy and submitted it to the Ministry of Health (MOH) for approval. Continuous advocacy on the part of URHAN and other stakeholders led to government approval of the policy. URHAN members targeted key decisionmakers in the Ministry of Health and Gender, and repeatedly drew their attention to the need to adopt the draft policy. URHAN members also raised the issue with members of Parliament. Following the implementation of an advocacy campaign led by the POLICY-supported network, in early October 2004, the MOH approved the *National Adolescent Health Policy*. The goal of the policy is to mainstream adolescent health concerns in the national developmental process to improve the quality of life and standard of living of young people in Uganda. Availability of the policy will facilitate the implementation of adolescent RH programs throughout the country. While some ministries were implementing ARH programs based on the draft policy, the approved policy mandates ministries to implement programs, provides a structure under which programs should be implemented, and will facilitate the allocation of resources for these programs. POLICY printed 3,500 copies of the policy, which the MOH is distributing to stakeholders.
- The reproductive health of **Guatemalan** adolescents is threatened by high levels of teen pregnancy and increasing risk of HIV/AIDS and therefore requires urgent attention. In September 2004, the current government of Guatemala took two important actions to improve this situation. The Minister of Health published and officially endorsed the *National Adolescent Policy*, and the government created the Inter-Sectoral Commission for the Integrated Attention of Adolescents by Ministerial

Resolution SP-M-636-2004. The policy includes among its main strategies reproductive health, sexual education, and gender equity. At the activity level, it addresses FP services, STI/HIV/AIDS prevention, and prevention of adolescent pregnancy. The intersectoral commission will coordinate the implementation of the *National Adolescent Policy*, which is based on the National Adolescent Program (NAP). In January 2004, as a result of POLICY's core package, the National Reproductive Health Program (NRHP) was formally created as a program within the Ministry of Health structure by amending the internal regulations of the MOH. During this process, POLICY also worked with the MOH under the previous administration to create the NAP, replete with proposed regulations for its scope, structure, and function. Under the new government, the NAP has been established as a subprogram of the NRHP, and its scope, structure, and function were formalized in the *National Adolescent Policy*.

- The MOH in **Peru** approved a *National Drug Policy* that guarantees access to medicines through a ministerial resolution on December 29, 2004. The policy aims to expand access to high-quality and affordable essential medicines primarily for people living with HIV/AIDS and chronic diseases. The policy's approval came as a result of extensive advocacy and policy dialogue conducted by the NGO Acción Internacional para la Salud (AIS) with funding and technical assistance from POLICY/Peru. In July 2003, AIS drafted the policy after a review of current legislation and norms and interviews with key informants from the health sector. AIS then conducted policy dialogue activities and a seminar to receive feedback on the draft. AIS also received POLICY support in drafting a legislative proposal to modify two articles on access to medicines in the General Health Law. In November 2003, AIS, under subcontract to POLICY, organized and implemented three public forums to discuss and receive feedback on the two proposals in Lima, La Libertad, and Arequipa. Representatives of the health sector, civil society, PLHA groups, university lecturers and researchers, and international cooperation and private sector agencies participated in these forums. In December 2003, the legislative and policy proposals were printed in their final versions, which included inputs received in participative discussions, and presented at a national seminar attended by representatives from the MOH and civil society organizations (CSOs). On January 27, 2004, both proposals were submitted to the Technical Drug Committee of the National Health Council (NHC) for evaluation and approval. The Committee—in which AIS is a member representing the civil society coalition, Forosalud—reviewed the proposals and issued the *National Drug Policy* based on them. On December 29, 2004, the Ministerial Resolution approving the *National Drug Policy* was enacted. POLICY will provide support for the policy's publication.
- Although **Guatemala's** new government has made several verbal declarations and statements in favor of FP/RH, it has not adopted a formal policy or plan that defined its priorities in this area, thus leaving civil society groups and stakeholders with little official guidance and programmatic direction in their RH activities. In December 2004, the MOH published *Basic Guidelines and Health Policy 2004–2008*, which responds to demands of INSTANCIA Salud/Mujer, REMUPAZ, and other civil society groups on FP/RH and gender-sensitive programs. The guidelines present objectives and health priorities including the reduction of neonatal, child, and maternal mortality; the provision of FP services; and reduction of unmet need for contraceptives. Since January 2004, INSTANCIA Salud/Mujer and REMUPAZ have been actively advocating the MOH to adopt a formal government declaration on reproductive health in the National Health Plan 2004–2007. Advocacy activities took the form of presentations, proposals, and information-sharing meetings with high-level officials of the MOH. POLICY provided technical and financial assistance to the two networks during this entire process, providing information for the preparation of proposals and presentations and planning for opportunities to advocate with the government.
- NGOs in **Ukraine** are becoming more effective advocates for improved RH care and services at the local level. Members of the Ukrainian Reproductive Health Network (URHN) have been working to

make RH services for women and youth more accessible. For example, a URHN member from Donetsk, the NGO “Health of Nation,” implemented advocacy efforts supported by a POLICY grant. Activities focused on improving access to RH care services for pregnant women working at industrial enterprises in Makeevka. The NGO reported at the general URHN meeting that the administration of the 19 mines in Makeevka issued an order that allows pregnant women to visit doctors during working hours without losing their salary. The order was issued on November 26, 2004. Another network member, the NGO from Kremenchug, “Poryatunok,” implemented advocacy efforts supported by a POLICY grant and focused on improving access to RH services for children and adolescents. The NGO reported at the general URHN meeting that the head of the Kremenchug city administration issued an order on December 21, 2004, opening a youth clinic in the city and providing its funding from the city budget at the beginning of 2005. POLICY supported the formation of URHN, which advocates for adoption and funding of the National Reproductive Health Program at the regional level and obtaining financing for youth clinics.

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

- A national policy is an important aspect of HIV/AIDS prevention and control efforts. After a long delay, on August 16, 2004, the Cabinet approved **Ghana’s** *National HIV/AIDS and STI Policy*. The policy aims to ensure sustained political commitment and support for effective action against HIV/AIDS; mitigate the socioeconomic consequences of HIV/AIDS on individuals and society; decrease stigmatization and discrimination of HIV-positive individuals; empower women to enhance their self-esteem and equity in gender relationships; and mobilize adequate resources for the implementation, research, monitoring and evaluation of HIV/AIDS and other STI intervention programs and projects. The policy will serve as the national reference document to guide all sectors in the implementation of HIV/AIDS interventions and care and support programs within the overall context of the Ghana national response. In addition, the policy will serve as the basis for human rights and legal reforms relating to access to care and treatment of HIV/AIDS. The policy development process began in 1994 but lack of transparency in the process coupled with changes in political leadership stalled approval of the plan. In June 1999, the MOH launched a participatory policy development process with TA from POLICY/Ghana. POLICY facilitated the identification of issues and the establishment of seven task teams (epidemiology and health care, economic impacts, psychosocial and cultural issues, legal and ethical perspectives, women and children, youth and AIDS, and strategies and interventions) that worked to complete the first draft approved by the Minister for Health in August 2000. Between 2000 and 2004, POLICY organized and hosted regular advocacy meetings with the MOH, Ghana AIDS Commission, National AIDS Control Program, and other stakeholders to gain acceptance and approval for the draft policy.
- POLICY is helping to coordinate the national response to orphans and vulnerable children in **Nigeria**. POLICY contributed to the design and finalization of the OVC Rapid Assessment, Analysis and Action Planning Process (RAAAP) two-year action plan by funding three consultants to conduct a situational analysis and convene core team meetings and a consensus meeting. The National OVC Stakeholder Committee adopted the *Nigeria Country Action Plan for Orphans and Vulnerable Children* in a meeting held in Minna Niger State on August 26–28, 2004. The plan summarizes the situation of OVC in Nigeria, the context of the national OVC response, highlights of the national and community responses as well as varying unit costs of OVC programs. The Nigerian Delegation presented the action plan at the OVC Donor Meeting in Cape Town, South Africa, on September 22, 2004. The Minister for the Federal Ministry of Women Affairs presented the action plan to the OVC donor community in Nigeria on November 4, 2004.

- Between November 3–6, 2004, the Catholic Diocese of Shinyanga in **Tanzania** prepared and approved the Diocesan HIV/AIDS Policy. The policy provides a framework for activities concerning training and capacity building on all relevant aspects of HIV/AIDS; the formulation and strengthening of HIV/AIDS committees within the church and community; establishment of home-based care services; and provision of care, treatment, and support to PLHAs. The policy also addresses issues relating to prevention-of mother-to-child-transmission of HIV/AIDS, safe blood transfusion and blood products, impact mitigation, HIV/AIDS research, advocacy and social mobilization, care, nutrition and treatment, and monitoring and evaluation. POLICY/Tanzania provided support for and helped organize a four-day workshop for preparation of the policy. The 25 workshop participants assisted in drafting the policy and included representatives from government, civil society, and the church.

of countries that increase resources available for FP/RH

- Jharkhand State in **India** does not have a population and reproductive and child health policy, and it lags behind other states with regard to many health indicators. The Jharkhand government, therefore, decided to investigate healthcare facility needs. POLICY/India conducted the facility survey in four districts of Jharkhand and shared the survey results with the health minister, the secretary, and other senior government officials. Online presentations were prepared and given to the secretary for his advocacy efforts. The secretary presented these findings to the Cabinet chaired by the chief minister and to Cabinet members. As a result of these advocacy efforts, the Jharkhand government has sanctioned an amount of Rs 4160 crores (US\$912 million) over eight years to the health department to build health infrastructure in the state that includes construction of 2,053 subcenters, 854 primary health centers, and 200 community health centers in rural areas of Jharkhand.
- In November 2004, the **Guatemalan** Congressional Health Commission prepared an amendment to the 2005 National Budget in order to allocate an additional 25 million quetzales (approximately US\$3.2 million) to the National Reproductive Health Program (NRHP). This is a direct result of advocacy efforts by REMUPAZ with the congressional commissions designed to ensure the availability of sufficient resources for the NRHP, especially for activities related to contraceptive security. POLICY provided TA, information, and methodological guidance to REMUPAZ in preparing the legislative proposal and advocacy presentations to the commission. POLICY also worked closely with REMUPAZ to prepare messages to convince legislators of the importance of assigning resources specifically for FP/RH services and commodities.
- In February 2004, the Honorable Monica Mbega, a member of the **Tanzanian** Parliamentarians AIDS Coalition (TAPAC) and a member of Parliament from the Iringa Urban District, established the Iringa Yatima Trust Fund. The fund is dedicated to improving the lives of orphans in the district by assisting with primary school access. The trust fund was initiated with a fundraising walk through Dar es Salaam. The walk resulted in about 35 million Tsh (nearly US\$35,000) in donations from businesses and community members. This was the first effort by an MP to specifically address the issues of orphans and school access in Tanzania. Mbega initiated her own research, interviewing school headmasters, community leaders, and local NGOs/CBOs to understand the orphans' situation in her district. The findings were not encouraging: nearly 75 percent of the identified primary school orphans did not benefit from various NGO- and government-funded support programs. Mbega established the Iringa Yatima Trust Fund to respond to the needs of the majority of the primary-school-aged orphans in the district. While there is still much to do, including dealing with the issue of secondary-school orphans, this is an important first step toward assisting with primary-school support of orphans. Mbega has participated in numerous awareness-raising and capacity-building events sponsored by TAPAC and supported by POLICY over the past three years.

- As a result of POLICY investments in RAPID, CSPRo, and advocacy training, resources for family planning and reproductive have increased in six districts in **Uganda**.
 - In Soroti District, the district population officer (DPO) and the District Directors of Health Services (DDHS) successfully advocated for the approval of the several items outlined in the district's development plan, including the construction of maternity wards in health center (HC) IIIs, extension of blood banks to HC IVs, and provision of adequate FP supplies.
 - In Hoima District, the DPO effectively lobbied the Light Broadcasting FM radio station to give him 30 free airtime minutes to discuss FP/RH. From October to December 2004, the DPO gave radio talk shows on FP/RH from 7:30 to 8:00 every Thursday night and the coverage extends to at least two districts. He uses information generated from CSPRo and RAPID. The Hoima population budget increased from 4 million Ush (USD\$2,343) in FY 2003–2004 to 11 million Ush (US\$6,444) in FY 2004–2005. The new funds are being used to assist subcounties to plan and integrate population issues in their workplans. The Hoima DPO also influenced local leaders, such as the district chairman and district social service secretary, to talk openly about FP/RH issues.
 - In Sembabule District, the DPO has been lobbying for funds to sensitize the community on family planning; for the first time (in June) his office was allocated 11 million Ush (US\$6,444) for an FP awareness meeting.
 - The DPO and DDHS of Jinja used information generated by CSPRo to make presentations to different audiences in the district, such as counselors and health workers. As a result, health workers in the district are using this information to guide them as they order contraceptives for their health units. The DPO also received funds for fuel to travel to the subcounties to sensitize the community on family planning.
 - In June, the Bundibugyo District DPO and DDHS presented district information generated by CSPRo to the female members of Parliament for Bundibugyo and the Honorable Jane Alisemera, a leading advocate for FP/RH in the district. The two technical officers and the members of Parliament used the district information to advocate for support from UNFPA to improve safe motherhood in the district. As a result, the district acquired two vehicles from UNFPA in July that are being used as ambulances. In addition, as a result of the POLICY-supported MOH regional workshops, some districts prepared workplans for FP/RH activities. The District Local Council approved the 30 million Ush (US\$17,575) Bundibugyo RH workplan. Furthermore, in June 2004, the district received 15 million Ush (US\$8,788) from UPHOLD to train 40 midwives and nurses in basic FP methods, train four medical officers on sterilization, and sensitize 200 community and faith leaders on the dangers of teenage pregnancies and early marriages.
 - Also in Bundibugyo District, for the first time, District Chairman LC V Bambalira Jackson and Resident District Commissioner Erastus Gubale have started mobilizing the community to use and support FP programs in the district. They have begun speaking out openly, encouraging the community to use FP services.
 - Kabarole District received 7.9 million Ush (\$4,600) from GTZ to implement FP/RH activities in 2004–2005. The main activities include training health workers in FP clinical skills, training health subdistricts doctors in long-term and permanent FP methods, and refreshing community-based RH workers on family planning.
- In **Zambia**, district task forces (DTFs) were until recently perceived as committees for senior government officials, heads of NGOs, and other people in privileged positions and there was little understanding about their roles and functions. Historically, membership in DTFs was limited (approximately 15 people) and fluctuated as existing members lost interest, were transferred by their employers to other districts, or became too busy to continue participating. For most members, DTF deliberations were not a priority. Additionally, DTFs lack legal status and a regular secure source of

funding. POLICY/Zambia has been providing capacity-building activities for 11 DTFs in Southern Province since December 2002 including TA and training in advocacy, organizational development, strategic planning, and practical skills in communication and facilitation. The purpose of the capacity-building activities was to enhance coordination skills and HIV/AIDS activities so that they align with district-level vision and priorities. As a result of POLICY's organizational development, planning, and financial sustainability training, DTFs have increased in size to 30–35 members and are looking to donors and within district for funds and resources. Some recent DTF accomplishments include:

- Kalomo DTF conducted desk appraisals for 40 community HIV/AIDS projects applying to the Community Response to HIV/AIDS (CRAIDS) for funding. Three projects received funding: Let Us Build Together: \$7,384; Youth Interdenominational Group: \$9,705; and Mumuni Center: \$23,840.
- Sinazongwe's constitution, financial policies and procedures, and strategic plan have been reviewed and approved by the district development coordinating committee (DDCC) and district council. Furthermore, District Chief Sinazongwe and the District Commissioner donated resources to support DTF meetings
- Choma DTF mobilized approximately \$122.36 to hold a meeting and review its constitution. This DTF also worked successfully with the local member of Parliament to lobby for resources for the district; the Parliamentarian was also trained by POLICY in advocacy skills.
- Namwala DTF mobilized resources locally to hold a consensus workshop on their bylaws and financial policies and procedures.
- Livingstone DTF assisted the Livingstone City Council to upgrade its eligibility to level 2 for Zambia Social Development Funds (ZAMSIF). ZAMSIF is a World Bank program that supports district physical and social development, including support to city/district council programs.

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

- The weak health system is a major cause of inefficiency and deterrent to access in the public hospitals in **Kenya**. As a result of POLICY's support to strengthen health systems in five hospitals (Coast, Mbagathi, and New Nyanza PGHs and Thika and Bungoma district hospitals (DHs)), operational and management efficiency levels increased. Cost-sharing funds have now increased from Ksh. 25m in FY 2001–2002 to Ksh. 46m in FY 2003–2004, and yearly workload increased from 192,240 to 364,569, over the same period. In June 2001, Thika DH received cash registers and computer equipment from a USAID-funded project that was closing out. POLICY installed the equipment and a more versatile software information system to improve the management and planning of the resources generated. POLICY provided training to the Health Management Team in September 2001 and organized exchange visits for the staff to learn from the experiences of Coast PGH that had recorded remarkable improvements following the introduction of cash registers. To complement the efforts, POLICY trained key health staff on systems (October 2001; July 14–18, 2003; March 14–20, 2004; August 8–22, 2004) and bought additional computers to cover extra cash points. Subsequently, many clients are now being attracted to the hospital and more resources are being generated. There has also been evidence of improved planning by ploughing back the resources generated to improve the quality of health services, including HIV/AIDS/FP/RH services. For the hospital, cost-sharing revenues are three times the funds received from the exchequer for recurrent spending.
- Although the government of **Kenya** has taken steps to improve the efficiency of cost-sharing within the health system, the Treasury has concerns relating to the accounting practices and management of resources (notably, revenue generation, banking, and expenditures). As a result of significant POLICY leadership and assistance over the past two years, the government of Kenya adopted three cost-sharing guidelines: “Guidelines for District Health Management Boards,” “Facilities

Improvement Fund (FIF) Operations Manual,” and “FIF Supervision Manual for PMOs, DHMBs, DHMTs, HMBs, and HMTs for Health Centers,” written to improve the collection, management, and use of the cost-sharing revenues. On December 1, 2004, the PS/MOH approved and endorsed the adoption of a fourth manual “FIF Operational Manual on Fees Collections, Target Setting, and Accounting Procedures.” The manual provides clear guidelines for user fee collection, inpatient billing, National Health Insurance Fund (NHIF) claiming, credit, and—for the first time—generation and use of funds from the “Amenity Services” and “Revolving Drug” funds. It also gives updated accounting procedures at the District Treasury, health facility, DMOH, paymaster general, and MOH headquarters. Collectively, the manuals and improved procedures have already begun to pay off in terms of improved efficiency in collections that now stands at 54 percent, from 46 percent in 2002. POLICY provided financial and technical support in the drafting of the manual including coordinating the active involvement of the Provincial Medical Officers (PMOs), Treasury, and key MOH staff in the research, consultations, and deliberations that led to obtaining consensus on the areas to be updated and harmonized with the present manual (last reviewed in March 1997) and subsequent Treasury circulars and financial orders. POLICY continues to provide financial and technical assistance to the Department of Health Care Finance (DHCF) in mobilizing additional resources from the cost-sharing program and ensuring efficiency in its use.

IR1: Political and popular support broadened and strengthened

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

- Although the community of men having sex with men (MSM) in **Nepal** has been conducting awareness-raising programs and other advocacy activities related to HIV/AIDS awareness and prevention without substantial interference from His Majesty’s Government of Nepal (HMG) since 2001, recent events have conspired to halt these activities. However, on July 9, 2004, an independent lawyer filed a writ petition in the Supreme Court of Nepal against the Ministry of Home Affairs; the Ministry of Law, Judiciary, and Parliamentary Affairs; the Office of the Prime Minister and the Cabinet Secretariat; and the District Office of Kathmandu. The writ was filed to demand action on the part of HMG against the MSM community, primarily demanding that actions that promote homosexuality be banned and that the government take strong action against homosexuals. If such demands were fulfilled, they would create more barriers for the MSM community in accessing HIV/AIDS prevention and care services. To support the creation of an enabling policy environment, POLICY/Nepal initiated advocacy activities with the Ministry of Home Affairs since law enforcement and safeguarding rights of vulnerable groups fall within the jurisdiction of this ministry. At the time the writ was filed, POLICY/Nepal program officials and the secretary of the ministry were in Bangkok attending the International AIDS Conference. POLICY/Nepal had sponsored the secretary to attend the conference. On July 17, 2004, while in Bangkok, POLICY/Nepal facilitated a meeting between the secretary of Home Affairs and the director of the Blue Diamond Society (an MSM group). The meeting activities included rapport building and discussions on the implications of the writ petition. A second meeting was held on July 22, 2004, between the director of Blue Diamond Society, POLICY/Nepal, and the legal department of the Ministry of Home Affairs to advocate for the issuance of a response in support of the MSM community. In response, the Ministry of Home Affairs issued a letter in support of the MSM community on August 13, 2004. The ministry stated clearly in its letter that no law exists in Nepal that renders homosexual acts punishable. The issuance of the letter was a direct result of advocacy efforts carried out by POLICY/Nepal with the Ministry of Home Affairs and marks a significant shift in terms of increased political support for vulnerable groups and their access to HIV/AIDS prevention services.

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

- Unlike in Africa, the business response to HIV/AIDS in **Mexico** historically has been minimal or nonexistent, in spite of the many U.S. companies working in Mexico that have good track records working on the issue at home or in other countries. In response to findings of the POLICY stigma core package, the AIDS Responsibility Project (ARP) partnered with POLICY to conduct a survey of 20 leading U.S.-based companies with operations in Mexico to collect information about their policies on stigma and discrimination as well as any programming they may have in place. The survey process served to sensitize high-level leaders of these firms and triggered requests for follow-on technical assistance and training from POLICY. Firms also expressed an interest in joining a business council to coordinate efforts and share experiences. POLICY and ARP worked together during October and November to create such a business council dedicated to the reduction of stigma and discrimination surrounding HIV/AIDS in the workplace. The Consejo Nacional Empresarial sobre SIDA (CONAES) was announced by Minister Julio Frenk at the federal government's observation of World AIDS Day on December 1, 2004, to a crowd of over 200 people. CONAES' founding members included nine large U.S. corporations with operations in Mexico. This result is a potent example of how POLICY is working to build support for HIV/AIDS programming by bringing new actors into the dialogue and strengthening the business response to HIV/AIDS.

- **Peru** is experiencing heightened awareness and attention to patient's rights because of the active role the Centers for the Prevention and Resolution of Conflicts in Health (CEPRECS) have played in these regions. Political support and awareness around patient rights has increased as a result of POLICY/Peru's interventions addressed to civil society organizations, and government increasingly understands the value of citizen participation and input in this area. Two main policy decisions in the area of protecting health services users' rights have been implemented since 2002: (1) the creation of the Transparency and Health Defense Executive Office by the MOH and (2) the renewed focus and strengthening of activities by the Ombudsman's Office to address problems encountered by clients using health services. However, neither strategy relied on the participation of civil society in its design or implementation phases. POLICY's work and experience, particularly with Citizen Surveillance Committees, has shown that civil society involvement is critical in protecting user rights, and as such, POLICY undertook a series of activities in 2003–2004 to address this omission. During 2003, POLICY and the Association of Public Health Law initiated the creation of CEPRECS, whose primary purpose is to strengthen the capacity and skills of CSOs and government to collectively prevent and resolve violations of user rights and conflicts in health. Two years later, POLICY's initiative has been consolidated and has obtained the recognition of the MOH, the Ombudsman, and health facilities as demonstrated in the following examples:
 - The present Minister of Health has acknowledged the strengthening of the MOH Defense Office and its efforts to protect user rights through the participation of civil society as one of 2004's achievements. This acknowledgement appears in the Minister's Balance Report 2004 and in the 2005–2006 plan.
 - Junín: On July 21, 2004, the regional Ombudsman's office in Junin invited the CEPRECS in Ayacucho (formed by POLICY/APDS in 2003) to present its experience in a workshop titled "Citizen Surveillance of Public Health Services." The workshop was directed at health providers, local and regional authorities, regional institutions, Municipality Justice Operators, and MOH officials in La Merced (Chanchamayo, Junin). Following this and other awareness-raising activities, the Regional Directorate of Health, the Ombudsman, and a local NGO (CEIDHU) signed an agreement to form a CEPRECS in Junin's main city. The Junin CEPRECS was formed in October 2004 and is now fully functional with POLICY support through CEIDHU.

- Ucayali: On November 16, the Regional Hospital of Pucallpa (capital of the Ucayali region) signed an agreement with the NGO CODEH, which is managing and operating the new CEPRECS in the region, to improve the quality of health services and strengthen capacity of health providers with a human rights perspective that promotes prevention and conflict resolution in the health sector.
 - La Libertad: With POLICY TA, the regional health coalition, ForoSalud, prepared a proposal on “Duties and Rights in Health” and presented it to the “Hospital Belen of Trujillo” (Trujillo is the regional capital). Based on information and experiences highlighted in the proposal, the hospital invited the CEPRECS in Ayacucho to share its experiences in promoting the use of alternative mechanisms for conflict resolution. On October 4, the Directorial Resolution N° 199-2004 HBT was approved, creating the Transparency and Health Defense Office at the hospital with the objective of improving the Hospital’s quality of care, as well as its relations with civil society.
- Although HIV/AIDS in **Honduras** is a generalized epidemic, certain vulnerable groups are highly impacted by it. In August 2004, COGAYLESH, the national network of MSM groups in Honduras, scored a major victory when the government of Honduras formally recognized three local MSM organizations (Colectivo Violeta, Asociación Kukulcán, and Asociación Comunidad Gay Sampedrana) and awarded them nonprofit status. Although the three local groups and COGAYLESH attribute this recognition to many forces and factors, clearly POLICY’s training to members of COGAYLESH in advocacy, including media advocacy, and reduction of stigma and discrimination played a big role. COGAYLESH formally recognized this in an email and other communications that were disseminated widely. The government’s decision to allow the three local MSM groups to register as nonprofit entities not only rescinds a long-standing discriminatory policy but also opens the door for these organizations to receive international funding for more and higher quality HIV prevention and care programs for MSM.
 - In response to advocacy by development partners including POLICY/**Nigeria**, the Federal Ministry of Women Affairs established an Orphans and Vulnerable Children (OVC) Unit within the ministry that will serve as the secretariat for the OVC Steering Committee. This is intended to lead to increased coordination of the national response to OVC. POLICY’s OVC Advisor participated in the regional workshop on OVC in Dakar, Senegal, during which the then Permanent Secretary of the Federal Ministry of Women Affairs Mr. Edache made a commitment to facilitate the creation of an OVC unit within the ministry. Mr. Edache was one of the members of the Nigerian Delegation that POLICY and its partners targeted with advocacy messages for increased attention to OVCs. This commitment was fulfilled and confirmed by a letter dated September 24, 2004, in which all OVC stakeholders were informed about the establishment of the OVC Unit.
 - Injection drug users (IDUs) in **Nepal** are perceived negatively, and even recovering IDUs often have not been included in policymaking activities. POLICY/Nepal works with recovering IDUs to build their capacity for involvement in the policymaking process. In this context, POLICY/Nepal provided a four-day advocacy training workshop in Kathmandu for recovering IDUs in March 2004. At the end of the workshop, participants formed an advocacy group called Recovering Nepal. This nascent advocacy group has already had an effect on the HIV/AIDS policy environment in Nepal. For example, in July 2004, when His Majesty’s Government of Nepal (HMG) announced the reinstatement of methadone maintenance programs (MMP) for IDUs in collaboration with AUSAid without consulting representatives of IDU groups, Recovering Nepal took it up as an issue. Recovering Nepal responded to the announcement by beginning an advocacy campaign for inclusion of recovering IDUs in MMP policy and procedure formulation. Recovering Nepal instituted an email-writing campaign to inform and influence recovering IDU stakeholders and policymakers. Following the email campaign, a front-page article covering the MMP issue, titled “Drug users ask government

to go easy on methadone use,” appeared in *The Himalayan Times* on August 2, 2004. As a result, Recovering Nepal members were invited to a meeting with the director of the National Center for AIDS and STD Control (NCASC) with the State Minister of Health and key policymakers to discuss the implementation of MMP. Outcomes of the meeting included the formation of a task force (on August 13) that will review all guidelines and protocols regarding MMP and harm reduction programs. Two members from Recovering Nepal were included in the task force. POLICY’s role was to assist the recovering IDUs in understanding HIV/AIDS prevention, treatment, care, and support so that they could participate more knowledgeably and effectively in the MMP. POLICY also provided the Recovering Nepal team with pre-meeting briefings and support to prepare them for presenting their issues to policymakers.

- Prior to its work with POLICY, the women’s network CAFO (Coordination des ONG et Associations Féminines) did not advocate for improving reproductive health. POLICY/Mali organized an advocacy workshop on family planning based on using the RAPID Model. Following the workshop, CAFO prepared and implemented an advocacy action plan calling for presentations to women leaders and parliamentarians (July 24, 2004). More than 30 women leaders (former ministers and parliamentarians) took part in these sessions. During this meeting, the wife of the president of the National Assembly spoke openly about the importance of family planning for the health of women, children, and the family in general; and she encouraged women who want to practice family planning to do so.

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

- While several international and national NGOs are working with PLHAs in **Viet Nam**, the work has not been streamlined or coordinated. The existing PLHA groups are loose organizations of clients that have been unable to initiate independent activities or advocate specifically for HIV/AIDS. With POLICY support, the Ho Chi Minh City PLHA Network, the first network of PLHA groups in Viet Nam, was formally established in November 2004. The goal of network is to coordinate PLHA groups around the country to focus the PLHA agenda. POLICY Project/Viet Nam facilitated the creation of the network in collaboration with the Ho Chi Minh City Provincial AIDS Council (PAC), the People’s Committee of Ho Chi Minh City, and eight PLHA groups. This network will serve as a model for the creation of similar networks in provinces throughout Viet Nam. The establishment of the PLHA network was marked by the first PLHA Festival in Ho Chi Minh City, held on November 23, 2004. POLICY’s assistance included both technical and financial support to the PLHA groups as well as ongoing support to the development of guidelines to assist in the formation of PLHA networks in other provinces. POLICY is also funding the position of the PLHA Network Coordinator and sponsored the festival.
- In **Cambodia**, from December 13–15, 2004, the first national MSM workshop was organized with 128 participants, including MSM from provinces and municipalities across the country, representatives from CSOs, PLHAs, sex workers, university students, healthcare providers, drug users, and representatives of government ministries and U.N. agencies such as UNFPA. POLICY/Cambodia organized the workshop in collaboration with FHI, KHANA, and KANHNHA. The workshop was an opportunity for MSM to discuss issues related to MSM vulnerability to HIV/AIDS, to come together and coordinate their work, and to publicize the voice of MSM in Cambodia. At the end of the meeting, five groups were formed with MSM from different provinces and municipalities, which will serve as subnational networks. Coordinators for each group were selected by their members. The workshop also served as a forum to obtain commitment to the development of a national MSM network in Cambodia.

- Although teachers are held in high esteem in **Kenya**, HIV-positive teachers are stigmatized and discriminated against by the Teachers Service Commission (TSC). This practice has undermined teachers' productivity and distorted their image in schools and within the community. Many teachers in the country now live in fear and shame and have failed to disclose their status. POLICY/Kenya has provided technical and financial assistance to KENEPOTE to form a network of positive teachers and host its first national forum (December 13–18), which allowed teachers to come out in the open and discuss and share experiences. A key outcome of the forum was the formulation of the vision, mission, objective of the new network, and an advocacy strategy to address the unique needs of the teachers living with HIV, particularly those relating to disclosure and the inherent stigma and discrimination by the TSC. This forum brought together more than 60 network members from all provinces in Kenya. In addition, POLICY facilitated dialogue between KENEPOTE, the Ministry of Education, TSC, and the Kenya National Union of Teachers, to highlight and address the human rights violations by the TSC against the teachers due to their HIV status. POLICY provided up-to-date information on the disease progression, access to ARVs, home-based care, nutrition, and the policies in place to protect teachers' rights as a means of assisting members in drafting the first one-year KENEPOTE operational plan. KENEPOTE will provide the avenue for advocacy and championing the rights of the HIV-positive teachers. The teachers' population stands at 235,000, excluding the teachers from the private sector and tertiary institutions.
- The participation of civil society representatives, particularly those who champion RH and women's issues, in regional and local decisionmaking bodies is critical as **Peru's** health system undergoes decentralization. In August, two representatives of the Ambo provincial branch of the RNPM/Huanuco were elected to influential positions in two important regional decisionmaking bodies: one was elected representative of social community organizations in the Local Government Coordination Council, and the other, as vice-president of the Intersectional Group Fighting Poverty (MLCP). As such, they are well placed to participate in and influence both the local and regional health policy and planning process. During the last two years, POLICY provided TA to the RNPM regional branch of Huanuco by facilitating and financing training workshops; supporting public policy dialogue activities; supporting the expansion of RNPM to the provincial level; and providing TA in forming provincial-level CSCs. As a result of this support, the subsequent strengthening of the provincial branches of the network and its individual members, and the high level of commitment RNPM members, RNPM has now been recognized as a leader by other social and civil society organizations, not only at the regional, but also at the provincial level.
- In **Cambodia**, until now, there was no formal mechanism for women PLHA to be heard. To address this gap, POLICY funded a national consultative workshop on August 2, 2004. The workshop included participants from the Cambodian Positive People's Network (CPN+), GIPA, National AIDS Authority, National Centre for HIV/AIDS, Dermatology and STDs, and many local and international NGOs. During this workshop, a PLHA women's network was formally established under the umbrella of CPN+, a national network of PLHA support groups and grassroots agencies. The positive women's network currently has 20 members across Cambodia, all of whom are included in the original 20 positive women who received training from the POLICY Project. The network has already attracted funding from agencies including KHANA and UNAIDS. Since 2003, POLICY/Cambodia has been providing capacity building to a group of women PLHAs within the CPN+ network from different sectors, including NGOs, civil society, and affected communities such as sex workers. Facilitated by the POLICY Project (but funded by APN+), two positive women from this group also attended a regional positive women's capacity-building workshop in Bali, Indonesia, in early 2004.

- The disproportionate rate of HIV in **Honduras** among already marginalized groups leads to an overwhelming amount of stigma and discrimination of PLHAs. In August 2004, a group of PLHAs and media professionals came together to form an alliance of media watchdogs and spokespersons whose main goal is to monitor the “handling” of HIV/AIDS in the media and promote the reduction of HIV/AIDS-related stigma and discrimination. The formation of such a network in Honduras is unprecedented and marks the first time that journalists have organized positively around the issue of reducing stigma and discrimination. POLICY organized the August meeting that was attended by 19 PLHAs, 18 journalists, and two international donors. A declaration announcing the network formation was widely disseminated across local, regional, and national media outlets. This new national network, Alliance of Media Advocates (“Alianza de Portavoces”), is a direct result of two POLICY workshops on media advocacy. The first workshop was conducted in May in San Pedro Sula and was attended by 25 PLHA leaders. During the workshop, a core group of trained and motivated PLHAs forged the concept of a network that would take a lead role in monitoring media coverage of HIV/AIDS issues as well as identifying and maximizing opportunities to develop positive images of PLHAs in the media. In July, POLICY conducted a second capacity-building workshop on similar topics for journalists and other media representatives. Following this workshop, PLHAs and media professionals decided to form a joint alliance, which also includes other interested parties, such as the Honduras UNAIDS program.
- The Asia-Pacific Network of People Living with HIV/AIDS (APN+) was established in 1994 as a regional partner of the Global Network of People with HIV/AIDS (GPN+). At first APN+ included 42 people living with HIV/AIDS (PLHA) from eight different countries and had little funding and capacity as a regional network. It had no salaried employees, no office, or effective governance structure. POLICY/**Mekong** began supporting APN+ in October 2003 to build its organizational capacity and position APN+ as an effective regional PLHA advocacy network. Support has been used to provide the infrastructure (a small number of staff and a secretariat) and enable face-to-face and teleconference meetings of the steering committee. The APN+ Steering Committee has established a clear vision and statement of purpose for the organization that focuses on the following priorities: to provide a strong, active voice and advocate on behalf of PLHAs in the region; to lobby for equal and meaningful representation of PLHAs on all relevant decisionmaking bodies; to facilitate communication and exchange of information between PLHAs; to provide opportunities for PLHAs to acquire a range of skills and build capacity to effectively respond to the challenges of living with HIV; to give visibility to PLHAs to overcome fear, ignorance, and prejudice faced and to counter all forms of discrimination against PLHAs; and to lobby for improved access to treatment, care, and support. The roles and responsibilities of the steering committee, the board of representatives, the coordinator, and other decisionmaking bodies within the network have been clearly defined in a governance statement. POLICY Project funding has enabled APN+ to build its capacity and establish and raise the regional profile and credibility of the organization. The network has strengthened and promoted its role within the region and established effective working partnerships with many key stakeholders. Examples of the work APN+ has undertaken directly or with partners include the Australian Federation of AIDS Organizations (AFAO) Treatments Advocacy workshop and Positive Women’s workshop. In addition, due to POLICY’s capacity-building efforts, APN+ was able to secure funding from the Tides Foundation to conduct the Southeast and East Asia Treatment Education and Advocacy Workshop, a four-day event for 70 participants as part of an ongoing global initiative in treatment preparedness.

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

- Two new NGOs joined the **Ukrainian** Reproductive Health Network at the meeting in December 2004. The first NGO, “Spodivannia” from Zaporizzia, represents an oblast that was not previously

included in the URHN. The NGO provides RH informational services for children and adolescents. The second NGO, “Family from A to Z,” is from Kharkiv. Its RH service is a television program, representing a type of service not previously represented in URHN’s various activities.

IR2: Planning and finance for FP/RH improved

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

- Government agencies in **Nigeria** are working to protect civil service employees by instituting HIV/AIDS workplace policies. POLICY/Nigeria is assisting the Ministry of Labor and Productivity and the Federal Ministry of Education in drafting these policies. For example:
 - The Permanent Secretary of the Ministry of Labor and Productivity expressed a strong desire to finalize the *National HIV/AIDS Workplace Policy*. POLICY provided the requested assistance and on June 29, 2004, provided support to the ministry to hold a national stakeholders meeting, during which the policy was finalized and adopted. The policy’s goal is to provide guidelines to government, employers, workers, and other stakeholders and identify strategies and programs for protecting the rights of employees infected and affected by HIV and AIDS; provide access to HIV/AIDS information and services; manage and mitigate of the impact of HIV/AIDS within the workplace; and eliminate stigma and discrimination. The policy was submitted to the Cabinet Secretariat (which serves the Federal Executive Council) on November 19, 2004, for approval by the Federal Executive Council (which includes the President and the federal ministers). The final policy document is now awaiting ministerial endorsement before printing and launching.
 - POLICY worked with the Federal Ministry of Education (FME) to draft a *National HIV/AIDS Workplace Policy for the Education Sector*. On September 6–8, 2004, a national stakeholders meeting was held in Abuja to review and finalize the policy that was then adopted on September 8, 2004. The policy has been forwarded to the Honorable Minister of Education for onward transmission to the Joint Consultative Forum on Education and the National Council on Education for approval. The policy addresses prevention of HIV transmission; access to care, treatment, and support for PLHAs; access to education and socioeconomic security for OVC; elimination of stigma and discrimination against PLHAs; promotion and protection of their rights; and the roles and responsibilities of government, employers, workers, teachers, learners, and all stakeholders within the education sector.
- **Lesotho**’s textile industry is one of the largest employers in the country and Chinese Garment Manufacturers (CGM) employs more than 7,000. POLICY facilitated a weeklong Workplace Policy Development session on October 22–27, 2004, for 11 CGM employees, representing all areas of the workforce. The session provided training on Workplace Policy Builder software; assisted CGM with the design and development of a workplace policy; and provided guidance on implementing the policy, carrying out programs, and disseminating relevant information on HIV/AIDS in the workforce. Following the five-day workshop, CGM produced a 13-page policy. The final policy covers an array of topics relevant to CGM’s response to HIV/AIDS. The document includes guiding principles; a strategy for HIV/AIDS prevention, care, and treatment; and specific directives on privacy, confidentiality, stigma and discrimination, and prohibition of mandatory HIV testing. CGM senior management is reviewing the workplace policy; following final approval it will be launched in early 2005.
- Significant progress has been made recently to expand the breath and scope of family planning services and contraceptive options available in **Madagascar**. The number of FP service delivery sites has tripled between 1998 and 2004, and as a result, the total fertility rate is declining and the

contraceptive prevalence rate is increasing. Creation of a national FP strategy builds on this momentum and ensures continued gains in FP service delivery. POLICY played an integral role in producing Madagascar's new five-year national FP strategy, "Document for a New Family Planning Strategy for Madagascar: Contributing to the Improvement of Malagasy Families Well-being," which was presented at a two-day national FP conference in December 2004. The President, the Minister of Health, and several other ministers endorsed the strategy at the conference. The strategy focuses on increasing demand, improving access, and strengthening the policy environment for family planning. POLICY supported the entire SPARHCS process, including baseline analysis and related studies with stakeholder participation that culminated in the contraceptive security strategy that is now part of the new FP strategy; and POLICY staff and consultants were integrally involved in the preparations and implementation of mini workshops aiming at intensive dialogue on elements of a FP strategy, as well as organization and participation in the December FP conference that produced the final strategy.

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

- Lack of effective planning has negatively affected the management of public health facilities in **Kenya**, leading to huge inefficiencies. Having recognized this shortfall, the Moi Teaching and Referral Hospital (MTRH), the second lead referral hospital in the country, requested POLICY assistance to develop the *MTRH Strategic Plan (2005–2010)*. The plan defines the hospital's vision, mission, and strategic priorities for the next five years and describes the reorganization required to strengthen governance, priority areas of interventions to enhance efficiency in services provision, mechanisms to strengthen partnerships and raise additional resources, institutional strengthening, and monitoring and evaluation mechanisms. This is the first plan to be formulated by the institution since its inception. The plan was submitted to the MTRH Board of Management for approval in December 2004. Because MTRH was granted autonomous status, the plan will guide the future direction of the institution with a focus on evidence-based planning and management and better articulation of priority interventions, including coordinating mechanisms. Since July 2004, POLICY worked with the MTRH and the MOH to convene a series of consultative meetings with stakeholders, review and carry out the situational analysis of healthcare delivery including systems at MTRH, review existing data and documents, and draft the five-year MTRH Strategic Plan (2005–2010). The plan was submitted to the hospital management team on December 9 for review/approval, before it was forwarded to the Board of Governors for final approval on behalf of the MOH.

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

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

- In November and December 2004, **Jordan's** Higher Population Council (HPC) launched a national campaign on population and RH to advocate for the National Population Strategy and the Reproductive Health Action Plan (RHAP) and raise awareness around the negative impact of the high rate of natural increase on development. One of the key materials used in the campaign was a book on RH needs and barriers in Jordan. The book is a comprehensive review of all kinds of barriers to reproductive health that should be removed for policies and programs to respond effectively to Jordanians' RH needs. HPC produced the book that made extensive use of POLICY supported-research including: 1) Family Planning Market Segmentation in Jordan: An Analysis of the Family Planning Market in Jordan to Develop an Effective and Evidence-Based Strategic Plan for Attaining Contraceptive Security (March 2004); 2) National Family Planning Accounts for 2002 (March 2004); 3) Existing and Potential Procurement Mechanisms in the MOH, RMS, UNRWA, JUH, and JAFPP (March 2004); 5) CS Briefing Booklet for Jordan (March 2004); and 6) Jordan FamPlan Model Results for 2002–2020.

- Findings from the 2003 Medical and Institutional Barriers to Family Planning Services study spearheaded by POLICY are being used by various **Guatemalan** public and private organizations to improve access to family planning. The Technical Inter-Institutional Committee on Medical Barriers also used the study results to redefine priorities and continue reducing barriers among key service provider organizations. The MOH, social security institution (IGSS), and APROFAM used the results to plan activities and draft institutional policies to reduce barriers to FP services (September 2004). In November 2004, the National Reproductive Health Program/MOH used the results in preparing the “Action Plan for the Elimination of Medical Barriers Related to Adolescent Reproductive Health” to improve access to FP services in MOH facilities, particularly among the adolescent population. The action plan focuses on training of providers, service delivery norms, use of the life cycle approach, clinic schedules, access to services for teens, contraceptives, and counseling. Barriers discussed in the POLICY studies, such as restrictions to access related to age, commodities, norms and regulations, and service providers are addressed in the action plan.
- Information developed as part of *Siyam’kela*, POLICY’s core package on stigma and discrimination in **South Africa**, is being used in educational programs. The *Siyam’kela* results are part of the required reading materials for the course, Gender Issues 3, for the Women’s and Gender Studies Department at the University of the Western Cape, held from July–December 2004. The course taught 41 3rd year undergraduate students about research methods. The course reading materials included the *Siyam’kela* literature review as a way of familiarizing students with the structure of literature reviews and increasing their knowledge base on the subject of HIV/AIDS stigma. The *Siyam’kela* results were also used as part of the curriculum for a one-week training package on HIV/AIDS for healthcare workers (HCWs) in government sites providing antiretrovirals (ARVs) in two provinces, namely Limpopo and Mpumalanga. Specific information used included the definition of stigma and discrimination, the importance of addressing stigma, indicators for measuring the impact of stigma-mitigation efforts, and some practical tips for those in ARV sites to address stigma, based on understandings drawn from the project. To date, the training has reached 100 HCWs, and a further 100 HCWs will be trained in January 2005. This training helps to ensure that PLHAs accessing the newly implemented ARV rollout program receive high-quality care and support. The Centre for the Study of AIDS at the University of Pretoria designed the training curriculum.
- Provision of comprehensive emergency obstetric care (EmOC) is one of the focal areas in **Uganda**’s MOH/RH Division’s 2003–2005 strategy. The MOH/RH Division, University of Columbia, and UNICEF carried out an EmOC needs assessment survey in early 2003 covering half of the districts in Uganda; POLICY and UNICEF conducted the same assessment for the remaining districts in mid-2004. The survey results included in the report “Status of Emergency Obstetric Care in Uganda” cites several key recommendations including: (1) the need to revise all RH policies to address EmOC adequately, as this affects implementation; (2) the need to have more staff that are skilled in giving EmOC and also provide motivation for them; and (3) the need to enhance functionality of all hospitals and health centers countrywide. The survey results have enabled the MOH to identify what each facility needs to implement EmOC, and it also enabled EmOC scale-up interventions to directly target the needs of each facility. For example, the report identified the need for delivery equipment for Vesicle Vaginal Fistulae in health centers in 24 UNFPA-funded districts which the MOH purchased. POLICY is closely linking with the ministry on how best to implement the suggested recommendations.
- In **Mali**, regional officials of Timbuktu, Gao, and Kidal in collaboration with the senior management of the NGO, Plan International, used the data on trends and projected impact of HIV/AIDS in Mali contained in the AIM presentation “HIV/AIDS in Mali” prepared by POLICY and the National AIDS

Control Program. The information was used in advocacy efforts in July 2004 to urge local civic and religious leaders to adopt more supportive policies for engagement in the national HIV/AIDS effort. For example, local religious leaders were encouraged to provide information on HIV/AIDS during religious services.

- The HIV prevalence estimates and impact projections produced by the Multisectoral Technical Group in **Mozambique** continue to be cited widely.
 - The International HIV/AIDS Alliance study, “Exploration of Access to treatment in the Mozambican Context” cites and uses the most recent national prevalence figures.
 - The MOH/Provincial Health Direction in Tete/HNI and DANIDA in a recent baseline study, “Response of Family Units to HIV/AIDS,” cite and use the most recent national prevalence figures.
 - UNICEF included the most recent prevalence and impact projections figures on its website.
 - The NSI publication “Women and Men in Mozambique—2003” includes projected age-sex breakdowns of AIDS cases and cites the 2000 publication facilitated by POLICY.
 - On November 1, Graça Machel, citing the new statistics at the eighth Annual Private Sector Conference, called on business to create favorable conditions for workers and civil society in general.

These citations are good evidence of widespread familiarity and agreement with the official government statistics, which received POLICY assistance through the MTG.

- POLICY/**Egypt** continued its role of providing national decisionmaking bodies with reliable, timely, and analytical information. It provided assistance to the Shura Council/Health, Population, and Environment Committee in preparing its response to the president’s opening statement of the 2004–2005 parliamentary session. To this end, POLICY Project prepared a position paper, titled “Egypt’s Population Problem: Current Developments,” to highlight the status of population programs and its impact on other sectors, particularly the economy. It also outlined strategies the government could consider to reach its population objectives. Some strategies to strengthen the population program included in the paper and endorsed by the council include emphasizing the importance of advocacy and IEC, ensuring community participation, educating religious leaders in training, adopting advocacy campaigns for youth, improving the status of women, and expanding the coverage and quality of the national FP program. The Health, Population, and Environment Committee endorsed the paper and provided it to the government.

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

- There are almost two million OVC in **Uganda**. The absence of an OVC policy hinders the government’s ability to effectively respond to the HIV/AIDS epidemic. To address this gap, the Ministry of Gender initiated the process of formulating a national OVC policy. As a first step, the ministry conducted a situational analysis of orphans in Uganda and the results pointed to the need for a study on the legal and policy issues affecting OVC. POLICY then supported a study to analyze the laws and policies that have an impact on OVC in Uganda with a view to increasing the level to which the OVC are protected and enhancing their rights. The study findings and recommendations were integrated into the national OVC policy in Uganda, which the Cabinet approved in November 2004. The policy’s goal is to ensure full development and realization of the rights of OVC. Specific objectives include ensuring that the legal, policy, and institutional framework for child protection is developed and strengthened, ensuring that OVC and their families have access to basic essential services, and ensuring resources for interventions are mobilized and efficiently used.

- In **Kenya**, the steering committee of the National Health Sector Strategic Plan (2005–2010), “Essential Health Package” (EHP) thematic group used information from the POLICY-supported study, “Unit Costing for Safe Motherhood Interventions” to define and cost the RH component of the EHP in the preparation of the new plan. The committee used the information in their meetings in October/November 2004. Based on the WHO Mother-Baby Package, the study provides the direct, capital, and overhead costs associated with implementing essential maternal and neonatal healthcare in Kenya and specific RH information on such aspects as demography; epidemiology and infrastructure; utilization; treatment practices; and local prices of drugs, supplies, and labor. The costing of the EHP is critical to the government of Kenya in defining the financing gap and mobilizing resources required to attain health sector goals, including those relating to the Millennium Development Goals.
- The **Ukrainian** MOH Working Group used data from two POLICY reports to create a new program for the prevention of mother-to-child transmission of HIV (PMTCT) for 2005–2008 and to draft a National VCT Protocol. “Access of HIV-Positive Women to Quality Reproductive Health and Maternity Services” presents qualitative research findings from interviews with HIV-positive women and providers. “Realization of Reproductive Rights Among HIV-positive Women in Ukraine,” is a review of legal and regulatory issues related to rights of HIV-positive women. The “Strategy and Ways to Overcome MTCT for 2005–2011” includes several findings highlighted in the first report including: 1) reviewing and revising the branch documents according to current legislation on providing medical support to HIV-positive pregnant women and the children born to them; 2) improving the system of protecting HIV-positive patients’ confidentiality; 3) developing a comprehensive protocol and a system of monitoring and evaluation of pre- and post-test counseling of HIV-positive pregnant women; 4) finding the system of state social orders for social organizations on decreasing HIV/AIDS among high-risk groups; and 5) recommending methods of cooperation and control for social and international organizations working with HIV transmission. The draft National VCT Protocols include information drawn from POLICY findings and recommendations highlighted in the report, including: 1) pre- and post-test counseling standards; 2) VCT confidentiality standards; 3) mechanisms to insure voluntary consent (consent form); 4) counseling in prevention of MTCT; 5) the role of NGOs in providing VCT services; and 6) monitoring and evaluation (M&E) of VCT services. The MOH Working Group used the report findings to review the legislative norms on medical and social reasons for pregnancy termination between 12 and 28 weeks. Abortion rates are high in Ukraine. The MOH Working Group significantly reduced the list of medical indications that allow pregnancy termination in the second trimester and excluded the list of social indications—three or more children, divorce during pregnancy, imprisonment of one of the partners on the basis of the report’s recommendations. The legal gestational age for pregnancy termination for medical reasons was also reduced from 28 to 22 weeks. Such changes in legislation should significantly reduce the number of abortions in the country and reduce the likelihood of HIV-positive women interrupting pregnancy.
- POLICY/**Madagascar** conducted two studies, “Willingness to Pay (WTP) for Contraceptives in the Public Sector, Madagascar” and “Market Segmentation in Madagascar,” which guided policy and program decisions on contraceptive security in the new national FP strategy. The WTP study provides information on public sector contraceptive users, as well as potential users willing to pay for FP commodities. Results show a high willingness to pay for contraceptives: more than 85 percent of current pill users interviewed in the public sector service delivery points are willing to pay 100 percent more to maintain regular protection. This information was combined with a market segmentation analysis (a capacity-to-pay study) to guide MOH/FP leaders in making policy and programmatic decisions including the sale price of contraceptives, source of FP services, and contraceptives for various segments of the population.

- In September 2004, the **Malawi** OVC Rapid Assessment, Analysis and Action Planning (RAAAP) initiative was completed and presented to the RAAAP Global Steering Group for endorsement. The OVC RAAAP was spearheaded by UNICEF, UNAIDS, World Bank, USAID, and World Food Program (WFP) and incorporates 12 recommendations from the POLICY-supported OVC policy environment assessment (PEA). The recommendations constitute an important component of the two-year RAAAP response plan and provide guidance for shaping the 10-year OVC National Action Plan. The RAAAP report represents the culmination of an extensive consultative process that began in March 2004 and included an OVC situation and country response assessment, a contextual analysis, milestones progress report, and focus group discussions. Between December 2003 and July 2004, POLICY conducted an assessment of the policy environment for Malawi's OVC situation through a consultative process, which included the active involvement of the Ministry of Gender, Children and Community Services (MOGCCS) (the government ministry with primary responsibility for OVC issues), USAID, FHI/Impact, UNICEF, and other stakeholder groups. It is anticipated that these recommendations will also be adopted by the MOGCCS and local and international partner organizations to strengthen the Malawi's OVC response over the next several years. The OVC PEA will be distributed, along with the RAAAP, as a supporting document during the dissemination of the National OVC Policy and National Early Childhood Development Policy, to inform their implementation and operationalization.
- The annual conference of the National Democratic Party (NDP), the ruling party in **Egypt**, was held September 21–23, 2004, to discuss and endorse various policies that will be adopted by the government including the *National Youth Policy*, which is the overall umbrella for youth activities in the coming years. The NDP endorsed the youth policy for adoption by the government. The policy includes the principles and objectives advocated for by the POLICY Project and elaborated in the Agreement of Collaboration with the Ministry of Youth that was signed in April 2004. These include (1) expanding and improving youth skills and capabilities to advocate for FP issues; (2) providing outlets for counseling and premarital examination; (3) introducing population education at different education levels, especially at universities and within vocational training centers; and (4) supporting partnerships between the government, the private sector, and NGOs. The two POLICY products used in the *National Youth Policy* include a presentation on current and future population trends with an emphasis on trends for youth, and an information kit containing up-to-date population and population-related statistics. The information kit was presented to the Minister of Youth and other senior ministry decisionmakers who are also NDP/Youth Committee members. Overall, the adoption of the policy will further the role of youth and their involvement in improving the population situation in Egypt. It will also significantly contribute to the efforts aimed at expanding demand for family planning and thereby accelerating progress toward achieving the national goals.

of new tools created or adapted to address FP/RH issues

- As a result of significant leadership by POLICY, the government of **Kenya** now has key policy documents to assist in mainstreaming gender into HIV/AIDS activities, for instance, “Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan (2000–2005)” and its popular version, and the Gender and HIV/AIDS poster. Yet, the country lacks a document that aids policy and senior-level decisionmakers and supervisors making difficult decisions related to HIV/AIDS and gender. In October 2004, the National AIDS Control Council (NACC), on behalf of the government, formally approved and adopted the “HIV/AIDS and Gender Training: A Toolkit for Policy and Senior-Level Decisionmakers.” This toolkit will assist the government, NGOs, community-based organizations (CBOs), private sector organizations, and networks of PLHAs in sensitizing and educating senior policymakers on key HIV/AIDS and gender-related issues. This toolkit provides current information on the epidemic and gender issues, men and women's vulnerability, stigma and discrimination, and key gender issues in the provision and success of VCT, PMTCT, and ARV programs. This is the

culmination of a year's process, co-led by POLICY, of dialogue, consultations, and policy formulation among key government, NGO, and international donor and project organizations. Jointly with NACC's Gender and HIV/AIDS technical subcommittee, POLICY produced several drafts and the final version of the toolkit.

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

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

- In 2003, POLICY/**Egypt** organized two workshops to build the capacity of 40 Raidat Riffiat (RR) supervisors as advocates for FP/RH issues. The RR supervisors were trained to become both qualified advocates and trainers capable of transferring skills and knowledge to their colleagues at the district level. Seven Raidat Riffiat supervisors in the governorates of Alexandria, Luxor, New Valley, North Sinai, Red Sea, South Sinai, and Suez successfully carried out, on their own, local advocacy training programs. Around 350 RRs from different districts (20 to 35 per governorate) attended the three-day training course. The skills acquired by the RRs, the main outreach workers in the FP/RH program, will ultimately enhance their role and contribute to the expansion of FP service coverage. POLICY prepared a tailored curriculum based on existing advocacy and training manuals and provided the necessary background materials to enable the RRs to undertake advocacy in their respective governorates.
- In partnership with the Nelson Mandela Foundation and the National Department of Health, POLICY facilitated 13 workshops in six provinces of **South Africa**. These workshops focused on enhancing the role of traditional leaders in advocating for HIV/AIDS programs and promoting the rights of PLHAs. About 520 traditional leaders were reached during this intervention. At the end of each workshop, trained traditional leaders prepared three-month implementation plans to reach at least 100 people. Based on preliminary evaluation reports, the trained traditional leaders have reached approximately 5,000 people. The core messages delivered during their interventions focused on providing HIV/AIDS prevention information and raising awareness of care, treatment, and support for PLHAs. Traditional leaders have made progress in forming partnerships with different leaders in their respective communities to combat HIV/AIDS.
- **Cambodian** Red Cross (CRC) trainers who were trained with the curriculum prepared with technical and financial assistance from POLICY/Cambodia in August 2004 trained 247 youth peer supporters and Red Cross volunteers through 11 three-day training workshops in September and October in Siem Reap Province. The training workshops provided basic information on HIV/AIDS prevention and support; created a common understanding on HIV/AIDS-related vulnerability, stigma, and discrimination; and presented strategies that volunteers could use to address these issues in their respective communities and villages. Workshops participants intend to mobilize communities to provide more care and support to PLHAs, as well as reduce shame, stigma, and discrimination at the community level in response to the HIV/AIDS epidemic.

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

- In November 2004, POLICY/**Guatemala**, in collaboration with the Central American Center for Population (CCP) in Costa Rica, implemented a training course "Taller Análisis Demográfico e Introducción a la Evaluación de Impacto de Programas de Población" from November 7–16, 2004, on demographic analysis and program impact evaluation for 11 SEGEPLAN officials and representatives

of institutions—MOH, SEPREM, Ministry of Education, civil society organizations—responsible for monitoring and implementing the Social Development Law and the Social Development and Population Policy. POLICY and CCP worked in close collaboration to prepare the curriculum and agenda for the training. Topics addressed in the training course included population dynamics and structure, mortality, fertility, migration, methodology for basic indicators, nexus between population and health, poverty, social exclusion, and impact evaluation for population programs. As a result of the course, a plan to evaluate policy implementation has been drafted. The course is listed on CCP's website and can be offered again using a similar curriculum if requested.

- Building the skills of IEC officers in the Ministry of Health and Population (MOHP) as advocates for small family size is a priority within the **Egyptian** national FP program. POLICY/Egypt is supporting these efforts by updating curricula and implementing an advocacy training program for these staff. The newly tailored advocacy curriculum, which POLICY/Egypt prepared, was endorsed by the MOHP/Population Sector (PS) and is being considered instrumental in supporting the potential role of those IEC officers in local communities. In addition, POLICY worked with the MOHP/PS to design the structure and agenda for the training course, and provide TA during the training session that was held on October 2–5, 2004. Following the training, POLICY/Egypt prepared a manual for a TOT workshop on advocacy for Health Directorate staff. The manual was used in the training course that took place December 4–7, 2004, with technical support from POLICY. The manual was designed to enhance staff capacity to advocate for POP/FP/RH issues among their peers in slum areas. The above mentioned curriculum is being currently adopted by the MOHP/PS as its formal curriculum for such training courses.
- On August 4, 2004, POLICY/**Guatemala**, in collaboration with the medical faculty of San Carlos University (USAC), initiated the implementation of the Technical Update on Reproductive Health Program, which is designed to update knowledge and strengthen skills of the NGOs INSTANCIA Salud/Mujeres and REMUPAZ to help them maximize their impact in advocacy and civic surveillance for reproductive health. POLICY and USAC worked in close collaboration to design the curriculum for the training. Topics addressed in the training course included RH, gender approaches, national health systems, family planning, maternal and neonatal health, gender-based violence, adolescent RH, human rights, STIs and HIV/AIDS, health sector reform, health financing, and monitoring of RH indicators. The course was held weekly for four months (August 4–December 8, 2004) at the POLICY office. Twelve NGO representatives participated. As a result of the training, knowledge of RH issues among the advocates was strengthened. A booklet describing the topics of the program, written by the participants, will be produced.

FP/RH CORE-FUNDED ACTIVITIES

IRs

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

Director: Danielle Grant

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

Summary of Major Activities:

Repositioning Family Planning. During this period, IR1 supported efforts to reposition family planning in the Francophone region, Zambia, and Cambodia.

IR1 core funds continue to support legislative and regulatory reform efforts in the Francophone region, working with parliamentarians from Benin, Burkina Faso, Chad, Guinea, Mali, Niger, and Senegal. Collaborating with AWARE-RH and the Forum of African-Arab Parliamentarians for Population and Development (FAAPPD), IR1 and AWARE-RH funds supported a three-day subregional technical consultative meeting held in Bamako, Mali, in October 2004. Representatives from the seven countries, including parliamentarians, civil society representatives, and technical experts, worked on preparing a document that describes the steps in adapting and adopting the model RH law and implementing regulations as well as strategies for policy dialogue and advocacy. This document will guide legislation, rulemaking, and advocacy for legislative reform in the region. POLICY and AWARE-RH will collaborate on a second subregional technical consultative meeting in the next six-month period to produce a guide for translating laws and regulations into increased access for high-quality FP services.

In Zambia, advocacy efforts to gain commitment from both the public and private sectors for adolescent FP/RH in the district of Mazabuka resulted in a formal commitment from the Chief Medical Officer of the Zambia Sugar Corporation, Dr. S. Sinyangwe, to include the provision of adolescent reproductive health in the district's overall Medical Strategic Plan. This occurred following the presentation on FP/RH made by members of the district HIV/AIDS task force (DATF). Local POLICY counterparts supported with IR1 core funds worked with the DATF in preparing the presentation.

In Cambodia, on December 16, 2004, Dr. Ty Chettra, POLICY/Cambodia Country Director, introduced the forthcoming booklet, "Family Planning and Safe Motherhood: Saving Lives and Meeting Development Goals in Cambodia," to Cambodia's Maternal and Child Health (MCH)-Subcocom. The MCH-Subcocom is a bi-monthly MOH coordinating mechanism for key stakeholders and partners involved in RH, SM, and MCH programs, including U.N. agencies, bilateral donors, and NGOs. The booklet was prepared by the MOH with technical assistance from the POLICY Project to highlight key issues, challenges, and recommendations for family planning and safe motherhood in Cambodia. In the PowerPoint presentation, Dr. Chettra presented key aspects of the booklet and facilitated a discussion among the MCH-Subcocom members for effectively using the booklet to mobilize resources for family planning and safe motherhood. The group, including JICA, WHO, UNFPA, and USAID, was pleased with the booklet, agreed that a national launch should be organized, and will plan to incorporate the booklet into various forums. POLICY's RH IR1 core funds supported CEDPA and RTI staff time to

prepare the presentation for the MCH-Subcocom as well as an accompanying presentation of all pages in the booklet for future use by POLICY/Cambodia and its local partners.

Advocacy Supplements on Contraceptive Security and Human Rights. In collaboration with IR2, IR1 drafted the Contraceptive Security Supplement to *Networking for Policy Change: An Advocacy Training Manual*. The draft is presently being reviewed by IR1 and IR2 staff and will be pilot tested in Ukraine this coming period, then finalized. The supplement will serve as a resource for trainers handling advocacy training for two main types of audiences:

1. FP/RH advocacy networks that are concerned about donor phaseout or increased demand for contraceptive commodities
2. Country-level contraceptive security committees, working groups, or task forces, including those formed using the SPARHCS (Strategic Pathway to Reproductive Health Commodity Security) approach.

In collaboration with the Human Rights Working Group, IR1 is also drafting a Human Rights Supplement to the advocacy training manual. The draft will be reviewed in the coming period and pilot tested in Nigeria before being finalized.

IR1 staff provided a technical review of Futures Group's draft *Malaria in Pregnancy Advocacy Manual*, which is a standalone manual based on POLICY's *Networking for Policy Change*.

Collaboration. As part of IR1's support to the White Ribbon Alliance (WRA) in Tanzania, the WRA/Tanzania held a stakeholders' workshop on November 30, 2004. Members decided to form a community working group to foster stronger linkages between communities and healthcare facilities. The community working group is collaborating with the ACCESS Project in the Arusha and Kilimanjaro regions to do a workshop on birth preparedness, complications readiness, and community mobilization for WRA members.

IR1 and IR2 staff are working together with the USAID's Commodity Security and Logistics (CSL) Division, JSI, and PAI to assist the JHU Health Communications Project in assembling a media advocacy toolkit to ensure complementarity between the JHU tool and the POLICY supplement. During a meeting with the aforementioned agencies led by CSL's Alan Bornbusdh, it was agreed that the JHU media advocacy tool would serve as one resource for advocacy networks to use with the media in their advocacy campaigns to generate broad public support for contraceptive security.

IR2: Planning and Finance Improved (FP/RH)

Director: Carol Shepherd

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

Summary of Major Activities:

Contraceptive Security. IR2 continues to grow its contraceptive security (CS) portfolio by (1) expanding into new countries; (2) developing new areas of expertise; (3) conducting innovative POLICY research; (4) carrying out new IR2 dissemination activities; and (5) expanding TA to country programs. Many of these activities have enabled us to strengthen our relationships with partner CAs and to add new partners

resulting in an improvement in the overall level of collaboration on CS activities. For example, POLICY has worked in partnership with DELIVER in Cameroon, Egypt, Ethiopia, Jordan, Madagascar, Nigeria, Togo, and other WARP countries. In Latin America, POLICY has worked on CS activities with DELIVER in Bolivia, Honduras, Nicaragua, Paraguay, and Peru. In addition, IR2 in conjunction with POLICY/Ukraine began work on contraceptive security in Ukraine. The funding to support CS activities comes from USAID's CSL Division, population core funds, and the LAC Bureau. Specific country activities are described below.

- IR2 and DELIVER collaborated to provide TA to POLICY/Egypt in the area of contraceptive security as well as finalizing and disseminating the report on procurement of contraceptives by the Egyptian Ministry of Health and Population. In addition, IR2 provided support to POLICY/Egypt by analyzing 1995, 2000, and 2003 DHS data to assess the FP market in Egypt and preparing a presentation for the priority-setting workshop in Ain Sukhana. IR2 and DELIVER assisted POLICY/Egypt to hold the workshop "CS in Egypt: Basic Issues" in October 2004. The CS workshop paper was finalized (in English and Arabic) and presented to the Minister of Health and Population for further action. *(Funded with field support)*
- IR2 worked with POLICY/Jordan to design a willingness-to-pay questionnaire and met with key stakeholders. Also, IR2 and POLICY/Jordan met with the CS Working Group to begin drafting the CS strategy. *(Carried out with field support and IR2 TA)*
- POLICY and JSI/DELIVER produced a LAC CS regional report, which presents key findings from the CS country evaluations in Bolivia, Honduras, Peru, Paraguay, and Nicaragua. The report includes a secondary data analysis for El Salvador and Guatemala. The report also offers recommendations on the regional and country levels to achieve contraceptive security. The five country-specific feasibility studies analyzed the policy, economic, and legal environment; demand and supply conditions; and logistic systems in Bolivia, Honduras, Nicaragua, Paraguay, and Peru regarding contraceptive security, with a particular emphasis on financing and procuring commodities. These studies laid a foundation for countries preparing to deal with USAID contraceptive funding phaseout and together with the regional report will form the basis for future LAC Bureau interventions (to be implemented by POLICY and DELIVER) designed to promote CS at the regional level.

As a culmination of the LAC Contraceptive Security Feasibility Study, POLICY and JSI/DELIVER held a conference in Lima, Peru, October 24–October 27, 2004. During the conference, the LAC Contraceptive Security regional report and five country-specific CS studies were disseminated. The purpose of the conference was to share and discuss results from the country-specific feasibility studies with country representatives and to formulate regional and country-specific CS initiatives. POLICY and JSI/DELIVER are currently preparing a two-year joint workplan that responds to regional recommendations. *(Carried out with LAC Bureau funds)*

- IR2 and DELIVER provided TA and follow-up based on the initial SPARHCS assessment in Madagascar. Specifically, IR2 conducted willingness-to-pay and market segmentation studies that served as the basis for the strategic planning workshop. IR2 and DELIVER also conducted a workshop to officially close out the bridging project activities at which time they launched the strategic plan based on the SPARHCS diagnostic guide and framework. *(Co-funded with a small amount of core funds and field support)*
- IR2 and POLICY worked with JSI/DELIVER to carry out assessment and dissemination workshops in Togo and Cameroon, which resulted in a plan detailing next steps. These plans are now being implemented. *(Funded by CSL)*

- IR2 worked with JSI and USAID on the final phase of the CS Index, which USAID recently published and disseminated. POLICY and DELIVER are completing final revisions on a paper summarizing the results. (*CSL funding*)
- IR2 and IR1 are working jointly to prepare a CS supplement to *Networking for Policy Change: An Advocacy Training Manual*, a resource for trainers of RH advocacy issues worldwide. The supplement includes sections that describe advocacy, how to do it, how to choose an issue, and how to mobilize for action. The supplement will use games, short case studies, fact sheets, and role plays to train participants in how to advocate for increased funding for commodities or to convince providers to implement a targeting strategy and charge for commodities. This work is ongoing, with plans to conduct the first pilot in Ukraine in February 2005. (*Funded by CSL*)
- IR2 finalized a paper on the political economy of achieving contraceptive self-reliance in Turkey. The paper was published as part of POLICY's *Working Paper Series*.

Papers and Tools. IR2 contributes to the development of various tools and documents related to planning and finance issues.

- IR2 is working on reviewing the Poverty Reduction Strategy Papers to find out the kinds of resources set aside for FP/RH programs.
- IR2 continues to prepare policy briefs for inclusion in the series *POLICY Issues in Planning and Finance*. The brief on “Decentralization and Implications for Contraceptive Security” has undergone the second round of reviews and is being finalized. The brief on “Contraceptive Security and HIV-Positive Women” has undergone a first round of review and has been revised based on comments. It will undergo a second round of review in January 2005. The brief “Human Rights and Contraceptive Security” has been drafted and is currently being revised.
- IR2 completed field work, including key informant interviews, a literature review, and quantitative data collection and analysis, and drafted a paper for the case study of USAID's phaseout of assistance to the national FP program in Mexico. The paper, “Mexico: Lessons Learned from Phaseout,” was used by the USAID graduation working group. POLICY recently collected additional quantitative data that is currently being analyzed. The paper is being finalized.
- IR2 is currently working on an analysis of unmet need, to be presented at the WARP Repositioning Family Planning conference, taking place in Ghana from February 15–18. This research consists of analysis of recent DHS surveys in a number of the WARP countries as well as those of other attendees at the conference, including Madagascar and Rwanda. The output is a series of tables, representing segmentation by socioeconomic status and user status, which are being used to write a brief on the characteristics of unmet need in each country.
- The paper on “Creating Conditions for Greater Private Sector Participation in Achieving Contraceptive Security” by Suneeta Sharma was published in the *Journal of Health Policy*. Another paper, “The Unintended Impact of Public Pricing Policies for Contraceptives on the Commercial Market: The Case of Peru,” by Suneeta Sharma and Carol Shepherd, was submitted to the same journal for consideration.
- IR2, in collaboration with the International Planned Parenthood Federation (IPPF) and UNFPA, has undertaken a global mapping activity to identify awareness-raising, policy dialogue, and advocacy

activities related to contraceptive security. To date, 168 interviews have been conducted in 48 countries around the world. The interviews are designed to learn more about national strategies for RH commodities, funding levels for contraceptives, and specific activities that have taken place in selected countries around the world that are aimed at drawing attention to contraceptive security.

Core Packages. IR2 continues to support several core packages through funding and provision of TA. In Jamaica, IR2 is compiling the costs for the 22 interventions proposed for the integration of FP/RH and HIV/AIDS/STIs services in the North East Region. In addition, IR2 worked with Lori Bollinger to conceptualize the STI Cost-Effectiveness study and provided data for it. These data were presented during a national dissemination workshop in November.

Capacity Building. IR2 is working closely with IR3, IR4, and local country offices to institutionalize training courses in formal settings, such as universities in partner countries, as well as to provide capacity building for staff. In addition, IR2 is working to incorporate human rights, gender, adolescent, and safe motherhood activities into its portfolio through joint capacity-building activities with those working groups.

IR2 has prepared training modules on strategic planning and budgeting. After pilot testing the full strategic planning and budgeting curriculum during April–May 2004, revisions were made to address some issues. In January 2005, Jay Gribble will return to Viet Nam and meet with faculty at the Hanoi School of Public Health about including the content in some of the school’s ongoing course offerings. Discussions are underway about offering the training activity at the Cairo Demographic Center during spring 2005.

Other Presentations and Seminars. POLICY and DELIVER organized a three-hour session at UNFPA headquarters on sustainability to share country examples to illustrate actions and approaches to achieving contraceptive security and to identify UNFPA’s role in achieving contraceptive security.

In addition, POLICY staff made presentations at the American Public Health Association annual conference held November 6–10. The papers presented included the following:

- Strengthening Family Planning in a Newly Decentralized Health Sector: A Model from the Philippines
- Creating an Environment Conducive to Greater Private Sector Participation in Peru’s Family Planning Market
- Evaluation of the Impact of Donor Phaseout in a National Family Planning Program: The Case of Mexico
- Promoting Public Health Through Civil Society Mobilization: Lessons from Reproductive Health Policy Change in Romania
- Developing an Evidenced-based Model for Integrating RH/MCH and STI/HIV/AIDS Services
- Promoting Contraceptive Security through Advocacy in Peru
- Introducing Alternative Treatment Strategies for STIs in Jamaica: What Is Cost Effective?
- Identifying and Overcoming Barriers to Achieving CS in Latin America and the Caribbean

IR3: Accurate, up-to-date, relevant information informs policy decisions (FP/RH)

Director: Karen Hardee

The development and use of information are crucial to successful policy assistance; thus, sound information underpins all POLICY 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 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 inclusion in the SPECTRUM system. 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 Major Activities:

Models

Models Training. IR3 continued to provide orientation or training on POLICY models. This activity was undertaken in collaboration with IR4. POLICY managers from South Africa and Ukraine, USAID senior personnel, newly hired U.S.-based POLICY employees, and PHNI Project staff were oriented on various POLICY computer models. IR3 also oriented POLICY staff and USAID personnel on POLICY's Allocate Model, which includes FamPlan, Postabortion Care (PAC), Safe Motherhood, and RH Goals (the latter is still in the design stage). Aside from increasing staff understanding and in turn promoting use of computer models in policy work, the models training provided by IR3 also serves as a venue to present and solicit recommendations on existing models and applications as well as proposed models development.

Models Development, Adaptation, and Updating. IR3 continued to take stock of policy models, their applications, and needed changes through the project's Models Reference Groups. Meetings and discussions were conducted during the period by the FamPlan, Postabortion Care, Safe Motherhood, Allocate, PMTCT, Goals, Capacity, and RAPID reference groups. Recommendations from the reference groups and other users were used in the following activities.

- IR3 initiated revisions on the PAC component of FamPlan to incorporate changes that were proposed by POLICY reviewers to facilitate utilization of the PAC model in various countries. Following the development of a PAC module to FamPlan (which was funded by UNFPA), IR3 supported the revision of the PAC module to incorporate recommendations made by POLICY staff in the United States and in the field. Revisions were needed to ensure the model's applicability to various countries, including countries such as Ukraine and Romania where abortion complications are a major issue. The FamPlan-PAC Reference Group also explored the potential of expanding the PAC module to incorporate more detailed specifications of postabortion family planning with Carolyn Curtis, who leads USAID's PAC Group.
- IR3 also supported members of the FamPlan-PAC Reference Group to identify through existing literature and data the main parameters that will be used to incorporate emergency contraception into FamPlan and link it with reductions in abortions and unwanted pregnancies, and, in turn, maternal mortality. Mock-ups of the equations are being prepared prior to programming into SPECTRUM.
- IR3 also continued testing and debugging the Allocate Model's Safe Motherhood and RH Goals modules in SPECTRUM.

- IR3 also continued activities to facilitate the inclusion of the Demographic Dividend (DD) in policy work by soliciting comments on a draft prototype powerpoint presentation using the DD that features charts imported from DemProj to highlight the DD and illustrative text that suggest how DD outputs can be presented and which key points to highlight. Discussions also focused on the potential uses of the DD in advocacy for family planning and to support population/FP/RH and economic thrusts of USAID missions and country counterparts.
- IR3 also continued working on an Excel spreadsheet to model child survival outputs in POLICY models. IR3 staff led by John Ross met with USAID's Scott Radloff and CTO Liz Schoenecker to discuss estimates derived from a simplified spreadsheet originally prepared by Radloff for the Tanzania mission to promote the benefits of birthspacing. It is envisioned that for the short term, the spreadsheet would be simple enough for use by any mission. The results from secondary analysis undertaken by POLICY on countries with a time series of DHS surveys indicated that in addition to birthspacing, the impact of mother's age and birth order on infant mortality should also be included in the model to ensure a fuller picture. IR3 used recommendations from the meeting with USAID to explore further the empirical and methodological implications of providing child survival outputs in POLICY modeling, particularly in FamPlan and Allocate.

Software and Manuals Dissemination. IR3 continued to provide models software and manuals to USAID, CAs, international organizations, and country-level experts and professionals working in Laos, Iraq, and Uzbekistan.

Collaboration. IR3 continued collaborating with USAID (including the PAC Working Group and the CSL Division and with international organizations including the UNAIDS Reference Group on Estimates, Models, and Projections to provide technical support for the use of SPECTRUM in its EPP applications.

Applications in Advocacy. IR3 continued to plan with IR1 to incorporate the results of policy models in advocacy. This includes the inclusion of a section on analyzing and using projections of family planning users and acceptors, method mix, and client-based commodity requirements generated through FamPlan in relevant sections of the CS Supplement of POLICY's Advocacy Training Manual. This is part of POLICY's efforts to systematically include the results of computer model applications in policy analysis and advocacy training for advocacy networks and individual policy champions to facilitate the use of information in advocacy and policy dialogue.

Research

IR3 supports global policy-relevant research. An important component of IR3 work is the series: *What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions*. Based on the Safe Motherhood module, the first in the series, USAID requested POLICY to prepare a module on postabortion care (with special initiatives funding). IR3 staff contributed to drafting that module, which was revised during this reporting period, based on input from USAID. The manual now awaits approval from USAID before being sent out for external review. IR3 staff also worked on the STI/HIV/AIDS module, prior to contributing to a research module on women and AIDS based on the What Works series. As part of the What Works series, IR3 staff completed a draft of a paper on the origins of the ABC (Abstinence, Be Faithful, Correct and Consistent Use of Condoms) approach to reducing sexual transmission of HIV and submitted it to USAID for review.

IR3 also commissions some research that is of global importance. In this reporting period, Pathfinder and RAND completed the analysis on the effect of family planning on abortion in Bangladesh. This analysis was a follow-up to the POLICY I global commissioned study with RAND, Pathfinder, and ICDDR,B on the same topic. The final report was sent to USAID for review. IR3 contributes to research activities

conducted under other IRs and working groups. IR3 staff worked to complete core package research in Jamaica on the feasibility of integration of FP and HIV/AIDS services that assessed the feasibility of 20 interventions related to integration including interventions to increase access, provide outreach, and diagnose and treat STI, among others. Cost information was included on the interventions. The final report was sent to Jamaica for review. In collaboration with the Gender Working Group, IR3 staff contributed to completing a draft of the GEMI (Gender Equitable Male Involvement) paper using Jamaica as an example. IR3 staff also edited a document on IR3 and Gender for the Gender Working Group.

IR3 staff continued to conduct a literature review for a paper on “Bringing RH Policymaking into the 21st Century.” The purpose of the paper is to assess policymaking on population, family planning and reproductive health in the years since the 1994 International Conference on Population and Development and in the face of shifting global attention to HIV/AIDS.

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

Director: Jay Gribble

The focus of IR4 is to strengthen local and regional training capacities so that the training of current and future policy champions and authorities responsible for formulation and implementation of health policy and policy advocacy becomes self-sustaining. IR4’s two objectives are (1) to improve the skills of all POLICY staff to advance the policy process, in particular POLICY long-term advisors (LTAs), and (2) to strengthen institutional training capacities in policy-related issues at regional and local institutions and universities.

Summary of Major Activities:

SPECTRUM Training and Integration. SPECTRUM continues to be a prominent component of the IR4 portfolio. SPECTRUM training was recently held in El Salvador with faculty members of the Universidad Nacional de El Salvador and the Universidad Evangélica de El Salvador. Training included DemProj, FamPlan, RAPID, and AIM. Approximately 45 people were trained. POLICY/El Salvador Country Director Verónica Simán de Betancourt is providing TA to faculty members to integrate the models into existing courses. Plans were also made for SPECTRUM training at the Hanoi School of Public Health in Viet Nam. The training will also include POLICY field staff from Bangladesh, Nepal, Ukraine, and Viet Nam. Discussions are underway about introducing SPECTRUM at the Central American Population Center at the University of Costa Rica, which is a regional training program for population issues for Latin America. SPECTRUM models continue to be used in universities in Ghana, the Philippines, and Uganda as a result of recent training activities.

Health and Human Rights. POLICY/Peru LTA Marcela Huaita pilot tested the course on health and human rights at the Universidad Nacional de San Marcos. The course was taught in September 2004 and attended by approximately 15 participants, principally from NGOs and government. To make the course more relevant to the POLICY Project, the course is being expanded to include examples that illustrate the linkages between project work and human rights. Discussions are currently underway about offering the course during 2005 in Mexico.

Policy Analysis. Progress was made in completing the modules on policy analysis based on the Policy Circle. The curriculum will be pilot tested in Jordan in Spring 2005.

Strategic Planning and Budgeting. After pilot testing the IR2 strategic planning and budgeting training modules during April–May 2004, revisions were made to address some issues. In January 2005, Jay Gribble will return to Viet Nam and meet with faculty at the Hanoi School of Public Health about

including the content in some of the school's ongoing course offerings. Discussions are underway about offering the training activity at the Cairo Demographic Center in Spring 2005.

Advocacy Training for the International Confederation of Midwives (ICM). IR4 and IR1 are collaborating to support the training of participants in the ICM Young Professional Midwives Program—a mentorship program. The goal of the activity is for ICM to have the institutional capacity to provide advocacy training throughout the world while also training the mentors and mentees participating in the new program. Training is scheduled for February 2005.

Internships. Included in the Year 5 workplan is support for POLICY interns in three field offices. Plans are underway to support interns in Mexico, Peru, and Viet Nam during 2005. A strategy for this activity is to have interns conduct follow-up and evaluation of successful POLICY activities to learn more about the project's longer-term impact on national policy environments. The interns will then write a short paper that can provide the basis for a dissemination article that will examine the origin of the policy issue, the solution, and its longer term effect.

Field Staff Development. IR4 continues to support the professional development of field staff. In addition to field staff attending the SPECTRUM training to be held in Viet Nam, IR4 has supported field staff participation in conferences and is assisting field staff in conducting research for graduate degrees.

Collaborations with CAs and USAID. IR4 is collaborating with USAID CAs to introduce policy analysis into ongoing training activities. CEDPA and POLICY are designing a two-day workshop on policy analysis that will be pilot tested in Senegal and Nigeria and used during CEDPA's summer 2005 Women in Development Leadership Training Program. POLICY is also collaborating with the Institute for Reproductive Health at Georgetown University to introduce the Policy Circle into training activities for policy champions throughout the world. The content will be tested in Latin America and Asia training sessions. IR4 is also in contact with the Center for Global Health in the George Washington University School of Public Health about introducing SPECTRUM into coursework included in the MPH program. Discussion will continue during 2005.

In addition, IR4 and IR1 collaborated with USAID to present a session on policy and advocacy to the USAID New Entry Professionals (NEPs). The session highlighted POLICY experience in Ukraine and South Africa, and gave participants the opportunity to discuss case studies related to safe motherhood in Peru and repositioning family planning in Uganda.

Dissemination. During the period, IR4 prepared a dissemination bulletin that highlighted SPECTRUM integration in the Philippines, Uganda, and Egypt. The bulletin was disseminated to POLICY field offices and USAID.

Working Groups

Adolescent Working Group (AWG)

Chair: Nancy Murray

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 explore those issues in the context of sexual and reproductive health policy. A primary role of the ARH working group is to educate POLICY staff about ARH issues and to promote greater integration of ARH policy issues into country programs. Another important purpose of the ARH working group is to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

Summary of Major Activities:

Youth-policy.com. The AWG continues to work with YouthNet to update and build on the youth-policy.com website following its launch at the Global Health Council's annual conference in June 2004. Youth-policy.com currently features a searchable database with over 100 youth-related policies, a key elements and good practice guide, and tools and links for policymaking. The site also features fact sheets on ARH and HIV topics relevant to youth. Since its launch, the website has hosted thousands of users, averaging nearly 700 users a month. The top referring sites include FHI, Futures Group, Google, Development Gateway, UCSF (hivinsite), WHO, Synergy, Netcraft, and USAID. Some of the most popular pages include:

- **Policies:** Indonesia National HIV/AIDS Strategy, Zimbabwe National Policy on HIV/AIDS, India State Policy for Women, Nigeria National Adolescent Health Policy, Kenya National ARH Policy, Rwanda National Policy on Orphans and Vulnerable Children (OVC), Zambia National HIV/STI/TB Policy
- **Fact Sheets:** Voluntary Counseling and Testing, Maternity Care, Female Genital Cutting (FGC), Emergency Contraceptive Pills, STI
- **Tools:** Making Policy, Key Definitions, Guiding Principles, Encouraging Healthy Wanted Pregnancy (key element), Tools and Links, Case Studies, Segment Population by Age and Lifestage (guiding principle)

The AWG and YouthNet continue to market the site and will demonstrate it at the upcoming "Repositioning Family Planning Conference" in Ghana in February 2005. A quarterly newsletter was launched to highlight updates to the site in January 2005 and is available in hard and electronic copies, as well as on the site itself.

Follow-up to the Youth Reproductive Health Policy and Program Planning Regional Workshop in Bagamoyo, Tanzania (May 2004). USAID's Africa Bureau was pleased with the workshop's outcome and contributed an additional \$100,000 to YouthNet for follow-up and action plan implementation. The AWG has been facilitating TA and allocation of these resources to the Nigeria and Zambia teams sponsored by POLICY. Subcontracts or grant agreements with the implementing agencies will be formalized in the next month to support the teams' workplan implementation. In Uganda, the AWG has provided conference participants with small grant money to extend the work of the Church of Uganda beyond its original scope.

Papers/Presentations. The AWG contributed a paper to the 2004 International AIDS Conference (IAC) in Bangkok held in July 2004. "Examining the Impact of Orphanhood on Sexual Initiation Among Young People in Rwanda and Zambia" was chosen as an oral presentation. This paper has also been accepted at the IUSSP meetings in France scheduled for June 2005 and will be produced as a POLICY Project document.

The AWG has begun producing its country briefs on ARH policy work in POLICY countries. Jamaica and Nigeria were the first two countries featured in the series, and upcoming countries will include Egypt and Peru. The AWG is also collaborating with IR2 to produce a policy brief entitled "Ensuring Young People's Access to Contraception in Planning for Contraceptive Security." The draft document was reviewed and approved in December 2004, and the final document should be ready in early 2005.

Gender Working Group (GWG)***Director: Mary Kincaid***

The GWG's purpose is to help POLICY staff better address gender as a crosscutting issue in the project's core and field activities by providing information, TA, and training to POLICY staff; creating and testing innovative approaches to gender and policy; and participating in the Bureau for Global Health's Interagency Gender Working Group (IGWG).

Summary of Major Activities:

Male Involvement. POLICY began an initiative to support policy development related to male involvement. Cambodia was selected as a target country to build on a local NGO-led advocacy effort to prepare guidelines on male involvement in reproductive health. In the preceding year, POLICY/Cambodia provided training in advocacy and other related topics to support this group of NGOs, which are part of the Reproductive Health Promotion Working Group (RHPWG) of MEDiCAM (an umbrella organization of health NGOs in Cambodia). As the RHPWG began to design advocacy tools and plan its advocacy activities under a field-support small grant, the RHPWG and POLICY/Cambodia recognized a need for additional training and TA on male involvement. Thus, with POLICY core and IGWG funds, POLICY tailored a draft IGWG male involvement training curriculum to the Cambodian context and the RHPWG's specific needs. POLICY consultant Dr. Margaret Greene, Anne Jorgensen, and a local gender trainer conducted the workshop on September 29–30, 2004, for 24 participants from the RHPWG and related ministries. The training increased participants' knowledge and skills and supported them as they organized and sponsored a national stakeholders meeting the following week as part of the RHPWG's advocacy strategy.

The purpose of the stakeholders meeting was to gain consensus among NGOs, donors, and policymakers on the necessity of involving men in reproductive health in Cambodia and the need for guidelines. The meeting was attended by more than 60 representatives of NGOs, UNFPA, and senior government, including the Undersecretary of State of the Ministry of Women's and Veteran's Affairs (MOWVA) and the Director of the National Maternal and Child Health Committee (NMCHC). The stakeholder meeting led to broad consensus on the importance of involving men in reproductive health in Cambodia as well as agreement among policymakers that male involvement be integrated into numerous existing policies. In addition to the TA provided, POLICY core funds supported preparation of a fact sheet, presentations for the meeting, and Greene's participation as a panelist.

Following the successful stakeholder meeting, the RHPWG organized a small roundtable discussion with senior MOH and MOWVA policymakers on December 2, to reach consensus on formulating guidelines and discuss how to move forward. As a next step, the policymakers advised the RHPWG—with TA from POLICY and in consultation with the MOH, MOWVA, MOE, and parliamentarians—to draft guidelines for approval by the Council of Ministers. The guidelines are envisioned as a set of principles that RH-related ministries and agencies will be directed to integrate into their respective policies and strategies. In the next six months, core funds will be used for TA to draft the guidelines.

POLICY Tools and Training Curriculum (GWG and IR4 funds). Britt Herstad continued to work on the guide for POLICY staff on the integration of gender in RH policy and associated programs and projects. GWG members reviewed the draft training curriculum prepared by a consultant and asked for one final revision to the curriculum. The curriculum and guide will be completed in the next reporting period.

IGWG Technical Advisory Group (TAG). Jeff Jordan continued to serve as co-chair of the IGWG TAG. The TAG met during this period to develop its strategy for the coming year, including expanding membership on the TAG and identifying key themes for focused work in 2005–2006.

Training Task Force, IGWG. Elizabeth Neason is task force leader, designing and coordinating training on gender integration and issue-specific gender training. Anne Eckman, Mary Kincaid, and Jeff Jordan serve as core trainers, along with colleagues from USAID, FHI, and Cultural Practices, LLP. During this period, Neason designed a training-of-trainers (TOT) workshop on gender and health for the USAID and the CA community. The TOT, with 23 participants, was held on November 3–5, facilitated by Kincaid, Susan Richeidei (CEDPA), Jordan, Debbie Caro from Cultural Practices, and USAID core trainers. The training team also designed and delivered a gender integration training workshop for USAID staff in Washington, D.C., on January 5–7. Neason facilitated the session with the USAID core trainers, Michael Avni and Diana Prieto, for 12 participants. The sessions included modules on male involvement and gender integration. Participants gave high marks to the workshop, recommending that it be required for all USAID health officers and remarking that it was among the best workshops they had attended at USAID. Neason also continued to work on the GBV module, completing the first full draft of the module to pilot.

Human Rights Working Group (HRWG)

Chair: Lane Porter

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 and field activities. Grounded in human rights principles and provisions stated in international treaties, consensus statements, and 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: (1) increasing knowledge of human rights by staff and counterparts; (2) increasing staff and counterpart collaboration and coordination of human rights activities; and (3) promoting human rights applications in POLICY countries. POLICY's human rights work is 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.

Summary of Major Activities:

Increasing Staff and Counterpart Collaboration and Coordination of Human Rights Activities. In coordination with IR4, POLICY HR staff worked with POLICY/Peru staff in Lima to review and confirm content of the learning package and curriculum for a course on Reproductive Health and Human Rights. POLICY consulted with POLICY/Peru course faculty and participated in the first session of the course as delivered in September 2004 at the Universidad Nacional de San Marcos in Lima, Peru.

In collaboration with IR2, POLICY consultants and staff initiated action and prepared draft working text of a POLICY brief on the subject of “Contraceptive Security and Human Rights.”

Increasing Knowledge of Human Rights by Staff and Counterparts. The HRWG supported a presentation by Marcela Huaita, POLICY/Peru, while she was in Washington, D.C., on the content of the learning package and curriculum for the course on Reproductive Health and Human Rights. The HRWG also conducted a series of events (e.g., inter-staff educational program, brown-bag presentations, and displays) on the occasion of international human rights day focusing on the development and content of the Universal Declaration of Human Rights.

Promoting Human Rights Applications in POLICY Countries. In collaboration with IR1, POLICY staff continued drafting sections of the human rights supplement to POLICY's Advocacy Training Manual, for

completion in the next few months and application in Nigeria as part of an integrated advocacy, networking, and human rights workshop.

POLICY staff responded to ad hoc requests on questions linking reproductive health with human rights; for example, POLICY provided colleagues in Ukraine with information on human rights dimensions of segregating HIV-positive pregnant women in obstetrics facilities and reviewed text on the protection of children's health through international law for various CAs.

Dissemination. POLICY staff planned for dissemination events “pulling together” human rights-based field and core RH activities. These dissemination activities are designed to showcase the human rights-based activities that are conducted in POLICY country work and in core-funded activities, for example, (a) the reproductive health and human rights course and learning package; (b) the human rights supplement of the Advocacy Training Manual; and (c) the informational briefs/ technical updates and other publications prepared on subjects linking reproductive health and human rights.

Core Packages/Targets of Opportunity

Jamaica: Addressing Operational Policy Barriers to Facilitate Integration of RH/STI/HIV/AIDS Services at the Parish Level (Manager: Margaret Rowan). The Jamaica Core Package is designed to help the MOH delineate the extent, feasibility, and potential scope of integration of FP/MCH and STI/HIV/AIDS healthcare programs. Two parishes in the North East Region were chosen for study. POLICY conducted a workshop with the regional stakeholders along with national representatives to begin the process of identifying barriers to integration. Subsequent to that workshop, POLICY staff documented the current service delivery structure for FP/MCH and STI/HIV/AIDS in the two parishes and delineated 22 interventions that could be implemented in the parishes to foster integration. The interventions were designed in collaboration with MOH staff at the North East regional office and the two parishes. A research company conducted studies pertaining to the proposed interventions including an operational policy barrier study, provider interviews, and client focus groups. The report on these studies was completed in August 2004. POLICY staff also completed costing the interventions along with a cost-effectiveness study on screening and treatment for STIs in September 2004. The dissemination of the various studies was accomplished in November 2004 in both the North East Region and at the national level. The results of the feasibility studies will be used to guide integration approaches for the North East Region. Core-funded activities for this project have now been completed. Field support funds will be used to help the North East Region prepare an implementation plan based on priority interventions identified during the dissemination process. The experience on integration in the North East Region could be replicated in other parishes in Jamaica and may provide information to donors and program managers in other countries as they make decisions concerning the integration of RH/HIV/AIDS healthcare programs.

Kenya: Improving Access to Family Planning Services in Public Sector Facilities for Poor/Underserved Populations (Manager: Wasunna Owino). The overarching objective of this core package is to improve financial access to FP services for the poor and other underserved groups. The package seeks to do this by ensuring that waivers and exemptions are appropriately applied to those who need them; ensuring that revenues generated from FP-related fees are retained and used to improve the quality of FP/RH services; and generating additional revenues to move the public sector toward eventual financial sustainability in the delivery of FP services, including in their management and logistics systems.

POLICY completed data analysis on this core package and produced two draft reports that were reviewed and disseminated at a national stakeholders' workshop hosted by the Division of Reproductive Health

(DRH) on September 9, 2004. Based on the recommendations, POLICY jointly with the Division of Health Care Financing (DHCF), MOH, started the development of an FP price guideline (that includes appropriate procedures to be applied for waivers and exemptions and retention of revenues to improve quality of FP services) to be pilot tested in five public hospitals, namely, Mbagathi, New Nyanza, and Coast Provincial General Hospitals and Bungoma and Thika District Hospitals. POLICY/Kenya and POLICY/WDC are also undertaking a market segmentation study using the 2003 KDHS to further inform the process. While it is expected that the lessons learned during the pilot testing will assist in the subsequent review of the price guidelines for a much wider application in the public sector, the government's implementation of a national social health insurance could provide a big blow to the final outcome of the core package. The clients will most probably discard the cost sharing initiative in preference for the subsidized FP services under the new scheme. Activities are expected to be completed in April 2005, with the core package final report finished in June 2005.

RH Allocate (Manager: Carol Shepherd). The purpose of this core package is to develop a resource allocation model for reproductive health to help countries design comprehensive RH action plans to achieve greater efficiency in the use of available funds. The model will help improve the allocation of resources both within and across the various components of RH programs. 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 includes safe motherhood, family planning, and PAC components. During the period July–December 2004, an initial version of the front page linking these three models was completed in Excel. The front page contains charts for a choice of outputs representing each of the components. The screen then has a section for budgets for each component, where amounts allocated to the overall budgets can be switched around, and the resulting impact appears in the different charts. An additional child survival component was added on a preliminary basis to the front page, which illustrates the impact of changing expenditures for safe motherhood, family planning, and postabortion care on child survival outcomes.

This initial version was presented to the POLICY CTO Liz Schoenecker in November 2004 and at a brown bag lunch for Futures Group staff.

Initial data gathering for a field test in Mexico began in August 2004. Technical support provided to the in-country consultant including extensive training in the various models in August 2004, assistance with developing a workplan and statistical design of the data collection, as well as ongoing technical assistance. Initial work also began on an Allocate application for Ukraine in December 2004. There is further interest in applications in REDSO countries and Ethiopia.

FP/HIV/AIDS Linkages (Manager: Karen Hardee). POLICY moved into Phase II of this target of opportunity. POLICY initiated the country-level research in Uganda and Zambia through subcontracts. The detailed country studies investigating barriers to the provision of family planning in VCT and prevention of mother-to-child transmission (PMTCT) programs, realities of integration, and specific needs of service providers and clients in providing and accessing these services are underway. POLICY expanded the scope of the study protocol based on a discussion with USAID's internal working group on FP-HIV to include interviews at sites where antiretrovirals (ARVs) are provided. The study results will be used in policy dialogue at the country level to formulate effective, integrated FP/HIV policies.

Haiti: Addressing Policy and Operational Barriers to Accessing Integrated Youth Reproductive Health Services at FOSREF (Manager: Nancy Murray). The POLICY Project has a unique opportunity to explore policy and operational barriers to integrated youth RH services with FOSREF, a Haitian NGO, in collaboration with the Community REACH and YouthNet projects. Community REACH has provided funding during a two-year period to FOSREF to integrate VCT and referral services into the existing RH

care services in three of FOSREF's youth-friendly clinics, as well as resources to promote these new services. YouthNet will provide funding to FOSREF to examine quality of care in the context of RH care services. POLICY will complement these activities by supporting the identification of policy and operational barriers, revision of FOSREF operational guidelines and national VCT guidelines, and if necessary, advocacy activities to promote recommended changes to the NGO and public sector stakeholders. POLICY has signed a memo of understanding with YouthNet to formalize collaboration and ensure clarity in terms of roles, responsibilities, and expectations.

The purpose of the FOSREF activity is to identify policy and operational barriers to provision of and access to VCT/RH services to adolescents in Haiti through exit interviews with FOSREF clients. Based on stakeholder input and documentation of barriers, POLICY will help to develop operational guidelines that address these barriers to be used in all FOSREF clinics resulting in a revised *Protocole de VCT*. This activity will also suggest revisions to the national VCT policy to include provisions for adolescents, based on a review of international and Haitian experience.

Data collection will be complete by the end of January 2005. FOSREF staff will come to Washington January 18–22, 2005, to begin designing the report on operational barriers and review the draft operational guidelines. Heidi Reynolds from YouthNet will also attend this meeting. The MOH has recently launched an active campaign encouraging youth to seek VCT and may be amenable to modifying the national policy to more explicitly encourage young people to seek services. POLICY staff will travel to Haiti in February/March 2005 to discuss the findings from the data analysis as well as to finalize the operational guidelines.

Gender and HIV (Manager: Anne Eckman). POLICY began implementing a joint FP/RH–HIV/AIDS target of opportunity, “Meeting the Reproductive Health Needs of HIV-Positive Women: Using Evidence to Advocate for Policy Change.” POLICY staff initiated a review of all the documents to synthesize the findings related to the sexual and reproductive health needs of positive women. In addition, POLICY is working with International Community of Women Living with HIV/AIDS (ICW) to design a curriculum for advocacy training materials. POLICY will be working on this issue with ICW in two countries—possibly Swaziland and Viet Nam.

Global Leadership Priorities

Contraceptive Security (Manager: Carol Shepherd). POLICY's work on CS using Global Leadership Priority funds is subsumed under IR2.

Gender-Based Violence (GBV) (Manager: Mary Kincaid). This activity was launched in earnest in October, with consultants Alessandra Guedes, Sarah Bott, and Myra Betron hired to assess the state of USAID programming in the health sector around GBV, create a strategic framework for work in this area, and draft guidance to the field, all of which will be vetted during two expert group meetings in 2005 (February and April). The second component of the GBV venture capital work is a guide analyze and use GBV survey data for policy dialogue and advocacy. Nancy Murray and Myra Betron initiated a comparative analysis of DHS reports, patterns of data reporting, and recommendations for guidance. Betron and Murray are collaborating with the POLICY/Haiti team to use the results of the IGWG-supported GBV data analysis process in Haiti to serve as a case study for the guide.

Postabortion Care (PAC) (Manager: Emily Sonneveldt). The Bureau for Global Health asked POLICY to prepare a module on PAC for the “What Works” series. The PAC module draft has been submitted for review to USAID. Following the approval from USAID, POLICY will send out the module for external review. This module will be included in the USAID PAC toolkit that will be distributed worldwide to

help improve PAC programs. In addition, POLICY will apply the PAC Model, which is part of the Allocate Model, in one country in consultation with USAID/Washington. USAID is exploring whether the Senegal mission would be interested in applying the PAC Model.

FP-HIV/AIDS Initiative: Expanding Contraceptive Choices to HIV-Positive Women (Manager: Karen Hardee). This activity seeks to identify barriers to contraception for HIV-positive women, train stakeholders to advocate for improved services and family planning, and make policy recommendations based on key findings. POLICY has identified several countries where PLHA Advocacy and Gender Advocacy networks have been formed and/or strengthened by POLICY activities to be involved with this activity.

MATERNAL HEALTH CORE-FUNDED ACTIVITIES

Core-funded Activities

Director: Michelle Prosser

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

In addition, in May 2003, the White Ribbon Alliance for Safe Motherhood (WRA) joined the POLICY Project. This collaboration has generated many successful activities, some which are highlighted in this section.

Summary of Major Activities:

Maternal Health User Fee Study. POLICY conducted a multicountry study to identify the barriers to MH services that are affected by both formal and informal fee mechanisms. This information will be used to recommend concrete policy actions to address the identified barriers and increase access to MH services. This period, qualitative and quantitative data were collected and analyzed from five countries (Egypt, India, Kenya, Peru, and Viet Nam), and a draft copy of the paper was completed.

Maternal and Neonatal Program Index (MNPI). In response to the need for data on maternal and neonatal health programs, POLICY uses results from the MNPI to prepare country-specific, customized advocacy briefs. The MNPI briefs highlight the gaps and strengths of maternal and neonatal health policies and programs. These briefs are widely distributed through regional and national conferences, workshops, and seminars. The results are used for reproductive and maternal health advocacy as well as background reference material for modeling applications and training. MNPI briefs were completed for the following countries during this period: Bangladesh, Burkina Faso, Egypt, Ethiopia, Ghana, Guatemala, Haiti, Mali, Mexico, Russia, Senegal, and Uganda.

Safe Motherhood Working Group Dissemination Activity. The Safe Motherhood Working Group has created a database cataloguing POLICY's activities relating to safe motherhood. The database includes core-funded and field-supported activities. It will be posted on the intranet as a resource for POLICY staff.

Midwife Mapping. Activities have been coordinated and initiated by POLICY/Ghana in collaboration with the Ghana Health Services (GHS), the Ghana Registered Midwives Association, and the White Ribbon Alliance to identify service and geographical gaps in midwifery services, especially in areas with high maternal and infant mortality and morbidity rates. The analysis will be discussed with the MOH, GHS, and others to design advocacy, training, and policy initiatives to close the coverage gaps.

Safe Motherhood Model Training. POLICY's Safe Motherhood Model represents the relationships between a national maternal health program and the resulting maternal mortality ratio and the number of maternal deaths. Pursuant to meetings and contacts from Safe Motherhood Working Group members, numerous countries have expressed an interest in using the model, including Bangladesh, Ethiopia, Ghana, Guatemala, Mali, Senegal, and Viet Nam. In June 2004, a POLICY staff member trained four POLICY Country Directors from Asia and several new POLICY staff in the use of the model. The

model's application in Burkina Faso began during this reporting period with the hiring of data collection consultants and a meeting with MOH personnel. Final analysis is planned for August 2005.

Family Planning Advocacy Tool. POLICY is completing the Family Planning Advocacy Tool, whose purpose is to assist field staff in their activities, programs, and projects to promote advocacy and policy dialogue on the health, social, and economic impacts of increasing awareness and access to family planning. The intended audience for the tool is program managers, policymakers, and NGO staff who are working in reproductive health. Users of the tool would be able to identify and present specific and culturally relevant issues that can help promote family planning and birth spacing in their particular settings. The tool specifically provides examples, presentations, and reference materials on:

- Access to FP services
- Contraceptive security and unmet need
- Family planning and birth spacing impact maternal and infant mortality and morbidity
- Family planning and macro-level impacts
- Family planning and PMTCT of HIV/AIDS
- Family planning and gender equity
- Adolescent reproductive health
- Country-level advocacy strategy for repositioning family planning
- Modeling tools such as FamPlan, Safe Motherhood, RAPID, BenCost, and PAC

Collaboration with the WRA. POLICY/DC and POLICY/Bangladesh have initiated the steps to forming a new WRA National Secretariat in Bangladesh. This is being done with the assistance of the WRA in India.

POLICY continues to provide TA to the global and national secretariats of the WRA upon request ranging from decisions regarding resources, activities, and planning for new national secretariats and future activities. This period POLICY and WRA assisted secretariats in Ethiopia and Tanzania.

- **Ethiopia.** In July 2004, the Ethiopia WRA Coordinator, Dr. Seblewongel Abate, was hired and the office officially set up within the POLICY Project offices. WRA Global Secretariat staff, Theresa Shaver and Alicia Livinski, provided TA to Dr. Abate to orient her to the WRA globally and in Ethiopia and to the Hareg Project and the Ethiopia chapter's role as a partner. The Ethiopia WRA joined the Hareg Project in May 2004, with a mandate to deliver training and TA in advocacy and community mobilization to the project's regional core teams, with the majority of TA to be focused on Axum Region.

In September 2004, the Ethiopian WRA and USAID-funded Hareg PMTCT Project jointly organized a six-day TOT Workshop in Advocacy and Networking Skills for the Prevention of Mother-to-Child Transmission of HIV/AIDS. Members of the Hareg Project's regional and community PMTCT core teams were the recipients of the training. The first training was conducted in Bahirdar, Amhara Regional State, from September 21–26, 2004. Eighteen participants from Tigray, Amhara, and Benishangul-Gumuz participated in the training. The second TOT was conducted in Adama, Oromiya Regional State from September 29–October 4. Twenty-one participants from Oromia, Addis Ababa, and the Somali regions participated.

In November 2004, as part of the Hareg Project, phase one, focus group training and implementation of a community mobilization strategy was conducted in Axum. Twelve persons from the Axum region participated in the workshop focusing on the use of focus group discussions. The workshop objectives were to 1) enable all participants to conduct focus group discussions; 2) frame safe motherhood as a shared responsibility; 3) understand why PMTCT of HIV/AIDS is linked to safe

motherhood; and 4) understand need for birth preparedness/complication readiness in ensuring safe pregnancy.

In addition, Ethiopia WRA has worked with the Addis Ababa Fistula Hospital to produce white ribbon pins as an income-generation project, made linkages with local and international NGOs for joint activities, begun efforts to diversify its funding, and secured funding to create and print an informational postcard on Safe Motherhood and PMTCT in Ethiopia.

- **Tanzania.** Since June 2004, a new WRA Tanzania Coordinator, Mr. Jeremiah Mkwasonda was hired and the WRA office established within CARE Tanzania's offices. As part of efforts to share the experiences of other WRA National Secretariat Coordinators, Mr. Kumbukani Kuntiya of WRA Malawi traveled to Tanzania in October 2004 to provide TA to the WRA Tanzania Coordinator. Mr. Kuntiya shared WRA Malawi's experiences in fundraising and proposal writing, preparing communications materials (i.e., newsletter, website, listserve, etc.), meeting with international NGOs and donors, and other lessons learned. In November 2004, a stakeholders meeting was held to further define and establish working groups for the members, and discuss the relevance and importance of the global WRA's monitoring tool to WRA Tanzania and its activities. WRA Global Secretariat staff, Theresa Shaver and Betsy McCallon, participated in this meeting. In addition, the WRA Tanzania and Global Secretariat staff having begun a dialogue with the ACCESS Project to organize training on birth preparedness and complication readiness for WRA Tanzania members.

White Ribbon Alliance for Safe Motherhood (WRA) (Manager: Theresa Shaver). The WRA is a grassroots organization that was formed in 1999 by a group of 35 international NGOs, United Nations 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. The WRA's goals are to raise awareness of safe motherhood in developing countries, build alliances to save women's lives, and act as a catalyst for action to address the tragedy of maternal deaths and expand safe motherhood efforts.

Summary of WRA's Major Activities:

Decisionmaking Committee Meeting. The Global Secretariat conducted a successful Decisionmaking Committee meeting October 6–7, 2004, in Washington, D.C. The minutes from this meeting are available upon request.

Child Survival Collaboration and Resources (CORE) Group. The Global Secretariat staff serve as members of the CORE Group's Safe Motherhood and Reproductive Health Working Group and has taken the lead, in collaboration with CARE USA, in organizing and hosting technical updates on various safe motherhood and reproductive health topics for CORE Group members and others within the wider international health and development community. On October 14, 2004, the following technical update meeting on *USAID's Maternal and Neonatal Health Approaches* was well attended by representatives of USAID, CAs, and PVOs. Two USAID staff made presentations:

- Mary Ellen Stanton, Senior Reproductive Health Advisor, USAID
"Maternal Mortality Reduction: Interventions, Issues and Progress"
- Lily Kak, Maternal and Neonatal Advisor, USAID
"Neonatal Health Care: Priority and Strategies"

A second technical update was held on December 7 on *Malaria in Pregnancy: Latest Research, Emerging Issues, Promising Interventions, and Programmatic Experiences from Burkina Faso and Tanzania*. The following persons made presentations:

- Dr. Robert Newman, U.S. Centers for Disease Control and Prevention (CDC)—latest research about malaria in pregnancy, and emerging information on HIV and malaria during pregnancy
- Patricia Gomez, ACCESS Program Midwifery Specialist—promising safe motherhood interventions in preventing and managing malaria in pregnancy
- Rebecca Dineen, JHPIEGO Program Manager—MNH Program’s experiences in implementing program approaches in Burkina Faso and Tanzania

WRA National Working Group. Planning for the 2005 Mother’s Day campaign activities are underway and a meeting held on November 17 to further define the theme, activities, and fundraising strategy. The 2005 theme addresses access to care.

Ongoing support to all 12 National Secretariats and membership in 71 countries. The Global Secretariat serves as an important vehicle for mobilization of members and resources; provides the critical mass needed for policy and program advocacy; shares technical information, materials, best practices, and lessons learned; and helps to leverage resources and cooperation from government, donors, and private sector entities.

WRA South Africa. A stakeholder’s workshop was held on August 3 in Pretoria with 34 participants representing local and international NGOs, the Ministry of Health, UN agencies and the midwifery association. This workshop was organized jointly with the CEDPA/South Africa field office and staff. Three working groups were formed: a core group to prepare a concept paper outlining the reasoning behind forming the WRA including proposed structure; a second working group to identify and select an organization to produce a White Ribbon pin; and a third working group to draft a job description for a WRA South Africa Coordinator position.

WRA India. Dr. Aparajita Gogoi, WRA India Coordinator, traveled to Jakarta, Indonesia on September 19–25, to provide TA to the Indonesia WRA. Dr. Gogoi’s travel was funded by the WRA Global Secretariat to further its efforts at south-south collaboration and capacity building. Dr. Gogoi worked with the Indonesia WRA members to begin planning for the WRA’s first Asia-Pacific regional capacity building workshop in Indonesia on August 1–5, 2005. She shared the WRA India’s experiences and lessons learned in planning the international safe motherhood conference “Saving Mother’s Lives: What Works.”

WRA Indonesia. WRA Global Secretariat staff continues to provide TA to the Indonesia WRA members to plan the Asia-Pacific regional capacity building workshop regarding local and international fundraising, workshop agenda, identification of regional participants, and planning of technical and skills-building sessions including the identification of speakers.

WRA Malawi. WRA Global Secretariat provided funding for TA to be provided by the WRA Malawi Coordinator, Mr. Kumbukani Kuntiya to the newly hired WRA Tanzania Coordinator in October 2004. This activity furthers the Global Secretariat’s efforts at south-south collaboration and capacity building of WRA National Secretariats. Mr. Kuntiya shared the experiences and lessons learned of the WRA Malawi, specifically addressing the diversification of funding, preparation of communications tools (i.e., newsletter, website, listserv etc.), and suggestions on how to liaise with and form partnerships with international NGOs, donors and UN agencies in Tanzania.

Bangladesh. In late 2004, interest was expressed to form a WRA in Bangladesh in collaboration with the POLICY Project office. Follow-up is planned for early 2005.

Dominican Republic. On September 17, the CONECTA Project (a USAID-funded project) in the Dominican Republic formally launched the WRA during the inauguration of three renovated maternity wards in MOH hospitals. This was a high-level launch involving ministry and government officials.

USAID/Dominican Republic was involved in the launch and was supportive of introducing the WRA. Significant interest has been expressed by CONECTA and the USAID mission to organize a stakeholder's workshop to form a Dominican Republic WRA.

Fundraising. We continue to work toward the diversification of our funding including, for example, the submission of letters of inquiry to private foundations and the continued receipt of private donations. In October 2004, Betsy McCallon joined the WRA Global Secretariat as its newest staff member and will work with Theresa Shaver to lead the WRA's fundraising efforts including the work of the Fundraising Committee, development of a fundraising strategic plan, and pursuit of foundation funding. In December 2004, the WRA Global Secretariat staff leveraged funding from the CORE Group for the editing and reprinting of a third edition of the much sought after WRA publication "Saving Mothers' Lives: What Works, a Field Guide for Implementing Safe Motherhood Best Practices."

Core Packages/Targets of Opportunity

Bangladesh: Strengthening Postpartum Family Planning Programs in Bangladesh to Reduce Maternal Mortality: Building Coalitions and Alliances for Advocating Change (Manager: Michelle Prosser). The target of opportunity in Bangladesh will form a national WRA secretariat to advocate for safe motherhood interventions and improved postpartum family planning. POLICY conducted expert interviews to elicit the key barriers to improving access to postpartum care and family planning. These findings will be used in the launch of the WRA in early March and to determine priority action areas with wide representation of all partners.

HIV/AIDS CORE-FUNDED ACTIVITIES

Creating “sound enabling policy environments in every country” is a key element for combating HIV/AIDS and mitigating the impact of the epidemic. POLICY specializes in providing assistance to countries, such as those included in the President’s Emergency Plan for AIDS Relief, that are seeking to avert new infections, provide treatment and care to PLHAs, and offer support to those affected by the epidemic.

POLICY works directly with government leaders, NGOs, private firms, health providers, and the community to:

- raise awareness about the increasingly complex HIV/AIDS situation and motivate leaders to commit to effective national programs and high-level action to reduce stigma and discrimination;
- improve and adapt often out-of-date national policies and strategies that guide programs;
- help governments understand and act to obtain the best use of donor and domestic funds to mitigate the epidemic;
- revamp operational policies to motivate private and community provision of treatment and care;
- enhance governments’ capacity to stimulate system-wide responses to meet the demand for treatment and care; and
- empower people and communities affected by HIV/AIDS to embrace prevention behaviors and provide care and support for their fellow community members.

Our partners include policymakers, government departments, NGOs, networks of PLHAs, faith-based organizations, women’s and youth groups, businesses, journalists, and affected communities, among others.

IRs

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

Director: Anne Eckman

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 target groups along the continuum of care.

Summary of Major Activities:

Strengthening Capacity of the Global Network of People Living with HIV/AIDS (GNP+) (Manager: Omar Perez). This activity aims to strengthen of GNP+’s ability to foster the meaningful participation of PLHAs. In partnership with POLICY, GNP+ provided capacity building and training to PLHA advocates to augment GNP+ regional secretariat capacity. GNP+ also provided technical support to POLICY’s work in strengthening PLHA participation on the Global Fund to Fight HIV/AIDS, Tuberculosis (TB) and Malaria (GFTAM) Country Coordinating Mechanisms (CCMs). Specifically, GNP+ took a leadership role in analyzing the country consultation reports that highlighted the main barriers to PLHA involvement in local CCMs. This process included GNP+ providing logistical support in collaboration with POLICY, GFATM, and GTZ for the facilitation of the CCM Handbook Review

Workshop at the XV International AIDS Conference (IAC) in Bangkok (July 2004) where 20 PLHAs from 16 countries met to review the draft guidelines. Additionally, GNP+ facilitated a delegation of NGOs representing the communities living with AIDS, TB, and malaria to participate at the 8th GFATM board meeting in Geneva (July 2004) and the 9th board meeting with the Ford Foundation in Arusha, Tanzania (November 2004). The POLICY-supported CCM guidelines were launched at the Arusha meeting. This process also led to the development of GFATM guidelines and indicators related to the President's Emergency Plan. In early 2005, GNP+ will be preparing a final report documenting the experiences of meaningful PLHA engagement to complete obligations under this activity.

Strengthening PLHA Involvement: Principles and Practices (Manager: Philippa Lawson). This activity is focused on assessing the capacity of the GFATM CCMs to meaningfully engage with PLHAs and to provide guidance on how CCMs can be improved. This activity is linked to the work undertaken by GNP+ described above. It is anticipated that the activity will be completed by the end of the first quarter in 2005.

POLICY, GNP+, and GTZ collaborated to design two tools to increase PLHA involvement. The tools incorporated input from over 400 PLHAs from 30 countries and were reviewed at an international consultation meeting held during the IAC. The tools are described below.

The "Guidelines for Improving CCMs through Greater PLHA Involvement" include guidelines and recommendations for CCMs, the Global Fund board and secretariat, and PLHA CCM members and constituencies. The guidelines have been finalized and translated into English, French, Spanish, and Russian. The guidelines were launched at the Global Fund board meeting in November 2004 in Arusha, and the GFATM board approved additional CCM requirements. The board used some of the recommendations/guidelines that PLHAs developed.

"Challenging, Changing, and Mobilizing: A Guide to PLHA Involvement in Country Coordinating Mechanisms" was developed for use by PLHAs already working on HIV/AIDS with some prior knowledge of the Global Fund. The handbook includes information on the Global Fund and CCM basics, how to be an effective CCM member, and how to improve CCMs through the greater involvement of PLHAs. The first 100 copies of the handbook were distributed at regional events including the South Asia Treatment Preparedness and Advocacy Workshop in January. Spanish, French, Russian, Vietnamese, Thai, and Nepali translations are planned and will be coordinated by GNP+ in early 2005.

Strengthening the Operational Policy Environment for OVC (Manager: Anne Eckman). This activity aims to articulate the core elements needed to create an enabling policy environment for the protection of OVC and to increase the advocacy capacity of stakeholders. The activity commenced in Cambodia in October 2004 and is designed to build on POLICY/Cambodia's OVC work. Discussions are currently taking place with POLICY/India and USAID/India to determine whether India is a suitable second host country.

In 2004, using field support funds, POLICY/Cambodia conducted a socioeconomic impact assessment of HIV/AIDS on families with adolescents and children. In August 2004, POLICY/Cambodia, in collaboration with CARE Cambodia, hosted a two-day Orphans and Vulnerable Children Dialogue Workshop. Participants included representatives from government ministries, NGOs, civil society groups, donors, Buddhists pagodas (Wats), PLHAs, and children who have been orphaned due to HIV/AIDS. The socioeconomic impact study preliminary findings were presented and discussed. A key outcome was agreement from stakeholders to develop a framework for action for moving forward with a coordinated policy and program response. Core elements of the framework include establishing definitions and target groups for OVC and defining the terms of reference for an official OVC Coordination Committee. The formation of this committee is significant because previously there had been no attempt at national coordination of effort for addressing HIV and OVC issues. The OVC Coordination Committee will be co-

chaired by the National AIDS Authority and the Ministry of Social Affairs, Veterans, and Youth Rehabilitation. Using core funds, POLICY/Cambodia is subcontracting with Save the Children to provide the OVC Coordination Committee with technical support to ensure its viability. Activities will include cooperating with the ministries of Social Affairs, Health, and Education to ensure coordination, identification of committee members, development of terms of reference for the committee, provision of active logistical and technical support, and coordination among ministries, U.N. agencies (especially UNICEF), donors (including USAID), and NGO and OVC representatives; and ensuring that all stakeholders have access to and information regarding the policy development process. The next step is to implement the POLICY Environment Index (PEI).

Meeting the Reproductive Health Needs of HIV-Positive Women: Using Evidence to Advocate for Change (Managers: Anne Eckman and Brenda Rakama). This target of opportunity (TOO) aims to build advocacy capacity to address HIV-positive women's reproductive needs by identifying and reducing related policy and operational barriers at the facility, community, and national levels and to facilitate greater access to services. The activity will be carried out in two Southern African countries and implemented through a subcontract with the International Community of Women Living with HIV/AIDS (ICW). This will ensure leadership by and for HIV-positive women throughout the advocacy effort.

During the fall of 2004, POLICY initiated work on two key aspects of the activity: a literature review and the design of capacity-building and policy dialogue activities to be led by ICW. POLICY began synthesizing the findings from seven different POLICY studies conducted over the past two years related to the FP/RH needs of HIV-positive women and also reviewed other literature. This report will synthesize the main issues and make policy recommendations and will be used in the preparation of policy briefing booklets and fact sheets. These tools will be used to design advocacy and training materials and an advocacy action plan to address policy and operational barriers.

Between July and December 2004, POLICY also conducted planning activities with ICW to determine its scope of work to implement the supporting capacity-building, policy dialogue, and advocacy activities. POLICY/DC and ICW drafted a framework for collaboration. From December 6–9, 2004, ICW and POLICY held a three-day collaboration planning meeting in Johannesburg, South Africa, to define the collaboration and agree upon on the scope of work. Participants included ICW regional and global staff; POLICY/RHAP, South Africa, and global staff; 11 ICW members from Botswana, South Africa, and Swaziland; and four Sikanyekanye task team leaders from Swaziland (POLICY/RHAP's current core package). The meeting participants agreed that ICW and POLICY would implement the project in Swaziland and likely in South Africa (after further consultation with partners), as well as create a framework for implementation. POLICY/RHAP, POLICY/South Africa, and ICW will hold further meetings to finalize the scopes of work in specific countries and identify other partners at the country level in early January.

Policy Reform to Meet Access to Treatment Goals (Managers: Anne Eckman and Brenda Rakama). This activity aims to identify and promote the design of strategies that will ensure that the scale-up of treatment reaches both women and men. To accomplish this, POLICY, working in partnership with ICW, proposes to conduct a rapid assessment and capacity-building and policy development activities to be piloted in two countries. The proposed countries are Swaziland and Botswana.

During this reporting period, POLICY conducted planning activities with ICW to determine its scope of work to implement capacity-building, policy dialogue, and advocacy activities. It is anticipated that the rapid assessment will be conducted in February–March 2005 and will inform follow-up activities.

Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF) (Manager: David Lowe). This activity supports the APLF in its work to build a dynamic leadership response to HIV/AIDS in Asia and

the Pacific. The principal activity supported by POLICY to date has been the completion of an advocacy publication targeting high-level bureaucratic and political leaders. The publication, titled *Act Now: Asia Pacific Leaders Respond to HIV/AIDS*, outlines why a more dynamic leadership approach is needed, the social and economic consequences of inaction, and the key components of an effective national response to HIV/AIDS. The publication is supported by data that were analyzed specially for this publication. The publication was launched at the IAC in Bangkok in July 2004 by the Honorable Jose Ramos Horta, Foreign Minister, and Timor Leste. Other participants in the launch were Wang Longde, Vice Minister for Health, China; Dr. Harry Cross, Director, POLICY Project; Lorraine Hahn, CNN presenter; Dr. Nafis Sadik, UNAIDS Ambassador; and Maire Bopp, APN+. The publication has now been disseminated to leaders throughout the Asia-Pacific region by APLF/UNAIDS and POLICY.

POLICY also supported the translation of *Act Now* into Chinese, with the active support of the Chinese Ministry of Health officials. The Chinese version of *Act Now* was launched at a public activity in Beijing commemorating World AIDS Day. Speakers included senior Chinese, UNAIDS, and U.S. government officials. Dissemination of *Act Now* by UNAIDS/China has commenced. POLICY will be responsible for dissemination in Yunnan and Guangxi, with UNAIDS having responsibility for other provinces.

POLICY/China will hold a provincial-level launch of *Act Now* in January 2005. *Act Now* has also been translated into Vietnamese and a launch of this version of the publication is being jointly organized by UNAIDS/APLF/Viet Nam and POLICY/Viet Nam for early 2005. Plans are also underway for production of an Indonesian version of *Act Now*. POLICY and the UNAIDS/APLF secretariat in Bangkok have discussed POLICY supporting a media seminar for senior editorial staff in the Southeast Asian region in the first half of 2005. The seminar will be designed to result in a strong level of commitment from senior journalists to take a more active leadership role in HIV/AIDS. UNAIDS/APLF will prepare a concept paper in early 2005 that will form the basis for more detailed planning.

POLICY involved APLF in the regional planning meeting/launch of the A² Project in Bangkok in November 2004. APLF's work in creating an evidence base for advocacy correlates with the work of the A² Project. POLICY and APLF are discussing how to integrate work in this area.

Women and Inheritance: A Framework for Action (Managers: Anne Eckman and Brenda Rakama). POLICY is conducting a pilot project in Kenya designed to support advocacy and policy change efforts needed to promote and protect women's inheritance and ownership rights to property. To meet this goal, this activity focuses on supporting Kenyan NGOs to strengthen advocacy skills by sharpening their analysis of barriers to women's inheritance rights at the policy and grassroots levels. In particular, this activity seeks to support a participatory advocacy analysis and planning process with key stakeholders in Kenya to design an advocacy strategy.

A workshop was held on August 9–11 in Nakuru with 40 participants, including Kenyan NGO stakeholders, POLICY/Kenya staff, and the Kenya Human Rights Commission, to refine and deepen the understanding of the various problems pertaining to women's property ownership and inheritance rights by conducting a collaborative analysis of the situation and sharing experiences. The workshop provided an opportunity for women (those who had been disinherited and others working in HIV/AIDS on issues of OVC and widows) to exchange ideas and experiences and establish linkages among groups who have diverse experiences with this problem. The discussions aided in expanding the capacity of the NGOs, CBOs, and groups that work on rights issues and HIV/AIDS issues to implement power analysis and socio-legal analysis tools for advocacy planning and conduct a preliminary consultation on the strategy options to address the problems associated with women's inheritance and property rights in Kenyan communities.

Confidentiality and Strengthening Counseling and Testing Policies (Manager: Lane Porter). This activity aims to promote human rights applications by focusing on confidentiality and the central role confidentiality plays in either facilitating or avoiding stigma and discrimination, a key factor in the success or failure of HIV counseling and testing activities.

Two countries (Botswana and South Africa) have been selected as the host countries. A working draft concept paper (reflecting concepts and coordination with the government and NGOs) was prepared by senior staff of POLICY/South Africa and POLICY/RHAP. A research document analyzing policies, legislation, and operational policies was commissioned, completed, and distributed. POLICY's human rights advisor is scheduled to coordinate, on site, with POLICY/South Africa and RHAP senior staff.

Gender and Leadership (Manager: Anne Eckman). This activity will support TA to strengthen gender integration into two or three select POLICY country program activities and share these approaches across POLICY and with partners. POLICY staff will also participate in gender and HIV/AIDS forums with global partners in Washington, D.C., to advance promising approaches to gender and HIV/AIDS.

IR2: Planning and Finance Improved (HIV/AIDS)

Director: Steven Forsythe

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

Summary of Major Activities:

Resource Allocation (Manager: Steven Forsythe). Several revisions were made to the Goals Model in the area of resource allocation modeling during this reporting period. Core funds were used to begin data collection in Mozambique, and negotiations were completed to begin Goals modeling in Namibia and Haiti. This will commence in early 2005.

Using resources from REDSO/ESA, POLICY was able to follow-up with Goals applications in several countries. In Malawi, for example, a trip was made to initiate activities (USAID/Malawi subsequently decided to add additional funding for this activity). The data collection has begun in Malawi and a follow-up TA visit is now planned. The National AIDS Council of Malawi has expressed an interest in adopting Goals as the standard procedure in designing the national strategic framework. Ethiopia has also agreed to conduct Goals modeling, with USAID/Ethiopia agreeing to contribute additional resources to this exercise. In November, a TA visit to Zambia was made where it was agreed to begin data collection early in 2005. A Goals modeling exercise will also be conducted in Rwanda, with data collection and a TA visit scheduled for early 2005.

At the request of the National AIDS Control Organization (NACO) in India, POLICY conducted an assessment of the resources required to scale up the National AIDS Control Program to meet the targets set by NACO and identify and quantify the resource gaps. The Resource Needs Model was customized for application in India, reflecting program structure, unit costs, coverage estimates, and targets for 2004–2007. This information was particularly useful for the incoming NACO director as it (1) made the resource implications of the government targets explicit; (2) informed the dialogue with the government of India and donors on resource mobilization; (3) stressed the need for priority setting; and (4) provided information to inform the resource allocation trade-offs.

Workplace Policies (Manager: Courtney Bickert). POLICY has continued to make significant progress in promoting the development of HIV/AIDS workplace policies. The Workplace Policy Builder (WPB, version 1.0) software was completed and in July was distributed to more than 1,000 people at the IAC in Bangkok. The model was subsequently applied in Lesotho in November 2004, where Chinese Garment Manufacturers formulated an HIV/AIDS policy for its 8,000 workers.

POLICY has prepared a workplan for conducting additional “AIDS and the workplace” activities in Mexico, following up the successful implementation of activities with our subcontractor. In December 2004, POLICY also met with staff of the Futures Group Europe office in Beijing, China. POLICY now has specific plans for conducting work with workplaces in China using core funds.

AIDS and Economics/Reference Groups (Manager: John Stover). In July 2004, IR2 organized the International AIDS and Economics Network conference in Bangkok, Thailand. This two-day meeting was attended by more than 150 economists and policymakers from developed and developing countries. Speakers included Dr. Constance Carrino from USAID and Dr. Richard Feachem from the Global Fund. The title of the conference was *AIDS in the 21st Century: Who Should Pay?* UNAIDS and WHO funded presenters who were citizens of developing countries. The presentations ranged from global issues such as drug pricing to micro issues such as the well-being of orphans and families in specific countries. Following the conference, IR2 met with various collaborators from the network to plan for making the network an independent and sustainable entity.

In Bangkok, POLICY staff also distributed leaflets on the Africa Bureau-sponsored monograph, *Development, Trade, and HIV/AIDS: How the African Growth and Opportunity Act Can Strengthen the Fight Against HIV/AIDS*. Work on the monograph continues in anticipation of the AGOA IV meeting tentatively scheduled for July 2005 at the Department of State.

In collaboration with the O/GAC Modeling Working Group, the POLICY Project assisted in the estimation of infections averted by activities planned in the first-year Country Operational Plans (COPs). POLICY first presented the Goals Model to the Modeling Working Group and explained how it works. Then POLICY updated the Goals Model, applied the updated model for the original 14 focus Emergency Plan countries, refined the estimates of infections prevented based on the model’s results, and documented this process. First, an extensive literature search was undertaken to update the “impact matrix” of the Goals Model, which contains the conversion factors relating changes in behavior to HIV incidence, and thus HIV infections prevented. In addition to the 90 studies that provided the foundation for the initial conversion factors used in Goals, this literature search resulted in identifying approximately 45 additional studies from several hundred studies reviewed that could be used in the calculation of conversion factors. The results of this search, along with a detailed description of the sources of the initial 90 studies, were presented at a day-long meeting to the working group. At this meeting, the conversion factors were discussed in great detail, and an approach to utilizing the factors was validated. After the approach was confirmed, POLICY used these factors in implementing the Goals Model for each of the Emergency Plan countries to estimate the number of HIV infections prevented. This task involved analyzing the draft first-year COPs for proposed country-specific budgets, entering demographic and epidemiological data into the model, and fine-tuning each of the models to refine and verify the results. POLICY then drafted a report summarizing the process of applying the model, including a discussion of methodology, conversion factors, budgets, and the number of HIV infections prevented by country and risk group. POLICY presented these initial results to the working group, where feedback from all members was solicited and received. A final report was prepared based on all inputs. The report included guidance on the use of the conversion factors and methodology for estimating the number of preventable HIV infections. The final report is awaiting approval by O/GAC.

Due to the increasing complexity and number of models associated with the POLICY Project, several model reference groups were formed within the project to facilitate changes to existing models, coordinate model applications, and provide a centralized location for information related to the models, such as updates and details of past applications. These reference groups are scheduled to meet approximately every three months. Initial meetings were held in August and November, at which changes to the models were agreed upon, applications were documented, and various other issues were discussed. The model reference group leader will serve as a central contact point for future applications and information regarding the model.

POLICY continues to work with UNAIDS reference groups on estimates and projections, economics, and evaluation. Technical discussions with the reference group on estimates has led to a UNAIDS request for some additions to SPECTRUM, which are underway now. POLICY contributed to the Economics Reference Group work on estimating global resource requirements. An updated paper was released at the Bangkok conference. POLICY worked closely with the Evaluation Reference Group in the preparation and release of the reports of the AIDS Program Effort Index and the Coverage Survey. UNAIDS sponsored a press conference at the IAC to release the Coverage Survey report and helped with distribution of the printed report to the participating countries.

As part of the IR2 planning and finance core work in support of reference groups, POLICY prepared an initial draft to analyze the cost of assuring care and treatment to all those in need in six countries (Cameroon, Ghana, India, South Africa, Thailand, and Zambia). The estimated financing requirements will be reviewed at an international symposium co-sponsored by UNAIDS, WHO, the Global Fund, and the President's Emergency Plan for AIDS Relief tentatively scheduled for March 2005. The analysis demonstrates the critical need for external assistance and a focus on poverty groups as essential recipients of care and treatment services in the selected countries.

POLICY presented papers and presentations at various meetings and conferences. In July 2004, a number of presentations were made at the IAC in Bangkok, including the following:

- “The Impact of HIV/AIDS on Household Socioeconomic Status in Cambodia”
- “Workplace Policy Builder: Making an HIV/AIDS Workplace Policy a Possibility for Any Company”
- “Applying the Goals Model in Kenya to Allocate HIV/AIDS Resources Effectively”
- “Examining the Impact of HIV/AIDS on Rates of Change in Household Socioeconomic Status in Cambodia”

POLICY staff played significant roles in support of the work of international agencies represented at the IAC:

- John Stover presented results of the coverage surveys conducted in more than 50 countries that show continuing challenges to extend prevention and care services beyond less than a third of key groups in need of those services in many countries.
- Stover and Bill McGreevey contributed to the work of several UNAIDS reference groups including the estimates and projections group, the economics reference group, and the resource tracking reference group, all of which reported results in the principal UNAIDS publications released in Bangkok.
- McGreevey chaired the World Bank session that summarized a meta-analysis of six national HIV/AIDS lending programs sponsored by the World Bank.

POLICY staff participated in the South Africa regional review of public sector programs to confront HIV/AIDS led by the Institute for Democracy and Governance in South Africa (IDASA) held in

Johannesburg, September 18–22, 2004. The meeting coincided with a meeting of the Resource Tracking Reference Group to identify key issues for resource mobilization.

POLICY staff contributed to the Global Fund effort to identify system effects of Global Fund assistance that may affect the objectives of sustainability and partnerships. These factors will influence the effectiveness of all HIV/AIDS assistance programs, including those of USAID and the President's Emergency Plan, so that the improved functioning of the Global Fund can have positive secondary benefits for USAID assistance as well. POLICY led an international team including a Norwegian and a British specialist to provide inputs that were reviewed by the Global Fund committee on monitoring, evaluation, finance, and audit (MEFA) in October 2004 and approved by the Global Fund board at its meeting in November 2004. Although much of this work was performed with Global Fund resources, POLICY staff and managers made ongoing useful inputs to ensure the utility and consistency of results with the broad IR2 objectives and results of the POLICY Project.

In November 2004, Steven Forsythe made a presentation titled “The Impact of HIV/AIDS on Developing Countries” at NetImpact at George Washington University.

IR3/IR4: Research, Tools, and Capacity Development
Director: Jay Gribble

Stigma Index (Manager: Lori Bollinger). The Stigma Index will measure HIV/AIDS-related stigma and discrimination. Without a consistent methodology to measure stigma, it is difficult to monitor and evaluate interventions to reduce it. POLICY has been working closely with various participants in the Interagency Working Group (IWG) for Stigma/Discrimination Indicators to design the index. Steps in this process include designing a questionnaire, fielding a survey, and analyzing the resulting data. During July–December, building on the recently distributed report of the February 2004 IWG for Stigma and Discrimination Indicators meeting, a questionnaire was designed to incorporate the work on indicators into a general index, as well as an initial draft methodology of the index. This questionnaire and draft index have been circulated internally for validation and will be presented at the next IWG meeting for further validation. In addition, initial field tests of the questionnaire have begun in Mexico and South Africa, building on the work on indicators that POLICY has completed over the last couple of years through core packages.

Why Policy Matters (Manager: Lou McCallum). This activity aims to document and disseminate the impact of policy interventions on reducing negative consequences of HIV/AIDS. Drawing from POLICY's global portfolio and emphasizing our field experiences in Africa, Asia, and Latin America, this activity aims to demonstrate the link between an enabling policy environment and positive HIV/AIDS outcomes. Phase one activities commenced in October 2004 with data collection and a series of planning meetings in Washington, D.C. Currently, POLICY country programs are sending in ideas and examples of policy interventions for consideration, and follow-up interviews are being conducted. Upon completion of the data analysis, a follow-up meeting will be held in Washington, and a draft of the paper will be circulated for comment.

Women and AIDS (Managers: Molly Strachan and Karen Hardee). During the reporting period, a team of 25 staff and consultants were mobilized to write a synthesis report on evidence, interventions, and promising programs for HIV/AIDS prevention, care, and treatment related to women and gender. The team conducted over 100 interviews with HIV/AIDS experts. The interviews and materials collected from experts were then summarized. Topic summaries were merged with research abstracts collected and organized according to the “What Works” methodology to provide a complete picture of evidence, promising approaches, and gaps in each topic area under review. The synthesis document was edited both

internally and externally. The resulting draft was forwarded to USAID for review. Next steps for completion of the report and for the larger activity are ongoing with USAID.

Human Capacity Development (Manager: Courtney Bickert). POLICY has been reviewing options for ways of effectively using the small amount of funds from the Office of the Global AIDS Coordinator (O/GAC) currently available for human capacity development. POLICY has received requests from USAID's new CAPACITY Project to provide assistance to its program, particularly in the area of modeling the need for human capacity.

Working Groups

Human Rights Working Group

Chair: Lane Porter

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 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. 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/AIDS.

Summary of Major Activities:

Support for Human Rights (HR) Advisor. POLICY's HR advisor continued to serve as co-chair of the IWG for Stigma and Discrimination Indicators. USAID funded a pilot test of indicators developed under the auspices of the working group; the working group hosted a preliminary findings review of the application in Tanzania.

The HR advisor prepared a menu of subjects for—and working draft texts of some—informational briefs on human rights and HIV/AIDS addressing the program areas of the President's Emergency Plan; full and final texts will be disseminated in the next reporting period.

At the CARICOM/UK Champions for Change Conference in St. Kitts, the HR advisor and other POLICY staff made presentations (From Indicators to Policy to Action: Field-based Approaches for Understanding, Measuring, and Addressing Stigma and Discrimination) reflecting POLICY's work in Mexico and South Africa. The HR advisor also participated in a CDC consultation in Atlanta on "Guidelines for Appropriate Use of Public Health Data for HIV/AIDS."

The HR advisor, with other POLICY staff, responded to ad hoc requests from USAID missions (e.g., India, on HIV serostatus partner disclosure policies, and Nepal, on generating human rights advocacy for persecuted NGOs providing sexual health information for MSM communities).

Dissemination. POLICY staff planned for dissemination events, pulling together human rights-based field and core HIV/AIDS activities. These dissemination activities are designed to showcase the human rights-based activities that are conducted in country work and in core-funded activities, for example, (a) indicators and other results generated by Mexico and South Africa stigma and discrimination activities; (b) HIV/AIDS-directed aspects of the human rights supplement of the Advocacy Training Manual and its

pilot application in Nigeria; and (c) informational briefs/technical updates and other publications prepared on subjects linking HIV/AIDS and human rights.

Core Packages/Targets of Opportunity

Mexico: Measuring Stigma and Discrimination to Improve Program Approaches to HIV/AIDS Care and Prevention (Manager: Mary Kincaid). As part of the dissemination strategy, Ken Morrison, LTA, and Anuar Luna, consultant and director of the Red Mexicana de Personas que Viven con VIH/SIDA, attended the IAC in Bangkok in July 2004. Morrison and Luna presented at POLICY's satellite session on stigma and discrimination, working with the POLICY/South Africa team to announce the results of the twin core packages on stigma and discrimination and recommendations for follow-up. Morrison did an encore presentation for fellow CAs working in Mexico during a breakfast in August with the mission director, followed by a presentation for POLICY partners in Mexico. The Mexico team presented the results of the stigma core package to various other audiences during the reporting period, including participants at the National Institute for Public Health's (INSP) summer diploma course on HIV/AIDS; the POLICY-Valley AIDS Council cross-border policy forum in Texas in October; the North American Treatment Action Forum in St. Louis in December (with outside funding); the CARICOM conference on stigma and discrimination in the Caribbean in November (with outside funding); and a workshop in Burkina Faso to address MSM issues and HIV/AIDS (with outside funding).

In September, Morrison and INSP team members finalized the report of the survey on HIV/AIDS-related stigma in the provision of health services in three Mexican states and submitted the report to the MEASURE/Evaluation Project. The report was the final deliverable of Component Two of the POLICY core package, in which POLICY partnered with MEASURE/Evaluation to leverage funds and expertise. Also in September, POLICY concluded negotiations with local NGO partners and CENSIDA on the proposed subcontracts for follow-up interventions to the core package on stigma and discrimination. These subcontracts, signed in December 2004, address stigma reduction with public sector health professionals; reducing internal stigma in PLHAs and within the MSM community; assessment and dialogue with religious institutions for HIV/AIDS-related stigma reduction; and working with the media in stigma reduction. Also in this reporting period, Morrison finalized the project proposal with core package partner, Letra S, on human rights and HIV and submitted it to the Ford Foundation. In September, the Ford Foundation awarded a contract to Letra S in the amount of US\$180,000 for two years, an increase over the amount requested in the proposal and previously promised. During October and November, POLICY consultant Anuar Luna revised an earlier draft of the stigma indicators paper from the core package to reformulate it as a user's guide to stigma and discrimination indicators. Luna also translated and adapted to the Mexican context the EngenderHealth training manual for healthcare professionals on stigma reduction, which will be piloted in Mexico with CENSIDA in early 2005.

South Africa: Siyam'kela: HIV/AIDS-related Stigma and Discrimination Research (Manager: Caroline Wills). In 2003, POLICY commenced phase one the Siyam'kela stigma project, which developed indicators of stigma in faith-based organizations, government workplaces, and relationships between PLHAs and the media. Building on this experience, in 2004, POLICY implemented the second phase of Siyam'kela, which included field-testing and refinement of the indicators and the facilitation of training interventions in both faith-based and healthcare settings. The field-testing is occurring in two sites in Eersterus. To date, a situational analysis of the Eersterus community has been compiled. Baseline research was undertaken, and a baseline fieldwork report has been compiled describing both the quantitative and qualitative findings for both the faith and workplace settings. This report will be finalized in January 2005.

The Siyam'kela team facilitated a series of stigma mitigation training sessions with the leadership of St. Joseph's Catholic Church in Eersterus in August 2004. This training will be completed in 2005 and will be reviewed. Stigma mitigation training of a similar nature has been conducted with staff of the Eersterus Health Clinic and will be completed in February 2005. The training tools being piloted at the two research sites will be reviewed and evaluated following the training, and a follow-up study will be undertaken to measure the extent to which stigma has been addressed.

The project reference group continues to meet quarterly and is composed of representatives from the University of Pretoria, the Southern African Catholic Bishops Conference, the Inter-Departmental Committee on HIV and AIDS, the Department of Public Service and Administration, and the Department of Health. The reference group met on September 28 and November 24, 2004. Representatives from St. Joseph's Catholic Church and the health clinic attended the reference group meetings, which provided an opportunity for planning and sharing.

In addition, the project has been responsive to requests for assistance and provided TA to the HIV Research Centre of the South African National Defence Force and to staff members from the office of the UNAIDS Regional Support Team for Eastern and Southern Africa to help mainstream stigma mitigation in their workplace programs in light of the policy framework adopted from the ILO code of practice on HIV/AIDS and the world of work. POLICY also provided TA to the University of Pretoria (UP) through the facilitation of a one-day workshop on HIV/AIDS stigma awareness with students and Youth Skills Development volunteers on July 5, and helped facilitate a two-hour session on stigma awareness with participants in the Short Course on HIV/AIDS Counseling and Management, which is run through the Continuing Education Unit at UP.

Information developed by Siyam'kela will also be used as part of a training program on HIV/AIDS for health workers in five provinces who will be part of the national antiretroviral (ARV) roll out, as well as for prescribed reading material for the course "Gender Issues 3" for the Women's and Gender Studies Department at the University of the Western Cape. Furthermore, Siyam'kela was asked to facilitate a one-day skills-building session at the National HIV and AIDS Indaba of the Department of Public Service and Administration. The 70 participants represented HIV/AIDS program managers representing the public service. The outcome of the skills-building session was the development of a framework of action, which will be a guide to mitigating HIV/AIDS stigma in the public service.

During the reporting period, POLICY and the Centre for the Study of AIDS have engaged more closely with the National Department of Health to plan future national HIV/AIDS stigma mitigation activities. This has resulted in the commissioning of an HIV/AIDS Stigma Mitigation Toolkit, which will be ready in the first quarter of 2005. The toolkit is a synthesis of all the documentation and training tools used by the Siyam'kela team. Furthermore, the Chief Directorate will host a HIV/AIDS Stigma Indaba in February 2005 for 200 people. The stated objectives for this three-day event include raising awareness and creating an understanding of HIV/AIDS stigma, highlighting the importance of addressing HIV/AIDS stigma in our communities, exploring and discussing practical suggestions and effective strategies for stigma mitigation, facilitating the development of a national framework for stigma mitigation, and sharing and networking to develop a database of organizations doing stigma work in South Africa. Participants will include representatives from faith-based organizations, the public and private workplace sectors, NGOs, researchers, PLHAs, and the media.

Swaziland: Sikanyekanye: Meeting the Reproductive and Sexual Health (RSH) Needs of HIV-Positive Women, A Rights-based Approach (Manager: Nomhle Nkumbi-Ndopu). This activity aims to address the operational policy barriers to improving the reproductive and sexual health rights (RSHRs) of HIV-positive women in VCT, PMTCT, and antenatal care healthcare settings. Research for Sikanyekanye was completed in June 2004, and the report is currently being finalized. The Sikanyekanye project was

presented as a poster at the IAC in July 2004. A draft of the final research report was completed this quarter.

The Ministry of Health was presented with an outline of the draft recommendations in October 2004. One of the recommendations called for a prioritization of mental health services for women and others infected or affected by HIV/AIDS. The MOH was keen to pursue this and, as a result, a consultative meeting to discuss HIV/AIDS and mental health was held on November 8. Twenty-eight people participated from a range of sectors, including people working in both the mental health and HIV/AIDS sectors. The meeting was successful in reaffirming the importance of mental health in general and particularly within the context of HIV/AIDS. A Mental Health Task Team was proposed to facilitate the planning and implementation of follow-up HIV and mental health initiatives. A second meeting to strengthen political support of the Mental Health and HIV/AIDS Initiative was held on November 29. The MOH renewed its commitment to push the current draft of a national Mental Health Policy through Parliament for adoption. Follow-up advocacy and training are planned for early 2005.

Nepal: A Pathway to Stopping the Rapid Spread of HIV/AIDS in Nepal: Increasing the Participation of Affected Groups in Designing Effective Policies and Programs (Manager: Philippa Lawson). This core package aims to increase the meaningful participation of injection drug users (IDUs) in the HIV/AIDS policymaking environment and, thereby, increase the effectiveness of HIV/AIDS prevention, support, and care for IDUs. The activity has focused on building the leadership and advocacy skills of IDUs so as to increase the ability of IDUs to interact with and influence policymakers. With POLICY support, the IDU community driving this activity decided to formally register their group, Recovering Nepal, as an NGO.

Bylaws have been drafted and an organizational structure designed. The original advisory group was renamed the executive committee, and it plans to establish regional advisory groups of 10–12 drugs users in four regions of Nepal. The bylaws and registration should be complete by February. Recovering Nepal also produced advocacy newsletters this period, which describe needed revisions to the national methadone strategy, HIV bills and other advocacy issues, and activities of IDUs and the project. Consequently, Recovering Nepal has been the prime implementer of activities and has actively driven this core package.

The consolidation of Recovering Nepal has expanded the leadership and advocacy capacity of IDUs. Despite the difficult political situation and travel restrictions, strikes, “bandhas”, and violence, POLICY has been able through the small grants leadership and advocacy activities to maintain momentum. Advocacy activities were implemented in six substance use treatment facilities across five regions of Nepal, reaching 680 recovering IDUs between June and December 2004. More than half of these participants were from outside the Kathmandu Valley. Though the grants ended in October, most of the centers continue to use the training and have incorporated it into their drug rehabilitation programs, thereby ensuring sustainability beyond the life of the project.

Additionally, the five regions that Recovering Nepal covers successfully implemented their advocacy action plans, including sensitization programs and increasing media coverage. As a result of its advocacy activities, Recovering Nepal continues to receive positive national media coverage. In addition, through implementation of the leadership and advocacy training curriculum, sensitization sessions also reached 637 students, 237 community leaders, 61 journalists, 47 teachers, and 24 police.

Recovering Nepal has successfully participated in broader policy dialogue activities and has recommended changes and amendments to HIV/AIDS bills and laws, which were implemented. Two Recovering Nepal members participated in the committee to draft the national strategy on methadone.

Aligning HIV/AIDS Policy: Addressing Stigma and Discrimination (Manager: Anita Bhuyan). The purpose of this target of opportunity is to synthesize POLICY's experience with HIV-related stigma and discrimination and package and disseminate these experiences in a way that will advance the field. The activity will highlight the range of POLICY's activities in stigma and discrimination, including the core packages and indicator development activities in Mexico and South Africa, the development of a stigma index, and human rights-based work in a range of countries. During this period, POLICY prepared a proposal, outline of activities, and budget. To date, lessons learned have been disseminated through a variety of activities. In July 2004, POLICY organized a stigma and discrimination satellite session (attended by about 150 delegates) and disseminated approximately 300 CDs of related materials at the IAC in Bangkok, Thailand. POLICY presented key findings from this satellite session at USAID's post-Bangkok wrap-up seminar in Washington, D.C., in August 2004. Three articles featuring POLICY's stigma work in Mexico and South Africa were published during this period in *AIDSLink* (June/July: "Machismo and the Virgin: Media and Stigma in Mexico") and the *Sexual Health Exchange* (2004-2: "Siyam'kela: Linking Research and Action for Stigma Reduction in South Africa" and "HIV-related Stigma and Discrimination in Mexican Healthcare Services"). The webpage for the Mexico core package was launched in October 2004; it makes project reports, articles, and the PLHA photojournal "De frente a la vida" available online (note: the South Africa core package webpage had been launched earlier). POLICY/South Africa submitted an abstract to Emory University's conference on "Lessons Learned from Rights-based Approaches to Health" (to be held April 14–16, 2005). The abstract is entitled "Siyam'kela: A Field-based Approach to Measuring and Addressing HIV/AIDS Stigma." In November 2004, Lane Porter gave a presentation on highlights from the Mexico and South Africa programs at the CARICOM/UK Champions for Change Conference on "Reducing Stigma and Discrimination" in St. Kitts, West Indies. Planning is also underway to prepare two policy papers on stigma and discrimination, a booklet of case studies on successful program activities, and related advocacy events in 2005.

REGIONAL/BUREAU ACTIVITIES

FP/RH

Africa Bureau

Manager: Carol Shepherd

Family Planning Status and Trends in Countries Hard Hit by the AIDS Epidemic. POLICY completed all the reports for the studies in Ethiopia, Kenya, and Zambia. In Kenya and Zambia, the findings will be disseminated through seminars planned for repositioning FP efforts. In Ethiopia, the report will be disseminated pending discussion with the mission. POLICY is coordinating with Advance Africa to participate in the dissemination.

Engaging High-level Political Leaders as Champions in Repositioning Family Planning in Africa. POLICY is exploring hosting advocacy seminars with first ladies of the Southern African Development Community and with the Pan African Parliamentarian Forum. An advocacy presentation to effectively communicate the benefits of family planning prepared in the earlier reporting period will be used in the seminars. The presentation has been adapted for use in Uganda and Kenya.

Using the RAPID Model for Advocacy. The RAPID Model is being applied in Ghana in conjunction with the upcoming Regional Repositioning Family Planning Conference to be held in February 2005. RAPID will also be used to help reposition family planning in Kenya and Uganda.

Building Regional Alliances Among FBOs to Support Family Planning. POLICY has been working with FBOs in HIV/AIDS and FP/RH in several countries. We are currently examining the success of our work with FBOs in Mali, Uganda, and Zambia in FP/RH to provide an opportunity for sharing lessons learned with other countries in the region.

ANE Bureau

Manager: Karen Hardee

ARH Profiles and Dissemination. POLICY completed the country profiles on ARH policies, programs, and issues for 13 ANE countries in 2003, and a synthesis paper and accompanying presentation was published as part of the *POLICY Occasional Paper* series. POLICY continues with the dissemination of the ARH profiles at the country level. In addition to a dissemination workshop in Cambodia, a seminar will be held in Morocco in early 2005.

LAC Bureau

Regional Manager: Varuni Dayaratna

Regional Contraceptive Security Initiative in the LAC Region. During the first six months of 2004, POLICY, in collaboration with DELIVER, completed the last three of five country assessments. Each assessment resulted in a report. During the second half of the year, in preparation for disseminating the results of the assessments, POLICY and DELIVER prepared summaries of the country assessment reports and produced a regional report that presents the findings from the country studies, including additional secondary data analysis for El Salvador and Guatemala, and offers recommendations on a regional level for achieving contraceptive security. These reports lay a foundation for countries preparing to deal with USAID contraceptive funding phaseout and will form the basis for future LAC Bureau interventions (to be implemented by POLICY and DELIVER) designed to promote contraceptive security in LAC.

As a culmination of the first phase of activities in the LAC Contraceptive Security Initiative, POLICY and JSI/DELIVER held a forum in Lima, Peru on October 24–27, 2004. The purpose of the forum was to share and discuss findings in the reports with country representatives and to formulate regional and country-specific CS initiatives. Over 90 participants—representatives from ministries of Health and Finance, social security institutes, NGOs, social marketing programs, pharmaceutical associations, USAID, and UNFPA, among others—from nine LAC countries participated in the forum. POLICY and JSI/DELIVER are now preparing a two-year joint workplan that responds to regional and cross-country needs and recommendations.

POLICY also presented findings from the regional study at the APHA meetings held in November 2004.

HIV/AIDS

Africa Bureau

Regional Manager: Brenda Rakama

AGOA. Work continues on the AGOA volume. A commercial publisher, Palgrave Press, has expressed qualified interest in publishing the work. Chapter 3 on development processes and HIV/AIDS is being strengthened with increased data on income distribution, labor force groups at highest risk, and related changes in work force distribution associated with rising income levels. The AGOA conference originally scheduled for June 2005 will likely be postponed until late 2005.

OVC Desk Review (Manager: Jane Begala). POLICY undertook a desk review on behalf of USAID, UNICEF, UNAIDS, and the World Food Program for 17 countries in Africa as part of an OVC rapid assessment, analysis, action planning (RAAAP) exercise to support national OVC steering committees and scale up response to OVC in the region. The 17 two-part assessment reports were completed, submitted to each national OVC steering committee, and are available at www.futuresgroup.com/ovc. This unique data set also provided the foundation for discussions at the Second Global Partners Forum (on OVC) organized by the World Bank in December 2004. An executive summary of the OVC RAAAP Final Report is being edited by POLICY for delivery to USAID in February 2005.

ANE Bureau

Regional Coordinator: Nadia Carvalho

POLICY's ANE/Mekong HIV/AIDS Program commenced in FY02 and falls under USAID's interim Mekong Regional HIV/AIDS Strategy with the strategic objective of "increased use of effective responses to HIV/AIDS in the Greater Mekong Region." In the Mekong region, POLICY is working to strengthen political commitment and leadership, increase participation of civil society in policy development and advocacy, and strengthen capacity in policy development and advocacy. The Mekong 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. POLICY's Mekong HIV/AIDS activities also include the Association of Southeast Asian Nations (ASEAN) workplan.

Building Political Commitment (Manager: Anita Bhuyan). In mid-2003, POLICY pilot-tested a new assessment guide designed to analyze national political commitment for confronting HIV/AIDS. The pilot was conducted in four low-prevalence countries in Asia—regions where political commitment early on can have the greatest impact in heading off large-scale epidemics and break the silence surrounding HIV/AIDS. Final versions of the Bangladesh, India, Nepal, and Viet Nam studies were completed during this time period and sent for final editing and printing. Additional information was incorporated into the

studies to account for changes in political commitment over the past year. The papers will be printed and disseminated in January 2005, as well as translated in local languages. A synthesis of the four country studies and lessons learned from the pilot test is near completion. An abstract of the synthesis paper was presented as a poster at the IAC in Bangkok, Thailand, in July 2004.

Treatments (Manager: Brad Otto). This activity builds on the March 2004 community-sector workshop on HIV treatment access, “Building Policy and Advocacy Capacity in Southeast Asia.” Participants committed to advocate to governments for the formulation of national treatment scale-up plans and to participate in the development of these plans using the skills and knowledge they gained during the workshop. Through this activity, POLICY will provide TA to the governments of Cambodia, Viet Nam, and Yunnan and Guangxi provinces in China to develop national treatment scale-up plans. POLICY will also support a regional treatment roundtable summit in Hanoi in November 2005.

Laos Policy Assessment (Manager: Felicity Young). Although adult HIV prevalence in Lao PDR is still low and the country has not experienced dramatic HIV/AIDS outbreaks as have occurred in other parts of the Mekong region, numerous factors could facilitate the rapid spread of HIV, such as high STI prevalence in certain populations, cross-border mobility, and proximity to drug routes. Harry Cross and Felicity Young conducted an assessment of the HIV policy environment in Lao PDR from December 2–9, 2004. The assessment is currently being finalized and will be ready for dissemination to USAID in the next quarter. The assessment document will inform potential future activities in Lao PDR.

A² - Integrated Advocacy and Analysis (Manager: Felicity Young). This is a joint activity with POLICY, FHI, and the East West Center (EWC) that aims to mobilize effective HIV/AIDS responses in Asia through the improved analysis of epidemic dynamics, greater understanding of the limitations of current responses, and innovative advocacy. POLICY-funded activities will take place in Viet Nam and Yunnan Province in China. POLICY recruited Chris Ward as the Advocacy and Policy Analyst for the A² Project to manage the advocacy and leadership track and support A² activities in Viet Nam and China. Ward starts full time in January 2005 in Viet Nam.

An A² regional management meeting was held in Bangkok, Thailand, on November 17, to reach consensus on the management and implementation of the A² Project, ensure that the roles and responsibilities of each partner organization were clearly articulated and understood, and prepare a single, regional workplan for the joint activities. Following the management meeting was a two-day (November 18–19) A² Project regional and country team meeting, during which country teams met and described their progress to date, were introduced to the A² synthesis guidelines, and were given an opportunity to update their country workplans and timelines. The objectives of both meetings were achieved, with the meetings were characterized by agreement, cooperation, and consensus on key management and technical issues among the three partner organizations and the regional and country teams. A regional A² workplan, as well as country-specific workplans (for POLICY this is only in Viet Nam and Yunnan Province of China) were developed, and follow-up activities to implement the workplans are now taking place.

IDU Modeling (Manager: Gayle Martin). This activity seeks to create awareness among decisionmakers within the Mekong region of the need to address the HIV epidemic among IDUs with a comprehensive approach. This activity will include analytic work on the likely scenarios of the spread of HIV from IDUs to their partners and into the general population and ways to avert infections. It will involve an epidemiological modeling exercise to demonstrate the spread of HIV through time and from IDUs to the rest of the population and an economic modeling exercise to demonstrate the cost of a range of possible evidence-based interventions for IDUs. A combined model showing the cost of averting HIV infections with different modes of prevention and treatment, including estimates of the costs of crimes averted, disability years averted, and possible percentage of gross net product loss averted, will be undertaken.

POLICY, in collaboration with FHI, EWC, UNAIDS, and other organizations, will hold an experts meeting in April 2005 to present findings from the literature review and elicit suggestions and recommendations, share the proposed Goals Impact Matrix for intravenous transmission and obtain feedback on proposed coefficients, and summarize the literature review on costing studies of various IDU-related interventions.

PLHA and APN+: Phase 1 and 2 (Manager: David Lowe). POLICY began supporting APN+ in October 2003. Initial support was to strengthen APN+'s organizational capacity and position APN+ to be an effective regional PLHA advocacy network. POLICY's support has provided infrastructure (a few staff and a secretariat) and support to expand advocacy skills in the area of stigma and discrimination. POLICY's support has enabled APN+ to strengthen its capacity and establish and raise the organization's regional profile and credibility.

Plans for phase 2 activities include building APN+ advocacy skills to address HIV-related stigma and discrimination, consolidating the regional network, and strengthening the leadership skills of HIV-positive women. POLICY processed a second subcontract with APN+ in December 2004 to provide capacity building and assistance with organizational development to three Mekong region PLHA organizations (AIDS Care China–Yunnan Province; Cambodia Network of PLHAs; and the Lao Network of PLHAs). APN+ will also conduct an assessment of GIPA and stigma and discrimination in the Mekong region (Yunnan and Guangxi provinces in China, Lao PDR, Thailand, and Viet Nam). Country reports and the synthesis report will be available in March 2005. This is the first time that a PLHA organization has joined with POLICY to monitor progress on key indicators on a regional basis.

APN+ has been working on an advocacy tool based on findings and recommendations from APN+ stigma and discrimination research for use in training PLHA advocates in Viet Nam, India (Chennai), and the Philippines. The tool will be distributed to decisionmakers in government agencies, to NGOs and CBOs working in HIV/AIDS in the region, and to APN+ affiliates to highlight human rights issues that need to be addressed. It is expected to be used to develop links with regional human rights organizations, such as the Asia Pacific Forum of National Human Rights Institutions, to encourage action. The Chennai workshop, which was supposed to take place January 6–10, 2005, was postponed to the end of January 2005 due to the tsunami. The Hanoi and Manila workshops are both planned for late January/early February 2005.

A press release written by APN+ was published in the December 1, 2004, issue of *The Nation* (<http://www.nationmultimedia.com/search/page.arcview.php?clid=4&id=109466&date=2004-12-01&usrsess=>) to commemorate World AIDS Day. APN+ forwarded the press release to POLICY, with acknowledgment of its funding, which has enabled the network to advocate on behalf of PLHAs and address important issues concerning stigma and discrimination.

Advocacy and Sex Work (Manager: Carol Jenkins). Research with Cambodian sex workers to examine the level of exposure to HIV infection that might be emanating from forced sex has been completed. Peer researchers (18 street-based sex workers and 18 brothel-based sex workers) performed admirably after adequate training. Preliminary results have been discussed with the key peer researchers who will participate in the dissemination of results.

The schedule for completion of this project was delayed due to the need to clean poorly entered data. Final analysis and write-up started in November 2004, and the dissemination of the findings will take place in January 2005 in Phnom Penh, Cambodia.

The implications for policy and legal issues remain to be discussed with government and other stakeholders. Nonetheless, the high levels of violence reported and lack of redress highlight the overall lack of programs or services to prevent, mitigate, and prosecute violence against women in Cambodia. This information has already been fed into the concept paper that will provide direction for USAID's next five-year HIV/RH strategy.

MSM: Male Sexual Health (Manager: Brad Otto). POLICY supported three participants (one from Viet Nam, one from Cambodia, and a recently appointed long-term consultant based in Indonesia) to attend the Asia/MSM HIVOS Symposium from October 20–23, 2004, in Amsterdam, the Netherlands. Follow-up planning on MSM activities in Asia will follow from this symposium. Regional MSM activities will be planned in coordination with FHI.

Civil Society and UNGASS (Managers: Nadia Carvalho and David Stephens). Civil society in many countries in the Asia Pacific region has yet to fully realize the significance of the UNGASS Declaration, with many countries lacking concrete plans on how to use the UNGASS document to engage their respective governments in implementing national HIV/AIDS programs. The Asia Pacific Council of AIDS Service Organizations (APCASO) has begun to respond to this need through workshops to mobilize civil society groups to make UNGASS an active document and a dynamic part of national responses to HIV/AIDS.

In December 2004, POLICY began processing a subcontract with APCASO to hold the workshop “Making UNGASS Work” in Nepal and Viet Nam. The workshop will enable civil society groups working in the field of HIV/AIDS to design and host their own workshops aimed at educating and empowering relevant groups and individuals to use the UNGASS Declaration of Commitment as a tool to lobby and advocate for improved national responses to HIV/AIDS. APCASO has begun initial discussions about the workshops with local NGOs in both Nepal and Viet Nam to hold the workshop. It is anticipated that the subcontract with APCASO will be approved in early January 2005, and activities are set to begin.

Women and HIV (Manager: Nadia Carvalho). The POLICY Project sponsored 20 women from Cambodia, India, Indonesia, Nepal, and Viet Nam to attend the First Asia Pacific Conference on Women, Girls, and HIV/AIDS in Islamabad, Pakistan, from November 29–December 1, 2004. POLICY also sponsored a plenary session on the “Leadership of HIV-Positive Women” and a skills-building workshop for positive women. The conference was a huge success, with some of the Nepalese participants being interviewed by the BBC for a World AIDS Day message.

Violence and Women (Manager: Jane Begala). Extensive violence against women in especially vulnerable circumstances (i.e., sex trade, young and migrant women in domestic employment, drug-addicted women, refugee women, women in war zones, and other conflict situations) has been shown to increase the vulnerability of women to HIV. Similarly, intimate partner violence among otherwise low-risk women and among male-male partnerships appears to have the same impact. The interaction of violence and HIV can also work in other ways. Women found to be HIV positive at antenatal clinics or through VCT may also experience violence, usually at the hands of intimate partners or family members. Through this activity, POLICY will analyze the linkages between violence, coerced sex, and HIV and propose ways to prevent and mitigate the impact of violence, thus improving both HIV prevention and care among vulnerable populations.

Transgendered Males and HIV (Manager: Carol Jenkins). Transgendered males have historically and culturally been recognized as semi-sacred in Asian and Pacific societies, yet in modern life they are considerably marginalized. Their position has become increasingly vulnerable due to the HIV epidemics in the region, especially since evidence shows that they appear to occupy an important role in the spread

of HIV from the most at-risk populations to the wider population. Little epidemiological information is available on HIV prevalence among transgendered males, but in countries where studies have been done, such as Indonesia, HIV prevalence among transgendered males is high (22%) and greater than other at-risk males.

Through this activity, POLICY will identify the policy, social, medical, and other barriers to improved HIV prevention and care services for transgendered males. Research will aim at creating an overview on transgendered males in the Asia Pacific region, with primary data gathered on those in the Mekong subregion.

Establishing Goals in Asia (Manager: Gayle Martin). Preliminary discussions to begin refining the Goals Model to address a number of issues and applications in Asia were initiated. Following the successful application of Goals in Nepal and Viet Nam, plans are underway to conduct further modeling in Cambodia and China. In addition, POLICY plans to expand its application in Viet Nam to address regional variations. The modifications to the model will include the following:

1. Technical aspects of the model are being modified to more closely address issues relevant to Asia's epidemic (e.g., IDU-related interventions).
2. The approach for using the model is being revisited to encourage greater participation and advocacy in the resource allocation process.
3. The Goals Model continues to be modified to address human capacity requirements associated with a significant "scaled-up" response.
4. The model is being modified to more specifically address the issue of ARV therapy in developing countries.

Discussions have begun with Dr. Viroj Tangcharoensathien, Director of the International Health Policy Program (IHPP), to explore options for setting up an institutional relationship with a Thai institute to serve as a regional resource for Goals Model training in Southeast Asia. Follow-up discussions will be held in January 2005 with both Gayle Martin and John Stover to discuss a draft agreement and steps toward finalizing the agreement, which will also include Goals Model training for staff of the IHPP who will be involved in further Goals Model training. POLICY has also taken part in discussions with FHI on the relationship between Goals and the Asia Epidemic Model (AEM), and a meeting of experts to discuss relative strengths of both models and their comparability will be held in late January 2005.

Capacity Building for Resource Allocation Using Goals Applications (Manager: Gayle Martin). As Asia proceeds through the third decade of the HIV/AIDS pandemic, the amount and types of information available about what works and what does not has become extensive. It is important for Asian countries to be fully informed about the choices that they make concerning the allocation of limited HIV/AIDS resources, and it is also important that resource allocation decisions be made with the full knowledge, participation, and support of relevant stakeholders. To better inform the policymaking process in Asia, POLICY has proposed the application of the Goals Model in several countries yet to be identified. The application will address questions related to current HIV/AIDS spending, the allocation of HIV/AIDS resources, and the human capacity required to achieve specified goals. Activities will begin with an assessment of the resources currently available in the identified countries and will be followed by the Goals applications.

Opiate IDUs (Manager: Gayle Martin). Injection drug use is a major mode of HIV transmission in Southeast Asia; surveillance in Burma, China, Indonesia, Thailand, and Viet Nam reveals levels of HIV among IDUs at 50 percent or greater. Policies on drug control that aim both at reducing supply through interdiction and imprisoning drug users have not proven effective at eliminating drug use or HIV among drug users. This activity aims to reduce the spread of HIV among IDUs, and from them to others, by improving the prevention options available. Under this activity, useful estimates of costs for each

prevention option as well as estimates of their varying degrees of effectiveness at reducing new HIV infections will be conducted. Activities will be implemented in Viet Nam, and the final document is expected to be used as a guide to policymakers grappling with the dual epidemics of drug injection and HIV.

ASEAN Activities. POLICY and FHI jointly developed and submitted the USAID ASEAN Workplan (2002–2005) to ASEAN for approval. Felicity Young and Nadia Carvalho represented USAID, FHI, and the POLICY Project at the 12th ASEAN Task Force on HIV/AIDS (ATFOA) in Kuala Lumpur, Malaysia, on November 23, 2004, to present the joint ASEAN-USAID Workplan on HIV/AIDS. The joint workplan was submitted to the ATFOA member countries for their approval. Comments from Coordinating Countries are expected by January 15, and it is expected that the joint workplan will be formally approved in February 2005. Since the joint ASEAN-USAID workplan has not yet been approved, activities under the workplan have not yet begun. However, FHI and POLICY have initiated discussions on the following joint activities to be able to roll-out activities as soon as possible once ASEAN formally approves the workplan.

- **Increased access to affordable drugs and test reagents** (Manager: Gayle Martin). POLICY will support coalition building to strengthen ASEAN’s leadership for increasing regional and country-level negotiating capacity for treatment access and removing operational barriers to access. POLICY will also support APN+ to increase treatment literacy to strengthen access. Activities will include the facilitation of meetings between countries with substantial expertise in negotiating affordable drug prices and those with less experience to facilitate the sharing of experience and ultimately improve the ability of all countries to successfully negotiate access to affordable drug prices and address operational barriers to access.
- **Regional policy study on socioeconomic impact of HIV/AIDS** (Manager: Gayle Martin). This is a joint POLICY and FHI activity that aims to raise the awareness of political and other leaders in the region about the socioeconomic impact of HIV/AIDS in the region to increase political commitment and leadership which, in turn, is expected to lead to increased financial, human, and institutional resources. POLICY and FHI will quantify the socioeconomic impact of HIV/AIDS in Asia, focusing on populations of varying income, and estimate the impact of HIV/AIDS on national aggregate indicators.
- **Training workshop on improving HIV/AIDS/STI surveillance systems and behavioral surveillance surveys (BSS)** (Manager: Lou McCallum). This is a joint POLICY and FHI activity to provide high-quality training and resources to national AIDS programs and their partners to help the ASEAN workplan on HIV/AIDS meet its objectives. The ASEAN workplan aims to increase the capacity of member countries to build and maintain national HIV surveillance systems and design a virtual forum for the regular exchange of information and assistance in data collection, analysis, and use as well as discussions of the implications for policy and program managers in the ASEAN region. POLICY and FHI will collaborate to expand FHI-developed surveillance training to include advocacy for improved surveillance among PLHAs and other affected communities.

In September 2004, Lou McCallum attended a meeting with FHI to identify points of collaboration for surveillance training associated with this activity. The meeting identified the need for POLICY to work closely with FHI to modify the existing FHI-developed surveillance training programs to strengthen advocacy components.

- **Capacity-building workshops for treatment, care, and support** (Manager: Lou McCallum). This is a joint POLICY and FHI activity to support the USAID-ASEAN Collaboration on HIV/AIDS

Initiative, which aims to prevent the spread of HIV/AIDS and mitigate its impact in ASEAN countries. Support will include state-of-the-art capacity development opportunities in care and treatment for PLHAs; clinical and management capacity development of government and NGO staff in ASEAN countries to provide care and treatment to PLHAs as part of a continuum of care system; and advocacy for policy changes and the reduction of stigma and discrimination against PLHAs.

- **Support to Secretariat** (Manager: Nadia Carvalho). Under this activity, POLICY will support the ASEAN Secretariat to increase its internal capacity to better implement and monitor its program of work. This includes the recruitment and orientation of appropriately skilled staff to oversee the implementation, monitoring, and evaluation of the ASEAN-USAID Workplan on HIV/AIDS and the development of a comprehensive monitoring and evaluation plan for the program. POLICY will also provide the ASEAN Secretariat with technical support to assist them in monitoring and evaluation of the program.

Southern Africa Regional HIV/AIDS Program (RHAP)

Manager: Nomhle Nkumbi-Ndopu

Using a coordinated strategy for dealing with HIV/AIDS, the POLICY Project, through the Regional HIV/AIDS Program of Southern Africa (RHAP), is working with the Southern Africa Development Commission (SADC) and individual countries in an effort to improve HIV/AIDS policies in the region. In particular, POLICY supports and provides assistance in the following areas: regional policy activities, networking and information sharing, and improved consistency and comparability of data. Since RHAP's inception in 2000, POLICY, in close collaboration with the U.S. embassies, has provided technical assistance (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 skill-building workshops and the disbursement of small grants, institutions in the three countries are able to advocate for or increase their involvement in HIV/AIDS activities, form local partnerships, and facilitate the development of HIV/AIDS activities. The implementation of the program through the U.S. Ambassador's Initiative is determined by the U.S. Ambassador and staff and guided by current HIV/AIDS strategic plans, activities, and identified priority areas in the three countries.

Summary of Major HIV/AIDS Activities:

Advocacy

Health Promoting Schools Initiative. On August 20, Dahon High School launched the Health Promoting Schools Initiative (HPS) in a community of 1,200 pupils, teachers, members of the community, policymakers, and key stakeholders. The launch increased community awareness and demonstrated political commitment for the HPS Initiative. POLICY Administration and Finance Manager René Petersen and POLICY consultants facilitated a training session on proposal writing and designing an advocacy campaign for the three HPS schools on July 30–31. The three HPS schools have begun facilitating advocacy and IEC campaigns in their schools and communities. On November 22–24, Country Director Sylvia Abrahams, POLICY RHAP Coordinator M. Maraka, and consultant Abigail Dreyer conducted site visits in Lesotho with the three schools to review the year's work and present a planning tool to draft a strategy for 2005. The tool created for the assessment showed that HPS has generated responses of three neighboring schools to adopt the HPS concept. As part of the ongoing HPS evaluation, the POLICY team met with the principal and staff of Katlehong Primary at Thaba Tseka on November 23 to evaluate HPS and its project progress. The findings indicated that the HPS concept has led to improved pass rates and enhanced community awareness on HIV/AIDS and health promotion.

Society Against HIV/AIDS (SAHA), University of Botswana. POLICY continues to provide TA to SAHA through the U.S. Ambassador's Initiative. SAHA launched a successful HIV/AIDS orientation workshop for more than 620 students on August 12–13. The workshop was aimed at creating and maintaining HIV/AIDS awareness among students, familiarizing students with the current status of the HIV/AIDS epidemic in Botswana, relating the epidemic to youth, and encouraging participants to get involved in HIV/AIDS prevention activities on campus. Following the orientation program, SAHA also held the Peer Education Training Workshop on September 18–19. The workshop provided updated information on HIV/AIDS among Botswana youth.

University of Swaziland (UNISWA) Peer Counselors and Educators. As part of the Ambassador's Initiative activities, POLICY gives TA and financial support to the University of Swaziland Peer Counselors and Educators *Live Life Consciously* program, which provides HIV/AIDS information, counseling, testing, training, and outreach services to the UNISWA population.

Tools/Research/Information

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

United States Ambassadors HIV/AIDS Information Brochure. The U.S. Ambassador for Lesotho, Her Excellency June Carter Perry, requested the production of an informational brochure to publicize the activities of the U.S. embassy in the fight against HIV/AIDS. This was assigned to Maraka and the U.S. Embassy Public Diplomacy Assistant, Mamosa Nthejane. The first edition of the brochure was distributed among dignitaries, including the King, the Prime Minister, cabinet ministers, and other top officials at the commemoration of World AIDS Day at Mofale Hoek on December 1.

Capacity Building

NGO Capacity Building: "Kopano E Tlisa Phetoho" Unity for Change. The Tsosane Support Group, an Ambassador's Initiative grantee, and four other Lesotho support groups received additional support from the Ambassador's Initiative to promote advocacy and raise awareness on community and home-based care. Ten members of Unity for Change, representing various support groups, held a meeting with the Ministry of Health and Social Welfare (MOHSW) on July 8. At the meetings, the support group members shared their experiences and lessons learned and addressed the needs of the community. A workshop for village health workers and the Unity for Change on collaboration and partnership was held on October 7. The one-day workshop, which included 10 representatives of the five Unity for Change groups and eight village health workers, explored challenges in community home-based care (CHBC). The proceedings of the workshop were compiled in a report that will be used as an advocacy tool with the Principal Secretary of Health to show gaps in CBO service delivery that the government can address.

Lesotho National Federation of Organizations for the Disabled (LNFOD). POLICY conducted training sessions for all four LNFOD affiliate organizations on Enhancing HIV/AIDS Advocacy Skills for Development NGOs, titled "Changes, Challenges, and Chances" June 29–July 1 and July 28–July 30. The participants were expected to work on their own advocacy campaigns, tailored for the disability sector—a group that is often left out of HIV/AIDS prevention and care programs.

HIV/AIDS Wellness Management. Following the Wellness Management training-of-trainer (TOT) sessions, 10 PLHA organizations and NGOs are currently in the process of applying for funding from POLICY to facilitate campaigns and training sessions. Representatives from the three countries have been in discussion regarding the establishment of a regional, three-country PLHA network. Meetings were held in Lesotho in September and Swaziland in October to discuss a structure for this new network. Following

the TOT sessions, the Wellness participants came together to set up a steering committee representing the three countries tasked with planning the formation of a collaborative forum for the participating PLHA support groups. POLICY facilitated a two-day planning meeting in Swaziland with six PLHA representatives from the Wellness TOT sessions to discuss this process and to draft a workplan. The participants represented each country and left the meeting responsible for specific deliverables. The Wellness Management program aims to strengthen PLHA organizations and NGOs to engage in effective policy dialogue. POLICY continues to support participants technically and financially after the training sessions through the dissemination of information and the disbursement of small grants to NGOs.

Capacity Building for the Community and Traditional Leaders in Swaziland. The AIDS Information and Support Centre (TASC) and the Good Shepherd Hospital received support from the Ambassador's Initiative to facilitate community awareness, training, and advocacy sessions. Both Good Shepherd and TASC carried out these activities through completion. During a period of six months, TASC trained 300 local and traditional leaders in the Northern Hhohho subregion. As part of their activities, Good Shepherd also held workshops with policymakers, MPs, community leaders, and the regional health management team to provide information on the VCT/PMTCT/ART sites at the hospital and on the collaboration of efforts.

“Answering the Call” Faith-Based Sector and Traditional Leader’s Response to HIV/AIDS in Swaziland. Six organizations—the Parish Nurse Program, City of Hope, Teen Challenge-Light House, Shiloh House Counseling Center, Scripture Union, and the Lavumisa Chiefdom Community Organization—began carrying out activities as part of the F-BAN network. The many interventions being carried out by these organizations include carrying out a series of IEC, advocacy, and training sessions for community members including youth, the faith-based sector, traditional leaders, regional policymakers, and factory workers to mobilize, sensitize, and strengthen the capacity community members to respond to HIV/AIDS; World AIDS Day sensitization and awareness campaigns; and campaigns promoting positive living for those affected and/or infected by HIV/AIDS by addressing psychological and physical needs. Midterm site visits are scheduled for February.

Other

Sikanyekanye: Meeting the Sexual and Reproductive Health Needs of HIV-Positive Women in Swaziland. A draft of the final research report was completed. Findings were summarized and presented to the task team on October 11. The advocacy phase of the core package began in mid-October, with the advocacy and leadership training sessions for PLHAs, followed by sector-specific training in October and November. As a result of the Sikanyekanye Project research, a list of recommendations regarding the sexual, reproductive, and health needs of HIV-positive women was presented to the MOHSW in October. One of the recommendations called for a prioritization of mental health services for women and others infected or affected by HIV/AIDS. There is a need to raise awareness and advocate for priorities to be set for the mental health services offered to those facing the harsh reality of HIV/AIDS and to review existing policies on mental health. A consultative meeting to address HIV/AIDS and Mental Health was held on November 8. The purpose of the meeting was to discuss the findings of the Sikanyekanye Project research, and current challenges facing mental health and HIV/AIDS in Swaziland. Twenty-eight people representing several stakeholders working with mental health and HIV/AIDS in Swaziland attended the meeting. The meeting successfully reaffirmed the importance of mental health in general and in terms of all HIV/AIDS-related initiatives. A Mental Health Task Team was proposed to facilitate the planning and implementation of mental health initiatives. A second meeting to strengthen political support of the Mental Health and HIV/AIDS Initiative was held on November 29. Dr. Malepe, MOHSW representative Dr. Kanye, and POLICY staff Abrahams and Deng were in attendance. The MOHSW renewed its commitment to push the current draft of a national Mental Health Policy through Parliament for adoption.

OVC Psychosocial Support Project, “Marang” in Botswana. The project’s objective is to work toward sensitive, caring, and quality service delivery for orphans and vulnerable children (OVC) through psychosocial support, community mobilization, and life-skills training. An advocacy workshop, designed to enhance the capacity of community-based OVC organizations to effectively engage in advocacy and policy change activities that address the needs of OVC, was carried out September 27–October 1. Thirty-four members of the Marang Network were trained during the workshop, which was facilitated by Abrahams and POLICY consultants. On November 20, the U.S. Embassy Deputy Chief of Mission Lois A. Aroian, Kgosi Pheto Mokgadi Pilane of Naledi, government officials, and United Nations representatives attended the launch of the Marang Child Care Project at the Salvation Army Church at Old Naledi.

Workplace Policies on HIV/AIDS. Lesotho’s textile industry is one of the largest employers in the country and Chinese Garment Manufacturers (CGM) employs more than 7,000 workers. POLICY Planning and Finance Director Stephen Forsythe and POLICY staff Deng, Petersen, and Maraka facilitated a week-long Workplace Policy Development session on October 22–27, for 11 CGM employees, representing all areas of the workforce. The session provided training on Workplace Policy Builder software; assisted CGM with the design and development of a workplace policy; and provided guidance on implementing the policy, carrying out programs, and disseminating relevant information on HIV/AIDS in the workforce. The Workplace Policy is currently under review, and following final approval it will be launched in early 2005. POLICY also facilitated a session on using Workplace Policy Builder and distributed the software to key stakeholders on October 26. POLICY’s work with CGM on creating a workplace policy has generated interested and requests for assistance among other businesses and government departments. On December 9, the Deputy Minister of Justice, the Honorable Mothejoa Metsing, requested POLICY’s support and TA in drafting a sector-wide HIV/AIDS workplace policy. Preparations, including a needs assessment survey and a concept paper, are currently under way to meet this request. In January, POLICY will begin assisting the Ministry of Justice, Human Rights, and Rehabilitation with the creation of a sector-wide policy on HIV/AIDS in the workplace. POLICY will also assist Precious Garments, another textile manufacturer, in writing a workplace policy.

Strategic Planning and HIV/AIDS Policy for the Evangelical Lutheran Church of Lesotho. POLICY staff Abrahams and Maraka and POLICY consultants Bogapane-Zulu and Moodley facilitated a three-day session on November 23–26 for 25 members of the Evangelical Lutheran Church of Lesotho (ELCL). The members represented all areas of the congregation: the bishop, pastoral, elders, youth, and women. The Workplace Policy Builder software was used by ELCL to create the policy, and discuss its implementation through programs and dissemination of relevant information throughout the diocese. A meeting was held on December 16 to incorporate inputs to the draft policy and prepare the document for its January 30 launch.

HIV/AIDS and the Media: Lesotho. POLICY-sponsored events have received significant coverage in recent months in Lesotho. Radio and TV Lesotho covered key events, such as the Dahon HPS Launch. Coverage included a live talk show that handled inquiries on how the POLICY Project/RHAP functions and provided more information on programs supported by the U.S. Ambassador’s Initiative.

USAID Southern Africa Rapid Assessment. POLICY provided logistical and technical support to the rapid assessment team. USAID/RHAP conducted HIV/AIDS assessments to conduct a review of current HIV/AIDS activities of major organizations, identify gaps, and offer recommendations for the revision or expansion of USAID-supported interventions in Lesotho and Swaziland on September 4–14.

World Bank Development Marketplace Program. On August 10–11 and August 16–17, Deng provided training sessions for the nine organizations awarded grants in Lesotho and Swaziland. The organizations

have received their funding and have begun implementing activities. One grantee, New Life Home in Swaziland, submitted a midterm report on activities carried out thus far. Midterm monitoring and evaluation site visits are scheduled for January.

International HIV/AIDS Conference, Bangkok. Abrahams and Deng attended the International HIV/AIDS Conference, where POLICY/RHAP presented three posters.

COUNTRY ACTIVITIES



Africa



ETHIOPIA

Program Objectives: POLICY activities in Ethiopia are directed toward expanding national population and reproductive health (RH) efforts by providing support in policy development and strategic planning to the Ministry of Health (MOH), the National Office of Population (NOP), NGOs, and other organizations. POLICY will achieve its objectives by providing TA in priority setting, strategic planning, use of data and information for policy and program development, and policy advocacy. POLICY support for FP/RH focuses on providing tools for effective resource allocation, analyzing barriers to program expansion, and providing training and TA in policy advocacy. POLICY also assists in increasing the understanding of gender and human rights issues in relation to reproductive health.

Summary of Major Activities:

FP/RH

Strategic Planning for the development of a National RH Strategy. POLICY staff Dr. Assefa Amenu, Professor Seyoum Selassie, and Eleni Seyoum continue to play active roles on the FP and Safe Motherhood subcommittees. A five-day planning workshop for all committees of the RH Strategy Planning Process was conducted August 2–6. Participants included subcommittee members from UNFPA, WHO, UNICEF, USAID, POLICY, Pathfinder, EngenderHealth, DKT, and the Population Council. A strategy has been drafted and awaits review by the Minister of Health. The Population Council, which was coordinating preparation of the strategy, was removed from this position by the MOH. A decision has not been made as to which organization will coordinate the process from this point on.

POLICY staff conducted the first of seven regional meetings that will explore operational barriers to providing full coverage of FP services. POLICY worked with Dr. Eyob Kamil, head of the Bureau in Addis Ababa City government, to identify participants. Participants were members/staff of several government institutions, community organizations, FP providers, and current users of modern methods of family planning. Dr. Fikir Melese, head of the Family Health Department in the Addis Ababa Health Bureau, attended both days. Melese stated that she will present the results of the forum to the Addis Ababa City Council and ask for their support in providing full FP coverage and with securing political commitment from the top decisionmakers in the city.

Two additional regional meetings were conducted in November; one in Nazret, November 8–9, with participants from Nazret and the Arsi zone of Oromiya Region. The second meeting was held in Bahir Dar, November 29–30, with participants from the Amhara and Beneshangul Gumuz regions. The proceedings from both meetings will be ready by the end of January.

All forums are designed to generate data on the barriers to providing full FP coverage. The barriers are being classified in three categories: sociocultural, economic, and political. The information generated from these meetings will help to feed the implementation plan for the National RH Strategy.

As part of its role on the FP and Safe Motherhood subcommittees for development of a National RH Strategy, POLICY staff are working to promote improved working relationships between Ethiopian government institutions and NGOs, specifically in the area of improved FP/RH service delivery. POLICY staff Professor Selassie and Amenu met with the Minister of Health in October. Issues related to contraceptive security and FP/RH were discussed, including the role of NGOs in the expansion of FP/RH services. The POLICY team suggested that representatives of NGOs active in FP/RH advocacy and service delivery be invited to discuss the proper role of such organizations in the implementation of government policies and programs relative to FP/RH. The first meeting, at the invitation of the minister,

took place on November 4. The minister made it clear that the government had developed a Health Sector Development Program of which the core strategy, and indeed the flagship, is the Health Extension Package (HESP). Health extension workers will be deployed at the *Woreda* level, where they will have direct access to rural households. FP/RH is one of the areas of health service delivery that the health extension workers will be involved in. It is anticipated that 20,000–30,000 workers, the majority women, will be deployed by 2008.

The minister drew attention to the opportunities for greater collaboration between the health extension workers (HEWs) and NGO personnel in terms of increasing rural and peri-urban families' access to FP/RH services offered by this strategy. Before the meeting ended, the minister suggested that a steering committee of five representatives of NGOs active in FP/RH service delivery be named. The minister will chair the steering committee, which will meet as needed to discuss outstanding issues. POLICY and the head of the Family Health Department will be members of the steering committee.

The newly created steering committee met with the minister on December 20. A number of issues pertinent to FP/RH were included on the agenda:

- Integration of NGO and government efforts in the spheres of FP/RH
- Sustainability of HESP and the role of FP/RH NGOs in this
- The need to improve reporting systems and the establishment of subregional, regional, and national FP databases
- Contraceptive fundraising
- The integration of FP and HIV/AIDS-related services
- Adolescent reproductive health services outside cities
- The possible use of a satellite system for the management information system (MIS)

The minister expressed the desire to work more closely with the FP/RH community in the pursuit of goals that the Federal Democratic Republic of Ethiopia (FDRE) has established for the health sector development strategy. The government is fully committed to pursuing the objectives of making FP/RH accessible to the people, but the minister emphasized that the government cannot do that alone. Thus, he expected the NGO community to work closely with thousands of health extension workers in the process of being deployed, with their primary objectives being promoting maternal and child health

Revision of the National Population Policy. Selassie, POLICY's LTA in Addis, continues to play a lead role in the process to revise the objectives of the current policy. Selassie is chair of the Population, Environment, and Development Subgroup, one of the three subgroups of the Policy Revision Task Force. At USAID's request, Selassie also drafted a paper for the National Office of Population. The paper, "Revisiting the National Population Policy of 1993," explores the effect that high population growth rates have on various sectors such as health, education, employment, agriculture, and food security.

Country Manager Elizabeth Neason, Selassie, and Amenu met with Peter Delp, program director for the Ethiopia mission, in October to discuss how POLICY could provide TA to the revision process. Delp asked POLICY/Ethiopia to write a proposal on how this could be achieved. The proposal was submitted and has received verbal approval from the mission. Neason, Selassie, and Tom Goliber will submit the workplan and proposed budget in January.

Following the presentation to Delp, POLICY staff made a series of visits to high-level government officials to mobilize their support for updating the current policy. Discussions centered on the need for taking into account population size and the resources and time required for achieving specific objectives. Among the high officials visited were:

- Neway Gebreab, Senior Economic Advisor to the Prime Minister and Director of the Economic Research Institute in the Office of the Prime Minister
- Netsanet Asfaw, Minister of State for Information
- Belay Ijigou, Minister of State of Agriculture
- Bisrat Tenagashaw, Vice Minister of Labor and Social Affairs
- Dr. Tewelde-Berhan Gebre Egziabhere, Director General the Environmental Protection Agency

All ministers, with the exception of Egziabhere, expressed their support for updating the policy and expressed their understanding of how high population rates had a negative impact in their particular sectors. Egziabhere does not see a link between high population growth rates and its negative impact on the environment. POLICY staff are committed to providing data to Egziabhere and advocate for his support.

The effort to mobilize high-level support for updating the National Population Policy began gaining momentum when POLICY staff proposed to Parliament that it play the lead role in organizing a national roundtable on population and national development. Several meetings have been held between Senior POLICY staff and the Deputy Speaker of the House of Representatives. A prospectus detailing the objectives of the roundtable, the topics of discussion, and names of high-level government officials to address the topics has been circulated to chairpersons of key Parliamentary Standing Committees and representatives of the MOH, Ministry of Finance and Economic Development (MOFED), and the National Office of Population. The Deputy Speaker will serve as the chairperson of the Organizing Committee, and POLICY will be there at all times providing technical and financial support. The forum is tentatively planned for February.

Technical assistance in advocacy to the Consortium of Reproductive Health Associations (CORHA). POLICY continues to provide TA to CORHA as it develops an advocacy strategy to gain commitment from policymakers to allocate sufficient funds for contraceptives. Amenu has replaced Hailegnaw Eshete as the person responsible for this activity.

Planning for African Union Parliament President to address Ethiopian officials. Mary Ann Abyeta-Behnke, FP/RH officer in the mission, requested POLICY assistance with coordinating an FP forum for high-ranking Ethiopian officials and members of the Ethiopian House of Representatives. Ambassador Gertrude Mongella, President of the African Union Parliament, will be invited to share her knowledge and experiences in FP/RH in Africa. The mission also asked for POLICY assistance with identifying celebrities and athletes who can serve as advocates of FP/RH. POLICY met with Derartu Tullu, Olympic gold medalist and mother of one, in September and secured her commitment to promote FP/RH in Ethiopia. POLICY staff then met with the Minister of Health to ask him how the MOH could participate and support these activities. The minister agreed that inviting Ambassador Mongella to speak is entirely appropriate and useful. POLICY staff are currently planning a forum with members of the House of Representatives to highlight both Mongella and Tullu's commitment and participation.

Other

Contraceptive security questionnaire. This information is being collected by POLICY Project and TR2 for USAID. This questionnaire seeks to identify what types of activities have been conducted to increase awareness and commitment to the goal of contraceptive security and the extent to which this is reflected in the national budget and poverty reduction strategy. The questionnaire was completed by interviewing heads of and key persons at the MOH, UNFPA, NOP, and the Family Guidance Association of Ethiopia (FGAE). The completed questionnaire was submitted to POLICY/Washington on October 15.

Initiating Best Practices initiative. Amenu, reproductive advisor, is a member of the facilitators committee established by the MOH and FP/RH partner organizations to advance the goal of the Implementing Best Practices (IBP) initiative in Ethiopia. The committee coordinates the partner organizations and facilitates the integration of family planning to prevention of mother-to-child transmission (PMTCT) and voluntary counseling and testing programs. This committee meets every two weeks to discuss achievements and plans. Amenu has been asked to serve as a convener of the subcommittee.

Safe Motherhood

Application of Safe Motherhood Model for the MOH/FHD. In September, Seyoum assisted the Family Health Department (FHD) of the MOH in estimating the cost of reducing the maternal mortality ratio from 871 to 300 by the year 2015. Seyoum provided cost information in terms of the capital and recurrent budget.

Dr. Tesfanesh, director of the FHD of the MOH, has formally requested POLICY assistance with the application of the Safe Motherhood (SM) Model. Dr. Tesfanesh plans to use the model in the development of a SM Strategic Plan. Seyoum has been working with staff of the FHD in demonstrating the usefulness of the SM Model in designing programs of action to help attain Millennium Development Goals (MDGs) in respect to safe motherhood. Seyoum will begin work on the model in January.

A report from the November 2003 conference on Safe Motherhood was published and distributed in October. Walta facilitated the publishing and distribution.

Ethiopian White Ribbon Alliance (EWRA) for safe motherhood. Seyoum provided ongoing support to the EWRA. Theresa Shaver, director of the Global Secretariat of the WRA, traveled to Addis and met with representatives from UNICEF, WHO, UNFPA, CARE, and PATH. She provided TA to the WRA on hiring a new coordinator and also worked on the concept paper “Safe Motherhood and Newborn Health, Ethiopia” on integrating safe motherhood. The paper also discusses newborn health and PMTCT, the goal of the Hareg Project. The draft concept paper will soon be distributed to the members of the EWRA Core Group.

Resource center established. In July, Alicia Livinski from the WRA Global Secretariat established a small resource center in the EWRA office. The resource center will serve as a central point for the WRA members to access the latest publications and information produced on issues related to safe motherhood and newborn health. Available at the center are training manuals; advocacy/information, education, and communication materials; reports; CDs; audio/visual aids; and journal articles.

EWRA information postcard. The proposal for the EWRA information postcard preparation, production, and distribution was submitted to UNFPA. The final draft of the information postcard is ready and was distributed to the members of the core group for their comments and suggestions. The postcard still needs the latest national statistical data, which will be released soon. After securing the funds from UNFPA, the next steps are translating the postcard into three local languages (Amharic, Oromipha, and Tigrigna); printing; and dissemination.

Local production of white ribbons. Agreement was made with the Village of Hope of Addis Ababa Fistula Hospital to produce white ribbons locally. The women in the Village of Hope are making the first batch of 200 white ribbons. EWRA will cover the cost of the first batch of white ribbons, and additional organizations will be asked to fund the next batch.

Additionally, the development of a local white-and-red ribbon was agreed upon. This ribbon signifies the commitment to saving the lives of HIV-positive women and children infected through MTCT. In recognition of the limited capacity of the Village of Hope's local ribbon production, and in an effort to create healthy competition between production centers, other outlets (organizations for the disabled or orphans) were considered. Currently, samples of white-red ribbons and artisan items have been collected from six production sites. A decision on which organization will be awarded the work will be made in January or February.

Safe Motherhood Technical Working Group. The EWRA has been invited to become a member of the Safe Motherhood Technical Working Group, which is useful for joint planning and sharing experiences and information. In addition, information gathered at the national launch in November 2003 on the roles and responsibilities of organizations working on safe motherhood and reproductive health has been reviewed and compiled.

Legal status of the EWRA. Ato Bekure Hirouy, legal advisor, stated that it would be wise for the EWRA to be legally registered in the country. The list of founding members or board members and their curriculum vitae, a bylaw document of the alliance, and a minimum of a one-year action plan are required to process the legal status. With the help of Livinski, information on how other national secretariats acquired legal status will be gathered and the process for registration will begin.

Community Working Group on Safe Motherhood and Newborn Health. The first step of initiating the Community Working Group on Safe Motherhood and Newborn Health occurred in October. The brainstorming meeting was held on October 26 and included representatives from the FHD of MOH, Save the Children–USA, CARE, Ethiopian Society of Obstetricians and Gynecologists, AA Fistula Hospital, Addis Ababa University Department of Ob/Gyns, and the Ethiopian Nurse Midwives Association. The draft terms of reference for the working group were prepared, and the main objectives of the working group are identification, recognition, and documentation of the existing community-based best practices for community-based safe motherhood and newborn health in Ethiopia. The working group will complement—not duplicate—MOH initiatives.

UNICEF proposal submission. EWRA prepared and submitted a proposal to UNICEF on October 20. The proposal seeks collaboration with and financial support from UNICEF on a promotional campaign (billboards, posters, postcards, and documentary film production on maternal mortality in Ethiopia) and organization of “Writeshop,” a new methodology used to document/publish the existing best practices of safe motherhood and newborn health in the country within a short period of time. EWRA had two meetings and gave presentations on the proposal to UNICEF. UNICEF is interested in the collaboration and is continuing dialogue on the topic.

WRA Ethiopia Core Group meeting. The EWRA Core Group meeting was held on December 23, and eight people participated. The members were updated on key activities to date.

Expansion of EWRA membership. EWRA is continuing to meet with various individuals and organizations to introduce the EWRA and invite them to become members. The final draft of the EWRA membership form has been completed. Currently there are 125 members.

HIV/AIDS

Facilitation of ‘Country Analysis of Family Planning’ in the context of HIV/AIDS. POLICY helped in securing the services of a consultant to administer the “Country Analysis of Family Planning and HIV/AIDS in Ethiopia” study. The questionnaire, prepared by POLICY/Washington, was administered and analyzed by Dr. Yared Mekonnen. The study was completed in October.

Ministry of Health Surveillance Task Force. Seyoum has been assisting the MOH with finalizing the 2004 *HIV/AIDS in Ethiopia* booklet. She assisted with statistical calculations and briefed staff on how POLICY handled the process of writing and publishing the previous booklets. The Amharic and English versions of the book have been finalized and are being prepared for wider distribution.

Training of PLHAs on TB/HIV advocacy. POLICY facilitated the identification of candidates, financial matters, and travel arrangements for two people associated with Mekdim, a PLHA association, for training in Kenya. POLICY is assisting in obtaining financial support for activities they are engaged in.

EWRA assistance to the Hareg Project. Neason traveled to Bahir Dar and Adama to facilitate two, six-day training-of-trainers (TOT) workshops on advocacy and network building for the Hareg Project. The workshops were conducted from September 19 to October 4. A total of 39 regional and community core team members participated in the workshops. Elizabeth Birabwa, consultant from Uganda, co-facilitated the second workshop with Neason, and Seyoum and Laura Bisailon provided logistical support before, during, and after the workshops. The EWRA staff will continue to provide targeted TA and training to three Axum area community core teams to help them form advocacy networks, conduct advocacy training, and implement advocacy training plans. Meanwhile, the EWRA staff will continue to provide general TA to Hareg Project staff and workshop participants.

Shaver traveled to Addis and Axum November 13–25 to conduct focus group discussions and gather information for planning a community mobilization strategy. The communication strategy will be implemented in conjunction with advocacy activities in Axum. The training workshop for focus group discussion (FGD) leaders was held on November 15–19 in Axum, Tigray, with 12 participants; five of whom were women. Hareg Project Regional and Community Core Team members were among the participants. Eleni Seyoum and Laura Bisailon from WRA/POLICY and Dr. Yetnayet Demissie and Ato Abebe Shibru from IntraHealth assisted with the workshop and FGDs. A total of 15 FGDs were conducted with different groups in the Axum and Wukeromariam communities: Healthcare providers, traditional birth attendants, pregnant women, traditional healers, religious leaders, and youth. A lot of qualitative information about maternal health issues in Axum and Wukeromariam was gathered. A key problem that was identified was the lack of gloves for health workers, resulting in doctors and nurses refusing to treat patients out of fear. One woman who retained her placenta after the birth of her child died because the doctor did not have gloves and refused to extract the placenta. The Regional and Community Core teams are considering choosing this as an advocacy issue.

OVC services study. POLICY's Jane Begala is organizing a survey of services to orphans and vulnerable children (OVC). POLICY helped in identifying an in-country consultant, collating the report, and sending it to Futures Group for processing.

GHANA

Program Objectives: The goal of POLICY Project assistance in Ghana is to assist the government of Ghana in creating an enabling policy environment for population and reproductive health (RH) issues, including HIV/AIDS/STI, specifically in implementing a national policy on HIV/AIDS and sexually transmitted infections (STIs) and in increasing the level of support for FP/RH by national and district decisionmakers. POLICY Project assistance focuses on reviewing the policy environment for transactional sex workers, institutional capacity building for the National AIDS Control Program (NACP) of the Ministry of Health/Ghana Health Service (MOH/GHS), and strengthening its ability to support the work of the Ghana AIDS Commission (GAC), a high-level advisory body over which the vice president of Ghana presides. POLICY TA has also focused on expanding the advocacy efforts of the National Population Council (NPC), Regional Population Councils (RPACs), and NGOs; and on supporting policy dialogue for newly elected members of the executive and legislative branches in collaboration with the Population Impact Project (PIP). Those goals are accomplished through technical, material, and financial assistance and training for the NACP and its partner institutions; TA and financing for regional and district advocacy events; information dissemination through counterpart organizations; and TA to the School of Public Health, University of Ghana to introduce some of the Spectrum policy models into the school's curriculum. POLICY is closing out its field support activities over the next few months because new bilateral projects have been put into place that will address policy-related issues.

Summary of Major Activities:

FP/RH

Reproductive Tract Infection (RTI) Policy Guidelines. POLICY provided technical oversight to the consultant in the finalization and submission of a revised draft of the National RTI Policy Guidelines to the director general of the Ghana Health Service (GHS) for approval. The director general signed and approved the document. The “National RTI Policy Guidelines” document has been printed and distributed to key partner agencies and organizations, including the HPN office at the local mission.

Human Resource Guidelines' Development. POLICY collaborated with both the Minister of Health and the director of the Human Resources Development Division of the GHS (HRDD) and organized a roundtable workshop of all stakeholders, where POLICY made a presentation of the findings of the HR Stakeholders Analysis. The report on this exercise has been finalized and includes recommendations on the following actions: clear delineation of the HRDD roles of both the MOH and the GHS, taking into consideration the appropriate decentralization of authority; the creation of specific policy and operational guidelines on human resource development and management issues; and the review and activation of the promulgation of the Legislative Instrument (LI) to give legal backing to the act establishing the GHS. The final report has been forwarded to the Minister for Health and the director general of the GHS for further action.

HIV/AIDS

Planning/Finance/Budgeting/Policy Formulation/Strategies/Guidelines

National HIV/AIDS/STI Policy. POLICY's active engagement with stakeholders, such as the GAC and the MOH/GHS/NACP, culminated in the submission of the National HIV/AIDS Policy to the Cabinet. In a letter dated August 16, the Cabinet informed the Minister for Health of the approval of the National HIV/AIDS Policy and advised the minister to ensure its full implementation. The policy was launched on December 1—World AIDS Day—by Dr. Kofi Konadu Apraku, minister for Regional Integration and NEPAD, on behalf of the president of Ghana, His Excellency John Agyekum Kufour. The launching

ceremony formed part of the celebrations marking World AIDS Day held in the Volta Regional Capital of Ho. Also present at the durbar was the American Ambassador to Ghana, Madam Mary Carlin Yates, who read a speech at the function and indicated that “women and girls needed special protection and specially-tailored programs to mitigate the impact of HIV/AIDS on their lives.”

Review of policy issues surrounding sex workers (SW). The POLICY Project provided technical inputs and monitored the execution of the Operations Research (OR) study undertaken by the consultant. The OR study was completed during the quarter and a dissemination workshop was held on August 4 to share the report findings with stakeholders. Critical advocacy issues relating to legal, social, and medical needs of sex workers were identified at the stakeholders’ workshop. These issues have all been incorporated into a final report. POLICY has shared the report with the relevant ministries, NGOs, and PLHA networks for consideration and action.

OVC policy guidelines development. During this quarter, the four task teams constituted in collaboration with the GAC to write up draft sections of the OVC Policy Guidelines covering: (a) general and structural issues, (b) basic and welfare issues, (c) health and education, and (d) legal and protection issues. The various section drafts have also been compiled into one composite document for review and refinement. On October 4 and December 20 stakeholder Technical Working Group meetings provided feedback that enabled POLICY/Ghana to do the final editing and formatting of the document. The “OVC Policy Guidelines” is now ready for approval and printing.

Joint program review of the implementation of the HIV/AIDS national response. POLICY actively participated and contributed to the Joint Program Review process by serving on the Steering Committee. The Steering Committee had oversight responsibility for ensuring the successful completion of the review process. The Joint Program Review was coordinated by the GAC, which obtained inputs from various partner organizations including USAID, UNAIDS, UNFPA, DFID, UNICEF, and WHO. The review identified achievements, gaps, challenges, constraints, and opportunities in relation to the five strategic interventions areas: management; coordination and institutional mechanisms; policies and programs; funding; and monitoring and evaluation, which were identified in the National HIV/AIDS Strategic Framework (NSF). The final report of the Joint Program Review has been submitted to all the GAC is now considering the recommendations.

As a follow-up to the Joint Program Review the GAC has begun the process of implementing the recommendations by setting up eight task/thematic groups that will be responsible for revising the NSF 2006–2010. The following are the thematic groups:

- Policy, Advocacy, and Enabling Environment
- Social, Cultural, Legal, and Economic impacts
- Prevention and Behavior Change
- Treatment, Care, and Support
- Coordination and Management
- Decentralization—Regional, District, and Community Response
- Monitoring and Evaluation, Surveillance, and Research
- Resource Mobilization and Funding Arrangement

POLICY/Ghana is serving on the first two groups. The new NSF will be completed during the first quarter of 2005.

Multisectoral AIDS Strategies

POLICY continues to provide TA to the GAC by serving on some of its technical committees and task forces, including the Joint Program Review of the HIV/AIDS National Response, two thematic groups

revising the NSF, and the National OVC Committee, which is spearheading the drafting of multisectoral OVC policy guidelines.

POLICY led a three-person team in drafting a sectoral policy document for the Ministry of Education Youth and Sports (MoEYS) on HIV/AIDS in the Education Sector. The Education Sector HIV/AIDS Policy Development task team then met December 16–18 to incorporate feedback received from stakeholders. Similarly, POLICY served as a lead facilitator of the HIV/AIDS Workplace Policy Thematic Group at the West Africa Regional Workshop, “Accelerate the Education Sector Response to HIV/AIDS,” organized by the MoEYS/Ghana Education Service, August 2–6.

Tools Development/Research

HIV/AIDS in Ghana booklet (AIM Booklet) and its accompanying PowerPoint presentation. POLICY collaborated with the MOH/GHS/NACP and the GAC in the research and writing of the *HIV/AIDS in Ghana* booklet using the results of the 2003 sentinel surveillance data and other HIV/AIDS-related materials. The current AIDS in Ghana booklet is the fourth revision to date completed by POLICY in collaboration with the partners mentioned above. USAID continues to provide funding for this critical publication that has useful HIV/AIDS-related materials for advocacy, planning, and programming. The booklet and its accompanying PowerPoint presentation have been used extensively in Ghana in various media campaigns, including the “Stop AIDS, Love Life” and the “HIV/AIDS Compassion” campaigns over the years. The current edition will be put to similar use.

Upon production of the *HIV/AIDS in Ghana* booklet, a three-day dissemination workshop was held on December 13–15 at the Miklin Hotel in Accra. Attendees included HIV/AIDS coordinators from all 10 regions, including other partners—such as the new bilateral grantees AED’s Sustainable Communications for Change Project, and the HIV/AIDS Project—and representatives from the GAC, the Ghana Statistical Service, WHO, and UNAIDS. A dissemination strategy was devised at the workshop, and the NACP and the GAC will liaise with the AED Sustainable Communications for Change Project to disseminate the Ghana AIM booklet and to lead advocacy presentations using the AIM.

GAC/DFID SEI facilitative studies. With funding from the British Department for International Development (DFID/Ghana), the POLICY Project is executing a study of the social and economic impacts (SEI) of HIV/AIDS in Ghana on behalf of the GAC. Specifically, POLICY is executing the Facilitative Studies component of the bigger SEI analysis of HIV/AIDS in Ghana. The general objective of the Facilitative Studies is “to prepare the grounds for the other components of the assessment of the socioeconomic impact of HIV/AIDS in Ghana by way of providing inputs in the form of background, social, economic, and cultural information relevant to issues of susceptibility and vulnerability and the review of key policy documents.” Three Facilitative Studies have been identified: the review of data availability, HIV/AIDS projections, and the review of Ghana Poverty Reduction Strategy goals and targets and of the Millennium Development Goals (MDGs) and their implications for Ghana.

POLICY completed the draft report of the Facilitative Studies and submitted it to the GAC, DFID, and the other partners for their comments and feedback. A consensus meeting will be held early in the next quarter to receive feedback. The report will then be finalized for submission to the GAC.

KENYA

Program Objectives: Kenya is experiencing a devastating HIV/AIDS epidemic, a slow down in its family planning (FP) program, rising numbers of complications from abortions, high and rising maternal mortality and morbidity, rising infant and child mortality, deteriorating financial and human resources for health services, economic decline, and growing poverty. The KDHS 2003 depicts a worsening situation in FP/RH than reported five years ago. In response to the challenges, the government has reiterated its commitment to reverse the situation, notwithstanding its slow progress in key reform areas such as constitutional review, economic revival, and fight against corruption and insecurity.

Against the background of the changes in the government and policy environment, POLICY/Kenya's objectives are to increase and renew political and public support for high-quality FP/RH and HIV/AIDS services and improve the planning and financing of them while the strategic objective (SO) is to improve the enabling environment for the provision of FP/RH/HIV/AIDS services. POLICY/Kenya's four intermediate results (IRs) are (1) policies and programs improved, (2) efficiency in the management of health sector resources for FP/RH/HIV/AIDS improved, (3) relevant information informs policy decisions, and (4) in-country capacity to provide policy training enhanced.

To achieve these objectives and results, POLICY is working with a wide range of government, NGOs, and civil society stakeholders and interest groups in four areas: policy development and implementation, advocacy and networking, capacity development and institutional strengthening, and systems management and strengthening. POLICY support is provided in three program areas (HIV/AIDS, FP/RH, and Health Finance and Policy) and varies depending on the objectives of each component.

In FP/RH, POLICY's assistance focuses on achieving renewed high-level commitment to FP programs in the era of HIV/AIDS, drafting and improving national policies and strategies, and building support and capacity for postabortion care (PAC) services at district and community levels. In HIV/AIDS, POLICY is working to strengthen the capacity of government and NGOs and institutions across all sectors to draft and implement HIV/AIDS policies and programs, emphasizing a holistic, integrated, and multisectoral approach. Programs address HIV/AIDS education, government ministries, faith-based organizations (FBOs), persons living with HIV/AIDS (PLHAs), orphans, youth, gender issues, law, and human rights. In Health Finance and Policy, support is directed toward strengthening the cost-sharing program as a prerequisite to providing systems and structures for establishing the National Social Health Insurance (NSHI). In promoting the mobilization of additional resources, POLICY's support targets the strengthening of health policies and systems at the national, provincial, district, and hospital levels to achieve improved planning, financing, and quality of FP/RH, HIV/AIDS, and other primary healthcare services.

Summary of Major Activities:

Several of POLICY's major activities during the reporting period focused on improving health policies and programs, including support for improved planning, policy analysis and formulation, and broadening and strengthening advocacy.

FP/RH and Health Finance and Policy

Development of the new National Health Sector Strategic Plan (2005–2010). The MOH is in the process of preparing a new strategic plan to respond to the changes in the policy environment and to better articulate new needs, opportunities, and future orientation in health. POLICY is providing financial support for stakeholders' consultations and TA for the drafting of the "Healthcare Financing" component. The other components include organizational structure, essential health package and support systems, and

monitoring and evaluation. POLICY facilitated consultative meetings on the second progress report on the status of healthcare financing and expenditure patterns and costing of the essential health package. POLICY presented a report on costing at a special meeting hosted by top MOH officials to review progress on the development of the strategic plan. In a surprising move, the Office of the President has started another strategic planning exercise for the ministry, and it is not clear how the two processes will be harmonized. A national stakeholders' forum is scheduled early next year to discuss the final draft of the new plan.

Dialogue on the second National Health Accounts (NHA). MOH's Department of Policy Planning and Development (DPPD), jointly with the Partnerships for Health Reform Project, finalized the National Health Accounts (NHA) final report, which is currently being published. Arrangements are underway to write accompanying policy briefs and POLICY is to take a lead role in the dissemination process scheduled to start in February 2005.

Drafting of the Five-Year Strategic Plan for the Moi Teaching and Referral Hospital (MTRH) (2005–2010). POLICY provided technical and financial support in the formation of the Five-Year Strategic Plan for the MTRH 2005–2010. POLICY and the MTRH's management and Board of Governors carried out consultative processes to draft the strategic plan and organized stakeholders' meetings to review and disseminate the plan in its final stages of moderation. In mid-December 2004, the strategic plan was formally submitted to the MTRH Board of Governors for approval.

Contraceptive Commodities Policy and Strategy for 2003–2006. During the past several months, POLICY and the 20-member RHAB (renamed Reproductive Health Inter-agency Coordinative Committee, RHICC) carried out a consultative process to draft the Contraceptive Commodities Policy and Strategy. The process, was, however, halted by the need to await the KDHS 2003 and additional inputs from POLICY-commissioned studies to have more informed policy direction. With the availability of these materials, POLICY and the RHICC Contraceptive Task Force facilitated a review of the second draft of the policy and strategy before its submission to the DRH for adoption and approval on behalf of the government.

National RH Policy. At the request of the DRH, POLICY, with the support of an RH-Inter-agency Coordinating Committee (RH-ICC) subcommittee, is taking the lead in the development of the national RH policy to guide the implementation of the national RH program. The policy document is anticipated to address emerging RH issues (contraceptives security, adolescent reproductive health, and RH/HIV/AIDS links) and provide information that would assist in updating and implementing the National RH Strategic Plan (1997–2010). POLICY has prepared the scope of work (SOW) for consultants to review documents, interview stakeholders, and produce a first draft in March 2005 for review by the RH-ICC subcommittee mandated to oversee the process.

Unit costing for safe motherhood interventions in the public sector. POLICY finalized the study on unit costing for a national cost-effective and sustainable safe motherhood program (antenatal, maternity/delivery, postnatal, postabortion, family planning, and prevention of mother-to-child transmission [PMTCT] services) for the public sector and disseminated the findings at a national workshop held on September 9. POLICY published the findings in the National Council and Population (NCPD) newsletter, *Kenpop News* (second issue), and organized subsequent workshops at the lower levels, including in facilities in where the study was conducted to inform senior RH officials and other stakeholders about the use of the study findings in RH advocacy and policy analysis. The study recommendations are also to be used by the government and key interest groups to inform the development and review of several key policy documents including the National Health Sector Strategic Plan (2005–2009), National Reproductive Health Policy, National RH Strategic Plan (1997–2010), and Contraceptive Commodities Policy and Strategy.

FP/RH Core Packages on “Improving Access to FP Services in Public Sector Facilities for Poor/Underserved Populations in Kenya” and “Maternal User Fee Study.” POLICY finalized the two studies under the core package and facilitated a national dissemination workshop along with the safe motherhood study on September 9. A dissemination strategy similar to the one outlined above is to be adopted. Based on the study recommendations, POLICY plans to implement, on a pilot basis, a pro-poor FP pricing policy in the Coast, Mbagathi, and New Nyanza provincial general hospitals (PGHs) and the Thika and Bungoma district hospitals (DHs). The process may, however, be adversely affected by the regular public pronouncements by the Minister of Health in favor of “free medical services” in public facilities. As in the case of the safe motherhood study, the recommendations from the two studies are to inform the FP/RH policy process, particularly on enhancing access to services through effective targeting.

The Adolescent Reproductive Health and Development Policy – Devising the National Plan of Action. The government has an Adolescent Reproductive Health and Development (ARH/D) Policy which has not yet been implemented since its launch in October 2003. At the request of the government, POLICY organized several workshops and provided leadership in writing the National Plan of Action for the Kenya Adolescent RH and Development Policy (2005–2015) to increase awareness of the ARH/D policy and enhance support for program implementation, including active involvement of the adolescent and youth. The plan articulates priority interventions in the medium term within a clearly defined log frame, and is anticipated to be critical in mobilizing resources for scaling up interventions and strengthening the coordinative roles of the MOH and NCPD during implementation. The plan was officially submitted to the Ministry of Planning and National Development for endorsement and onward transmission to the government of Kenya for approval and adoption.

Revised cost-sharing documents/policies. After extensive consultations with senior MOH officials, including provincial medical officers, POLICY completed final revisions and published the “Facility Improvement Fund (FIF) Operational Manual Part 2: Fees Collections, Target Setting and Accounting Procedures” to provide best accounting and management practices for cost-sharing funds. On December 1, the MOH PS formally approved and signed the manual on behalf of the government, thereby endorsing its adoption and distribution to public health facilities throughout the country.

Strengthening the MOH decentralization process. POLICY still awaits further direction from the MOH with respect to the harmonization of the existing health information and management systems in the public sector and the drafting of the Nairobi Health Services Board Strategy and Workplan. The ambiguity with respect to the implementation of the national social health insurance scheme has been a key issue in the nature and type of decentralization initiatives to be followed.

NSHI scheme implementation. The implementation of the National Social Health Insurance (NSHI) scheme was scheduled for July 1 but was halted due to growing opposition, particularly from the HMOs, for-profit private sector clinics, and the Ministry of Finance. This notwithstanding, the NSHI bill went through the second and third readings in Parliament in early December, but the president declined to legalize its operation. If approved, the scheme is likely to be operational from FY 2004–2005. In the meantime, the NSHI steering committee has not yet discussed the “Guidelines for Enhancing Access to Health Services in the Hospitals Accredited by the Scheme,” written with TA from POLICY.

Advocacy

Kenya FP achievements and challenges report and PowerPoint presentation. POLICY jointly with NCPD, DRH, and FPAK facilitated discussions on the final review of the Kenya FP achievements and challenges report and PowerPoint (PPT) presentation based on the KDHS 2003 results. The revised presentation, with accompanying policy briefs, will be presented to the government through the NCPD for

approval and adoption before its use in the advocacy campaigns to reposition FP/RH. POLICY and the NCPD plan to host a national leader's conference on FP repositioning.

The Kenpop News newsletter. After extensive consultations with NCPD and senior MOH officials, POLICY finalized and published the first and second issues of the *Kenpop News* newsletter, focusing on KDHS 2003 results and saving women's lives, respectively. The first issue was officially launched by the Minister for Planning and National Development on July 11, World Population Day. Through POLICY leadership, the RH program implementers, researchers, policymakers, and development partners, ordinary Kenyans now have a platform through which they can share and address the common challenges in reproductive health.

Advocacy strategy to reposition FP/RH. The Kenyan participants at the "Implementing Best Practices (IBP) in RH" workshop in Entebbe, Uganda, in June identified three priority intervention areas for attention: advocacy, training, and logistics. At the recommendation of the IBP task force, led by the DRH and NCPD, POLICY is taking leadership in implementing the "advocacy" component and has put in place an advocacy strategy to "reposition" family planning and increase support for the FP/RH programs in the country.

Establishment of District Health Stakeholder Forums (DHSFs). Jointly with the HSRS, POLICY reviewed and finalized the "Guidelines for the Establishment of DHSFs" and forwarded them to the PS/MOH for approval. The guidelines will provide an enabling environment for enhancing efficiency in program design and implementation through closer stakeholder coordination, collaboration, and networking in districts.

Improved Resource Mobilization

Cost-sharing monitoring. POLICY continued to support the DHCF's monitoring and supervision of the cost-sharing program. This has enabled the PS/MOH to respond to numerous audit queries, thereby enhancing transparency and accountability in the use of cost-sharing funds.

Efficient functioning of the Financial Information System and the Health Management Information System. POLICY continued to provide technical support to ensure the efficient functioning of the Financial Information System (FIS), including its use in the planning and management of the cost-sharing program. During the quarter, POLICY facilitated a first-level training course on systems administration, including the Hospital Management Information Systems (HMIS) and hospital-based FIS for the MOH staff (FIS operators, systems analysts/programmers, and health records and information officers) on August 7–25 and did some troubleshooting and fixed bugs on the provincial medical office (PMO) FIS computers. In turn, the public health facilities have recorded an increase of 15 percent in the overall reporting rates to the DHCF on such critical indicators as monthly collections, banking, payments and commitments, and workload. Many facilities are also able to undertake troubleshooting of computer systems, thereby decreasing dependency on HMIS/FIS consultants.

Integrating the FIS and NHIF systems. POLICY was mandated by the MOH to spearhead the integration of the FIS and National Health Insurance Fund (NHIF) systems. This process has, however, been halted awaiting policy direction on the government's proposal to transform the NHIF into NSHI, a development that is likely to lead to the need for a new database.

Computerization of hospitals supported by POLICY (Coast, Mbagathi and New Nyanza PGHs and Thika and Bungoma DHs). To enhance operational management efficiency of the above facilities, POLICY and the DHCF (MOH) supported the structured cabling and development of Local Area Networking (LAN) in

each of the sites and installed the new computer equipment bought by POLICY. The MS-Office software has been purchased and is awaiting installation in the respective hospitals, PMOs, and DHCF.

Field visits. POLICY supported special field visits by the staff (Francis Kangwana and Wasunna Owino), and DHCF to the five hospitals mentioned above and PMOs (Western, Nyanza, Eastern, Coast, and Nakuru) to review the progress being made with respect to the structured cabling and development of LAN and installation of the new computer equipment. There were also revisits in November to supervise and monitor the installation and configuration of servers and workstations after the structured cabling and networking process.

Capacity Building

Capacity building for PMOs on FIS. POLICY and the DHCF co-organized and co-led workshops for PMOs on the cost-sharing program management and supervision, including FIS operation and use. The initiative aims at promoting the active participation and involvement of departmental heads in cost-sharing management and improving provincial reporting, recording, and use of cost-sharing data. POLICY plans to roll the initiative to the PMO Coast/Western.

Strengthening MOH Human Resources Tracking System. MOH lacks an effective human resources databank for planning and budgeting. At the MOH's request, POLICY consultant Lanbase Systems finalized a computerized personnel information system to track staff location, posting, payments, retirement, and records at the headquarters. POLICY plans to install the multi-user system once issues relating to computerization and LAN development at the MOH headquarters are resolved. DFID used the Human Resources Tracking System to undertake a mapping of MOH staff in the field and at the headquarters. The finalization of the task marks a landmark in achieving the MOH's desire to create a dependable in-house personnel database instead of relying on the traditional Ministry of Finance database.

Institutionalizing capacity building in health, finance, policy, and reform. Many public hospitals face difficulties in linking needs with available resources, forecasting revenues and expenditures, and planning within a defined resource allocation. These difficulties lead to inefficiencies and poor quality of services provision. POLICY successfully executed the first residential "Hospital Planning, Budgeting and Priority Setting" training at the U.S. International University for hospital manager trainees on August 27. The closing ceremony was officiated by top MOH staff, including the director of Medical Services.

HIV/AIDS

Advocacy

Kenya's Joint HIV/AIDS Program Review (JAPR). POLICY was asked by the National AIDS Control Council (NACC) to estimate the resources required to achieve the goals of the new Kenya National HIV/AIDS Strategic Plan, 2005–2010. We collected data on the unit costs of various services and used the Resource Needs Model to estimate total resources required. The model has been used interactively with the NACC Steering Committee to examine the effects of different targets on overall resource requirements. Preliminary results have been produced and are being used to elaborate the strategic plan. The estimates of resources needed will be used to mobilize government, donor, and private resources to support the implementation of the strategic plan.

Seventh Day Adventists (SDA) workshop in the battle against HIV/AIDS. During the past several months, POLICY and the Adventist Relief Organization (ADRA)/East-Central Africa Division (ECAD) carried out a consultative process to prepare the "SDA Church East Africa Union HIV/AIDS Policy," which was formally endorsed for adoption by the top leadership of the church in June. The Seventh Day Adventists

(SDA) church held two consultation meetings with POLICY on plans for printing and dissemination of its HIV/AIDS policy at the national and regional levels. In the next quarter, through POLICY's assistance, the SDA church will print and disseminate 3,000 copies of the policy, and it will hold advocacy and dissemination workshops on the new policy.

Strengthening the Network of People Living with AIDS (NEPHAK). With TA from POLICY/Kenya, NEPHAK is drafting a three-year strategic plan. The plan will be completed and disseminated in the next quarter. POLICY further facilitated the review and dissemination of "Guidelines for Improving Country Coordinating Mechanisms through Greater PLHIV Involvement."

Strengthening the capacity of new networks and associations for an effective HIV/AIDS response:

- *Strengthening the Kenya Network of Religious Leaders Living with and Affected by HIV/AIDS (KENERELLA).* POLICY convened and facilitated consultative meetings for KENERELLA members to review their constitution and the draft HIV/AIDS detailed one-year plan. An implementation plan was also written. POLICY further sponsored five KENERELLA members to a post-Bangkok meeting organized by the African Network of Religious Leaders Affected and Infected with HIV/AIDS (ANERELLA). The objective of this meeting was to explore ways to strengthen networks and acquire skills in fundraising.
- *National Muslim Council of Kenya Women Network (NMCK-NUR).* POLICY signed a one-year contract with the NMCK-NUR to implement in the Muslim community a stigma reduction project aptly named "Behind the Veil."
- *The United Disabled Persons of Kenya (UDPK).* The focus of this emerging network is on tackling stigma faced by people who are HIV positive and/or disabled. POLICY convened and facilitated a three-day consultative meeting where the UDPK, with the support of its partners, passed a declaration to form PLHA support groups around the country whose task would be to educate people with disabilities about HIV/AIDS and break the silence of PLHAs in the disabled community. This is the first project on HIV/AIDS and people with disabilities to take place in Kenya.
- *Kenya Network of Positive Teachers (KENEPOTE).* POLICY/Kenya provided technical and financial assistance to KENEPOTE to form a strong network that will address the unique needs of the teachers living with HIV, particularly those relating to disclosure, mobilization strategies for new members, and the inherent stigma and discrimination by the Teachers Service Commission (TSC). The network will provide the avenue for advocacy and will champion the rights of the HIV-positive teachers.

Advocacy on inheritance and women's rights. POLICY, in collaboration with the Kenya Human Rights Commission and the Jaramogi Oginga Odinga Foundation (local CBO), convened and facilitated a series of consultative forums that resolved to promote women's right to inherit and access family property in the Nyanza region. POLICY plans to participate in further outreach advocacy activities.

Planning/Finance/Budgeting/Policy Formulation/Strategies/Guidelines

Development of a comprehensive OVC national workplan. POLICY continues to provide TA through the Ministry of Home Affairs to draft an OVC policy for Kenya.

Gender and HIV/AIDS. POLICY co-led and provided technical and financial support to the Gender and HIV/AIDS task forces in the finalization of the "Gender Toolkit for Policymakers" and "HIV/AIDS Gender-based Curriculum." Further, POLICY convened and facilitated a meeting of the Gender

Committee to review the vision document for the new Kenya National AIDS Strategy Plan (KNASP). This included a review of the priority areas for the KNASP and the targets and indicators. Feedback from the committee was formally sent to the National AIDS Control Council.

AIDS in Kenya (7th Edition). Jointly with the NASCOP and CDC, POLICY is taking the lead in drafting *AIDS in Kenya (7th edition)* to provide the most updated reference document on HIV/AIDS in Kenya. POLICY, together with CDC and NASCOP, continued to coordinate the writing of various chapters. The goal is to have this edition printed and disseminated in the next quarter.

Tools/Research

Application of National HIV/AIDS Resource Allocation Model. Futures Group Vice President John Stover led the POLICY/Kenya team in the training and provided the National AIDS Control Council (NACC) with TA to implement and use the Goals and Resource Needs Model, which is to be used in the preparation of the Kenya National AIDS Strategic Plan (2005–2010).

Application of new OVC costing model. Stover led the national OVC Task Force and UNICEF to use the new OVC costing model to estimate the resources requirements required for the implementation of the National OVC Action Plan.

Using the Workplace Policy Builder Model in the Kenya private sector. POLICY convened and facilitated consultations with the Private Sector Alliance, NACC, and Federation of Kenya Employers (FKE) to create categories of similar workplaces that can work as teams to use the policy builder. In the next quarter, this information will provide the basis for various workshops to devise policies for various organizations.

Safe Motherhood Costing Model presentation. Stover and Koki Agarwal led the POLICY/Kenya team in the presentation of the Safe Motherhood Costing Model to the RH-ICC, MOH staff, and other groups interested in linking RH strategic planning with resource allocation for RH and safe motherhood programs in the country.

MADAGASCAR

Program Objectives: POLICY/Madagascar has been providing assistance to the project “Strengthening Reproductive Health Commodities Security” as part of the SPARHCS Initiative. The project is a one-year program that came to a close at the end of this reporting period and was intended to improve contraceptive and reproductive health commodity security (RHCS) and build capacities to expand efforts for addressing broader health issues, such as essential drugs and vaccines security. The intervention was designed to maintain the significant momentum established under the second USAID bilateral program and put in place a national and decentralized health commodity management system, thus setting the stage for the next USAID/Madagascar bilateral health program slated for 2004. Specifically, POLICY was asked to work through December 2004 to support development of a proposed national contraceptive security strategy for a presentation at a national FP conference in December, which was organized by the Ministry of Health and Family Planning and financed by USAID. The SPARCHS process included baseline analyses, a willingness-to-pay (WTP) study, a market segmentation analysis, and participation in a series of mini-workshops that culminated in the December workshop. POLICY achieved the primary objective of this bridging project by supporting the revision of the national FP strategy, which resulted from the conference and incorporates a contraceptive security strategy based on the SPARCHS process. Another outcome of POLICY support has been a concerted effort by the MOH and other stakeholders to adopt the concept of repositioning family planning in guiding its efforts to strengthen family planning. These efforts led to the recent change of the ministry name to the Ministry of Health and Family Planning.

Summary of Major Activities:

Contraceptive Security

- The POLICY Project worked with the MOH and partners to finalize the three-year contraceptive procurement plan for the period 2005–2008. The procurement plan was presented to MOH decisionmakers and donors to confirm their respective commitment in financing commodities procurement. The Minister of Health chaired a meeting in October to confirm everyone’s commitment on commodities financing.
- The POLICY Project led the activities to design a “technical note” and a related workplan for finalizing the National Strategy for Contraceptive Security, which will be the focus of a national conference on FP in December 2004. Preparatory workshops were organized with the MOH in coordination with two other USAID-funded CAs: The SantéNet Project/Chemonics International and the DELIVER Project.
- The POLICY Project and DELIVER, after conducting a data analysis, finalized the report of a contraceptive stock status survey implemented by a local firm in March. The Stock Status Report was shared with the MOH/FP and the mission. Results will be presented in the national FP/CS workshop scheduled for December.
- POLICY did the data analysis and finalized the report of the contraceptive WTP study, which provides information on public sector contraceptive users, as well as potential users willing to pay for FP commodities. Preliminary results were presented to the mission. Results show a high willingness to pay for contraceptives: more than 85 percent of current pill users interviewed in the public sector service delivery points are willing to pay 100 percent more to maintain regular protection. This information was combined with a market segmentation analysis (a capacity-to-pay study) conducted as soon as DHS FP results became available to guide MOH/FP leaders in making policy and programmatic decisions. Decisions include the sale price of contraceptives, source of FP services, and contraceptives for various segments of the population.

Capacity building. During the previous reporting period, the POLICY Project had worked extensively with the MOH/FP directorate to enhance the knowledge and skills of the staff newly appointed to manage contraceptive logistics. During this reporting period, a logistics management training curriculum was finalized, tested, and validated with the MOH. The POLICY Project facilitated the training of 226 FP service providers in nine health districts.

Evaluation of project's impact at the district level. The MOH and POLICY organized three meetings in the target provinces to measure the impact of the TA. Results will be shared with the mission and will be reported next quarter.

Market segmentation analysis. Based on the preliminary data provided by the last DHS conducted in Madagascar (DHSMD-III 2003–2004), POLICY's FP market segmentation analysis showed a high demand for FP services and products. FP services and contraceptive availability has increased over the years that resulted in the improvement of the contraceptive prevalence rate (about one percentage point a year between 1997 and 2003). However, total demand for FP remains high and 40 percent of couples expressed a need to control their fertility.

TA to the government of Madagascar to prepare the National Conference on Repositioning FP. A series of mini-workshops were conducted in Antananarivo at the end of November 2004 that resulted in the definition of a new FP strategy. POLICY consultants provided TA to the MOH/FP in close collaboration with the SantéNet Project (new USAID bilateral) to draft the new strategic document. Outputs were then presented and discussed during the National FP Conference held in Antananarivo early December 2004. The conference was attended by the president, his wife, and five ministers. Two days following the closing of the conference, the president communicated with donors to learn about their respective participation in the national FP program and called for increased participation toward achieving national goals.

MALAWI

Program Objectives: POLICY's strategic priorities in Malawi are to improve the HIV/AIDS and reproductive health (RH) policy environment by supporting government, NGOs, and other stakeholders in the formation, dissemination, and implementation of HIV/AIDS and RH policies and plans. In addition, POLICY's strategic priorities call for developing the capacity of the National AIDS Commission (NAC) to fulfill its role in coordinating the national multisectoral response and providing technical and other support to implementing organizations while building appreciation and application of HIV/AIDS-related human rights mechanisms and strengthening advocacy capacity.

Summary of Major Activities:

HIV/AIDS

Advocacy

Advocacy support to Umoyo Network Capacity Building for Quality (CBQ) HIV/AIDS Services Project. POLICY will hire an advocacy officer to be seconded to the Save the Children/Umoyo Network CBQ Project to build the capacity of the project's 15 target HIV/AIDS NGOs to plan and conduct HIV/AIDS-related advocacy. This will bridge current POLICY work with the Malawi Network of People Living with HIV/AIDS (MANET) and the National Association of People Living with HIV/AIDS of Malawi (NAPHAM), which are among the 15 project NGOs, while also expanding the number of NGOs involved in advocacy efforts. Over the last few months, POLICY and Save/Umoyo have engaged in planning activities focused on the advocacy-related needs of the Umoyo project and its target NGOs and the role an advocacy specialist would fill with the project. In early December the advocacy officer position was posted. Interviews were conducted jointly by POLICY and Umoyo, and the position will be filled in early January. The advocacy officer will be based in the Save/Umoyo office in Lilongwe and will work primarily with the Umoyo CBQ project, while providing support to POLICY with non-Umoyo project advocacy activities on an as-needed basis.

MANET National HIV/AIDS Advocacy Project. As noted above, POLICY will be shifting its advocacy capacity-building assistance from one primary NGO, MANET, to up to 15 NGOs by working through the Umoyo CBQ Project. POLICY will continue to work with MANET through the Umoyo project.

In May, POLICY conducted an advocacy and empowerment skills building workshop for the MANET secretariat and MANET's three Regional Coordinating Committees (RCCs). The purpose of the workshop was to ready the RCCs for implementation of their advocacy plans, and it addressed community mobilization, partnership development, presentation skills, and six-month implementation planning. With the receipt of six-month funding from the MANET secretariat, all three RCCs conducted advocacy plan kick-off activities during July and August. Since that time, the Southern and Northern RCCs have moved forward with their advocacy activities, albeit slowly, while the Central RCC has made little progress because its members have become more involved in support group activities in their local communities. MANET secretariat and RCC progress in advocacy has been slow for several reasons. First, the RCCs do not have an established physical presence—they are made up of volunteers scattered across their respective regions and have no permanent staff, office, or equipment to conduct their activities. Up until now, MANET has lacked the funding to properly establish the RCCs. Second, the advocacy officer position at the MANET secretariat has been vacant since July; thus, secretariat support to the RCCs has been limited. On a hopeful note, the MANET secretariat recently submitted a proposal to the NAC for hiring a coordinator and establishing an equipped office for each of the three RCCs, as well as for funding the RCCs' remaining advocacy plan activities. The secretariat anticipates this NAC funding by March. The recruiting process for a new MANET advocacy officer is also underway and the position should be

filled in January. POLICY anticipates that by working through the Umoyo project with MANET and other HIV/AIDS NGOs, MANET will achieve improved results with its advocacy efforts.

Tools/Research

National HIV/AIDS policy dissemination. The NAC, with the assistance of POLICY, conducted two policy dissemination orientations in July; one for the print and electronic media and one for faith-based organizations (FBOs). Since that time, NAC has postponed conducting further stakeholder dissemination orientations while it completes the update of the National HIV/AIDS Strategic Framework (NSF) and implements a new process of contracting with local organizations and consultants to conduct policy dissemination activities for specific target groups. Once the local organizations are selected, NAC, POLICY, and UNAIDS are slated to orient contracted groups on the content of the policy to prepare them for drafting target group-specific dissemination plans and initiating dissemination activities. POLICY provided assistance to the NAC in summarizing the chapters of the policy for serialization in the main English and local language newspapers in the country. The serialized policy ran in the two main English language newspapers over a two-week period at the end of November. NAC is still in the process of contracting with a local translation service to produce versions of the policy in the local languages of Chichewa, Tumbuka, and Yao for use during dissemination activities.

Assessment of trends and needs in legislative review for implementation of the National HIV/AIDS Policy. Now that National HIV/AIDS Policy dissemination and implementation activities are underway, attention has again turned to the review and revision of specific Malawi legislation to facilitate the implementation of the policy. Through consultations involving NAC, POLICY, USAID, DFID, and the DFID-funded Malawi Safety and Security and Access to Justice (MaSSAJ) program in August, NAC decided to champion the renewal of stakeholder involvement in legislative review activities and formed a task force with representation from the Law Commission, Human Rights Commission, MOH, USAID, POLICY, DFID, MaSSAJ, UNAIDS, and UNDP to oversee and guide the process. POLICY has assisted NAC by conducting an assessment to identify legislative review activities already conducted, underway, or planned as they relate to HIV/AIDS, to identify gaps and inadequacies in these legislative review processes to determine HIV/AIDS-relevant legislative review priorities, and to provide recommendations on approaches for conducting these reviews in a cost- and time-efficient manner. In November and December, the POLICY consultant, Gautoni Kainja, who played a key role during the creation of the National HIV/AIDS Policy, carried out this assessment and presented findings to the task force in late December. The assessment provides a review of international and regional best practice and emerging issues guidance, an inventory and assessment of Malawi law reviews conducted, underway, planned, or needed, and recommendations for next steps. The main conclusions are that review of most key HIV/AIDS-related legislation is underway or planned, but because the focus of the reviews is not HIV/AIDS in many cases, there is urgent need to take advantage of these processes through joint efforts, which will also conserve time and resources. The assessment presents an ambitious 18-month approach to address needed HIV/AIDS legislative review in the context of current and planned activities, involving orientation and advocacy to members of the Cabinet and Parliament, engagement of legal experts for legislative drafting, and advocacy and civic education for stakeholders to facilitate implementation. In January, the NAC will reconvene the task force to decide on next steps.

National HIV/AIDS coordination assessment. On behalf of the NAC, POLICY conducted an assessment of existing structures and mechanisms involved with coordination of the national HIV/AIDS response to identify gaps, inadequacies, areas of duplication, and possible strategies to strengthen national coordination. The NAC coordination assessment task force, which included representation from the Malawi Network of AIDS Service Organisations (MANASO), National Youth Council, Malawi Interfaith AIDS Association, USAID, DfID, World Bank, UNAIDS, and UNDP, provided oversight and guidance in the process. Between September and November, two POLICY consultants studied 15 coordination

structures through review of terms of reference and conducting key informant interviews and analyzed the findings using a coordination typology framework. Draft results were presented to the task force and other stakeholders at the end of November, and their comments were incorporated in the final report submitted in December. Key findings showed that some coordination bodies lacked clear mandate or did not follow their mandate; that some bodies were inefficient or ineffective because they attempted to perform multiple functions that were incompatible (e.g., combining awareness raising with strategic planning, or horizontal and vertical information exchange); and that others did not function properly because of inadequate processes (e.g., poor meeting facilitation, failure to delegate decisionmaking authority, and inadequate communication follow-up with constituents). Recommendations for improving coordination of the national HIV/AIDS response included (1) the drafting of guidelines for decisionmaking bodies to regulate their behavior and improve their efficiency, while increasing transparency for non-members as to how decisions are made and by whom; (2) improving the understanding and implementation of basic meeting facilitation principles and practices for many of the coordination bodies (possibly through use of an organizational management consultant); and (3) the formation of a central-level coordinating mechanism to provide a “think tank” forum for policy dialogue before recommendations go to the NAC Board or the Cabinet Committee for HIV/AIDS, with limited membership to operate effectively and clear guidelines concerning constituency representation, communication, and other functions. In January, the task force will review the final report’s findings and recommendations and select those for implementation or additional study.

Goals Model application. With combined funding from USAID REDSO/ESA and the mission, POLICY is working with the NAC and MOH on a Malawi-specific Goals Model application. REDSO/ESA funds have supported Malawian staff training and the development of the basic Malawi application, while mission funds are supporting follow-up use of the model for specific resource allocation activities. POLICY engaged two local consultants in October to collect the data required for the model, and in November U.S.-based Arnab Acharya traveled to Malawi to work with local POLICY staff and the Malawi Goals team (made up of NAC and MOH staff trained in Goals in Tanzania in June) to input the data into the model and conduct data and model validation exercises with stakeholders. Acharya anticipates returning to Malawi in February to assist the Goals team in application of the model for costing the updated NSF (now called the National HIV/AIDS Action Framework). POLICY will also provide additional training to team members to further build their capacity in using the model for HIV/AIDS resource-allocation planning.

Orphans and vulnerable children (OVC) policy environment assessment. POLICY finalized the OVC policy environment assessment (PEA), with review and input from the OVC PEA reference group that included the Ministry of Gender, Children, and Community Services (MOGCCS), FHI/Impact, USAID, and UNICEF. The OVC PEA was endorsed by the MOGCCS and USAID, and its recommendations were incorporated as findings in the Rapid Assessment and Action Planning (RAAAP) initiative, as well as in the nearly completed 2004–2009 National Plan of Action for Orphans and Other Vulnerable Children (NPA-OVC). The NPA-OVC provides a detailed guide for government and stakeholder OVC-related efforts organized around six main strategies. POLICY participated in the NPA-OVC development activities and in the planning activities for the dissemination of the National OVC Policy and the Early Childhood Development (ECD) Policy. The OVC PEA will be printed in January. The OVC PEA and the RAAAP will be distributed with the two national policies to inform their implementation.

Other

POLICY has received mission field support for the October 2004–September 2005 period to provide TA to local partners in several key areas, including resource allocation planning with the NAC, MOH, and stakeholders using the Goals Model, NGO advocacy capacity development with the Save the Children/Umoyo Network CBQ Project, National HIV/AIDS Policy dissemination with the NAC,

assessment of current legislative review activities and needs related to implementation of the national HIV/AIDS policy with NAC and other stakeholders, and dissemination and application of the OVC PEA in conjunction with the MOGCCS and OVC stakeholders.

The update of the NSF—now called the 2005–2009 National HIV/AIDS Action Framework (NAF)—is nearly complete. The creation of the NAF followed a process similar to that used in the development of the national policy—a multisectoral steering committee provided oversight and guidance in the process; a team of consultants facilitated the NSF end of term review that provided the inputs for the development of the NAF, including consultations from national, district, community, and sectoral levels; and six technical working groups were formed, organized by key themes or issues, called pillar technical working groups (PTWGs), to review and provide input to the NAF. POLICY's Long-Term Advisor (LTA) Rita Chilongozi has taken an active role on two of the PTWGs: (1) Mainstreaming, Capacity Building and Partnership, and (2) Coordination and Program Management. The NAF is expected to be finalized after a stakeholder consultative review meeting scheduled for January.

As part of the joint activity by POLICY, the Global Fund (GF), and the Global Network of People living with HIV/AIDS to increase the meaningful involvement of PLHAs in GF Country Coordinating Mechanisms (CCMs), HIV-positive Malawians from MANET, NAPHAM, and the UN Greater Involvement of People Living with HIV/AIDS program reviewed and provided comments on the draft training handbook written through a multicountry PLHA consultation process. The handbook, based on the input from Malawi and several other countries, is now ready and will be launched and field tested in selected countries.

The RH Supplies Coalition was established through a World Bank-sponsored meeting in May. The coalition's membership includes country governments, donors, private foundations, and private industry, and its first area of focus is contraceptive security (CS). USAID, a coalition member, asked POLICY to survey key individuals and institutions in its country programs concerning the types of activities conducted to expand and strengthen awareness raising, advocacy, and policy dialogue around CS for its first meeting in November. In October, a core-funded local consultant conducted interviews with eight individuals knowledgeable about CS promotion activities in Malawi and submitted them to POLICY headquarters. POLICY plans to share the findings from the survey and the coalition's first meeting with the local interview respondents and other key stakeholders once they become available to inform local CS activities.

In October, the USAID mission celebrated its 44th anniversary in Malawi by featuring displays of USAID-funded projects and agencies at a fair. POLICY also had a booth at the event, featuring its work in Malawi since 1998. The event was well attended by local partners and dignitaries, including the president of Malawi.

MALI

Program Objectives: In support of the mission's Country Strategic Plan (CSP), 2003–2012, POLICY seeks to strengthen the capacity of public and private sector counterparts to advocate for an improved policy environment for HIV/AIDS, FP/RH, and nutrition (although it is phasing out nutrition). POLICY's strategy is to channel its assistance primarily through public sector "lead agencies" for each area, which helps these agencies provide the leadership and direction necessary for advocacy to succeed. Thus, POLICY collaborates with many MOH agencies, including the National AIDS Program (PNLS), Division of Reproductive Health (DSR), and two nutrition units, as well as the National Unit for Coordination of Population Programs (CENACOPP) of the Ministry of Plan and the newly created National High Council on AIDS Control (HCNLS), which reports to the president of Mali. POLICY also seeks to facilitate greater collaboration among government agencies and between the public and private sectors by using a participatory process in transferring skills and knowledge in policy analysis, policy dialogue, and advocacy. POLICY supports Groupe Pivot, an NGO representing more than 150 NGOs, which has a close working relationship with government agencies, the Muslim Supreme Council (HCI), an affiliated Islamic network on HIV/AIDS, and other civil society organizations. Tools used to generate and update the necessary data to support the activities are stakeholder analyses, policy environment assessments, AIDS Impact Model (AIM), RAPID, Family Planning Model (FamPlan), and PROFILES. Assistance has been made in the form of (1) information generation, analysis, and updating, using the Spectrum System of Models and the latest Demographic and Health Survey (DHS) in a participatory process with other ministries and NGOs; (2) training and TA in using presentations based on the model results to support advocacy and policy dialogue; and (3) institutional strengthening by providing direct TA in planning, as well as in carrying out program activities.

Summary of Major Activities:

POLICY/Mali, in collaboration with the mission, finalized its draft workplan update for July 2004–June 2005.

FP/RH

Production of Advocacy Tools

- POLICY continued to support the HCI to complete a PowerPoint (PPT) presentation on Islam and population aimed at gaining support of Islamic leaders for family planning and for use as a tool to raise awareness of the consistency between Islam and family planning, based on research into the Koran and Hadiths as described in earlier reports. The HCI participated in meetings to incorporate comments from POLICY and other partners and held meetings to translate the presentation into Arabic. The PPT will then provide inputs for a brochure. The presentation was shown to USAID and its partners, with more than 20 people in attendance. Religious leaders who are members of the Islamic High Council made the presentation.

The National Direction of Health of the Ministry of Health, which had helped the HCI prepare the presentation, asked the HCI to make a formal statement regarding the content and use of the PPT presentation as an advocacy and communications tool for family planning. Subsequently, the HCI organized a workshop of Islamic leaders on November 18 under the chairmanship of his Excellency El'hadj Thierno Aboubacar Thiam of the HCI to study the presentation in the context of Islamic teachings. In attendance were about 30 scholars, imams, and members of the HCI, who discussed the presentation and reached a consensus that the presentation is fully in accordance with Islamic principles and practices. Also, the HCI took advantage of this opportunity to reiterate its availability for actively participating in the dissemination of the presentation at the national level. The official launch of the presentation is expected soon by the chairman of the HCI.

- POLICY is collaborating with CESP (Centre de Production Audio-Visuel, a parastatal film production company), DSR, the bilateral TA project (ATN), and other partners on production of a film on family planning. The film is another tool that will be used to advocate for improvements in the policy environment, and it will also be used by other partners for awareness raising and promotion of family planning among targeted groups and communities. The film is being produced in Bambara and will be translated into other national languages. Most activities were devoted to filming and editing additional testimonials and incorporating comments on a first draft of the film script that was submitted to partners for comments. The film script was modified to focus on the impact of unmet FP need in Mali with respect to the individual's health and well-being and the rate of growth of the population and the consequences for society. It is intended that the film will be ready before the national campaign for family planning, planned for early 2005.
- POLICY, in partnership with the Group Pivot/Health Population, organized a training workshop of member NGOs of GP/SP on effective techniques for presenting the RAPID-based presentation.
- POLICY is collaborating with the MOH, USAID, and other partners in a multimedia campaign for family planning scheduled for the first quarter of 2005. POLICY's role includes design of the logo and slogan that will accompany all activities during the campaign. POLICY created and presented the logo and slogan to the other partners. Meetings were held throughout this six-month period with several stakeholders—the MOH, PSI, ATN, Kenya Ciwara/Care Project, DELIVER, and GP/SP—to ensure maximum support and participation and greater synergies among partners to ensure a successful campaign. A decision was made to postpone the campaign until late in the next quarter to ensure adequate time is devoted to its final organization.

Legal Regulatory Framework

- POLICY supported continued policy dialogue on the regulatory texts that will implement the RH law that was enacted in 2002 by working with the MOH and the parliamentarian network on Population and Development (REMAPOD) to (1) modify the regulatory text in light of the president's recent statement concerning the supply of free antiretrovirals (ARVs) for PLHAs, (2) conduct a press conference on reproductive health (July 22), and (3) conduct an advocacy event (July 24) for the Network of African Female Ministers and Parliamentarians. The draft regulations are waiting for the signature of the Minister of Health.
- POLICY/Mali helped POLICY/DC and POLICY/WARP organize and implement a technical consultative meeting on legal-regulatory activities with parliamentarians and technical experts from six other countries (Benin, Burkina Faso, Chad, Guinea, Niger, Senegal), plus Mali. The meeting aimed at identifying and documenting common elements that could help the other countries of the region effectively use the legislative and regulatory process to implement legislation reform in reproductive health. As a result of the workshop, POLICY/DC will produce a guide for legal-regulatory work in the region.

Participation in Meetings and Workshops

- On October 21, POLICY participated in the launch of the Strategic Plan for Reproductive Health 2004–2008 of the Health Department under the chairmanship of the Secretary General of the Minister of Health representing Madame the Minister of Health.
- On November 11–12, the POLICY Project participated in the validation workshop of the Population Investment Priority Program, organized by the Ministry of Plan and Development of the Territory (i.e., Interior) through the National Direction of Population, which is responsible for the

implementation of Mali's population policy. Following the workshop, the National Direction expressed the need to work closely with POLICY to advocate with decisionmakers and leaders around issues related to population.

- On November 19, 20, and 22, POLICY participated in a subregional health minister's meeting organized by IPPF for francophone and lusophone countries of West Africa to ensure that RH issues are integrated into action plans of the New Partnership for Africa Development (NEPAD). NEPAD is a development plan conceived by several heads of African states that envisions a new development era for Africa. The POLICY country director was asked to participate as an expert on sexual health and reproductive health. The meeting concluded with a declaration that greater attention should be paid to sexual health and reproductive health in the action plans of NEPAD.
- The team of ACQUIRE (Access, Quality, Use in Reproductive Health) held a meeting in the POLICY office on the issue of promoting IUDs to help improve contraceptive prevalence in Mali. POLICY staff also attended the briefing of the ACQUIRE team at USAID on December 7.

HIV/AIDS

Awareness raising and advocacy. POLICY supported a series of eight presentations based on the AIM that were carried out by members of the Islamic Network on HIV/AIDS and other counterparts who have been trained in presentation techniques. The Islamic network reached about 450 religious leaders in Ansongo, Bourem, Gao, Kidal, and Meneka and urged them to adopt an activist policy on HIV/AIDS programs by speaking out to their followers. Other counterparts reached 135 female leaders and CARE agents with similar messages to play an active role. Plan International also used the AIM presentation for awareness-raising and advocacy activities in Gao, Kidal, and Timbuktu. On November 23, the Kidal members of the Islamic Network organized an advocacy day in which more than 100 people participated to urge the heads of groups of Tamacheq villages in northern Mali, religious leaders, and other influential community members of the region of Kidal to play a more active role in HIV/AIDS advocacy activities. On November 30, the National High Council on AIDS Control (HCNLS) organized an advocacy day for the president of the Republic of Mali, members of the Cabinet, the prime minister, and other decisionmakers in the government sector and civil society who are members of the HCNLS. The purpose of the meeting was to present HCNLS members with an overview of HIV/AIDS in Mali and to encourage their increased commitment as decisionmakers to give greater attention to HIV/AIDS control in Mali. For example, the Minister of Finance stated his intention to include funds in the 2005 budget for the HCNLS. Aspects of the updated AIM were presented in the form of a video film produced by the HCNLS with POLICY assistance.

In early December, HIV/AIDS awareness-raising days were organized by the network of religious leaders in Dire, Goundam, Niafunke, and Rharous and reached 375 participants.

Training in presentation techniques. POLICY provided training to 53 religious leaders in Kidal and Gao, members of the Young Muslim Association, and participants in an MOH workshop on the sectoral plan for HIV/AIDS control. Training was organized by the association of PLHAs with POLICY support for 30 members of the association in Kayes on October 27–30.

Meetings. During the first part of this period, POLICY participated in meetings related to HIV/AIDS advocacy, policy, and training development with many counterparts, including the regional division of health (Gao), the regional division of Kidal, two associations of PLHAs (AMAS, AFAS), the young Muslims, UNDP/UNAIDS, the Muslim women's association, and the Islamic network on HIV/AIDS. In the latter part of this period, POLICY participated in multiple meetings and workshops, including:

- Dissemination workshop of the ISBS survey: the PNLS and CDC survey for high-risk areas, and the PSI survey on youth
- Several meetings at PNLS on preparation for AIDS month (December)
- Meeting with PSI on the action plan for religious groups
- Participation in the installation of the board of the ALLIANCE of religious groups that gathers Christian and Muslim leaders in the fight against HIV/AIDS; the board consists of 13 members (five Christians and eight Muslims)
- Exchange with Marijn Wiersma, a consultant for the HCNLS on the private sector from the PHARMACESS foundation
- Meeting with the president of the Association of PLWHIV of Kayes and members of AFAS (association of women with AIDS) to prepare for training of the association (Nous et Nos Amis)
- Participation in the presentation of the Strategic Plan on RH of the MOH
- Meeting with Gaelle Saintagne of Action Contre la Faim, a French NGO working in Gao and Kidal as part of the USAID-financed project Keneya Ciwara, to discuss POLICY strategies
- Meeting with Mrs. Toure, a consultant of the HCNLS on AIDS orphans
- Meeting with Christian and Muslim leaders and a consultant of the HCNLS on orphans to better understand the position of religious groups on AIDS orphans
- Meeting with the National Division of Population on future areas of collaboration
- First formal meeting of the ALLIANCE of religious groups on HIV/AIDS
- Meeting to program ALLIANCE activities for December
- Participation in the Regional Committee of Orientation, Coordination and Evaluation (CROCEP) at Timbuktu to review the PRODESS (national health plan)
- Participation in the CROCEP of Mopti

Nutrition

POLICY and the ATN (the bilateral project) met the new director of the MOH planning unit (CPS/Health) and head of the Nutrition Division to re-launch the activities initiated in the framework of the PROFILES Model. Country Director Modibo Maïga made a proposal that was adopted by the USAID mission regarding POLICY's future activities in nutrition. POLICY will help finalize the brochure of the PROFILES presentation; organize an advocacy day for the members of the government; help organize the training of national trainers with the new bilateral project, ATN; and transfer all other activities to ATN.

MOZAMBIQUE

Program Objectives: The goal of POLICY Project assistance in Mozambique is to help ensure that uniform, timely, and accurate information on HIV/AIDS is available to partners in the National Program to Combat STDs/HIV/AIDS, and that intervention efforts apply that information for policy development, program planning and financing, advocacy, and monitoring and evaluation. Assistance includes strengthening the capacity of the Multisectoral Technical Group (MTG) to analyze HIV sentinel surveillance data, update impact projections, and provide TA to public- and private-sector counterparts in their use. Project activities include training counterparts and providing training opportunities for university students; coordinating linkages between the technical group and the National AIDS Council (NAC), line ministries, and the private sector; and participating in donor coordination.

Summary of Major HIV/AIDS Activities:

POLICY's principal counterpart is the MTG, which consists of representatives from the National Statistics Institute (NSI); ministries of Health, Plan and Finance, and Agriculture and Education; NAC; and the faculties of Medicine and Economics and the Center for Population Studies (CEP) at Eduardo Mondlane University. Activities carried out at the central and provincial levels during the period included the following:

Planning/Finance/Policy Formulation

Preparations for a Goals Model application, to be conducted with IR2 core funding, began.

Information, Research, Tools

- POLICY-facilitated consensus workshops are recognized for their openness and are one of the few venues that regularly bring together high- and mid-level representatives of diverse government and civil society organizations. On July 23, POLICY facilitated a consensus workshop called by the NSI to discuss and approve new HIV/AIDS impact projections (AIM) prepared by the MTG and based on the 2002 sentinel surveillance round. Approximately 160 people attended. The NSI president opened the workshop and the Minister of Health closed it. Both attended the entire meeting and actively participated in the discussion and debates. They were joined by the executive secretary of the NAC, who provided comments on the presentations. The impact projections were presented by the MTG. The new impact projections were officially accepted.
- The updated factbook and HIV/AIDS CD-ROM, finalized in June by the MTG, were distributed at the consensus workshop. The purpose of the publication is to encourage sectors and organizations to incorporate new projections into planning, advocacy messages, and program implementation and evaluation. The Mozambique HIV/AIDS CD-ROM not only contains the new publication, supporting tables, and Spectrum files, it also contains unpublished national studies and UNAIDS and USAID documents, making it the largest reference source available in Mozambique. UNICEF and DFID financed printing 6,000 copies of the publication and 2,000 copies of the CD-ROM.
- Following the consensus workshop, UNAIDS/Mozambique invited POLICY and the MTG to present the new HIV/AIDS projections to the Mozambique Partners Forum, which brings together all key bilateral and multisectoral donors working with NAC. On August 10, POLICY Technical Advisor Dr. Carlos Arnaldo, Epidemiologist Dr. Francisco Saúte, and Country Director Henriqueta Tojais presented the new HIV/AIDS impact projections to 14 bilateral donor members of the Partners Forum at the USAID office.

- On July 9–18, POLICY and senior members of the MTG presented the poster “Reaching Consensus on HIV Prevalence Estimates and Projections in Mozambique” at the XV International AIDS Conference. Tojais accompanied members of the official Mozambique delegation, including the Minister of Health, clinical director of the Central Hospital, director of the MOH’s National STI/HIV/AIDS Control Program, and the NAC deputy executive secretary.
- In addition to supporting the MTG, POLICY provides direct assistance to the MOH. On August 17, at the request of the MOH, POLICY Project Associate Amancio Oliveira provided first-semester 2004 data on STIs and HIV/AIDS to WHO to be included in the *WHO Epidemiological Fact Sheet on HIV/AIDS and STIs*. Currently, POLICY is funding data entry for the 2004 HIV sentinel surveillance round. During November and December, POLICY Project Associate Sérgio Salvador created data entry screens. Oliveira performs data entry of STI and HIV/AIDS notification data received from the provincial directorates of health into the MOH DTS/HIV/AIDS national program database.

At the request of the MOH, POLICY and the MTG assisted coordination between DANIDA and the MOH for a workshop to present the results of a DANIDA-funded study, “Health Economic Aspects of HIV/AIDS Interventions in Africa,” released on August 27.

In September, the MTG with POLICY assistance reviewed the revised MOH STI/HIV/AIDS program handbook on epidemiological surveillance and recommended changes. The recommendations were accepted by the director of the MOH’s National STI/HIV/AIDS Control Program and an “errata” sheet was attached in the original printed handbook.

At the request of the MOH, Oliveira prepared a report titled “Factors that influence partner notification among STI index patients and health care providers in selected STI/PID treatment health facilities.” The report will be finalized in January.

- POLICY and the MTG continued to strengthen the province MTGs. Following publication of the new impact projections, the MTG, with POLICY assistance, began preparing presentations for each of the eight Central and Southern Region provinces, including the breakdown of data for each province for dissemination in the respective provinces during the coming months. On August 26, POLICY and the Niassa Province MTG facilitated and coordinated a workshop called by the provincial directorate of NSI to disseminate the new HIV/AIDS impact projections previously approved by NSI in the July workshop in Maputo.

More recently, the Manica Province MTG carried out a number of activities to disseminate the new HIV/AIDS impact projections, including presentations at training-of-trainer workshops of the Red Cross and Junior Farmer Field and Life School educators, the Consultative Council of District Directors of the Provincial Directorate of the Ministry of Agriculture, the Directorate of the Ministry of Women and Coordination of Social Action, and other ministries and donors. The Manica MTG provides informational materials to the public at large and has been coordinating presentations with NGOs such as Caritas and at the district level. Project staff assisted the Niassa and Manica provincial MTGs in the preparation of the new activity plans.

- MTG members represented the government of Mozambique at international conferences. On November 18–20, Oliveira, members of the MTG, representatives of the Faculty of Medicine, and POLICY student interns represented the MOH STD/HIV/AIDS Control Program at a meeting on “Optimizing the Use of Syndromic Approach for STI Management and Prevention in Low Resource Settings” held at the Institute of Hygiene and Tropical Medicine in Lisbon, November 18–20, by the

Concerted Action on the Syndromic Approach Project. The three-year project was funded by the European Community and brought together researchers from Belgium, Holland, England, Portugal, Mozambique, Kenya, and Uganda. Amancio presented the results of the Mozambique partner research. The final report will be submitted in January.

On December 1–2, Professor Antonio Francisco, member of the MTG and representative of the Center for Population Studies and Faculty of Economics of Eduardo Mondlane University, represented the MOH in a two-day workshop—Human Resources for ART Delivery in southern Africa—held at the Institute of Tropical Medicine in Antwerp, Belgium.

- During the reporting period, with POLICY assistance, the MTG held a series of meetings with the Mozambique Telecommunications (TDM) HIV/AIDS Commission to discuss the methodology for estimating HIV prevalence among company employees. TDM requested MTG assistance in application of provincial/regional estimates to the age-sex profile of employees and signed a memorandum of understanding (MOU) with the MTG.

Capacity Building

No formal capacity-building training activities were conducted during the period. POLICY and MTG members provide one-on-one TA to local partners as requested—for example, the orientation to methods of estimating HIV prevalence presented to the TDM.

NIGERIA

Program Objectives: POLICY Project is working to increase political support for high-quality HIV/AIDS, FP/RH, and child survival (CS) services in Nigeria and to improve the planning and financing of such services. To achieve these objectives, the project is working with a wide range of stakeholders and interest groups through a multisectoral approach. Activities include the development of HIV/AIDS policies in the civilian and military population; development of a national population policy; development of strategic plans for HIV/AIDS and young adult and adolescent RH (YAARH); support for the development of Nigeria's Nutrition Plan of Action; advocacy for HIV/AIDS, FP/RH, and CS; research on the effects of HIV/AIDS on vulnerable segments of the population; and use of accurate information for advocacy and planning. The project is also working with FBOs to develop policies on HIV/AIDS/RH and increase their support for such policies.

Summary of Major Activities:

FP/RH

- In July, POLICY provided TA to the National Population Commission to organize World Population Day celebrations. POLICY contributions included (1) organization and support for a public lecture on ICPD +10 and Nigeria's efforts to-date (more than 100 persons attended) and (2) TA for a national radio phone-in program on ICPD +10 (the program reaches more than 30 million Nigerians).
- POLICY provided TA to the National Population Commission (NPC) to develop policy and program implications of the 2003 Nigeria Demographic and Health Survey results for each zone. POLICY also provided support to the NPC to organize six zonal seminars to disseminate the findings and policy implications. More than 120 persons attended the seminars in each zone.
- POLICY/Nigeria's senior program officer for Reproductive Health attended a training course on Reproductive Health and Development at the Bill and Melinda Gates Institute for Population and Reproductive Health in Baltimore, Maryland, held June 17–July 2. The course provided theoretical and practical training on reproductive health and development concepts and issues, including leadership.
- POLICY provided technical support to the National Institute for Policy and Strategic Studies (NIPSS) to hold a conference titled "Population and Development in Nigeria" on August 28. The conference involved NIPSS staff and senior executive course participants, representatives of religious faiths, academia, traditional rulers, UNFPA, NPC, Planned Parenthood Federation of Nigeria (PPFN), the Christian Association of Nigeria, and Jam'atu Nasril Islam. Discussions led to a better understanding of viewpoints on population growth vis-a-vis development and consensus that the problem can be addressed through implementation of the National Population Policy.
- In partnership with Pathfinder International, POLICY provided TA to develop a handbook on Islamic perspectives on key RH issues for use among Muslim communities in Nigeria, particularly in the north. The final draft of the handbook has been forwarded to the Sultan for his signature on the foreword and to USAID for approval.
- The POLICY Project worked with the Women's Health Action Research Centre and the Edo State YAARH Network to advocate for YAARH issues in the state. In early 2004, the YAARH Network successfully lobbied the governor for his support and adoption of the new Edo State YAARH Strategic Plan, which was developed with TA from POLICY. POLICY also supported the launch of

the Strategic Plan, which took place on October 28, and published a user-friendly version of the situation analysis that was disseminated at the launch.

- In order to make the new National Population Policy and the key issues and strategies it addresses more clear and accessible to the general public, and to facilitate nationwide dissemination of the content of the policy, the ENHANSE Project developed a fact sheet that summarizes and simplifies the policy. The fact sheet is a user-friendly advocacy tool that provides information on what needs to be done to effectively support population management in Nigeria. To support the eventual launch and nationwide dissemination of the policy, the POLICY Project funded the printing of 5,000 copies of the National Population Policy and will fund the printing of 5,000 copies of the fact sheet.

Child Survival

- POLICY and WHO supported a meeting held July 26–29 to prepare for the Drug Therapeutic Efficacy Testing (DTET), which will inform malaria drug policy change in Nigeria. During the meeting, the WHO protocol for DTET was adapted to the Nigerian context, and the principal investigators and partners agreed on modalities for conducting the DTET during August and October.
- As part of the 2004 Africa Malaria Day (AMD) celebration, POLICY provided technical and financial support to hold an interactive radio program titled “Radio Link.” The public awareness and education program’s aim was to increase political and public support for the Roll Back Malaria Program. The radio program received calls from Nigeria’s six zones and Cameroon.
- POLICY supported the Child Survival Unit of the Department of Community Development and Population Activities to host a meeting to review the Child Survival Section of the National Program of Action (NPOA) for Survival, Protection, and Participation of the Nigerian Child. The meeting was attended by all key government and nongovernment stakeholders.
- POLICY has been working on a Child Survival Model that will assist health planners and program managers to understand the implications/effects of various service package scenarios on infant mortality and the cost-effectiveness of those interventions. The model was introduced to stakeholders in June. In July, the Technical Working Group met to provide data to complete the model and build consensus on sources for outstanding data. The model is now being fine-tuned.
- POLICY supported the printing of the conference report and final proceedings of the Nutrition Society Annual Conference.
- Earlier this year, POLICY assisted the FMOH in developing the Malaria in Pregnancy Policy. Subsequently, the FMOH Technical Management Committee decided not to move forward with a separate Malaria in Pregnancy Policy, but to incorporate this and all other malaria-related policies into one comprehensive policy. In addition, the “Intermittent Preventive Therapy (IPT) Guidelines for the Control of Malaria in Pregnancy” have been expanded into a broader document covering more than malaria prophylaxis, and is now titled “Control of Malaria in Pregnancy Guidelines.” POLICY will support the FMOH to produce the guidelines, which have been approved.

HIV/AIDS

Advocacy

- POLICY continues to provide TA and support to the Federal Ministry of Women Affairs to coordinate the national orphans and vulnerable children (OVC) response. Through persistent

advocacy by POLICY and other development partners, an OVC unit has been established in the ministry. Six regional coordinating units will also be established.

- Earlier this year, POLICY provided technical support to the FMOH to write, print, and disseminate the technical report on the 2003 HIV/Syphilis Sentinel Survey Among Women Attending Antenatal Clinics in Nigeria. POLICY provided TA to the FMOH to prepare advocacy kits based on the survey findings. The kits will be used by the FMOH to disseminate the survey results to a wider audience and to advocate to the states for increased commitment to HIV/AIDS.
- POLICY provided TA and support to produce a series of policy briefs based on the results of a study funded by the British Department for International Development (DFID) and conducted by the Royal Tropical Institute (KIT), Cooperative Extension Center (ECE), and the Benue State Agriculture and Rural Development Authority (BNARDA) titled “Impact of HIV/AIDS on Rural Livelihoods in Benue State, Nigeria.” The briefs and study were disseminated, with POLICY support, in Benue State on October 25 and in Abuja on October 28.
- POLICY is providing TA to Journalists Against AIDS (JAAIDS) for the finalization and printing of the document titled “Voices from the field: Perspectives and priorities for action on HIV/AIDS in Nigeria.” This is the report of the Open Internet Conference on HIV/AIDS in Nigeria, which took place from August 2001 to January 2002 with TA and support from POLICY.
- POLICY is working with representatives from UNAIDS, the International Labor Organization (ILO), DFID, the Federal Ministry of Labor and Productivity, and the National Action Committee on AIDS (NACA) on an HIV/AIDS working group formed by the Public-Private Partnership (PPP) Forum to develop a framework to chart the course for the operations of the PPP in Nigeria. The committee’s work is at a preliminary stage.
- On July 6, POLICY met with USAID and its partners to review the implementation of the national prevention of mother-to-child transmission (PMTCT) program. During the meeting, POLICY made a case for increasing advocacy for PMTCT at the national and state levels. As a result, advocacy teams were formed and a schedule was adopted for advocacy visits to key decisionmakers in the eight states where USAID/USG-supported PMTCT sites are located.
- In collaboration with the FMOH, POLICY supported advocacy visits to Cross River and Akwa Ibom states (where there are currently no PMTCT services) as the first step toward establishing such services. The visits took place on August 29–30, during which the respective Commissioners of Health committed to commencing PMTCT activities in their states by the end of 2004.
- NACA, Internews, the Society for Family Health (SFH), and ENHANSE jointly sponsored the 2004 Media Owners and Top Executives Summit, which took place on October 26 in Abuja. POLICY contributed to the cost of hosting the summit, which brought together prominent news media industry barons for an unprecedented dialogue on scaling up the media’s dissemination of information about prevention and control of HIV/AIDS. More than 95 news media owners, top executives, and stakeholders from across the country attended, including newspaper publishers, advertising and public relations executives, television station owners and CEOs, and national directors of radio stations. Their attendance and participation demonstrated an unparalleled show of interest on the part of the media to mobilize action against HIV/AIDS. Participants broke into three groups (advertising/public relations, broadcasting, and print media) to consider the idea of “Developing New Strategic Approaches for News Media to Respond to HIV and AIDS.” The joint report of the groups was merged into a communiqué, which committed the media owners and top executives to a strategy to mobilize the news media for action against HIV/AIDS.

- POLICY is collaborating with partners to carry out a survey on the reproductive health of Borno State youth. To date, the fieldwork has been carried out, data entry has been completed, and analysis has commenced. The results of the survey will be used to develop advocacy materials. In addition, POLICY is supporting a Borno State NGO, the Community Health and Youth Friendly Association (CHAYFA), to establish and train a core group of policy champions on YAARH issues and to conduct advocacy activities.
- Earlier this year, POLICY provided technical support to the FMOH to write, print, and disseminate the technical report on the 2003 HIV/AIDS Sentinel Survey Among Women Attending Antenatal Clinics in Nigeria and to develop advocacy kits based on the survey findings. The kits, which include posters and brochures, will be used by the FMOH to disseminate the survey results to a wider audience and to advocate to the states for increased commitment to HIV/AIDS. The advocacy kits were produced by POLICY.
- POLICY provided TA and support to develop and produce a series of policy briefs based on the results of a study funded by the British Department for International Development (DFID) and conducted by the Royal Tropical Institute (KIT), Cooperative Extension Center (ECE), and the Benue State Agriculture and Rural Development Authority (BNARDA). Titled “Impact of HIV/AIDS on Rural Livelihoods in Benue State, Nigeria,” the briefs and study were disseminated with POLICY support in Benue State on October 25 and in Abuja on October 28.

Planning/Finance/Policy Formulation

- As a result of POLICY advocacy visits earlier this year to the Permanent Secretary of the Ministry of Labor and Productivity, the ministry revitalized efforts to finalize the National HIV/AIDS Workplace Policy. POLICY provided TA to the ministry to revise the document and hosted a national stakeholders meeting in June to finalize the policy document. The 100+ participants who attended the meeting reviewed and adopted the revised policy. The final policy document is now awaiting ministerial endorsement prior to printing and launching.
- POLICY provided technical support to Life Link Organization (LLO) to draft the Federal Ministry of Internal Affairs (FMIA)/Paramilitary Sector HIV/AIDS Policy. A stakeholder meeting was held in March to review and revise the policy that was also adopted at this meeting. In June, the revised policy was presented to FMIA/PMS Minister Dr. Iyorchia Ayu for approval. The minister promised to write the foreword and champion the fight against HIV/AIDS in the sector. Plans are underway to publish and launch the document as soon as the minister endorses it.
- Earlier this year, POLICY provided TA to the Anglican Church of Nigeria to draft its HIV/AIDS policy and strategic plan. The documents were launched in June by the archbishop. POLICY continues to provide TA to the church to help prepare detailed annual workplans to actualize the strategic plan.
- POLICY participated in a workshop to prepare a strategic plan on HIV/AIDS for the Ondo State government on April 19–21 in Akure. POLICY continues to provide TA to finalize the document.
- POLICY provided TA to the FMOH to ensure that a wide participatory approach is used to develop its Health Sector Strategic Plan (HSP) for HIV/AIDS. Toward this end, POLICY supported one zonal workshop in Enugu and assisted Partnerships for Health Reform Plus (PHR+) to organize similar support for another zonal workshop in Cross Rivers State in October to allow the states to review the HSP and develop state-specific strategic plans. POLICY thereafter provided editorial assistance for

the consolidated situation analysis report. POLICY will be supporting the National Consensus meeting for the adoption of this report and the HSP.

- POLICY provided TA to the Federal Ministry of Education (FME) to develop a National HIV/AIDS Workplace Policy for the education sector. Since June, several workshops have been held to allow stakeholders to provide input into the policy. In July, the draft policy was circulated for review. On September 6–8, a national stakeholders meeting was held in Abuja to review and finalize the policy, which was then adopted on September 8. The final draft policy was then forwarded to the Honorable Minister of Education for onward transmission to the Joint Consultative Forum on Education and the National Council on Education for approval. Since then, however, there has been feedback from the FME that the final draft policy continues to have some key gaps (e.g., gender issues not sufficiently addressed). It was, therefore, requested that the document be more widely disseminated for further review and input. Eighty copies of the draft policy were distributed to stakeholders on November 22 in Abuja at the dissemination of the results of RTI International’s survey titled “Assessing Educators’ Views on the Impact of HIV/AIDS on Basic Education in Nigeria.” While the ENHANSE Project will support the FMOE to collate any additional input into the policy and to facilitate its presentation to the Joint Consultative Committee on Education and the National Council on Education for approval, it is expected that POLICY will support the printing of the final approved policy.

Tools/Research

- POLICY is providing support to the FMOH to produce advocacy posters and brochures based on the results of the 2003 HIV/AIDS Seroprevalence Survey Among Women Attending ANC in Nigeria. POLICY is also providing support to print an additional 6,000 copies of the survey report for dissemination to the states.
- The Organization for Positive Productivity (OPP) received a grant from POLICY for capacity building of its members and to advocate for increased care and support services. OPP’s first step involved carrying out a situational analysis of existing HIV/AIDS support groups in Abuja with POLICY support. POLICY provided TA for data analysis and dissemination and is currently helping OPP create an action plan to respond to gaps identified by the study.
- POLICY is providing TA to the FMOH to ensure that a wide participatory approach is used to develop its Health Sector Strategic Plan (HSSP) on HIV/AIDS. This plan is in addition to the Strategic Plan that is being prepared by NACA, which will be a more holistic, multisectoral plan. A situation assessment has been carried out with technical support from a consultant hired by POLICY. State-specific strategic plans were prepared during zonal workshops held October 24–29. POLICY provided TA and support to conduct one of the six zonal workshops.
- The FMOH is undertaking a behavioral survey among people considered most at risk for HIV infection (MARPS). As a member of the technical committee, POLICY provided TA to design the survey protocol. A final draft of the protocol was submitted to the survey management committee for approval. The survey data will be used to improve the MARP database and inform program planning.
- Earlier this year, POLICY collaborated with the DELIVER Project, PHR+, Nigeria’s National Institute for Medical Research (NIMR), and the National STD and AIDS Control Program to assist the FMOH to conduct the “Rapid Assessment of HIV/AIDS Care in the Private and Public Sectors” in eight Nigerian states. The study assessed the institutional policy environment, service delivery capacity, commodity logistics systems, and the average per patient cost of providing VCT, ART, and PMTCT services. While Nigeria had been implementing an ART program for two years prior to the assessment, no information was available to evaluate the program or for further planning. This study helps fill these gaps while more permanent structures for monitoring and evaluation are put in place.

With TA from POLICY, the final assessment report was completed, printed, and disseminated. As a follow-up to this assistance, ENHANSE, DELIVER, and PHR+ presented the assessment findings at the September 30 assessment report launch in Abuja. The Minister of State for Health, represented by Dr. Fakeye (director, International Health Division, FMOH) launched the report. The director for Health Planning and Research (FMOH) and USAID/Nigeria Mission Director Dawn Liberi were in attendance. Also in attendance were chief medical directors, state AIDS program coordinators, and ARV treatment coordinators. Following the launch, participants issued a communiqué and contributed to a plan for the use of the research results. The assessment report will be a helpful planning tool for stakeholders in the national ARV program, including USAID and its implementing partners, as HIV/AIDS services are scaled up under the Global HIV/AIDS Initiative.

- POLICY supported the OVC Rapid Assessment, Analysis, and Action Planning Process (RAAAP) by funding a consultant to conduct a situation assessment of national, state, and community responses to OVC. This exercise took place between July and August. As part of the RAAAP process, POLICY also provided TA to develop the Nigeria Country Action Plan for Orphans and Vulnerable Children, which will guide efforts to address OVC in Nigeria over the next two years. The plan was adopted by stakeholders at a UNICEF-supported meeting in Minna, Niger State, on August 26–28, 2003. The plan was then presented at an OVC donors meeting held in Cape Town, South Africa, on September 22–24. A National Steering Committee for OVC is currently being established. The next step in the national response to OVC will be to develop a longer-term National Strategic Framework, which will take into account the two-year action plan.

Capacity Building

- POLICY provided technical and financial assistance to the Federal Ministry of Women Affairs (FMWA) to help the ministry better understand its OVC coordination mandate. POLICY supported the First National OVC Conference in February 2004; conducted a one-day sensitization workshop in April 2004 for senior FMWA officials, including the Permanent Secretary; provided financial support for OVC stakeholder meetings; and supported some routine administrative functions of the Child Development Department as they relate to OVC.
- On July 5–9, POLICY/Nigeria Senior Program Officer for Child Survival and Reproductive Health Dr. Ochi Ibe attended the “Second Regional Skills Building Workshop on OVC in the Context of HIV/AIDS for the West and Central African Region” in Dakar, Senegal. During this event, participants reviewed progress made on country action plans since the 2002 Yamoussoukro workshop; strengthened skills in the elements of a national response; shared state-of-the-art knowledge and programmatic experience; and designed a follow-up mechanism to support development and implementation of OVC programs in the region.
- On July 20–28, POLICY organized an advocacy training-of-trainers (TOT) workshop for members of the Civil Society Consultative Group on HIV/AIDS in Nigeria (CiSCGHAN) to build its skills to lead others in advocating for political commitment to addressing HIV/AIDS at the state and community levels. The 24 CiSCGHAN participants prepared action plans to step down the advocacy training in their zones and states.
- Earlier this year, POLICY provided TA to NACA to design the Nigerian National Response Information Management System (NNRIMS). POLICY is currently working with the Technical Working Group to ensure that the NNRIMS is implemented appropriately. Toward this end, POLICY helped conduct a TOT for state-level M&E officers in Calabar on August 8–11 and for federal line ministries in Makurdi on September 12–16. During September, state-level M&E officers who were trained in Calabar began step-down training in their states.

- On July 22–31, POLICY/Nigeria Country Director Dr. Jerome Mafeni attended a course on Strategic Leadership in Reproductive Health and a separate course on knowledge management at the Bill and Melinda Gates Institute for Population and Reproductive Health at the Bloomberg School of Public Health, Johns Hopkins University, in Baltimore, Maryland.
- From August 9–20, POLICY/Nigeria Senior Research Advisor Dr. Wole Fajemisin attended the “First International Strategic Information and Monitoring and Evaluation Field Officer Orientation,” which focused on HIV/AIDS, in Atlanta, Georgia. The workshop was jointly sponsored by UNAIDS, CDC, USAID, and the World Bank.
- *Capacity Building of FMWA OVC Unit.* POLICY supported the head of the OVC Unit of the Federal Ministry of Women Affairs to participate in a World Bank training workshop for OVC practitioners in Africa, which was held in Washington, D.C., October 27–29. The workshop, “Helping Orphans and Vulnerable Children in Africa: Tips for Practitioners,” was aimed at (1) providing hands-on guidance in designing an OVC project or OVC component of a project, (2) pilot testing a World Bank OVC toolkit that was designed to help program managers plan OVC programs, and (3) obtaining feedback from participants on the toolkit.

REDSO/ESA

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

Summary of Major Activities:

Relative to both FP/RH and HIV/AIDS, POLICY activities during this period included an exchange at REDSO/ESA offices by POLICY staff on adjusting POLICY's strategy, workplan, activities, and primary contact persons with REDSO/ESA. With additional clarification to follow from REDSO, POLICY will begin focusing on using remaining population and health monies for an application of the Allocate Model to guide policy analysis and dialogue on safe motherhood and reproductive health. In addition, a study is being created to focus on the effect of decentralization on family planning in one selected country.

HIV/AIDS

Tools/Research

Training in the Goals Model for HIV/AIDS took place June 15–18 in Bagamoyo, Tanzania, and included participants from Ethiopia, Malawi, Rwanda, Tanzania, and Zambia. The following is a description of POLICY follow-up activities funded by REDSO.

Malawi: The Malawi team at the Goals Model training included three people from the National AIDS Commission (NAC) and one from the MOH. They moved forward in consultation with POLICY regarding a six-month workplan for a Goals application. Activities include:

- Costing of the updated National HIV/AIDS Strategic Framework (NSF). The NSF was updated from August to October, and the Malawi team would like to use Goals for costing of the updated strategy in October.
- Based on the outcome of using Goals for the costing of the updated NSF, a possible application of the model is the reprogramming of Malawi's Global Fund (GF) award for years three through five and for submitting a proposal for additional GF funding. The timeframe for this activity is roughly November 2004 to February 2005, with the application/reprogramming request submitted by March 2005. The MOH is also considering using Goals to help with scale-up issues related to antiretroviral treatment (ART), which would likely come under the GF reprogramming exercise, should Goals be used with that activity.

To these ends, POLICY worked with the Malawi team and relevant institutions and identified in-country experts to collect needed data and build the Malawi Goals application. The data collection was completed in November. A POLICY consultant traveled to Malawi in November and assisted in constructing a preliminary Goals Model. The consultant created a generic module for hands-on training that can be used

in a variety of countries. There is a Malawi Goals report; however, further work needs to be carried out to ensure in-country capacity to use the Goals Model efficiently. NAC will also collect additional data.

POLICY/Malawi drafted a workplan for mission review and funding for October 2004 to September 2005, and included an informed request for follow-up field support that can build on the REDSO-supported Goals TA for completion of the NSF costing and GF reprogramming work. The mission approved this request and added \$40,000 for follow-up activities.

Ethiopia: Three participants from Ethiopia attended the Goals training in Tanzania. The participants expressed enthusiasm for applying the model. POLICY staff have been in touch with the participants to discuss follow-up activities. The mission has also allotted \$20,000 in additional funding to carry out the Goals Model exercise. It is anticipated that the follow-up activities will take place in the first half of 2005.

Zambia: POLICY staff went to Zambia in November to follow-up on the original Goals modeling training. POLICY was informed that Dr. Mark Bura from CRHCS had been there in the previous month but no additional work had been conducted. During this trip, it was agreed that the Central Statistics Office (CSO) would take the lead in the data collection process, along with the National AIDS Council. A person from CSO led the process. POLICY is now waiting for the go-ahead from CSO regarding the data collection effort. If the data collection process can be initiated, POLICY may be able to co-share a trip to Zambia in late February 2005.

Rwanda: Four participants attended the Goals training in Tanzania. The Minister of State for HIV/AIDS has requested follow-up activities relating to the Goals training. The minister realizes that the model involves a multisectoral approach to the fight against HIV/AIDS. He would like to have the activities begin in February 2005 because the AIDS Central Program will do the strategic framework 2005–2006 during February and March 2005. POLICY is in the process of mobilizing French-speaking consultants to conduct the follow-up activities.

Tanzania: Although follow-up activities in Tanzania will not be funded by REDSO, POLICY will request some coordination assistance from our partner CRHCS.

Other Activities:

POLICY participated in the REDSO HIV/AIDS Partners' Workshop held in Nairobi September 1–3 for REDSO and partners to draft a common workplan and focus for the following two years. A major component examined in the workshop was the Transport Corridor HIV/AIDS Program. Most of the discussions and group activities were geared toward identifying key technical areas and geographical focus of the REDSO's cross-border program. POLICY will participate in a small team established at the meeting to draft a statement of collaboration that all implementing partners are to design and sign.

POLICY participated in the REDSO PHN Partners' Meeting held on October 18–20 in Entebbe, Uganda. In the group work on reproductive health and safe motherhood, POLICY's role was delineated as providing TA on research, decentralization on FP programs, and human trafficking in Africa. Our partner in these efforts is CRHCS.

SOUTH AFRICA

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

Summary of Major HIV/AIDS Activities:

Advocacy

Support to the Traditional Leaders National HIV/AIDS Forum. As part of POLICY's ongoing assistance to the Traditional Leaders National HIV/AIDS Forum, and in partnership with the Department of Health (DOH) and the Nelson Mandela Foundation, POLICY facilitated the sixth and final provincial consultative meeting in the Northwest Province on August 11, which was attended by 10 representatives drawn from the provincial government structures such as the Department of Social Development, DOH, Provincial Coordinators of the National Traditional Leaders HIV/AIDS Forum, and NGOs funded by the DOH.

Following the completion of the provincial consultative meetings, POLICY facilitated and completed 13 planned training workshops for traditional leaders across six provinces. Through this process, POLICY trained 520 traditional leaders as well as representatives of the departments of Agriculture and Social Development, local government, and provincial and local AIDS councils.

On October 6, a national meeting was held and attended by 18 members of the Traditional Leaders National HIV/AIDS Forum, three POLICY staff, and representatives of the Nelson Mandela Foundation and the DOH. The purpose of the meeting was to review the implementation program and facilitation of the workshops and give feedback to partners.

POLICY, in collaboration with Southern Hemisphere, a local research agency, has embarked on a comprehensive evaluation process of the Traditional Leaders HIV/AIDS Program. The primary objective of this evaluation is to assess the effectiveness of the HIV/AIDS Advocacy and Human Rights Program with traditional leaders. First, a better understanding of activities undertaken by the traditional leaders in the communities they serve must be achieved. The data from the six provinces have been collected and four provincial evaluation reports have been collated. The evaluation will be complete by February 2005.

Documenting the HIV/AIDS disability sector workshop. POLICY provided TA to the DOH and the South African National AIDS Council (SANAC) by facilitating a two-day workshop for Disabled People of South Africa in October 2003. POLICY provided further support in the development of a workshop report. Finalizing this report has taken many phases and consultations as this report is to contribute to the achievements of the disability sector within SANAC. On August 19, both the director of the Government AIDS Action Plan (GAAP) and the Disability Sector SANAC representative tabled the final report to the MOH.

Planning/Finance/Policy Formulation

Establishing a working relationship with the National Baptist Church of Southern Africa (NBCSA). POLICY prepared a concept paper with the NBCSA to support an initiative aimed at strengthening involvement of the faith-based sector in HIV/AIDS involvement that will directly reach 40 workshop participants and a church membership of 300,000. The proposed workplan was confirmed through a teleconference held on December 7. Both stakeholders have declared their resources and the program will be implemented in January 2005.

Department of Public Service and Administration (DPSA). As part of POLICY's ongoing support to the DPSA Impact and Action Project, POLICY has undertaken an HIV/AIDS-related capacity audit of the public service. This audit is being implemented by KMS Research Consultants. KMS has submitted its research workplan and a draft of the progress report. The consultancy is in the process of finalizing the research work and it is envisaged that the final deliverables will be submitted by the end of January 2005.

In May 2004, the POLICY-supported post of project assistant to the DPSA Impact and Action Project commenced. Among other things, the POLICY-funded project assistant is providing assistance in strengthening the coordination of the IDC and the DPSA's Impact and Action Project and providing support for the implementation of HIV/AIDS programs across all 140 government departments. These programs include the portfolio of the current HIV/AIDS capacity audit undertaken by the DPSA.

Support to Chief Directorate: HIV/AIDS and TB, Department of Health on voluntary counseling and testing (VCT). On September 28–30, POLICY supported the facilitation and reporting of the third annual VCT Technical Meeting held in Bloemfontein. Attended by 120 representatives drawn from all nine provinces, the meeting marked the launch of the accreditation system for VCT facilities, as well as the consideration of progress made in the integration of VCT into existing health programs. A report for this meeting was submitted by POLICY to the Chief Directorate: HIV/AIDS and TB, DOH in November. Once finalized, the report will be printed.

Development of HIV/AIDS-related guidelines for the Chief Directorate: HIV/AIDS and TB. Over the past year the Chief Directorate: HIV/AIDS and TB has requested that POLICY facilitate the development of four sets of HIV/AIDS-related guidelines for the DOH. During the current period, and in relation to this request for TA, POLICY:

- Provided TA to the DOH in disseminating the “Guidelines for the Development and Maintenance of Support Groups for People Living with and/or Affected by HIV/AIDS.” POLICY supported the Support Group Guideline Orientation Workshop on September 2–3 in the Western Cape, the first of a series of nine workshops being conducted by the DOH. The 27 workshop participants came from FBOs, PLHA support groups, NGOs, and the private sector. As a result of the TA provided, the DOH has continued the dissemination of the guidelines to the provinces.
- Awaiting approval regarding the final draft of the “Guidelines for the Care and Support of Health Care Workers in Relation to HIV/AIDS” document that was submitted to the DOH in June.
- Awaiting feedback regarding the second draft of the “Guidelines for the Continuum of Care for HIV/AIDS and Related Diseases” document that was submitted to the DOH in April.
- Received an approved and printed copy of the “National Antiretroviral Treatment Guidelines.”

Strategic planning for the development of a care and support strategy. POLICY provided technical support to the Treatment, Care, and Support Unit of the DOH in collaboration with Family Health International (FHI) in the facilitation of the development of the first draft of the National Care and Support Strategy. The November meeting was attended by representatives from national and provincial

government clusters including Prevention of Mother-to-Child Transmission (PMTCT), TB, and HIV/AIDS; hospital services; nutrition; and home-based care. In addition, there was representation from national NGO and PLHA organizations. The first draft is currently under review and further consultation during 2005 will ensure a final draft is adopted.

Support for development of higher education institutional operational plans. In collaboration with the Committee of Technikon Principals and the National Department of Education, POLICY facilitated a planning workshop on August 25–27 for 14 higher education institutional HIV/AIDS officers. The workshop focused on developing one-year operational plans for higher education institutions, ensuring that these plans link with the national strategic plan for the higher education sector. The operational plans will allow institutions to access the Infrastructure Finance Corporation Limited (INCA) funds that in January 2005 will be made available to the higher education sector to respond to HIV/AIDS.

Tools/Research/Dissemination

Development and facilitation of a toolkit for PLHAs. On June 10 and November 17, the MOH asked POLICY to revise aspects of the toolkit. POLICY proposed changes to the toolkit that were presented and accepted by the DOH and MOH on December 10. The toolkit awaits final approval by the MOH. Following approval by all stakeholders, the toolkit will be printed and disseminated.

Men Who Have Sex with Other Men Sector (MSM)

Study on the impact of HIV/AIDS on the MSM sector. POLICY subcontracted with a Cape Town-based gay and lesbian organization, the Triangle Project, to conduct a study on the impact of HIV/AIDS within the MSM sector in South Africa. The study attempts to provide insight into the MSM sector in South Africa within the context of HIV/AIDS. The results of the study will be circulated among key stakeholders within the DOH. POLICY envisages that the outcome of this study will assist the DOH in responding to HIV/AIDS issues within the MSM sector and developing appropriate safer sex messages for the sector. The final draft of the study is currently being edited and will be finalized by mid-January 2005 and forwarded to key contacts within the DOH.

Human Capacity Building

Goals Model. POLICY supported the training of two public service officials in the Directorate of Health Financing and Economics Unit (HFEU) of the DOH to attend Goals Model training at Futures Group in Connecticut, USA on September 6–10. The exercise should facilitate negotiations for the Comprehensive ARV Treatment Program. In addition, the team was able to establish a link to the Cape Town ART model. POLICY continues to provide additional TA to the HFEU through the expertise of the Health Economics Unit at the University of Cape Town.

Support for development of a Workplace HIV/AIDS Policy for the Tshwane University of Technology (TUT). Following the higher education institutional mergers in South Africa early this year, and at the request of the institutional HIV/AIDS officer of TUT, POLICY is providing TA to TUT as it reviews its workplace policy for HIV/AIDS to support approximately 5,000 staff members and 60,000 students spanning more than five campuses. On July 26, POLICY led a teleconference with the TUT Advisory Committee following a desktop review of the TUT HIV/AIDS policy, which was conducted and submitted to TUT on August 10. A working group within TUT is currently reviewing the HIV/AIDS workplace policy, and it will be finalized in early 2005.

Other:

Siyam'kela: HIV/AIDS-Related stigma and discrimination research. During 2003, POLICY implemented the Siyam'kela HIV/AIDS-related Stigma and Discrimination Project, which developed indicators of stigma in three focus areas: faith-based organizations, government workplaces, and relationships between PLHAs and the media. In 2004, POLICY focused on implementing the second phase of the Siyam'kela Project, which aims to field test and refine stigma indicators and design and conduct training interventions in both faith-based and healthcare settings.

The field testing is being conducted in Eersterus, a community in Gauteng Province, and is specifically focusing on two sites: the Catholic Church and the health clinic. To date, a baseline survey at the two sites has been completed and a baseline fieldwork report compiled describing the quantitative and qualitative findings for both settings. Following the baseline survey, the Siyam'kela team presented the fieldwork report with the leadership of the St. Joseph's Catholic Church in Eersterus on August 21. In addition, the fieldwork report was presented to the Tshwane Metro Task Team on HIV/AIDS on August 26. Training tools are currently being developed and piloted at the two research sites and will be finalized once all the training is completed and evaluated.

A project reference group continues to meet quarterly and is composed of representatives from the University of Pretoria (UP), the Southern African Catholic Bishops Conference, the Inter-Departmental Committee on HIV and AIDS, the Department of Public Service and Administration, and the DOH. The reference group met on September 28 and November 24. Representatives from St. Joseph's Catholic Church and the local clinic attended the reference group meetings, which provided an opportunity for planning and sharing.

The Siyam'kela Project has been responsive to requests for assistance and provided TA to the HIV Research Centre of the South African National Defense Force and the UNAIDS Regional Support Team for Eastern and Southern Africa to help them mainstream stigma mitigation in their workplace programs. Further assistance has been provided to the UP through the facilitation of a one-day workshop on HIV/AIDS stigma awareness with Youth Skills Development volunteers on July 5, as well as a two-hour session on stigma awareness with participants in the short course on HIV/AIDS Counselling and Management, which is run through the Continuing Education Unit at UP. Information developed by Siyam'kela is also being used as part of a training program on HIV/AIDS to health workers in five provinces who will be part of the national antiretroviral (ARV) rollout, as well as for prescribed reading material for the course "Gender Issues 3" for the Women's and Gender Studies Department at the University of the Western Cape. Siyam'kela facilitated a one-day day skills-building session at the National DPSA Indaba. This annual Indaba is attended by HIV/AIDS managers representing the public service. The outcome of the skills-building session was the development of a framework of action, which will be a guide to mitigating stigma in the public service.

Support of the Director (Research) Post at the Health Economics and HIV/AIDS Research Division (HEARD), University of Natal. On January 1, 2004, a one-year subcontract was awarded to HEARD to support the work of the Chief Directorate: HIV/AIDS and TB and the Health Financing and Economics Directorate of the DOH. The subcontract was also awarded to support the research agenda and outcomes of HEARD.

A key feature of their work in this period has been the promotion of collaboration between scientists, practitioner organizations, and program agencies in the design and implementation of applied projects aimed at containing and, ultimately, managing the HIV/AIDS epidemic in South Africa. This has been demonstrated in the recent launch of a new initiative on December 8, where HEARD has been selected as one of three worldwide UNAIDS collaborating centers.

In addition, Professor Timothy Quinlan of HEARD has contributed to building the capacity of researchers internal to HEARD as well as building capacity of other individuals and organizations in South Africa. Examples of this includes the supervision of many research interns in completing post-graduate studies, as well as teaching support to the “Seventh Health Economics and HIV/AIDS Research Division HIV/AIDS Course—Planning for HIV/AIDS in Sub-Saharan Africa,” which was held September 27–October 15. This course was attended by 50 participants from across Africa, including five officials from the Provincial Department of Health in KwaZulu-Natal.

In relation to support to the DOH, a relationship between HEARD and the Chief Directorate has been established and will continue, and HEARD will consider supporting the research agenda of the DOH.

Confidentiality in the context of HIV/AIDS. POLICY is in the process of conceptualizing the development of a new project that specifically focuses on confidentiality in the context of HIV testing. In 2005, it is anticipated that there will be further consultations with key stakeholders regarding the design of the project, after which the project will be implemented.

Sexual and reproductive health rights and gender equity in access to treatment. POLICY supported a consultative meeting with the International Community of Women Living with HIV (ICW) and its stakeholders to explore the feasibility of two new initiatives focusing on sexual and RH rights and gender equity in access to treatment. This consultative meeting provided an opportunity for exploration and planning toward two new projects that may be implemented in South Africa in 2005. In 2005, further consultation with key partners will be undertaken to further explore the key issues and identify the policy gaps to ensure these new projects address critical needs.

South African Dental Association HIV and AIDS Lecture Day. At the request of the Chief Directorate: HIV/AIDS and TB, POLICY provided support in the development of a report of a National Oral Health HIV and AIDS Lecture Day held by the South African Dental Association (SADA) and the Health Professional Organizations on HIV and AIDS (HEPO) in Gauteng Province on February 28. This educational event was organized in line with the DOH’s objectives of empowering oral healthcare workers to manage issues related to HIV/AIDS. The POLICY-developed report of this event was approved by the DOH in October. POLICY printed the report and sent copies to the DOH for dissemination on November 12.

International AIDS Conference, Bangkok, Thailand. POLICY supported the attendance of Melanie Judge, Yoliswa Notshe, Ndivhuwo Masindi, and Quinlan at the AIDS Conference in July. Ndivhuwo Masindi and Melanie Judge—in a joint presentation with a Mexico program—presented the findings of the Siyam’kela Stigma Project as part of a POLICY satellite session focusing on HIV/AIDS stigma. This presentation was titled “From indicators to action: Field-based approaches for measuring and addressing stigma and discrimination.” The presentation was well received.

Quinlan presented research that compares home-based care (HBC) projects in South Africa and Uganda, a poster of HEARD research on management tools for locating and service planning for OVC, a presentation of a poster on HEARD’s orphan welfare project, and the Amajuba Child Health and Well-being Research Project (ACHWRP). In addition, he attended the UNAIDS meeting on mainstreaming that discussed the challenges for mainstreaming HIV/AIDS in healthcare.

Support for the National TB Control Program (NTCP)—NGO Mentorship Program. POLICY has continued to provide financial and mentoring support to four local NGOs (i.e., TADSA, Operation Hunger, VUKA, and Deep South) that support the implementation of community-based directly observed treatment (DOT) programs. During this period, three comprehensive quarterly reports of the program and

mentoring activities associated with this project have been submitted to the NTCP and USAID/South Africa for their review. Phase 1 of POLICY's support to these NGOs is now final following the completion of a one-year cycle of funding, which expired on October 31. Following a strategic planning meeting held on October 4 between the Director of NTCP Dr. Mvusi, Nellie Makhaye-Gqwaru of USAID, and POLICY, it was agreed that POLICY will provide support to VUKA during Phase 2 of the TB Project.

A national meeting was hosted and facilitated by POLICY on December 3. The meeting was attended by TB district managers from three provinces, the Gauteng provincial TB director, representatives for the National TB Control Program, a representative from USAID, and the POLICY-funded TB NGOs. The purpose of the meeting was for participants to reflect and provide POLICY with insight and feedback regarding the period of funding, specifically focusing on the support and mentoring they received from POLICY. The meeting formally marked the end of the first phase of funding by POLICY.

TANZANIA

Program Objectives: The goal of the POLICY Project in Tanzania is to improve the policy environment for HIV/AIDS and reproductive and child health (RCH). POLICY's objective is to build and strengthen capacity of the government, 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. Activities include assisting different stakeholders in developing and implementing effective advocacy strategies for HIV/AIDS, strengthening collaboration between the governmental and nongovernmental sectors, encouraging effective planning for HIV/AIDS programs, and expanding the information used for policy and program development.

Summary of Major Activities:

FP/RH

Condom study. In September, POLICY submitted the second draft of the condom study to Chief Medical Officer, MOH Dr. Upunda and Major General (ret.) Lupogo, chairperson, Tanzania Commission for AIDS (TACAIDS), for comments.

Depo-Provera Demand study. POLICY is waiting for guidance from the mission on how to proceed.

HIV/AIDS

Advocacy

Support to FBOs. All FBOs have been active and have responded positively to the President's Emergency Plan for AIDS Relief. POLICY will continue to provide technical and financial assistance to FBOs to improve the leadership and political environment for results-oriented interventions.

Support to TB/HIV advocacy training. POLICY Project provided a mini-grant to TACAIDS to enable two PLHA council members who attended the TB/HIV Advocacy Training-of-Trainers (TOT) in Nairobi last summer to conduct a similar session in Tanzania. The training is scheduled to take place at the end of January 2005.

Support to NACP for ART leaflets. POLICY and the National AIDS Control Program (NACP) discussed the support of development, production, and distribution of antiretroviral treatment (ART) leaflets. POLICY agreed to support this activity and the NACP has submitted the drafts.

Support to the Association of Journalists Against AIDS (AJAAT). With POLICY support, AJAAT conducted a writing contest that called for journalists/writers and students from Tanzania's school of journalism to write about HIV/AIDS, focusing on topics listed on the AJAAT *ONGEA* (a Kiswahili word meaning "talk") listserv. The goal of the activity was to obtain media intervention and contribution to fight stigma and discrimination, which is largely attributed to the escalation of the epidemic within Tanzania. Twenty-five contest entries were collected by the coordinating committee under the supervision of the MAELEZO Information Center. A panel of judges from media and health circles—led by Dr. Bernnet Fimbo of the NACP and Fatma Mwassa, a veteran journalist and director of information and advocacy of TACAIDS—met on November 26 to assess and declare the winners. Fifteen journalists won and were awarded prizes by the guest of honor, Minister for Foreign Affairs and International Relations Honorable Jakaya Mrisho Kikwete, an AJAAT patron. The awards were presented on December 4.

Planning, Finance, and Policy Formation

Review and assessment of Tanzania laws affecting HIV/AIDS; draft of AIDS bill-MOJCA. In August, the Ministry of Justice and Constitutional Affairs (MOJCA) submitted its workplan for the development of the AIDS legislation in Tanzania. This workplan was presented as a follow-up to the meeting between USAID and the permanent secretary of MOJCA. POLICY has been instrumental in the review process.

A formal letter from the MOJCA permanent secretary on how to proceed with the AIDS bill was submitted to POLICY on December 30. Pursuant to the permanent secretary's letter, the following activities will take place prior to the drafting of the AIDS bill:

- Launch of the TAWLA report on January 25, to which 100 stakeholders will be invited
- Official visit to the Philippines and Vietnam by the team trained in Washington on Development of AIDS legislation to consult with various groups on the experience of implementing AIDS legislation
- Retreat of the team and drafting of the legislation immediately upon return
- MOJCA's submission of the detailed action plan, which indicates all the activities leading to the submission of the draft bill to Parliament by the end of this year

In December, POLICY recruited consultant Mande Limbu to write a draft of the summary booklet of the TAWLA report for review by consultant Dr. Ringo Tenga. The summary booklet will be disseminated to stakeholders for the launch of the TAWLA report and for reference to obtain comments by stakeholders during various stages of the development of the AIDS bill.

Support to the NACP. POLICY supported the NACP in the development of a summary of the Health Sector Strategy for HIV/AIDS (2003–2006). The draft summary was prepared by a consultant, Professor Eustace P.Y. Muhondwa, and was submitted to the NACP for approval. The NACP has reviewed the summary internally; no official statement has been made.

FBOs. On November 3–6, the Catholic Diocese of Shinyanga, with POLICY's support, organized a four-day workshop to prepare and complete the Diocesan HIV/AIDS Policy. Twenty-five participants attended the workshop. The policy is intended to provide a mandate for the leaders in the diocese to realize and facilitate the church's vision, mission, and objectives at all levels, using the diocesan church structure. This will enable the free flow of information at all levels. The policy will emphasize supervision, coordination, and monitoring and evaluation.

The policy declared in its mission statement that the Catholic Diocese of Shinyanga is a church institution that follows a healing Ministry of Christ to all people regardless of religion, ethnicity, race, sex, and political ideology through mutual love, commitment, and adherence to pastoral care, spiritual revival and guidance, capacity building and training on basic and accurate knowledge about HIV/AIDS care, prevention, treatment, stigma reduction, and accessibility to antiretrovirals (ARVs) to mitigate the impact of HIV/AIDS.

Specific objectives of the policy include:

- To conduct training and capacity building on all relevant medical, social, psychological, cultural, spiritual, and pastoral aspects of HIV/AIDS at all levels
- To facilitate the formulation and strengthening of HIV/AIDS committees from the diocesan to the smallest Christian communities

- To identify and support different groups in the community (i.e., PLHAs, widows, orphans, and vulnerable children)
- To establish home-based care services
- To introduce HIV/AIDS into the catechetical curriculum
- To provide care, treatment, and support to PLHAs as sacred persons, made in the image and likeness of God (Genesis 1:26)

The policy also addressed issues relating to the prevention of mother-to-child transmission (PMTCT) of HIV/AIDS, safe blood transfusion and blood products, impact mitigation, HIV/AIDS research, advocacy and social mobilization, care nutrition and treatment, and monitoring and evaluation.

Tools/Research

Policy index study. On November 22, consultant Berrington Shayo was commissioned by POLICY to carry out the policy index study. The objective is to conduct HIV/AIDS and RH policy effort indexes at the national level for use by USAID in its program monitoring. Shayo has updated the policy index study tool and is currently working on the study.

Support to TAPAC policy briefs. POLICY supported TAPAC's launch of five policy briefs. In November, POLICY and TAPAC distributed the English version of the policy briefs to members of Parliament and stakeholders. (The official launch was in December.) The following policy briefs were disseminated:

- "The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in Tanzania"
- "Virology of Human Immunodeficiency Virus—What is HIV and How Does it Work? Tanzania"
- "Prevention of Mother-to-Child Transmission (PMTCT) of HIV, Tanzania"
- "Tanzania: Multisectoral AIDS Project (TMAP)"
- "Tanzania HIV/AIDS Care and Treatment Plan, 2003–2008"

Attendees of the policy briefs launch included John Dunlop of USAID, TAPAC executive committee members, and TAPAC members. Country representatives from SUNY and Pact also attended. The guest of honor was TACAIDS Commissioner Bishop Aloysius Balina on behalf of TACAIDS Commissioner Major General (Ret.) Herman Lupogo.

Capacity Building

Support to TAPAC. In July, POLICY supported TAPAC's training, "The Role of MPs in Budgeting Process and Mainstreaming HIV/AIDS."

POLICY supported TAPAC in the development and printing of the following English-version policy briefs for dissemination to stakeholders:

- "The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in Tanzania"
- "Virology of Human Immunodeficiency Virus—What is HIV and How Does it Work? Tanzania"
- "Prevention of Mother-to-Child Transmission (PMTCT) of HIV, Tanzania"
- "Tanzania: Multisectoral AIDS Project (TMAP)"

Support to the formation of the PLHA Council. In July, the POLICY Project provided the PLHA Council Task Force with office equipment and furniture.

In July, POLICY supported the Tanzania Network of People with HIV/AIDS (TANOPHA) and the Network for Equity to Care and Treatment (EQUINETA) members at the CSO exhibition at the

Parliament grounds in Dodoma, where participants advocated for equitable availability of ARV drugs, care, and treatment services. The CSO exhibition was organized by SUNY.

In July, POLICY supported two members of the PLHA Council Task Force, Georgia Baguma and Theresia Hakili, who received TB/HIV advocacy training in Nairobi, Kenya. As a follow-up to the training, POLICY offered a grant of \$2,000 for the aforementioned trainees to conduct TOT in Tanzania.

POLICY, in collaboration with TACAIDS, is supporting an activity to map all community groups and NGOs representing PLHAs from the subdistrict to the national level. The mapping exercise will cover all district councils in Tanzania. The exercise started in September and was publicized through various media channels.

In November, consultant Steven Talugende provided TA to the formation of the PLHA Council and assisted in orienting a new POLICY Project technical advisor, Abdulrazak Badru, on the development process of the National PLHA Council in Tanzania. Additional meetings with LTA Maria Tungaraza were held to make decisions on issues of council support.

As an output of the meeting between POLICY, TACAIDS, and the PLHA Council, it was unanimously decided that there was a need to agree on the modus operandi for the mapping activity—particularly the methodology, personnel logistics, and administration of the activity. It was also decided that a tripartite memorandum of understanding needed to be developed and duly signed by all parties. As far as the methodology of mapping exercise was concerned, it was observed that it was ideal to use TACAIDS structures: the Council Multisectoral AIDS Committees (CMACS), with support from the executive chairman of TACAIDS.

Christian Council of Tanzania. Christian Council of Tanzania (CCT) held a three-day workshop beginning September 6 to raise awareness to CCT church leaders on ARVs, treatment, and care services. A total of 68 pastors and evangelists attended. On October 19–21, POLICY supported the CCT, which was conducting a workshop for youth leaders and pastors on advocacy skills, focusing on access to ARVs, care, treatment, and HIV/AIDS stigma reduction. The workshop was held in Dodoma region with 80 participants. It was recommended during the workshop that youth leaders and pastors within CCT have a responsibility of educating other youth on the importance of adhering to the principles of HIV/AIDS prevention, care, and treatment, including access to ARVs. CCT youth pastors should take the lead to ensure reduction of stigmatization and discrimination of PLHAs. An action plan for addressing pertinent HIV/AIDS issues for youth was drafted upon the conclusion of the workshop.

BAKWATA. BAKWATA held a workshop to sensitize Muslim leaders and scholars (Ulamaa) on the importance of reducing barriers to HIV/AIDS services in order to increase access to HIV/AIDS treatment and care services in the Muslim community. The workshop was held in Dodoma September 13–15. The 43 attendees made a declaration of commitment at the end of the forum. BAKWATA, with POLICY support, is also developing information, education, and communication materials to be inserted in the *Safina* newsletter with messages to all Muslim communities in Tanzania.

On October 23–25, BAKWATA held a workshop for Muslim leaders to draft guidelines for access to ARVs, treatment care, and support services. Participants from the National Muslim Council of Tanzania (BAKWATA) included regional secretaries, senior personnel from headquarters, and staff from BAKWATA's *Safina* newspaper and BAKWATA's women desk. Following are some of the guidelines that were agreed upon:

- Leaders acknowledged the policy guidelines as developed by the ULAMAA and agreed on the ULAMAA's declaration that HIV/AIDS is a disease like any other. As a result, HIV/AIDS should

not be associated with sin, and all PLHAs and HIV/AIDS orphans and widows should not be stigmatized.

- ARVs are crucial to PLHAs and all PLHAs should be made aware of the importance of seeking medical advice in the nearest center and start using ARVs as per medical direction.
- All Muslim leaders in all Islamic forums, prayer houses, and in their individual capacities in the communities should strive to educate the public on the importance of checking their HIV status for early detection, as it helps doctors plan appropriate drugs for those who are HIV-positive. Therefore, the communities should be encouraged to visit voluntary counseling and testing clinics and check their HIV status.

On October 21–23, BAKWATA held a TOT workshop for the Madrasa teachers on HIV/AIDS stigma, care, and treatment in Tanga region. Fifty participants attended. The objective of the training was to provide Madrasa teachers with knowledge on reducing barriers to HIV/AIDS services to increase the uptake of ARVs and care and treatment services so that they will train their colleagues to sensitize communities on the issue. The guest of honor was His Eminence, the Mufti of Tanzania, Sheikh Issa bin Shaaban Simba.

His Eminence, the Mufti, called upon participants to take the training course seriously, adding that they were a chosen few who were expected to go back to their regions and districts and enlighten the people on HIV/AIDS care and treatment options and procedures. The Mufti quoted a number of holy verses from the Qur'an, which advocate for every Muslim to care and treat the sick with compassion. He said HIV/AIDS was like any other disease and that it was against the holy teachings to stigmatize the sick. The Mufti also called for love for orphans, saying that the Holy Quran directs every Muslim to support orphans irrespective of the source of their predicament and ensure that they have access to ARVs and other medical care.

Other

USAID support. POLICY assisted the U.S. government (USG) with logistics for the Emergency Plan Stakeholders Consultative Input meeting held on August 20 and the USG Stakeholders Feedback meeting held on September 10.

UGANDA

Program Objectives: The goal of POLICY Project assistance in Uganda is to strengthen the commitment of the national leadership to population and reproductive health (RH) issues as a means of achieving the national development goals described in the government's development strategy documents, such as the Poverty Eradication Action Plan and Vision 2025. Assistance is provided in collaboration with the Population Secretariat (POPSEC) within the Ministry of Finance, Planning, and Economic Development; the Ministry of Gender, Labor, and Social Development (MGLSD); the National Reproductive Health Department (NRHD) within the MOH; and with civil society organizations (CSOs). Activities promote dialogue and advocacy on population and reproductive health with decisionmakers at all levels by using a RAPID application, the Safe Motherhood (SM) Model, and other tools to develop and make presentations tailored to different audiences. Advocacy is also promoted through CSOs by providing technical and financial assistance to enable them to plan, implement, and coordinate advocacy activities for reproductive health primarily through the Uganda RH Advocacy Network (URHAN). POLICY helps to strengthen the ability of POPSEC and district planning units (DPUs) to provide leadership in population and development issues by transferring equipment, skills, and other tools, including an application and dissemination of RAPID. POLICY is supporting the NRHD with technical and financial assistance, such as POLICY core funds to use the SM Model in costing interventions for lowering maternal mortality and strengthening its strategic planning and advocacy capabilities.

POLICY has also played an increasing role in HIV/AIDS activities. POLICY provided TA to help strengthen the role of the Inter-Religious Council of Uganda (IRCU) in supporting community- and faith-based organizations (FBOs) to carry out HIV/AIDS-related activities with a special focus on orphans and vulnerable children (OVC). Currently, POLICY is supporting the National Forum of People Living with HIV/AIDS Network in Uganda (NAFOPHANU) to develop guidelines to reduce stigma and discrimination; strengthen their organizational development; and provide advocacy skills to FIDA (a women lawyers' network) to develop guidelines for preparing wills. POLICY is also supporting a survey aimed at better integration of family planning into HIV/AIDS services such as VCT, PMTCT, and ARVs.

Summary of Major Activities:

FP/RH

In early October, the MOH approved the Adolescent Health Policy and, at the MOH's request, POLICY has printed 3,500 copies of the document. URHAN, with POLICY's support, was a key actor in advocating with the ministry to finalize the policy and provided input into the final version. The MOH will disseminate the policy to stakeholders. The overall goal of the Adolescent Health Policy is to mainstream adolescent health concerns in the national development process to improve the quality of life and standard of living of young people in Uganda. Availability of the policy will greatly facilitate the implementation of adolescent RH programs at national, district, and lower levels.

POLICY had reported in our semi-annual report covering July–December 2003 that the Ministry of Local Government's document for district and lower-level planning, titled "Guide for Harmonized Participatory Development Planning and Management for Lower Local Councils," did not address population issues. As a result, little or no resources were allocated for population issues at the lower levels. POLICY and POPSEC submitted a proposal to the Ministry of Local Government highlighting population issues to be included in this guide. The guide has now been revised to include these issues and has been reprinted. POLICY and POPSEC will design a population checklist to be attached to the guide in 2005. The checklist will guide planners and policymakers at community, parish, subcounty, and district levels on how to integrate population and RH issues into development plans.

As a result of the POLICY investments in RAPID, CSPro, and advocacy training, some district population officers (DPOs) and District Directors of Health Services (DDHS) have improved the POLICY environment for reproductive health in their districts. In Soroti District, the DDHS and DPO lobbied the District Council to approve the following items, which are outlined in the district's development plan: construction of maternities in Health Center (HC) III, extension of blood banks to HC IVs, and provision of adequate FP supplies. In Hoima District, the DPO lobbied the light broadcasting FM radio station for free airtime to air messages on FP/RH. The director of the station gave 30 minutes. For the last three months, the DPO of Hoima hosted a radio talk show on FP/RH every Thursday night, using information generated from CSPro and RAPID.

The Hoima DPO also had his budget increased from 4 million Ush in FY 2003–2004 to 11 million in FY 2004–2005. The new funds will be used to assist subcounties to plan and integrate population issues in their workplans. The DPO also influenced prominent persons in the district, such as the district chairman and district social service secretary, to talk openly about FP/RH issues in their public addresses. In Sembabule District, the DPO has been lobbying for funds to sensitize the community on family planning. For the first time, his office was allocated 11 million shillings for FP awareness meetings. The DPO of Jinja also used information generated by CSPro to make presentations to different audiences in the district, such as counselors and health workers; as a result, he was given 600,000 shillings for fuel to facilitate his travel to the subcounties to sensitize the community on family planning. Both the DPO and the DDHS of Jinja attended the CSPro workshop. When they returned to the district, they shared the information generated with their colleagues; as a result, health workers in the HC IVs in the district are using FP information generated by CSPro to guide their contraceptive orders for their health units.

The provision of Comprehensive Emergency Obstetric Care (EmOC) is one of the focal areas in the MOH/RH Division's 2003–2005 strategy. The MOH/RH Division, University of Columbia, and UNICEF carried out an EmOC needs assessment survey in 19 districts between February and March 2003. However, the MOH realized that since only 19 districts were sampled, the results cannot be projected to give a national picture. At the request of the mission, POLICY and UNICEF co-facilitated the next phase of the exercise, which was to conduct an EmOC needs assessment in the remaining 37 districts. The survey, which took place June–July 2004, collected data from the following facilities: all district hospitals, 50 percent of all HC IVs in 36 districts (one district in Northern Uganda was eliminated from the survey because of security problems), and 50 percent of all HC IIIs in 36 districts. At each level, the samples included both public and private facilities. The major recommendations from the survey include: (1) the need to revise all RH policies to address EmOC adequately, as this affects implementation, (2) the need to have more staff that are skilled in providing EmOC and also provide motivation for them, and (3) the need to enhance functionality of all hospitals and HC IV countrywide so as to render comprehensive EmOC services. In October, this report was presented and adopted by the Joint Review meeting attended by the MOH and donors, including USAID and other government ministries. POLICY is closely linking with the ministry on how best to implement the suggested recommendations. The results of the survey have enabled the MOH to identify what each facility needs to implement EmOC; it also enabled EmOC scale-up interventions to directly target the needs of each facility.

The MOH/RH Division has attributed the poor RH situation in the country to little or no information, education, and communication (IEC) messages going out to the community. Also considered responsible for the situation was the lack of advocacy attempts with leaders (i.e., MPs and local council leaders) who may want to influence policy decisions, as well as have materials or guiding notes on how to encourage use of family planning where it exists and to improve quality and access where it is weak or nonexistent. A meeting took place on November 8 at the MOH to discuss the modalities of developing IEC materials for MOH/RH. In September, the MOH prepared a communication strategy that would guide systematic planning, implementation, and monitoring of advocacy for policy change, social mobilization, and communication activities geared toward achieving behavior and social change as well as greater

commitment among local leaders. A technical team, which POLICY is part of, was formed to finalize the draft communications strategy. The process of reviewing, updating, and developing IEC materials will draw from the ministry's communication strategy. Once the strategy is finalized, the next steps will be to review and update available IEC materials or prepare new materials as necessary. POLICY will support the ministry to prepare IEC materials for leaders to enable them to speak uniformly about family planning, especially when they are involved in community mobilization. The materials will also help leaders take action and make decisions that will strengthen FP programs.

The Implementing Best Practices (IBP) launch meeting in Africa, with the theme "Repositioning Reproductive Health in Africa: Linking Challenges with Best Practices," was held in Entebbe, in June. Each country team prepared an 18-month workplan geared toward meeting a performance goal adopted by the team. Through a participatory planning process, the Uganda country team analyzed the RH situation in Uganda and found out that few VCT/STI/MCH/PMTCT/ARH clients receive FP information and services. Several problems were identified: health providers lack knowledge and skills in family planning, there are not enough FP providers and sites, and there is a low demand for family planning. Root causes of these problems included inadequate resources and poor support from policymakers. It was also recognized that lack of advocacy skills, methods, and tools are serious obstacles to bringing about the changes needed to address these problems. As a result, the country team decided to develop and implement an FP advocacy strategy that can best bring about the policy changes to address the problems identified and equip key partners with advocacy skills and tools. The POLICY Project was asked to spearhead the activity and provide funding. The country team held its first meeting on November 16 and agreed to hire a consultant to lead the process. A select committee was appointed to write terms of reference for the consultant. A workshop has been scheduled for January to discuss the consultant's findings and start drafting the FP Advocacy Strategy and improved policy actions and decisions that are expected as a result.

POLICY facilitated the First Lady's office to organize a two-day workshop for 350 village health team members from four districts—Kayunga, Mukono, Jinja, and Kamuli—in Jinja, November 22–23. The theme of the workshop was "Improving the Lives of Women and Children in Uganda." The main goal of the meeting was to build capacity for village health teams (VHTs) to be able to mobilize the communities to promote the health of mothers and children. During this meeting, the First Lady stressed the importance of planning a family; specifically, the need to plan and have only those children a couple can look after in terms of school fees, healthcare, and food. The First Lady also encouraged men to be supportive of their wives the latter decide to use FP methods.

At the request of the mission, POLICY will support the MGLSD to build capacity of their Community Development Officers and Assistants (CDO/As) in the four districts of Kisoro, Nebbi, Hoima, and Kumi to promote and advocate for family planning. POLICY will revise and update the FP module of the ministry's Nsamizi Institute. The CDO/As will resume orientation in this revised module and will also be trained in FP advocacy skills. The CDO/As will be assisted to mobilize communities to use FP services where they are available. They will also hold several meetings with village leaders to strengthen commitment to FP at lower political levels. CDO/As will also be given skills to collect information on why women are not using FP services; it is hoped this information will assist the MOH to understand how best to deliver FP services and will subsequently lead to needed decisions and actions for change.

POLICY participated in the Annual Health Assembly held at the International Conference Center on October 25–27 and the Joint Review Mission on October 28–29. The purpose of the Joint Review Mission was to review the second Health Sector Strategic Plan. One of the recommendations from this meeting was to have district conventions in which district leaders will be enlightened on the importance of reproductive health to their communities and their role in mobilizing the communities. In an effort to raise FP/RH issues high on the agenda, POLICY has agreed to support the MOH to organize regional

convention meetings to target leaders and decisionmakers. During these meetings, leaders will be informed about key issues in FP/RH and how their decisions and actions on annual plans and budgets from DPOs and DDHS can strengthen FP/RH programs.

POLICY staff John Kyakulaga and U.S.-based staff Danielle Grant-Krahe together with the URHAN coordinator Resty Musonge made a trip to URHAN/Hoima District on August 1–3 to attend a meeting for the dissemination of research findings on early marriages. The POLICY/URHAN team paid a courtesy call to the king and discussed the research findings and requested his support of URHAN in its advocacy efforts for the reduction of early marriages in Hoima District. The king was supportive and committed the kingdom to participating in the advocacy activities, but regretted the lack of the necessary financial support. The kingdom was asked to put its views on paper for consideration for support. Consequently, the principal private secretary to the king made and presented a three-year project proposal for funding worth US\$47,650. A meeting was held with URHAN over the proposal, in which it was felt that URHAN/Hoima needed to be consulted on the modalities of implementing the kingdom program. During November 1–2, meetings were held to discuss the kingdom proposal and establish working relationships between URHAN/Hoima and the kingdom when implementing the program. URHAN has developed a joint workplan, which was presented to POLICY/Uganda for consideration

POLICY/Uganda organized an SM workshop August 31–September 2. The main objective of the workshop was to inform participants at national and district levels of how the model with a costing component can be used at the district level to influence budgetary allocations for safe motherhood. The six districts from which costing data were initially collected were represented by a DDHS and a DPO. District participants requested an application of the SM Model in each of their districts. The district teams were trained in data collection tools, and POLICY will facilitate the process of collecting costing information and MNPI information from two of the six districts.

HIV/AIDS

As a result of the \$200,000 proposal for FY 2004 that POLICY Project submitted to the mission to access funds from the President's Emergency Plan for AIDS Relief, POLICY subcontracted with two organizations: (1) Uganda Women Lawyers (FIDA) to develop guidelines on will writing and the legal rights of PLHAs, and (2) The National Forum of People Living with HIV/AIDS Network in Uganda (NAFOPHANU), to develop guidelines for PLHAs on access to services (social services, legal services, and health services). Both subcontracts have been signed and approved and are being implemented.

POLICY also submitted a proposal for FY 2005 activities. The proposal builds on activities initiated in FY 2004, and they include the dissemination of legal rights information, reduction of stigma and discrimination, and strengthening the organizational capacity of the individual PLHA organizations under NAFOPHANU. POLICY was granted \$500,000 after the proposal was approved by the Country Operations Plan team; the proposal is currently in Washington, D.C., awaiting final approval.

WARP

Program Objectives: POLICY Project assistance to the West Africa Regional Program (WARP) was initiated in October 2003 with the launch of WARP's RH Project (AWARE RH). POLICY's focus is to strengthen political commitment to FP/RH programs in close coordination with the AWARE RH contractor consortium. POLICY's assistance includes organizing information to assess and monitor the policy environment for FP/RH, participating on an advisory committee of AWARE RH to help determine the regional policy agenda, and providing input into strategies for strengthening the policy and advocacy roles of parliamentarians, NGOs, journalists, and other significant groups. POLICY does not have a role in WARP's HIV/AIDS Project (AWARE HIV/AIDS).

POLICY/WARP will coordinate closely with POLICY core-funded activities, including the development of POLICY-DELIVER contraceptive security strategies in Togo and Cameroon and the POLICY IR1 repositioning FP activity. Regional partners include the Forum of African–Arab Parliamentarians for Population and Development (FAAPPD), CERPOD (the population and development research arm of the Sahel Institute), the West Africa Health Organization (WAHO), the Centre for African Family Studies (CAFS), and AWARE RH.

Summary of Major FP/RH Activities:

Regional staff. Modibo Maiga, Country Director for POLICY/Mali, is now director of POLICY/WARP and POLICY/Mali. He is responsible for overall implementation of POLICY/WARP activities under technical direction of WARP Manager Norine Jewell. Dr. Kadidiatou Maikibi, former director of Niger's national RH program and former program officer with IPPF/Africa, was hired by POLICY as a full-time regional technical advisor for FP/RH, working out of Niamey. Maikibi is responsible for organizing and following up POLICY's two regional technical consultative meetings that are financed by AWARE RH and being carried out in collaboration with the FAAPPD. Both Maiga and Maikibi are participating in the Repositioning FP Conference.

Collaboration with AWARE RH in regional policy and advocacy strategies. During this period, AWARE RH drafted a strategy for advocating for policy change over the next four years and invited input from POLICY. POLICY reviewed the first draft strategy and offered extensive comments and suggestions, most of which were incorporated. AWARE RH has sent the most recent version to POLICY and welcomes further input.

AWARE RH agreed to provide financing for two major POLICY technical consultative meetings in legal-regulatory reform. The first technical consultative meeting was held in Bamako, Mali, October 4–6. The purpose of the meeting was to bring counterparts together to analyze the process and content of legislative and regulatory actions that have already taken place in the region. The objective was to produce a resource document for other countries. POLICY staff (Jewell, Danielle Grant, Maiga, Allé Diop) and consultants (Maikibi, Badara Diop, Moustapha Ka, Aissatou Diallo) created the program and methodology, coordinated with AWARE RH and FAAPPD to invite parliamentarians and other key stakeholders from seven countries already engaged in legislative and regulatory activities (Benin, Burkina Faso, Guinea, Mali, Niger, Senegal, Tchad), and mobilized needed administrative and logistical support, which was financed by AWARE RH (which also financed participation of all country delegations). POLICY used field support and core IR1 funds to finance a team of staff and consultants who facilitated the meeting and are now working on the resource document that will be produced in the next quarter.

The second technical consultative meeting is scheduled for February and March in Niamey, Niger. During this period, POLICY staff and consultants began forming the program and methodology in coordination with AWARE RH and FAAPPD, which will facilitate communication with parliamentarians from the

same seven countries. The purpose of this workshop is to help countries in the region pursue a systematic process for translating laws into actions in the field. The workshop goal is to draft a guide to effective implementation of laws. The objectives are to identify and describe each critical step in the process of applying the RH law and regulations to achieve improvement in access and quality of FP services, and reach agreement on the content of a guide.

Support for legislative reform in Burkina Faso. The parliamentary networks from the six countries that participated in POLICY's June 2003 forum in Conakry—financed by POLICY IR1 core funds—have been pursuing legislative agendas drafted in the forum. In this context the Burkina Faso network requested POLICY assistance to prepare an action plan, which includes introducing the RH law into Parliament for possible action in 2004 or early 2005 and to mobilize resources and support for implementing the plan. POLICY/WARP field support and POLICY IR1 core funds were used to develop and support the mission of POLICY consultant Moustapha Ka to Burkina Faso in early September. During the mission, POLICY facilitated the completion of a parliamentary network action plan and helped to organize and support meetings with key partners, including the president of the National Assembly, UNFPA, UNICEF, and WHO. Several partners agreed to participate in financing a workshop for network members to approve the plan and set activities in motion, and all partners indicated areas of interest for supporting implementation of the plan. POLICY agreed to use core funds to finance a follow-up TA visit from the consultant to facilitate the workshop planned for 2005. Some core funds will also contribute to local costs of the workshop, such as materials reproduction.

Collaboration with Advance Africa on repositioning FP conference. With field and core support, POLICY has been working with Advance Africa, USAID/WARP and AWARE RH, WHO and USAID/Washington to plan a conference originally scheduled for November and rescheduled for February 2005, aimed at repositioning FP in the region in response to high unmet need for FP. POLICY's primary contributions have been writing the program agenda, designing strategies and methodologies for delivering the program, preparing and presenting specific sessions in plenary and small group sessions, facilitating breakout groups and country teams, and supporting country delegations in Ghana, Mali, and Nigeria. POLICY staff and consultants in the United States and in the region were all mobilized to participate in all of these areas, and a POLICY team of 15–20 will be present as facilitators and presenters.

ZAMBIA

Program Objectives: POLICY's objectives in Zambia are to enhance HIV/AIDS responses and initiatives at the national and district levels and to promote HIV/AIDS-related human rights. POLICY's work in Zambia builds and strengthens the capacity of partner organizations and institutions to design, implement, and advocate for programs at national, provincial, and district levels. POLICY supports the National AIDS Council (NAC) in implementing the National HIV/AIDS Strategic Framework by strengthening the execution of a multisectoral response at the district level.

POLICY builds on previous accomplishments and works closely with key stakeholders, including the government of Zambia, NGOs, faith-based organizations (FBOs), cooperating agencies (CAs), and donors. POLICY focuses on three theme areas: multisectoral response focused at the district level, information for policy dialogue and planning, and human rights.

Summary of Major HIV/AIDS Activities:

The Zambia program continued at full operation in the first quarter of the reporting period. However, most of September and October was devoted to closeout of the project. Partners were winding down activities in preparation for closeout. Key activities included inventory reconciliation and the handing over of project equipment to USAID or CAs, as recommended by USAID. A significant amount of time and effort went into preparing a final end of project (EOP) report, highlighting achievements, challenges, and lessons learned over the two-year project implementation phase. It is anticipated that many of the activities funded under the President's Emergency Plan for AIDS Relief would continue through separate funding mechanisms. An EOP report and publication of the AIM books are highlights of the period.

Multisectoral Response

POLICY continued implementing capacity-building activities for members of the HIV/AIDS district task forces (DTFs) and strengthening support among district and provincial leaders in Southern Province for HIV/AIDS programs. From July through September 2004, POLICY's district and provincial HIV/AIDS advisors conducted monitoring and technical support visits to the 11 districts in the Southern Province to assist the DTFs prepare their strategic plans.

With editorial assistance from POLICY Project consultants, Joost Hoppenbrouwer and Rueben Lifuka, all 11 DTFs in the Southern Province completed their HIV/AIDS district and strategic plans in August and debriefed their stakeholders on plans content. DTFs in Namwala and Siavonga had their plans approved by their respective district development coordinating committee (DDCC) and district council. The remaining nine districts are in the process of presenting their workplans to the DDCC and district council for approval. All plans have forewords written by the District Commissioner, Office of the President.

The Livingstone Multisectoral HIV/AIDS DTF (LMDTF) made a presentation to the Parliamentary Committee on Budget Estimates in Livingstone in September. The Parliamentary Committee questioned LMDTF on its operations and expenditures, constraints and difficulties. LMDTF was urged by the committee to lobby the provincial administration, particularly the office of permanent secretary, to be supportive of district plans and to ensure that government funds for HIV/AIDS activities are used efficiently.

Six DTFs (Choma, Kalomo, Mazabuka, Monze, Namwala, and Sinazongwe) have completed their constitutions, bylaws, financial management policies, and procedures. DTF membership has increased in all districts from an average of 15 to 35 at present. Initially, when DTFs were formed they were commonly perceived as a group of elite in the district charged with developing HIV/AIDS interventions.

After assistance from POLICY, these perceptions have changed. DTFs have become inclusive and multisectoral, drawing members from all walks of life who have an interest in HIV/AIDS. During the final monitoring visit by the quantitative policy analyst, members of the DTFs said their capacities have been built and that there is cohesion, team work, and collaboration among members.

All DTFs have a close relationship with their district authority. Sinazongwe's constitution, financial policies and procedures, and strategic plan have been reviewed and approved by the DDCC and district council. Choma DTF mobilized approximately US\$122,36 to hold a meeting and review its constitution. Kalomo DTF conducted desk appraisals for 40 community HIV/AIDS projects applying to the Community Response to HIV/AIDS (CRAIDS) for funding. Three projects were accepted for funding: Let us Build Together: US\$7,384; Youth Interdenominational Group: US\$9,705; and Mumuni Center: US\$23,840.

The 10 DTF advocacy trainers successfully trained DTF and FBO representatives in advocacy skills and helped them develop advocacy plans. In August, all DTF and FBO advocacy groups received a small grant through the POLICY small grants mechanism. The groups then identified advocacy issues, wrote proposals, and prepared budgets for their identified activities. In preparation for receiving the grant, a grants management training session was conducted in July and attended by 51 people representing DTFs and FBOs in the Southern Province. The purpose of the workshop was to assist them to effectively and efficiently manage grants. Reporting formats were disseminated to the participants and consensus was achieved on monitoring and reporting requirements and timelines.

Information for policy dialogue. During the period, materials, bookshelves, and computer equipment were distributed to all DTFs to broaden accessibility to information for policy dialogue and planning. The materials included copies of the National HIV/AIDS Strategic Plan and draft National HIV/AIDS Policy, a manual on nutritional requirements of PLHAs, and general documents on HIV/AIDS. The AIM booklet was completed and reviewed by chairpersons of the NAC working groups. The next AIM activity is to have the booklet printed and distributed. The study on household food security in HIV/AIDS-affected households was completed and a verbal report given to stakeholders in August. Researchers received feedback and have incorporated changes to the report.

HIV/AIDS and human rights project. POLICY continued to work with Women and Law in Southern Africa Trust (WLSA) to assist the NAC in developing an HIV/AIDS and Human Rights Charter; provided TA to the YWCA to implement the Human Rights Referral Center (HRRC); provided TA to Zambia Interfaith Networking Group on HIV/AIDS (ZINGO) to establish referral centers to provide palliative care for PLHAs in Southern Province; and provided oversight to the HIV/AIDS and human rights multimedia campaign administered by Viswa.

The HRRC continued to screen and refer cases to legal and social services providers. Between July and September, 24 clients (11 women, 13 men) were received, screened, and referred by the HRRC. The issues presented by clients were labor and domestic discrimination, information seeking, invitations by the HRRC, and calls within and outside of Lusaka. The YWCA tried to maintain regular contact with members of the broader referral network during the period. A formal meeting with partners was held on August 6 to share information on matters of common interest. Among the stakeholders attending the meeting were the Legal Resources Foundation, National Legal Aid Clinic for Women, the Permanent Human Rights Commission, Kara Counseling and Training Trust, Viswa, Zambia AIDSResearch Network, and the POLICY Project Human Rights advisors.

In August and September, POLICY consultant Elizabeth Mweene carried out a needs assessment of the HRRC Network. Thirteen networking partners were interviewed to obtain baseline information on the referral system, identify areas of strength and weakness, and to recommend interventions to strengthen the

system. The assessment revealed a number of weaknesses leading to clients dropping out of the system, and it also identified weak links between the HRRC and recipient referral organizations. However, the assessment also showed that 80 percent of the cases received by the HRRC were successfully handled by the center and did not require referrals.

Progress has been made in drafting an HIV/AIDS Human Rights Charter for Zambia. WLSA conducted a situation analysis through literature review and field research to ascertain attitudes and opinions about HIV/AIDS and human rights. Preliminary results indicate that most social programs in Zambia are divorced from human rights issues and that there is a general lack of understanding on the human rights-based approach to HIV/AIDS.

POLICY supports ZINGO to create PLHA support groups in FBOs in the Southern Province. In July and August, support groups were formed in Mazabuka, Monze, and Livingstone. The support group in Mazabuka has 10 members from different faiths and is called the Mazabuka Interfaith HIV/AIDS Initiative of HIV/AIDS Hope (MIHH). The Monze group consists of 34 members and is called the Monze Interfaith Support Group on HIV/AIDS, Care and Advocacy. The Livingstone group also is an interfaith initiative although it only has a five-member committee and has not yet decided on a name. However, more people are joining the group including people who are not HIV positive, but still identify with the group. Youth Alive, a local NGO for youth is registered as a member of the support group.

The media campaign to raise public awareness about human rights and HIV/AIDS commenced July 16. Since then, five television, three radio, and five print media advertisements have been running. A total of 110 radio spots have been broadcast through regional radio stations operating in Chikuni and Mazabuka. POLICY launched the media campaign in August during a television discussion program featuring the NAC IEC specialist and the POLICY senior HIV/AIDS human rights specialist. In addition, Viswa established links with 16 radio listening clubs operating in Monze and Mazabuka districts. The radio groups monitor Viswa-sponsored programs on HIV/AIDS-related stigma and discrimination and discuss these ideas with community members.

President's Emergency Plan for AIDS Relief. Encouraging people to go for voluntary counseling and testing (VCT) is a priority in Zambia. It is a prevention strategy and entry point for care and support. Only about 10 percent of the adult population know their HIV status. Compounding the problem of lack of knowledge is the scarcity of test kits in the country; there are not enough to meet demand from even the small proportion of people who want to know their status. During the period, CHAMP secured 1,000 VCT kits from the MOH to be used in the Business Response for Access to Treatment (BRAT) sites where Konkola Copper Mines (KCM) and Dunavant operate. The response was good: 741 people came forward for testing. Among this group, 70 percent were rural-based (primarily in the Southern Province), and 27 percent were urban-based.

The interfaith consortiums based in the Southern Province received grants, furniture, and equipment to set up referral systems. While waiting for their grants, all consortiums entered into memorandums of understanding with local service providers to ensure their clients receive services. Consortiums in Kalomo and Siavonga began to refer clients before receiving the grant. This is commendable considering that the referral centers are administered by volunteers.

Other

One of POLICY'S contributions was the mobilization of different sectors. Key lessons of the collaboration include the following:

1. Consensus among members to work with POLICY and agreement between the DTFs and POLICY to work together was the foundation to all activities. Consultation with institutional partners such as the DTFs can generate internal consensus among members and between the DTFs and POLICY Project. POLICY invested heavily in ensuring that all capacity-building activities conducted for DTF representatives used the cascade method of communication and training. This resulted in creating a large reservoir of people at the community level who were knowledgeable about HIV/AIDS strategic planning and advocacy and sharing a common vision about the factors driving the AIDS epidemic in their areas and what should be done to stop it.
2. Implementation of multiple but coordinated and synchronized activities is critical to achieving a successful multisectoral response. Working with multiple partners in HIV/AIDS prevention and control programs requires a vision and plan to achieve outputs but also flexibility to respond to arising needs and concerns. For instance, using the cascade method for training a large number of people required introducing supplementary skills training. Early in POLICY's workplan implementation process, program officers recognized that partners may learn advocacy and planning techniques well but had difficulty in sharing the knowledge with the wider task force. Facilitation and documentation skills training were introduced to facilitate communication and consensus building.
3. Leadership mobilization was a catalyst to DTF capacity building. The role of district commissioners was ambiguous and controversial but involving them in district HIV/AIDS work helped them to define their role in a way acceptable to the DTFs.

ZIMBABWE

Program Objectives: The goal of POLICY Project assistance in Zimbabwe is to contribute to HIV/AIDS policy dialogue, implementation planning, and advocacy in an extremely challenging political and economic environment. POLICY will carry out its activities by providing TA for an update of the AIDS Impact Model (AIM) and a review of the Zimbabwean response to the epidemic. The material will be presented in the form of a briefing book and policy briefs.

Summary of Activities:

- Held the first training session on the AIM presentation for representatives from civil society
- Held several conversations with the National AIDS Council (NAC) to organize AIM training for NAC central and provincial representatives
- In close collaboration with the Ministry of Health and Child Welfare (MOHCW), finalized and printed the first policy brief, “Preventing Mother-to-Child Transmission of HIV in Zimbabwe”
- Engaged in extensive interaction with the MOHCW on completing two additional policy briefs on VCT and ART

The working environment in Zimbabwe continues to deteriorate and it is unknown when the downward spiral will stop. Although POLICY staff in Harare showed considerable persistence and resilience, there was little movement on project activities. As the quarter ended, there was some promise, however. POLICY has been trying for several months to organize AIM training for NAC and MOHCW provincial and national staff; this training is now scheduled for January 2005. MOHCW also promised final comments on the VCT brief, which will be printed in January or February. Also, the Zimbabwe HIV/AIDS Policy and Advocacy Project has incorporated the use of AIM as a central activity in its revised workplan so the effort will go forward. POLICY has also been trying to survey civil society organization representatives who received AIM training to see if they have used the AIM presentation in their work. This effort has been hampered by the atmosphere created by the pending NGO bill.

POLICY will carry out the planned training session in January and will print the VCT brief. At that point, the project will cease activities in Zimbabwe.

ANE



BANGLADESH

Program Objectives: The goal of POLICY assistance in Bangladesh is to improve the policy environment for FP/RH programs. Assistance focuses on formulating and improving policies and plans that promote and sustain access to effective health service delivery among the needy. Toward this end, POLICY works to ensure that public-private collaboration in achieving contraceptive security is improved; barriers to postpartum family planning are reduced; Social Marketing Company's (SMC) ability to conduct rational and effective planning and marketing is improved; and accurate and timely information on program requirements is generated and used.

Summary of Major FP/RH Activities:

- *POLICY Project continues in Bangladesh.* Syed Shamim Ahsan, POLICY's Country Director since 1998, resigned in June. After some negotiation between USAID/Bangladesh and USAID/W, it was decided that POLICY's work would continue in Bangladesh, including work on the White Ribbon Alliance (WRA) and contraceptive security. Koki Agarwal will carry out the survey on barriers to postpartum family planning in Bangladesh. Areba Panni, coordinator for POLICY Project, will represent POLICY in Bangladesh.
- *Location of new POLICY office.* POLICY's previous office at Progress Tower closed on August 31, 2004. Most of the equipment was given to SMC and the Behavior Change Communication Program (BCCP), and some materials were kept for the POLICY coordinator. The new POLICY office is located in RM Center on the 4th floor on Gulshan Avenue in Dhaka.
- *Meeting at FHI (September 19).* Panni attended a meeting at FHI about the HIV/AIDS Task Force. Representatives from USAID, UNICEF, CARE, the Bangladesh Women's Health Coalition (BWHC), Ashar Alo Society, and Bondhu also attended. The FHI country director conducted the meeting, which focused on creating greater communication among organizations working on HIV and avoiding overlap in work.
- *Meeting at UNFPA (September 27).* Panni met with Suneeta Mukherjee, representative of UNFPA, about POLICY's interest in the WRA and the operational barrier study.
- *Meeting at USAID (October 5).* Barbara Seligman from USAID/Washington's Global Health Bureau gave a presentation in Dhaka regarding various requirements affecting population assistance, including the Helms Amendment, Tiahrt Amendment, and the Mexico City Policy. Representatives from partner organizations such as SMC, the NGO Service Delivery Program (NSDP), BCCP, DELIVER, and POLICY were present during the presentation. Seligman also spoke about abortion-related activities and which funds are affected.
- *Meeting at Directorate General of Health Services (DGHS) (October 5).* A partners meeting was held on October 5 at DGHS to get the FHI workplan for 2005 approved. The Director General (DG), Mizanur Rahman, presided over the meeting while Robert Kelly, Country Director for FHI, presented the workplan. The workplan was approved, and it was discussed that the HIV/AIDS and STI Subcommittee must always be informed so that there is never any overlap in work.
- *Meeting with Courtney Bickert and Meredith Persily (October 14).* Courtney Bickert and Meredith Persily visited the POLICY Office to discuss technical assistance needs of SMC. Bickert mentioned that there is a major role for POLICY to play in the commercial sector for pharmaceutical companies in Bangladesh.

- *Meeting at DELIVER (October 20)*. Bickert and Panni met with Nurul Hussain from DELIVER to discuss areas in which POLICY and DELIVER can collaborate and new areas in which POLICY can work, such as the commercial sector. POLICY can work with market segmentation and represent it in a way that looks like market data for the commercial sector. Hussain also suggested jointly participating in the public and private sector because the private sector depends heavily on the government.
- *Meeting with Karen Johnson (October 28)*. Karen Johnson discussed with the POLICY Coordinator her role as a consultant for SMC. She explained that she had recently prepared a corporate video targeted toward the government, media, and other stakeholders addressing partnership and collaboration. Johnson is currently writing the corporate brochure and making arrangements for SMC's 30th anniversary in the year 2005.
- *Reproductive Health Commodity Security (RHCS)*. Futures Group sent a questionnaire on RHCS to the POLICY Coordinator in Bangladesh to gather information on reproductive healthcare, focusing primarily on family planning supplies (contraceptives). The POLICY Coordinator interviewed four individuals from the health field:
 - Charles Llewellyn, Team Leader, PHN-USAID, Dhaka (interviewed on October 31)
 - Nurul Hussain, Chief of Party, DELIVER/Bangladesh (interviewed on November 2)
 - AZM Zahidur Rahman, Head, HIV/AIDS Prevention, SMC (interviewed on November 4)
 - Jahir Uddin Ahmed, Director (Planning) & LD, Directorate of Family Planning (interviewed on November 10)
- *Corporate steering group meeting (November 28)*. The corporate steering group meeting was held on November 28 at the Brac Centre Inn. All partners of the National Integrated Population and Health Program (NIPHP) and the donors were present during the meeting. A. F. M. Sarwar Kamal, Principal Secretary, MOHFW, presided over the meeting while FHI, DELIVER, SMC, the International Center for Diarrheal Disease Research, Bangladesh (ICDDRDB), EngenderHealth, and NSDP presented their workplans for the year 2005. Charles Llewellyn and his team were also present. Llewellyn explained that USAID also has funding for an independent study on safe motherhood (and the WRA), which is going to be conducted by POLICY/W. The secretary approved all the workplans and the independent study.
- *Safe Motherhood and the WRA*. Panni collected contacts and information over several months about organizations that are working on safe motherhood in Dhaka. Futures Group also sent some data. Work is in progress and arrangements are being made for Koki Agarwal's arrival on January 3.

Mitra & Associates was contacted by the POLICY office in Dhaka to help find a consultant who can carry out focus group discussions of about eight to ten women in three or four locations in Bangladesh. The concerned persons visited the POLICY office on December 14 and agreed to work with POLICY. They suggested that they would need more than one consultant to carry out the work.

CAMBODIA

Program Objectives: In line with the strategic and intermediate results of USAID/Cambodia, the strategic objective of the POLICY II Project/Cambodia is *the improved policy environment for HIV/AIDS, family planning, and safe motherhood with a focus on adopting a human rights approach*. POLICY/Cambodia addresses a wide range of relevant issues that support the greater uptake of services. These issues include HIV/AIDS-related stigma and discrimination, the protection of human rights and documentation of HIV/AIDS-related human rights violations, promoting the principles of GIPA, supporting the empowerment of communities infected and affected by HIV/AIDS, facilitating the development of policies and guidelines for issues relating to OVC and reproductive health, and strengthening collaboration and partnerships between government and civil society, particularly with the National AIDS Authority (NAA).

Summary of Major Activities:

FP/RH

- *The Reproductive Health Promotion Working Group (RHPWG)*. The RHPWG finalized a stakeholder fact sheet to promote increased awareness of the importance of male involvement in reproductive health. The RHPWG also participated in a two-day training workshop held September 29–30 on the principles of male involvement and advocacy techniques. Dr. Margaret Greene, Anne Jorgensen from Washington, DC, and a co-trainer from Gender and Development (GAD) conducted the workshop. A total of 24 participants attended this training, including 18 members of the RHPWG, and representatives from government and civil society partners such as the National Reproductive Health Program (NRHP), Ministry of Women’s Affairs, the Parliamentarians Group, Playing Safe Project (GAD/CARE), and PSI. The feedback from the training was positive, with participants feeling more confident in their ability to advocate for male involvement in RH policies.

The male involvement stakeholders’ meeting was conducted on October 6 with 75 participants from the government and NGO sector. There was general consensus about the need for increased male involvement in reproductive health and the need for guidelines or principles to guide service provision. Dr. Koum Kanal (National Maternal and Child Health Center—NMCHC), who moderated the panel discussion in the afternoon session, concluded that any principles should be integrated in RH-related policies and guidelines and should be developed as stand alone guidelines. A follow-up roundtable discussion conducted on December 2 and moderated by POLICY/Cambodia produced a consensus on the need to develop an inter-ministerial guideline for male involvement.

The RHPWG also conducted an evaluation workshop to identify strengths and weaknesses for moving its agenda ahead and seeking further support. The workshop was held December 22–24 at Sihanoukville.

- *The Reproductive Health Resource Mobilization booklet*. This booklet was finalized in collaboration with the MOH/NRHP and signed by Prof. Eng Huot, Secretary of State for the Ministry of Health. The booklet was printed in draft prior to the donor consultative group meeting on December 8. The booklet was also presented at the Maternal and Child Health (MCH) sub-coordination committee meeting on December 16.
- *Adolescent reproductive health (AHR)*. Following the Youth Congress and policy dialogue in early 2004, negotiations continued between POLICY and UNFPA to create terms of reference for the development of an ARH policy in collaboration with the ministries of Education, Health, and

Women's Affairs. It has been agreed in principle that UNFPA and POLICY will provide joint assistance for this process in collaboration with the ministries. A roundtable discussion was conducted on December 14.

- *MEDiNEWS*. Progress on this subcontract has picked up with the development and dissemination of the review questionnaire for MEDiNEWS; the first review panel meeting was conducted on December 9.

HIV/AIDS

Advocacy

- *Influencing policy change through behavior change communication (BCC) on gender and HIV/AIDS*. Two videos were produced during this quarter, one on violence against women, specifically rape and gang rape in relation to HIV vulnerability, and one on young men and HIV vulnerability. Provincial workshops were also held in Battambang, Banteay Meanchey, and Siem Riep provinces from December 12–18, with 138 participants ranging from commune, district, and department leaders to governors and high-ranking officials from the Ministry of Women's Affairs (MOWA). One national workshop will be held in January 2005.
- *International AIDS Conference, Bangkok, July 2004*. POLICY/Cambodia assisted with the development of the following poster presentations: (1) NAA: Implementing Cambodia's Law on the Prevention and Control of HIV/AIDS; (2) Cambodian Human Rights and HIV/AIDS Network (CHRHAN): Documenting HIV/AIDS-related Human Rights Abuses in Cambodia; and (3) POLICY Project/Cambodia: Media Reporting on People with HIV/AIDS in Cambodia. Eleven participants sponsored by the POLICY Project attended the conference, including four staff members.
- *OVC*. The results of the survey on the "Social and Economic Impact of HIV/AIDS on OVC in Cambodia" were disseminated on August 22, in collaboration with the Ministry of Social and Veteran's Affairs and CARE/Cambodia. A policy dialogue meeting was held on August 23 with key stakeholders, including UNICEF and Save the Children/Australia (SCA), to discuss the next steps toward the development of a crosscutting policy on OVC. The workshop report was disseminated in December.
- *Greater involvement of PLHAs*. The Cambodian Positive People's Network (CPN+) successfully completed its subcontract for a project advocating for enhanced protection and respect for the rights of PLHAs and decreased stigma and discrimination in relation to their access to treatment and healthcare. With support from POLICY, CPN+ established a ten-member PLHA rights working group, which sought to actively advocate at hospitals in Phnom Penh for the protection of rights of PLHAs seeking treatment. This six-month project was completed at the end of September 2004.

With support from Mr. Mak Sourneak, hired as a PLHA rights facilitator by the POLICY Project, and in collaboration with CHRHAN, the working group established a documentation system to report and respond to violations at health facilities. Members of the PLHA rights working group also advocated in response to cases at both public and private medical facilities.

CHRHAN provided training June 21–23 to the working group members on the documentation and follow up on cases relating to HIV/AIDS-related human rights violations. In July 2004, Dr. Susan Paxton facilitated a two-day training workshop on advocacy in relation to ARVs and presentation skills. Vithey Chivit also attended this training as part of its subcontract activities.

CPN+ had also intended to conduct a roundtable discussion highlighting access to treatment for PLHAs. This activity was delayed, however, due to the ill health of a key participant from the NAA. Depending on the results of the roundtable, a petition will be circulated to collect signatures in support of a treatment-related issue that requires urgent attention from higher levels of the Cambodian government.

Vithey Chivit (VC) completed a pilot project advocating for decreased stigma and discrimination and abidance by the law on HIV/AIDS in relation to access to treatment and medical services for PLHAs. Six advocacy workshops targeting medical personnel were conducted in three Phnom Penh hospitals with 160 medical staff and 72 PLHAs to increase awareness of the human rights of PLHAs, including practical aspects of the HIV/AIDS law guidelines. VC has set up a six-member informant network, which is composed of three medical staff and three PLHAs in the three hospitals, to document and exchange the information about access to treatment. This six-month project was completed at the end of September 2004 and the new subcontract is still waiting for approval.

A national workshop to strengthen the voices of PLHAs was conducted on August 2 and included participants from CPN+, NAA, the National Center for HIV/AIDS, Dermatology and STDs (NCHADS), and many local and international NGOs. Dr. Susan Paxton presented the findings from her study on the barriers to greater involvement of PLHAs in Cambodia. In July, Dr. Paxton also provided advocacy training to various PLHA groups and networks, including 22 participants from women's groups. A women's PLHA network was formally established at this meeting under the umbrella of CPN+.

- *Legal reform and the implementing guidelines of the HIV/AIDS Law.* The implementing guidelines are still awaiting final approval from the NAA. The legislative audit report prepared by Chris Ward and Dr. Helen Watchirs was published in July 2004.
- *CHRHAN.* CHRHAN continues to document HIV/AIDS-related human rights violations. As of September 2004, the total number of violations filed for resolution within the database was 75. CHRHAN is now working with its members to advise and follow up each case and document the outcomes. CHRHAN also produced a TV spot, conducted two provincial public forums on human rights and HIV/AIDS, and designed a curriculum on the implementing guidelines for the HIV/AIDS law. CPN+, the largest PLHA network in Cambodia, joined CHRHAN in August 2004. CHRHAN conducted a one-day skills building workshop on basic and applied advocacy skills on September 1. The aim of this training was to introduce members to strategies and techniques used in advocacy work to address HIV/AIDS-related human rights violations, such as barriers to access to treatment. CHRHAN has produced a video spot called "Turbulent Life," which depicts the true-life stories of three low-income families affected by HIV/AIDS who face discrimination by villagers and neighbors, employers, or healthcare providers. Key issues central to HIV/AIDS-related human rights violations are highlighted within the video, including social ostracism, dismissal from work, and refusal by service providers to provide adequate healthcare to those infected by HIV.
- *Improving the multisectoral response to HIV/AIDS and the implementation of the HIV/AIDS law.* A series of discussions have been held with NAA to discuss the technical assistance required by NAA to strengthen the implementation of its strategic plan. Specific activities needing support include the facilitation of the five-year strategic plan review, development of a new strategic plan for 2006–2010, application of the GOALS Model for NAA planning, and a series of advocacy events to increase awareness of the law on HIV/AIDS and promote the implementing guidelines. The POLICY Project continues to maintain excellent relations with NAA as its principal government partner.

- *HIV/AIDS-related stigma and discrimination—faith-based interventions.* Market and Strategy Development (MSD) submitted the final version of the baseline study results and conducted follow-up surveys for the two faith-based projects implemented by Wat Norea Peaceful Children’s Home (NPC) and SCA. Brad Otto visited at the beginning of July to guide the implementation of the qualitative research that will assess the role that monks play in the program to reduce HIV/AIDS-related stigma and discrimination.
- *Faith-based intervention to reduce stigma and discrimination.* GENEROUS completed its six-month faith-based leadership project targeting Islamic leaders and commune council members in Siem Reap District, Siem Reap Province, involving 100 participants. GENEROUS conducted five training sessions for community and Islamic leaders and established a district network to address the issue of HIV/AIDS discrimination involving both Buddhist and Islamic communities.

With assistance from POLICY/Cambodia, the Ministry of Cults and Religion (MOCR) conducted a training-of-trainers (TOT) workshop in August and three faith-based training workshops with Buddhist, Islamic, and Christian leaders (a total of 132 participants attended) to promote the reduction of stigma and discrimination against PLHAs through the dissemination and implementation of the “Policy on the Religious Response to the HIV/AIDS Epidemic.”

NPC submitted a new subcontract proposal to extend its current activities as well as work more closely with Islamic communities and implement a pilot project around the revised women’s code, or “Chbab Srey.” The new subcontract began in October 2004. So far, NPC has recruited and trained six new network members. NPC, with the provincial authority, also organized Human Rights Day with 120 participants and contributions from NPC to march in a campaign in Battambang Province. A key message of the campaign is to reduce and eliminate HIV/AIDS-related stigma and discrimination.

SCA successfully completed its subcontract at the end of September through its project that trained Buddhist monks in five provinces to combat stigma and discrimination at the community/pagoda level.

MSD completed its contract to conduct a baseline and impact study on the faith-based intervention projects of SCA and NPC. The report of the study will be finalized by mid-January after getting comments from the mission, the POLICY regional office, and the DC office. Findings of the study will be presented in a workshop of the MOCR in March or April 2005 to publicize the impact of faith-based interventions and seek more support for this type of intervention.

- *Community education.* The Cambodian Red Cross (CRC) conducted a TOT workshop with curriculum developed with TA from POLICY/Cambodia for its community- and school-based stigma and discrimination program in Siem Reap and also implemented a baseline survey. A full-time coordinator based in Siem Reap was recruited, and 22 participants from eight schools and four districts attended a five-day TOT course from August 23–27. The objectives of this TOT were to provide basic information on HIV/AIDS prevention and support; create a common understanding on HIV/AIDS related vulnerability, stigma, and discrimination; and develop strategies that CRC youth and volunteers can use to address these issues. A peer supporter training workshop was conducted at Sasasdam Junior High School with 25 students at the beginning of September. Activities within schools and the community are expected to commence in October 2004.

CRC also implemented a small-scale baseline survey from September 23-25 to assess stigma and discrimination in the target schools and communities, develop pre-project implementation reference data, and further inform project design and implementation. Data was collected through focus group discussions and in-depth interviews with students, teachers, PLHAs, community leaders, and

community members. The survey demonstrated that HIV/AIDS-related stigma and discrimination exists at all levels but to varying degrees. Most respondents in the study had experienced or witnessed some form of HIV/AIDS-related stigma or discrimination.

Emerging Issues

- *MSM and HIV vulnerability.* Provincial dissemination meetings were conducted in July in four provincial towns, with approximately 180 participants, including MSM, police, health officials, and local and international NGOs. Meetings have been held between the Khmer HIV/AIDS NGO Alliance (KHANA) and FHI to set up a steering committee to guide the development of the MSM sensitivity curriculum, which remains in draft form. A national two-and-a-half-day workshop for MSM was conducted December 13–15 with more than 100 MSM from Phnom Penh, Battambang, Sihanoukville, and Siem Reap.
- *Illicit drug use and HIV vulnerability.* David Burrows returned to Cambodia July 19–30 to conduct the provincial dissemination of the report on illicit drug use and HIV vulnerability in Cambodia. In collaboration with the National Authority for Combating Drugs (NACD) and NAA, meetings were conducted in four provincial towns and attracted more than 200 participants from the departments of health, police, military, and local and international NGOs. The POLICY Project also formally agreed to provide support to Mith Samlanh to facilitate a visit by a regional consultant to develop a data collection methodology for its Substance User Harm Reduction Program as well as facilitate a study tour to look at substance user harm reduction programs in Thailand and Malaysia or Indonesia. The data for this study was re-entered in August and September. The report is being revised by the consultant, Dr. Carol Jenkins, and will hopefully be finalized by mid-January 2005. From that, the dissemination meeting organized by sex workers with governments, U.N. agencies, USAID, and NGOs will be conducted.
- *HIV/AIDS media resource guide.* In collaboration with the NAA and various journalist groups, the first draft of the media resource guide was developed, translated, and distributed for review at a one-day media guide workshop with participants from government, civil society, and the media, including radio, TV, and newspapers/magazines. The final version of the media report is in the process of being updated with the new HIV sentinel surveillance data from NCHADS and translated into Khmer.
- *Global Fund resource mapping.* In response to the request of the Civil Society Consultative Group (CSCG) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), a consultant was recruited to conduct a mapping exercise of current GFATM allocations, as well as an assessment among key civil society stakeholders to identify the priority areas for each sector to be addressed during the fifth round of the GFATM applications. CSCG will present these recommendations to the government. The mapping exercise has been completed, as have most of the key informant interviews. The report is expected to be completed by the end of December and to be disseminated in early February 2005.
- *Special events.* The POLICY Project, in collaboration with the HIV/AIDS Coordination Committee (HACC), NAA, NCHADS, donors, local and international organizations, agencies, and other government institutions, prepared and conducted a water festival campaign from November 23–27 and World AIDS Day activities on Dec 1, with the theme “Women are leaders in responding to the HIV/AIDS epidemic.” With these two campaigns in Phnom Penh, there were 6,215 participants involved in the campaigns.

CHINA

Program Objectives: POLICY/China works in collaboration with the Yunnan Provincial Working Committee for HIV/AIDS Control¹ and the Guangxi CDC to create an enabling policy environment for HIV/AIDS programs in these two provinces. POLICY's work falls under the China/USAID Integrated Workplan for HIV/AIDS, and in both provinces POLICY's activities are linked through integrated workplans to those of the other USAID CAs, including Family Health International (FHI), the International HIV/AIDS Alliance, and Population Services International (PSI). Key priorities for POLICY/China are strengthening the policy and legislative framework for an effective response to HIV/AIDS, including harmonization in national and provincial approaches; strengthening the policy capacity of leaders; improving resource allocation through application of the GOALS Model; and reducing stigma and discrimination.

Summary of Major HIV/AIDS Activities:

Advocacy

- POLICY, along with the three other CAs and U.S. government representatives, participated in the launch of the China/USAID Integrated Workplan in Guangxi Province. The launch took place in Pingxiang on August 24 and attracted strong support from local officials and good media coverage.
- POLICY Project provided financial support for two performances at the Jinbi Square on November 28 to mark World AIDS Day in Kunming. The first mini-drama, "Can I Shake Your Hand," was designed to reduce stigma and discrimination. The second performance was a very popular local singing and talk show, with a focus on HIV prevention. Several thousand Kunming residents watched both performances.
- The Chinese language version of an advocacy publication designed for leaders, *Act Now: Asia Pacific Leaders Respond to HIV/AIDS*, was launched in Beijing on World AIDS Day at an event at the Xidan Cultural Center. The event included officials from the Chinese government and representatives from the U.S. government and the U.N. The translation and printing of the Chinese language version was supported by POLICY Project through funding from USAID for the Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF). POLICY currently has 1,500 copies of the Chinese version available for distribution to leaders in Yunnan and Guangxi. The launch and dissemination in Yunnan is planned for January 2005. The English version of the publication was launched at the International AIDS Conference in Bangkok in July 2004.

Planning/Finance/Policy Formulation

- POLICY submitted its component of the integrated workplan for Guangxi Province to FHI, which is coordinating the development of the workplan. The workplan will set out the activities to be undertaken by each CA in Guangxi from October 2004 to September 2005.
- During the previous quarter, POLICY initiated a GOALS Model application in Yunnan Province and organized a seminar with approximately 20 policymakers and HIV/AIDS experts on the application of the model in late August to introduce the concept to key decisionmakers and obtain their support for its application. This and several meetings with the director of the Yunnan Provincial Working Committee for HIV/AIDS Control succeeded in obtaining the necessary support for a training workshop on the GOALS Model to be held in Yunnan in December.

¹ Yunnan Provincial Working Committee for HIV/AIDS Control was formerly the Yunnan AIDS Leading Group (name changed on April 15, 2004).

- GOALS Model training was successfully conducted in Kunming December 6–10 with 17 participants. As part of the opening proceedings, Director of the Yunnan CDC, Dr. Lin Lu, presented the current HIV/AIDS situation in Yunnan, and Deputy Director of the Yunnan Provincial Working Committee for HIV/AIDS Control, Dr. Hu Hong, presented the policy issues and current interventions to address HIV/AIDS in Yunnan. In addition to training on the GOALS Model, training on the Resource Needs Model, the Human Capacity Development Model, and the EPP Model was provided. Evaluations rated the workshop highly and showed that it largely met the participant's expectations. There will be discussions on next steps for implementation, with the possibility of an application of the Resource Needs Model at the prefecture level.
- A smaller half-day seminar on the GOALS Model was held on December 4 for senior members unable to attend the training workshop. Participants included:
 - Yu Dongbao, Manager of China AIDS Roadmap Tactical Support
 - Wei Ran, Chief Manager, Global Fund China CARES
 - Hu Hong, Deputy Director, Yunnan Provincial Working Committee for HIV/AIDS Control
 - Professor Duan Yong, Vice-Director, Yunnan Institute of Health Education
- A smaller half-day seminar on the GOALS Model was also held at Yunnan provincial CDC on December 11 for Dr. Lin Lu and his two deputies and staff. Kunming CDC officials also attended the seminar. Dr. Lu expressed interest in the application of the GOALS and Resource Needs models in Yunnan. POLICY will decide and suggest the best way to collaborate.

Tools/Research

- POLICY began a scan of HIV/AIDS policies and laws at the national level and in Yunnan province. The scan will identify possible areas for additional policy and legislative development at the national and provincial levels. Findings will be discussed with the Yunnan Provincial Working Committee for HIV/AIDS Control for guidance on where and how best to focus POLICY's energies to assist in the further improvement of the policy and legislative environment. The policy and legal scan is expected to be completed during the first quarter of 2005.
- POLICY has begun initial steps to undertake a needs assessment to identify best points of entry to reduce stigma and discrimination. A scope of work for the assessment has been developed, and the needs assessment will begin soon. It is expected that the assessment will be completed by the end of February 2005.
- To update the Futures Group Europe Condom Quality in China report, POLICY began to conduct a review of the current regulatory environment and legislative changes over the past two years. The review will be completed during the next quarter.

Capacity Building

- POLICY supported the attendance at the XV International AIDS Conference of Director Zhang Changan from the Yunnan AIDS Leading Group and Dr. Han Mengjie, deputy director of the National Centre for AIDS/STD Control and Prevention.
- POLICY/China staff appointments: Dr. Liping Yuan commenced work as Senior Program Officer in Kunming on August 2. Ms. Mei Wu began work as National Operations Manager on July 26. Ms. Min Liu commenced duties as Senior Program Officer in Beijing on September 21. Dr. Yuan Gao began work in mid-November as Country Director, based in Kunming. Mr. Yi Tang began work as Program Officer in Kunming on November 1.

- POLICY participated in the first national working meeting of the AIDS Association, an NGO meeting organized by the Yunnan Provincial Working Committee for HIV/AIDS Control, and a meeting with the Global Fund to Fight AIDS, Tuberculosis and Malaria assessment team.
- Ms. Min Liu, Senior Project Officer, attended a two-week training course, “Management of Effective HIV/AIDS Programs for Injection Drug Users: How to Make Harm Reduction Work,” from November 29 to December 10. Based on information obtained during this workshop, POLICY will begin to plan how best to assist with harm reduction activities in China.

EGYPT

Program Objectives: The major thrust of USAID’s current FP/RH program (TAHSEEN) is to ensure that a high-quality and sustainable FP program remains once USAID has phased out (2009). The stated goal of TAHSEEN is “to provide the kind of assistance that will solidify USAID’s FP/RH 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.” 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 the NGO and commercial sectors).

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 focuses in three primary areas: 1) working with counterparts to develop and advocate for the adoption of strategies and policies that will bring about contraceptive security; 2) continuing to work with youth to strengthen their capacity to advocate for FP/RH issues; and 3) mobilizing religious institutions (specifically Al-Ahzar University) to train advocates for FP/RH issues. In addition, as necessary, POLICY assists 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.

Summary of Major FP/RH Activities:

Policy Dialogue

- POLICY/Egypt participated in the annual conference of the National Democratic Party (NDP) September 21–23. The proposed National Youth Policy, adopted by NDP to become an official government directive, supports the wider involvement of youth in advocacy efforts for coping with the population situation in Egypt, along the same lines as that being advocated for by POLICY, which is being included in the agreement for collaboration between POLICY and the Ministry of Youth (MOY).
- POLICY/Egypt participated in a joint effort by the Health and Population and the Economic committees of the NDP in the preparation of the general frame for restructuring the health sector, which was submitted to the NDP annual conference in September. In that context, the relationships between poverty and health, including FP/RH and population, were explored and a matrix of their interaction (proposed policies, strategies, challenges, and implementation mechanism) was developed.
- POLICY/Egypt continued its role of providing national decisionmaking bodies with reliable, timely, and analytical indicators. POLICY attended series of meetings at the Shura Council on December 5, 6, and 18 to assist in the preparation of the committees’ response to the president’s speech at the opening of the parliamentary session.
- H.E. Minister of Health and Population invited the POLICY/Egypt Country Director to become a member of the National Population Council (NPC). In that capacity, the Country Director attended meetings on November 10 and December 25. POLICY/Egypt was invited to elaborate its views on improving the development of policy implications of research findings, reactivating the role of NGOs, and the information, education, and communication (IEC)/advocacy strategy.
- POLICY/Egypt continued its advocacy role through participation in the Institute of National Planning seminar about “The Population Problem in Egypt: Current Situation and Proposed Solutions,” which was held on November 23.
- At the Cairo Demographic Center (CDC) Annual Conference December 19–22, POLICY/Egypt participated in the panel on “Addressing Challenges to Achieving Lower Fertility.” The conference focused on policy implications, especially after considering the findings of the study

commissioned by USAID and carried out by the Population Council. The study was entitled “Fertility Decline in Egypt: The Challenge of Achieving Replacement-Level Fertility.” The panel, headed by the chairman of the Population Sector (PS), representing H.E. the Minister of Health and Population, elaborated the main issues, explaining the current situation and recommendations for future directions.

- On December 22, POLICY/Egypt participated in the expert group meeting held at CDC to review and discuss the needs for designing a new strategy for population IEC and advocacy.

Expanding Advocacy Activities and Updating Tools

- Staff followed up and provided TA to the advocacy-training workshop carried out in Luxor August 17–19 by one of the Raidat Riffiat (RR) supervisors previously trained by POLICY.
- Upon CATALYST’s request, POLICY/Egypt reviewed and assessed the advocacy manual prepared for service providers by CATALYST to explore its utilization in Egypt. POLICY concluded that the principles in the CATALYST manual are similar to POLICY’s, but the examples and materials are not culturally and socially sensitive, which make its application in Egypt unacceptable. The final decision, in consultation with USAID, was to depend on the POLICY manual.
- At the request of the MOHP/PS, POLICY staff reviewed and designed an advocacy manual that is being specially tailored for the PS/IEC officers. This manual, based on POLICY materials, responds to their scope of work and needs as well as the decision to expand their role beyond awareness raising to advocacy for POP/FP issues.
- Staff followed up the local training for RRs in various governorates that was carried out by the RR supervisors previously trained by POLICY. Training occurred in the governorates of New Valley and Red Sea on September 25 and 27, respectively, in Gharbia on October 2, in Suez, South Sinai, and North Sinai on November 19, 20, and 27, and in Alexandria on December 18.
- POLICY/Egypt followed up and provided TA to the local training of RRs carried out in Ismailia Governorate December 25–27. The training was based on the materials developed by POLICY Project.

Strengthening Management Systems

- Staff initiated the process of developing a strategic plan for MOHP/PS through an orientation seminar on September 9 to introduce the concept and emphasize its importance. Twenty-two participants attended this seminar from the various departments of the PS.
- TA was provided to MOHP/PS to establish a system that allows the PS to identify emerging FP/RH issues and barriers that affect women’s access to services at the governorate level. This early warning mechanism was developed and discussed with the PS/RR unit in several meetings. The proposed system is currently being piloted in five governorates (Alexandria, Fayoum, Menoufia, Sharkia, and Souhag) after its presentation to the selected RR as well as to the directors of family planning in the specified governorates on September 30.
- Staff followed up the local training on the proposed system that was carried out by the RRs’ supervisors in the selected five governorates for the implementation of the pilot exercise. The training sessions that took place October 4–10 aimed at qualifying the local RRs in the selected districts to implement the system using the proposed forms.
- POLICY held a training session on November 17 to qualify MOHP/PS/RR staff at the central and governorate levels to use the database system and build their capacity for collecting, categorizing, and analyzing FP/RH barriers.
- An orientation meeting was held on November 25 for MOHP/PS staff to become familiar with the proposed system and the attached database for collecting basic information about the group of RRs and their training. The system provides the management of the FP program with the basic information needed for enhancing the efficiency and the effectiveness of the RRs.

- Findings of the pilot phase were disseminated on December 21 with participants from the five governorates involved in the exercise, partners from CATALYST, CHL, International Population Council, and MOHP/PS selected staff. The head of the PS acknowledged the importance of the system outcomes and recommended that one of the Frontier Governorates be added to the pilot group to ensure full representation of the country. The system findings would lead to producing a booklet to document the collected barriers and proposed actions.
- Staff provided TA to the National Population Council Technical Secretariat (NPC/TS) to develop a mechanism to ensure the consistency of governorate strategic plans and national strategies. NPC is currently reviewing the proposed approach by the POLICY consultant.
- POLICY/Egypt is also providing TA to NPC in the areas of research and upgrading the FP reporting statistical system.

Youth Activities

- POLICY Youth Champions successfully conducted 22 advocacy events among their peers at summer camps, attended by a total of 1,500 youth, using the data and information “kit” prepared by the POLICY Project.
- In collaboration with the MOY, POLICY/Egypt began the process to qualify a new group of Policy Champions at the governorate level. The introductory meetings, which enhance youth awareness about the population situation in Egypt, were carried out in three governorates: Beni-Suef on July 12 and September 16, Fayoum on July 11, and Giza on September 18. The First Undersecretary attended the last meeting to emphasize the importance of the process. In the fourth quarter, the process was extended to another six locations in Upper Egypt. This included Luxor, Qena, Souhag, and Aswan on October 25, 26, 27, and 28, respectively. On November 21 and 28, the qualifying process was initiated in Menya and Assuit governorates as well.
- POLICY completed the qualifying process of Youth Policy Champions from three governorates, namely Beni-Suef, Fayoum, and Giza. A total of 15 youth from these governorates are qualified to advocate among their peers about POP/FP/RH issues. The qualification process included:
 - Assessing communication skills through the presentation of their papers and conducting discussion among their peers as well as POLICY Project staff on November 28, 29, 30.
 - Conducting an advocacy-training workshop for selected youth December 7–9 to enhance their capacities as advocates and provide them with necessary background materials such as information, presentation skills, and FP/RH and religious concepts concerning these issues.
- On October 28, the First Undersecretary for Youth and the POLICY/Egypt Country Director introduced the project’s strategy to the governor of Aswan, who expressed his support and requested the extension of such activities to Aswan’s various cities.
- POLICY/Egypt followed up on the implementation of the agreement for collaboration with the MOY through a meeting on August 23 with the steering committee that implements the agreement under the chairmanship of the First Undersecretary for Youth.
- POLICY staff conducted an advocacy training-of-trainers (TOT) workshop July 4–7 to build and strengthen the capacity of NGO staff in Menya Governorate to undertake advocacy activities in the area of POP/FP/RH and become trainers for other NGO staff. Twenty-five participants (13 women and 12 men) from five NGOs attended the workshop. The workshop was also conducted in response to the joint workplan with TAHSEEN/CATALYST to enable them to expand the demand for family planning in the priority areas for TAHSEEN.

Contraceptive Security

- The office held a series of meetings for the Contraceptive Security Working Group/core team (CSWG) on August 11, 18, 25 and September 25 to discuss the findings of the CS Diagnostic Survey and elaborate the topics to be presented in the CS workshop.
- Under the patronage of H.E. Minister of Health and Population, POLICY/Egypt, in collaboration with the MOHP/PS, held a workshop on October 11–13 entitled “Contraceptive Security in Egypt: Basic Issues.” The workshop aimed to raise awareness of and gain support for contraceptive security through assessing the current country situation and projecting future needs for FP services and contraceptive commodities. The workshop also focused on defining policy issues associated with the strategic framework for contraceptive commodity security and building consensus among stakeholders (MOHP, relevant ministries, private sector, NGOs, and USAID) on overall priority issues and proposed strategies for their handling. It provided a great opportunity to identify, prioritize, and discuss CS issues with all stakeholders.
- POLICY/Egypt finalized the report for the CS workshop (as well as the English version), and it was presented to H.E. the Minister of Health and Population for further actions.
- There was continued collaboration with the TA team from JSI/DELIVER in finalizing and disseminating its report about the procurement of contraceptives by the MOHP to concerned stakeholders, especially the MOHP/PS and the Egyptian Pharmaceutical Trading Company (EPTC), after being released by the USAID/FP team in September 2004.
- Data collection was completed to finalize the Egypt FP cost studies for the years 2000/2001 and 2001/2002, including responding to the verification points that were previously elaborated. The draft report is underway.
- At a December 14 seminar organized by the Population Council’s FRONTIERS Project to discuss “validation of the survey-based approach for predicting willingness-to-pay for reproductive health services,” POLICY/Egypt presented a detailed account of the current situation of CS in Egypt, policy issues and prioritization, and the outcomes of the contraceptive security workshop that was held in October.
- The POLICY/Egypt Country Director visited Washington July 16–August 3 to discuss the workplan and planned activities, specifically CS activities.

Strengthening Partnerships and Building Capacity

- POLICY Project training materials were used to provide two training sessions (August 21 and August 23) on “The Importance of Partnership and the NGO’s Role in Supporting FP Programs in Egypt.” The MOHP/PS/NGOs Unit organized the sessions under the theme “NGOs’ Activities on Population Issues.”
- A workshop for concerned staff of the MOHP/PS was organized and implemented to elaborate the principles, concepts, and advantages of partnership. The workshop was held August 26–28 under the theme “Effective Partnership in FP/RH.” POLICY developed the training materials and relevant background documents that were disseminated to the 18 participants.
- At the request of TAHSEEN/CATALYST, staff carried out joint field visits to Menya Governorate August 15–16 to assess the capacity of the additional four umbrella NGOs that need to be trained on advocacy.
- On November 21–24, a TOT advocacy workshop was conducted for the selected additional umbrella NGOs in Menya Governorate. It covered board members and staff. The workshop aimed to build their capacity in advocacy for POP/FP/RH as well as enhance their skills to become trainers of other NGO staff in the same area. Trained NGOs are qualified to undertake FP/RH activities to serve and improve the quality of life in their communities.
- POLICY/Egypt gave continued support to the MOHP/PS/NGOs Unit through effective participation in the coordination meeting between the PS and active NGOs on September 19.

- A training workshop for NGO staff was conducted December 12–14 on effective partnership in FP/RH to achieve the national population/FP goals. It aimed to contribute to the creation of an enabling supportive environment through developing an effective partnership between MOHP/PS and NGOs in the area of FP/RH.
- A second round of the training workshop on “Policy Analysis and Formulation” was held for additional PS staff. A total of 19 participants attended the workshop, which was held July 12–15. The first round of the workshop was in December 2003.

Joint 2005 Workplan

- Staff participated in the meeting to discuss the implementation of the TAHSEEN joint workplan for the period April–June 2004. The meeting, held on September 21, included POLICY and CATALYST as well as representatives from USAID, who expressed their appreciation of the level of performance.
- The planning process for 2005 was initiated through meetings with MOHP/PS and NPC. MOHP/PS requested POLICY support at various levels including RR, MIS, logistics, planning, research, and IEC. An organization meeting was held on December 7 involving USAID and CATALYST to discuss areas of integration with MOHP/PS.
- Staff participated in the meeting that was held December 29–31 with MOHP/PS and CATALYST to discuss the proposed activities for 2005 and enhance coordination among various partners.

INDIA

Program Objectives: POLICY activities in India focus primarily on supporting the USAID mission's bilateral projects in Jharkhand, Uttaranchal, and Uttar Pradesh and the Ministry of Health and Family Welfare's (MOHFW's) efforts to evolve public-private partnership mechanisms. The objective of the USAID projects is to improve the quality of family planning and reproductive health (FP/RH) services. POLICY staff members work closely with the mission and counterparts in all three states. TA includes activities related to policy formulation, monitoring and evaluation, data collection and analysis, operational plans, and development of new strategies. POLICY also helps with HIV/AIDS strategy development, operational plans, and special studies.

Summary of Major Activities:

FP/RH

Benchmark Evaluations. The USAID-funded IFPS Project in Uttar Pradesh (UP) follows a performance-based disbursement system. For project activities, the benchmarks and their performance indicators are decided well in advance by USAID and the State Innovations in Family Planning Services Agency (SIFPSA). Achievement of performance at the end of the stipulated time period results in disbursement of funds. POLICY has been helping USAID with the measurement of performance for the past several years. POLICY conducted six different assessments covering more than 10 districts of UP to ascertain whether SIFPSA has achieved the expected level of performance and submitted the report to USAID. These are the last set of benchmark evaluations under the IFPS Project.

Training on SPECTRUM Package. POLICY has, in the past, used SPECTRUM to set the objectives for state policies and district action plans (DAPs) in UP. POLICY decided to transfer these skills to SIFPSA staff to enable them use this package even after the IFPS Project ends. SIFPSA's senior staff attended the two-day training program conducted by POLICY in Delhi. These trained staff members are now in a position to use this package to set the objectives for DAPs. SIFPSA intends to prepare DAPs for all 70 districts as part of the Reproductive and Child Health (RCH) II program. POLICY also helped SIFPSA with determining RCH objectives for the next five years in Lucknow District based on a baseline survey conducted by SIFPSA.

District Action Plans in Uttar Pradesh. Since SIFPSA has decided to prepare DAPs for all 70 districts, POLICY considered it necessary to transfer skills for preparing DAPs to SIFPSA staff. POLICY made an online presentation on the steps involved in preparing DAPs to SIFPSA staff and district health officers. POLICY worked with SIFPSA staff and prepared checklists for conducting qualitative studies and jointly conducted studies covering Azamgarh, Bareilly, Jhansi, Raebareilly, and Saharanpur districts in UP. POLICY prepared online presentations based on the findings of the qualitative studies and presented them in district-level workshops in all five districts. POLICY and SIFPSA collaborated to prepare DAPs for the five districts by sharing the workload. POLICY intends to gradually withdraw from DAP development work once the SIFPSA staff is fully equipped to prepare plans themselves without any external assistance.

Participatory Approach to Formulation of District Action Plans in Uttaranchal. The government of India has decided to have DAPs for all districts and all state governments. The Uttaranchal government has decided to cover Uttarkashi, Udham Singh Nagar, and Almora districts in the first phase and asked POLICY to provide technical assistance. POLICY prepared instruments for data collection, selected local partners for data collection, and jointly conducted 16 consultation meetings and focus group discussions covering NGOs, elected representatives, women of reproductive age in villages, and staff of health, ICDS, and education departments and community-based organizations. After the analysis of qualitative and quantitative data, a two-day workshop was conducted involving all partners and stakeholders at the

district level. Participants in these workshops selected district-specific objectives for antenatal care, institutional deliveries, postnatal care, immunization, family planning, and so forth and formulated strategies to achieve these objectives. POLICY prepared a draft DAP for Uttar Khasi and submitted it to the Department of Health and Family Welfare for review and comments. POLICY also prepared draft reports for Udham Singh Nagar and Almora districts.

Preparation of Project Implementation Plan for Uttaranchal RCH II Program. The government of India is launching the RCH II program (2005–2010) for the entire country beginning on April 1, 2005. Unlike in the past, the national government has adopted a new strategy for program development. Instead of handing over the centrally developed program to state governments, the government asked states to set their own objectives, select strategies to achieve these objectives, and prepare budget estimates covering all aspects of the program. The Uttaranchal government asked POLICY to provide assistance on its RCH II program implementation plan (PIP). POLICY prepared the plan for the entire state, including budget estimates. The plan was forwarded to the national government by the government of Uttaranchal. The Project Appraisal Committee constituted by the national government reviewed the PIP and suggested a few changes. POLICY, taking into consideration the comments given by the Program Appraisal Committee, has revised the documents, including budgets, and resubmitted the plan to the government of India.

Public-Private Partnerships (PPP). POLICY is providing assistance to the Director (Policy), MOHFW, government of India, in defining and selecting PPP mechanisms. As a first step in this direction, POLICY has prepared a concept note on PPP mechanisms, listing all possible mechanisms, defining each mechanism, and identifying key elements of PPP mechanisms like quality assurance systems, standard protocols, and so forth. This concept note was presented to development partners and the MOHFW. POLICY also prepared the workplan and log frame covering 2005–2006 to implement PPP mechanisms, a note on institutional arrangements to implement PPP mechanisms, and a note on PPP mechanisms proposed in the state project implementation plans. All these have been formally approved by the MOHFW. POLICY is now conducting three studies covering social franchising, contracting out, and social marketing. The findings of these studies will be shared in the first consultative meeting with stakeholders to be held on March 11–12, 2005.

Establishment of NHSRC. The government of India has decided to have a technical assistance unit at the national level called the National Health Systems Resource Centre (NHSRC). POLICY has prepared the structure, business rules, template for recruiting consultants, performance appraisal formats for consultants work, and budget estimates for the first year. The first meeting of the NHSRC advisory group chaired by the Secretary of Health and Family Welfare approved all documents. The NHSRC has now become a functional entity. At the request of the MOHFW, POLICY initiated three studies dealing with background information on professional health associations, strengthening systems of professional health associations, and a behavior change communication strategy for the private sector health units.

Other Activities. The Jharkhand government has integrated several societies at the state level and constituted an integrated society called the Jharkhand Health Society. The POLICY Country Director has been invited to become a member of the governing body of this society. The Country Director attended the first meeting of the governing body held in Ranchi.

POLICY staff is part of the team constituted by SIFSPA that visited the Ahmedabad and Hyderabad state institutes of health and family welfare to study the functioning of these institutes and suggest ways to improve the State Institute of Health and Family Welfare in Lucknow, UP.

HIV/AIDS

Policy Formulation

Catholic Church HIV/AIDS Policy. POLICY, in collaboration with the Catholic Bishops Conference of India (CBCI), conducted a series of consultation meetings on ethical issues with theologians of the Catholic Church, Bishops of Doctrinal Committee, and the Healthcare Commission. During these meetings, the Church policy toward condom use was decided. Of the several church-based healthcare institutions involved in implementation of HIV/AIDS interventions, POLICY selected 11 institutions covering different geographical areas and interventions and prepared case studies. POLICY prepared a draft Catholic Church Health Policy and Catholic Church HIV/AIDS Policy and held a three-day workshop for archbishops, bishops, and representatives of various Church-based health associations on September 27–29, 2004. Participants have gone through each sentence of the draft policy and suggested changes and modifications. POLICY revised the draft policies based on comments given and handed over the revised drafts to the Healthcare Commission. POLICY has conducted 10 of the total planned 11 workshops in collaboration with the Catholic Health Association of India, covering 10 regions of the Catholic Church, to elicit comments on the draft health policy and HIV/AIDS policy. Comments received during these workshops will be incorporated into the draft documents and finalized in consultation with bishops on February 2, 2005.

Planning and Finance

Convergence of HIV/AIDS Program with RCH II. At the request of the National AIDS Control Organization (NACO), POLICY has conducted a study on the convergence of HIV/AIDS activities with those of the RCH II Program. Findings of the study were presented to the NACO director and other senior officers in Delhi. Based on their comments, the documents were revised and resubmitted to NACO.

Resource Requirements and Resource Gaps Study of the National AIDS Control Program (NACP). POLICY has conducted a study on resource requirements to implement an NACP, taking into consideration various program objectives, components, and unit costs for implementing each activity. These findings were presented to the NACO officers. In the meantime, NACO revised the unit cost estimates, and POLICY again collected all relevant information and revised the report. The findings of the revised report were presented to NACO officers and development partners.

JORDAN

Program Objectives: USAID/Jordan has adopted “Improved Health Status for all Jordanians” as one of its intermediate results (IR1). The POLICY Project in Jordan is designed to assist in strengthening the policy environment for and improving the policies and plans of the FP/RH program. To accomplish this, POLICY is focusing on four initiatives for FP/RH activities in Jordan during the coming year: (1) assist the government with the adoption and implementation of the Reproductive Health Action Plan (RHAP) in support of the National Population Strategy (NPS); (2) provide support to Jordan’s long-term contraceptive security plan; (3) strengthen local capacity to influence FP/RH policy reform; and (4) provide analytic support to the mission, CAs, and counterparts as necessary.

Summary of Major FP/RH Activities:

Planning, Finance, and Advocacy

- *DHS dissemination.* POLICY worked with ORC/Macro, the Higher Population Council (HPC), Department of Statistics, and Johns Hopkins University (JHU) to plan and produce materials for four events conducted in September to disseminate the 2002 Jordan DHS results to policymakers at the central and regional levels. The theme of these events was “FP in Jordan: Status and Challenges.” POLICY TA to these events included inputs to the events’ agenda, DHS video, fertility and FP fact sheet for public and private sector health professionals, a press release, and RAPID.
- *WTP survey.* POLICY designed a survey on willingness to pay (WTP) for contraception. The survey design will be ready whenever the mission or local partners want to conduct such a study.
- *Population Week.* POLICY was involved in and supported National Population Week, which was organized by the HPC. The support included TA for the development of an evidence-based review entitled “Reproductive Health in Jordan: Needs and Barriers.” The booklet draws on POLICY research as well as other sources. Several meetings were held with POLICY participation to produce the booklet on time to be disseminated during National Population Week. POLICY also provided TA to support TV spots and the delivery of several RAPID presentations to key policymakers in major government organizations, NGOs, and academic institutions. Fifteen RAPID presentations were presented or supported by POLICY during the week. The week was part of a national campaign to advocate for and raise awareness around the negative impact of high fertility and natural increase on Jordan’s development.
- POLICY’s efforts in supporting HPC’s National Population Week were appreciated when POLICY received an acknowledged badge from HRH Princess Basma during a special event organized for this purpose by HPC on December 8.
- *Private sector involvement.* POLICY met with the marketing department at the Jordanian Association for FP and Protection to discuss joint plans for increasing the role of the private sector in FP programs in Jordan by changing the policy of private health insurance and self-insured companies to cover FP services.
- POLICY provided TA and supporting data to the MOH for the preparation of a letter to HE the Prime Minister requesting the government’s approval of buying contraceptives and providing them to all partners for free when USAID phases out. The letter was signed by HE the Minister of Health and sent on November 2.
- POLICY prepared two press releases on population challenges and needs in Jordan and the Arab world. Local newspapers published the releases on World Population Day (July 11, 2004). The materials are intended to advocate for population issues.
- POLICY participated in a preliminary meeting (September 29) at NCFA to discuss required inputs and preparations for developing a national strategy for fighting family violence in Jordan.

- POLICY attended the NCFA one-day workshop on October 9 to discuss the draft Jordanian Family Strategy and seized this opportunity to ensure that the strategy devotes special room for FP to reduce the total fertility rate and family size and supports the NPS/RHAP goal.

Information and Research

- POLICY provided TA to HPC to design a questionnaire to assess national RH information needs. The activity is among the Reproductive Health Action Plan (RHAP) activities scheduled for this year.
- POLICY conducted a second revision of the final Arabic and English versions of the research report on the “Roles of Religious Leaders in Implementation of FP/RH and Gender Policies and Programs in Jordan.” The final comments on the two reports were sent back to the contractor (ZENID) for revision.
- POLICY attended a multisectoral meeting and provided technical inputs to ZENID research survey on gender and RH in three remote governorates of Jordan (December 5).
- POLICY reviewed the final report of the study on “Roles of Religious Leaders in Implementation of FP/RH and Gender Policies and Programs in Jordan.”
- POLICY participated in the roundtable discussion on priority nursing research with a focus on health policy research. The discussion, which took place on September 21, was organized by the General Secretariat of the Jordanian Nursing Council and patronized by HRH Princess Mona Al-Hussein.

Capacity Building

- POLICY organized several meetings with the newly hired head of the RH unit at the Higher Population Council (HPC) to inform him about POLICY assistance to HPC and build his capacity to play an active role in RHAP coordination and implementation.
- POLICY trained representatives from HPC in presenting RAPID at the four regional events for disseminating the DHS findings.
- POLICY provided training on gender analysis for new hires at the Information and Research Center (IRC)/King Hussein Foundation. The training took place September 8–9.
- POLICY also advised the National Council for Family Affairs (NCFA) and IRC on RH policy training opportunities in and outside Jordan.

NEPAL

Program Objectives: The POLICY Project in Nepal aims to improve policies, plans, and programs affecting HIV/AIDS and associated developmental issues with USAID/Nepal and USAID's key HIV/AIDS partners in Nepal. POLICY/Nepal also works in collaboration with the National Center for AIDS and STD Control (NCASC) to create an enabling policy environment for HIV/AIDS-related programming and initiatives in Nepal. Specifically, POLICY works with NCASC to increase ownership of the National HIV/AIDS Strategy and Operational Plan within the private and public sectors as well as at the district level and focuses on strengthening the multisectoral policy response to HIV/AIDS in Nepal. POLICY facilitates the greater involvement of people living with HIV/AIDS (GIPA) principle in the formation of HIV/AIDS policies and programs.

Summary of Major HIV/AIDS Activities:

Advocacy

- A one-day consultation meeting was held on August 20 with key stakeholders (including government representatives, lawyers, NGOs, health workers, and vulnerable groups) to get comments and feedback on the initial draft of the HIV/AIDS law and amendment proposals. Fifty-five people attended this meeting.
- An interaction meeting was held during the advocacy workshop (August 23–26) with the focal person of the Nepal Police HIV/AIDS Advisory Team, Deputy Inspector General, Mr. Kumar Koirala, an MSM (men who have sex with men) group from the Blue Diamond Society, and MSM groups from outside Kathmandu to learn about sexual violence issues and barriers MSM face from the police in accessing HIV/AIDS services.
- Recovering Nepal has conducted two one-day interaction programs to identify the role of community members in reducing stigma and discrimination against recovering drug users and people living with HIV or AIDS (PLHAs) and to build support for advocacy and dialogue with 50 participants with various backgrounds (service providers, police personnel, journalists, support groups, families of active and recovering drug users, PLHAs, and injection drug users (IDUs)). The programs were held in Dharan and Kathmandu.
- Recovering Nepal has conducted seven one-day orientation programs for 139 IDUs and drug users about existing service provision, ways to desensitize the community on existing stigma and discrimination, facts on drug-related issues, and basic facts about HIV/AIDS. Programs were conducted in Biratnagar, Birtamod, Butwal, Damak, Dharan, Itahari, and Kathmandu.
- Recovering Nepal has conducted five school awareness programs for students in classes nine and ten in Butwal and Kathmandu. The purpose of the school awareness programs is to educate students on the harmful effects of drug abuse and the basic facts about HIV/AIDS. The programs reached 281 students.
- Recovering Nepal conducted a press conference in Kathmandu with 16 journalists to highlight and disseminate information on HIV/AIDS prevention and the current situation of recovering drug users and PLHAs in society.
- A one-day consultation meeting was held on November 2 with vulnerable groups (PLHAs, sex workers (SWs), MSM, IDUs) to get comments and feedback on the draft HIV/AIDS law and amendment proposals. Forty-nine people attended this meeting.
- A one-day consultation meeting was conducted on November 8 with representatives of vulnerable groups to seek their feedback on policy/legal reform work. Thirteen people attended the meeting.
- A one-day consultation meeting was conducted on November 19 with government officials, lawyers, health professionals, and HIV/AIDS experts to seek their feedback on policy/legal reform work. Thirty-three officials attended.

- A one-day consultation meeting was conducted on November 24 with the Health Minister and other senior officials from the Ministry of Health and Ministry of Law, Justice, and Parliament Affairs to seek their feedback and guidance on policy/legal reform work. Eighteen people attended.

Planning/Finance/Policy Formulation

- Data on the GOALS Model was finalized and disseminated on July 22.
- A software program to create a data bank of organizations working in HIV/AIDS has been completed.
- The final draft of the HIV/AIDS Strategy and Workplan of the Nepal Police has been submitted to the Nepal police. The Nepal police have shared the documents in-house, and once they get feedback, they will further circulate it to wider stakeholders for their comments and feedback to finalize the document.
- An amendment proposal on Prison Law was developed and submitted to the Department of Prison.

Tools/Research

- The media review, “Analysis of Reporting on HIV/AIDS in Nepal,” was printed and disseminated.
- “Heart of the Matter,” findings from a study on the greater involvement of PLHAs in Nepal, was printed and disseminated.
- The final draft of the curricula on HIV/AIDS has been submitted to the Nepal police. The Nepal police have shared the documents in-house, and once they get feedback, they will further circulate it to wider stakeholders for their comments and feedback to finalize the documents.

Capacity Building

- POLICY supported six monthly forums of PLHAs.
- POLICY supported six monthly meetings of SNEHA Samaj.
- POLICY conducted GOALS Model orientation for 15 people on July 21.
- POLICY conducted a four-day training, “Training on Advocacy for Change,” for 30 MSM on August 23–26.
- POLICY conducted a three-day training on August 6–8 for nine sex workers on “Enabling Accurate Media Reporting of HIV/AIDS Prevention Among Sex Workers.”
- POLICY conducted a four-day training, “Training on Advocacy for Change,” for the implementing partner (FHI) from August 30–September 2.
- POLICY supported three meetings of the Recovering IDU Prevention, Care, and Support Advisory Team (July 24, August 14, and September 18).
- POLICY conducted leadership training focusing on HIV/AIDS prevention, treatment, care, and support. The training was led by recovering IDU leaders in five rehabilitation centers and one crisis center in Kathmandu (two male centers and one female center), Butwal, Dharan, and Pokhara (August and September).
- A four-day HIV/AIDS curriculum pre-test session was conducted October 11–14 with the participation of 12 training officers from various training centers of the Nepal police.
- A one-day training was provided to Recovering IDU Advisory Group members and to members of SNEHA on financial reporting.
- Bhojraj Pokharel and Srijana Ranjitkar attended a workshop on “Building a Sustainability Framework,” organized by USAID/Nepal for its implementing partners on December 15.

VIET NAM

Program Objectives: POLICY's role in Viet Nam is to assist in the creation of a policy environment for HIV/AIDS that is participatory, evidence-based, based on human rights, and involves vulnerable and marginalized groups. POLICY's activities include the review and redrafting of the HIV/AIDS Ordinance, assisting the government of Viet Nam in the development of a new HIV/AIDS national strategy, working in partnership with government and international agencies on improving access to antiretroviral (ARV) treatment, reducing stigma and discrimination, and increasing the participation of PLHAs in policy and program planning and implementation. POLICY/Viet Nam's strategic approach is to work with government and civil society (with a focus on PLHAs) to build policy capacity and create links and mechanisms that will facilitate civil society participation in HIV/AIDS policy development and decisionmaking.

Summary of Major HIV/AIDS Activities:

Advocacy

- On July 5, 60 Vietnamese journalists took part in a journalists' forum organized by the Vietnamese Environment Journalists Forum and supported by POLICY. The forum oriented the journalists to the Bangkok International AIDS Conference, and participants agreed to put HIV/AIDS reporting into their agenda and to collaborate with POLICY/Viet Nam to improve media reporting on HIV/AIDS.
- On July 9, POLICY wrote a letter to the Minister of Health in support of Ms. Pham Thi Hue from Hai Phong regarding a discriminatory incident Ms. Hue experienced when attempting to access healthcare from the National Oncology Institute. In response, the MOH assigned a commission to investigate the issue. The National Oncology Institute has since apologized to Ms. Hue, and the doctor involved received notice of the need to improve his/her attitude toward clients.
- On August 25, the Country Director presented issues on advocacy and community mobilization to 20 officials from the Public Health Association at the central and provincial levels in northern Viet Nam. The Country Director made a similar presentation on the same issues in September for a group of 20 officials from the Public Health Association in Central and South Vietnam. The purpose of the presentations was to familiarize the audience with POLICY's advocacy concept as well as POLICY's Community Mobilization Framework.
- On September 22, the Country Director presented POLICY's goals, objectives, accomplishments, and plans for future work to the Emergency Plan (EP) team at a meeting between the team and U.S. government CAs (FHI, CDC, Smartwork-AED, Harvard Kennedy School of Government, and others).

Political Commitment

- On December 31, Country Director Tran Tien Duc attended a high-level National Conference on HIV/AIDS organized by the government of Viet Nam. The conference was chaired by Prime Minister Phan Van Khai and Deputy Prime Minister Pham Gia Khiem and was the first time the prime minister chaired a conference on HIV/AIDS. He highlighted the importance of fighting HIV/AIDS by mobilizing the entire society and the whole political system; the need to strengthen HIV/AIDS education for young people, especially in school; the need to reduce stigma and discrimination toward PLHAs; and new approaches to sex workers, including providing them with medical check-ups and treatment. Tran Tien Duc had a private talk with the prime minister on issues related to HIV/AIDS in Viet Nam. He also spoke with the deputy prime minister and the commander of the national police on a more tolerant approach to IDU and SW peer educators. The deputy prime minister expressed interest in a lunch meeting with PLHA groups. Tran Tien Duc also conversed

with Madame Nguyen Thi Hoai Thu, chair of the National Assembly Commission on Social Affairs; Prof. Pham Manh Hung, vice chair of the Party Commission on Science and Education; minister of Public Security; minister of Labor; minister of Population, Family, and Children; vice governors of Kien Giang and Quang Ninh provinces; and vice minister of the Prime Minister's Office. All partners expressed their support for POLICY's work in Viet Nam.

- Tran Tien Duc attended the evaluation workshop of the China-Viet Nam Cross-Border Project on Harm Reduction November 15–16. The AIDS authorities of Langson and Ha Giang provinces expressed interest in working with POLICY to develop provincial legal frameworks on HIV and harm reduction. Chinese counterparts also expressed their willingness to share lessons learned and experiences through a regional POLICY collaboration.
- POLICY has been supporting PLHA Country Coordination Mechanism (CCM) representatives for the past two months and has also been working with UNAIDS and WHO to create greater civil society participation in Viet Nam's CCM. A letter has been sent to the CCM with the aim of securing CCM's acceptance of PLHA nominees to the committee. It is expected that this issue will be debated at the next CCM meeting, which will take place in early 2005. POLICY/Viet Nam is also translating the core-funded PLHA CCM manual into Vietnamese.
- POLICY supported a media workshop at the Army Hotel in Ha Noi on November 5 that brought together 25 journalists and 20 PLHAs, as well as representatives from USAID and UNAIDS. The workshop helped facilitate dialogue between journalists and PLHAs to help PLHAs publicly voice their ideas and reflect a more positive image of PLHAs in the media. As a result of the workshop, the "Labor" newspaper donated 10 million VND (approximately US\$650) to the Bright Futures Group for a writing contest among PLHAs.

PLHAs

- On July 10, the President's Emergency Plan (EP) for AIDS Relief mission team, headed by Ambassador Randall Tobias, and a group of PLHAs joined a POLICY-sponsored luncheon. The luncheon allowed the EP team to meet Vietnamese PLHAs and discuss relevant issues to promote better understanding and help build the team's knowledge of HIV/AIDS in Viet Nam. During another EP planning mission in September, POLICY sponsored an evening reception for the EP team and 20 PLHAs from Ha Noi, Quang Ninh, and Ho Chi Minh City (HCMC) to foster discussion. The event was a success, providing a firsthand look at the issues concerning PLHAs in Viet Nam, and was much appreciated by members of the EP team.
- On August 23, the Country Director gave a presentation at a workshop on "Care and Treatment" for Viet Nam's National Assembly. He briefed 60 National Assembly members and other elected officials from 13 provinces on the concepts of care and support for PLHAs, the policy implications of these concepts, and the role of PLHAs in this work.
- The first PLHA Festival in Ho Chi Minh City took place on November 23. POLICY funded the festival and organized it with the Ho Chi Minh City AIDS Committee. This groundbreaking day-long event represented the first efforts to form a PLHA network in the city and was attended by 200 PLHAs, members of Viet Nam's National Assembly, the STADA Pharmaceutical Company, and international NGOs, including Médecine du Monde, CARE, Pathfinder, and others. There was also multisectoral representation by Ho Chi Minh City governmental departments as well as 20 representatives from the media. The chairperson of the Social Affairs Commission of the National Assembly and the vice mayor of Ho Chi Minh City reconfirmed their commitment to the greater involvement of PLHAs (GIPA) in Viet Nam. The STADA Company donated lifetime supplies of ARV drugs to ten PLHAs in Ho Chi Minh City. On the same day, POLICY followed up with the National Assembly's interest in the domestic production of ARVs by preparing a letter to the National Assembly on the legal and safety issues related to the local production and distribution of ARVs.

- The “Labor” newspaper published an interview with David Stephens on his experience of living with HIV/AIDS. The article has helped to increase the profile of PLHAs in Viet Nam.
- The U.S. Embassy held a press conference/workshop for Vietnamese media personnel on November 29. Ms. Nguyen Quynh Trang presented the findings of a POLICY-funded study on women and HIV/AIDS, and two POLICY-supported HIV-positive women spoke on a panel regarding the findings.

Technical Topics

- On August 13, POLICY’s Country Director and staff accompanied USAID CTO Liz Schoenecker and POLICY Deputy Director Denise Lionetti to a meeting with Dr. Vu Thi Thuy, deputy director of the Quang Ninh Provincial Health Department, and two other senior officials. The meeting provided senior officials from USAID/Washington and POLICY with firsthand knowledge about the HIV/AIDS program in one of Viet Nam’s hardest-hit provinces. The meeting also showcased POLICY/Viet Nam’s and its local partner’s responses to IDU issues driving the epidemic.
- At the invitation of the Third World Network, Tran Tien Duc attended the Regional Workshop on WTO/TRIPS Agreement and its implication for affordable medicines, in Kuala Lumpur, Malaysia, November 28–30. The workshop was a chance for various countries in the region to share experience on the legal and trade barriers to treatment and ways to overcome these challenges. Tran Tien Duc shared POLICY’s experience working with national and international partners in Viet Nam and building a supportive legal and policy environment for affordable medicines and drugs, including ARVs.
- Tran Tien Duc contacted Dr. Alex Wodak, expert on harm reduction from St. Vincent Hospital in Sydney, Australia, to facilitate a presentation on harm reduction policies and practices to members of the harm reduction subgroup of the technical working group on December 21. POLICY supported the venue costs for the meeting, which included up-to-date information on harm reduction, particularly related to substitution programs and use of substances such as methadone, buprenorphine, and naltrexone.

Planning/Finance/Policy Formulation

National ARV Guidelines

- POLICY has been providing technical and financial assistance to the Therapy Department of the MOH to revise the National ARV Guidelines since July 2004. During September and October 2004, the drafting team held several working sessions to prepare the new guidelines. POLICY staff promoted the process and were involved as members of the drafting team to provide and coordinate technical support from POLICY, CDC, and the WHO. Comments from the September meeting were incorporated by POLICY staff and the drafting team. On November 4, several POLICY staff members attended a meeting held by the Therapy Department to obtain comments on the guidelines from international and national agencies before they were submitted to the Scientific Council for final approval. After receiving comments, POLICY staff and the drafting team worked together to revise the guidelines. The MOH, POLICY, and CDC have agreed to merge the Opportunistic Infection Treatment Guidelines, which are being developed by CDC, and the ARV Guidelines into one document, the National HIV/AIDS Treatment Guidelines, with technical support from POLICY and CDC. This new document is expected to be completed by the end of February 2005.

National HIV/AIDS Strategy Action Plans

- POLICY is providing comments as required to the development of nine national action plans under the National HIV/AIDS Strategy. The nine action plans include harm reduction; care and support; treatment onset; sexually transmitted infections; the prevention of mother-to-child-transmission;

behavior change communication; surveillance, monitoring, and evaluation; blood safety; and international cooperation.

- POLICY has committed to providing technical and financial support to develop nine provincial action plans for Ho Chi Minh City (HCMC) under the National HIV/AIDS Strategy. The action plans are expected to be finished by the end of February 2005 and will then be submitted to the HCMC People's Committee. Newly recruited Dr. Ngo Tri Tue is the point person for these activities.
- POLICY has begun discussions with several provinces (Thai Nguyen, Quang Ninh, and Kien Giang) about its willingness to provide support to them to develop their own provincial action plans under the National HIV/AIDS Strategy. POLICY will help the provinces determine which actions plans are most suitable for each province and will provide financial and technical assistance to the development of these action plans.

Revision of the National Ordinance on HIV/AIDS Prevention and Control

- POLICY has been assisting the MOH in revising the National Ordinance on HIV/AIDS Prevention and Control. A workshop on July 30–31, sponsored by POLICY and the Legislation Department of the MOH, developed a detailed outline for a new ordinance. The ordinance was drafted by the multi-ministerial team participating in the workshop, which symbolized the growing multisectoral collaboration in addressing HIV/AIDS issues and policy development.
- From September 17–19, a long-term consultant and POLICY's Program Officer participated in a workshop in Dai Lai as members of the ordinance drafting team. The drafting team included members from the MOH, the National Assembly, the Ministry of Justice, and the Office of the Government.
- In accordance with the ordinance project plan, the MOH and POLICY organized a meeting on October 5 where international organizations presented comments on the draft ordinance. To prepare for this event, POLICY worked closely with key international organizations to encourage them to provide thorough, useful, and timely comments. Members of the Drafting Committee from various ministries, as well as staff from the Government Office and the National Assembly Office, attended the meeting and welcomed the comments. The media and some PLHA representatives were also present. After the event, POLICY accurately translated the comments, compiled them, and sent them to the MOH.
- On October 29, representatives from 16 PLHA groups throughout Viet Nam attended a meeting with the Ordinance Drafting Committee to provide their comments on the ordinance. POLICY staff provided them with intensive support at every step of the process, explaining the meaning of articles, probing for clarification of comments, helping them prepare presentations, and providing logistic support to help them attend the meeting. The Drafting Committee welcomed the PLHAs' comments on different issues, including confidentiality; the right to healthcare, work, and education; and the greater participation of PLHAs. The officials were both surprised and impressed by the quality of their comments and the level of professionalism of the PLHA groups.
- After repeated attempts, POLICY succeeded in persuading the MOH to seek comments on the draft ordinance from Vietnamese NGO and CBOs, which had not originally been planned. As a result of POLICY's persuasion, the MOH invited representatives from these organizations to attend a meeting on December 22 to discuss the draft ordinance.
- In late December, POLICY received a revised draft of the ordinance with a few controversial articles. POLICY discussed these issues in-depth with the MOH and provided input. POLICY also supported UNAIDS to provide their input in a timely manner. These efforts helped the MOH prepare for an important meeting with the Government Office before the draft was pre-approved by the prime minister.

- As a result of these activities, many important comments and inputs have been incorporated by the Ordinance Drafting Committee. Another draft, expected on January 7, 2005, is expected to be approved by the prime minister before it is submitted to the National Assembly.

Research/Tools

- The Macfarlane Burnet Center completed and submitted reports on the needs assessments of Quang Ninh Province and HCMC.
- In September, the first draft of the report on the study of women with HIV was submitted by the Center for Community Research and Development (CCRD). Extensive recommendations were made by POLICY/Viet Nam and a gender specialist from POLICY/WDC, providing guidance for a more coherent and useful organization of the report. The final version of the report is still being developed with CCRD. Anticipated completion date is mid-February 2005.
- Data collection on the MSM study by the Institute for Social Development Studies (ISDS) has nearly been completed. Anticipated completion date is March 2005.
- In early October 2004, Anne Eckman conducted a gender analysis on the National AIDS Strategy. POLICY is now working on turning this into a shorter and simpler advocacy tool.
- Tran Tien Duc and David Stephens attended a regional planning meeting on the A² (AIDS and Advocacy) project on November 18–19 in Bangkok. They participated in the development of an integrated workplan for the activity in collaboration with FHI, CDC, and the National Institute for Hygiene and Epidemiology (NIHE). POLICY, FHI, and NIHE have met on several other occasions and have since finalized the workplan for A² activities in Viet Nam.

Capacity Building

- From July 11–16, POLICY supported government authorities and partners to attend the International AIDS Conference in Bangkok. In addition to the POLICY Country Director, Resident Advisor, Office Manager/Interpreter, and a POLICY-based local program consultant who also attended the conference, POLICY sponsored one HIV-positive individual to attend. The exposure to current HIV/AIDS issues and work during the conference was of particular importance for the National Assembly members who participated.
- During a four-day workshop in August, 25 PLHA leaders from 20 high-prevalence provinces in Viet Nam discussed PLHA networking in Viet Nam and were trained in leadership skills. Mr. Nguyen Van Trung was elected as the Viet Nam representative to the Asia Pacific Network of Positive People (APN+), and Ms. Jeanne D’Arc, a POLICY Project Junior Program Officer, was elected as his deputy. This workshop built on two previous national PLHA workshops and represented a breakthrough in relation to PLHA self determination. Prior to the workshop, APN+ representatives and any PLHA representation to other international and national forums were decided in an ad hoc and uncoordinated manner, with little communication or coordination with larger PLHA groups.
- From August 16–20, a POLICY Program Officer and an HIV-positive Junior Program Officer worked with individual self-help and support groups in HCMC to reach 40 PLHAs. The group decided to establish the HCMC Network of PLHAs and organize a festival of PLHA groups in the city to be held later in the year.
- From August 17–19 in Vung Tau, the first of a series of four HIV/AIDS budgeting and planning workshops was held, at the request of the MOH, for provinces in the southern region of Viet Nam. The workshop, for 80 senior officials from the MOH and provincial health and planning departments in 22 provinces, featured orientation to the use of the Resource Needs Model for planning and

budgeting and the methodology for estimates and projections. Dr. Gayle Martin facilitated the workshop with assistance from a POLICY Program Officer and the Country Director. POLICY staff collaborated with MOH staff in the design and implementation of the workshop. The budgeting and planning workshops continued August 25–26 in Nha Trang for officials from central region provinces of Viet Nam, and August 30–31 in Hai Phong for provinces in the northern region, with the POLICY Program Officer managing the meetings. From September 28–29, the final of this series of workshops was held in Hoi An. Eighty officials from all ministries, the National Assembly, mass organizations, and party commissions attended. The workshop was organized in collaboration with the MOH, FHI, UNAIDS, and WHO, and the agenda included the release of the new estimates and projections for the epidemic in Viet Nam, as well as presentations by the MOH and POLICY on the need to enhance multisectoral collaboration related to HIV/AIDS planning and budgeting.

- From August 28 to September 3, the Country Director and Resident Advisor, two USAID staff, two staff from the Ho Chi Minh National Political Academy (HCMNPA), and four Harvard University staff traveled to Boston, Massachusetts to develop and finalize the workplan for the first year of an HIV public policy training project to be held at the HCMNPA.
- On September 3, the POLICY Country Director and Resident Advisor met with the Vietnamese Environmental Journalists' Forum to discuss general collaboration and a workshop for the journalist forum designed to improve HIV/AIDS reporting.
- Courtney Bickert from POLICY/WDC trained 20 government officers on human capacity development on September 7. Those attending included officials from the MOH, academics from the Hanoi School of Public Health, and POLICY's Country Director.
- On September 21, a POLICY Program Officer trained 25 staff from the 05-06 rehabilitation centers for drug users and sex workers from Hai Phong, Quang Ninh, Ha Noi, and Thai Nguyen who work within the Ministry of Labor, Invalids, and Social Affairs (MOLISA) system.
- A POLICY Program Officer with HIV and another POLICY-sponsored person with HIV as well as other PLHAs attended a Treatment Advocacy workshop September 20–24 in Thailand, organized by TREAT ASIA. The participants will now help develop an educational program on ARVs and other relevant treatments for PLHAs in Viet Nam.
- One hundred military medical officers from across the nation were reached by the “HIV/AIDS Communication, Education, and Counseling” workshop organized by the U.S. Department of Defense and held in HCMC September 28–29. A POLICY Program Officer and an HIV-positive Junior Program Officer organized and facilitated a session on “Living Positively,” which brought PLHAs into the workshop for presentation and discussion.
- On September 6, POLICY hired a Management Advisor to enhance the professional capacity of the POLICY/Viet Nam office as well as the capacity of individual staff members. The advisor will establish staff development protocols and individual plans for training and other staff development needs. This will have particular impact on the three HIV-positive Junior Program Officers and their work in helping build the greater involvement of PLHAs (GIPA).
- In November 2004, POLICY supported Ms. Huynh Nhu Thanh Huyen, a PLHA network officer in Ho Chi Minh City, to participate in computer training and English classes with 32 other network members.
- With regional funding, Jeanne D'Arc Truong attended the First Asia Pacific Women, Girls, and HIV/AIDS Best Practices Conference in Islamabad, Pakistan from November 29 to December 1.
- With regional funding, Dr. Nguyen Thi Minh Ngoc attended a “Harm Reduction Management Workshop” in Chiang Mai, Thailand, November 29–December 10, with 21 participants from 10 countries.

- An evaluation of the CARE/POLICY GIPA Phase II Project results was held on December 9. The Treatment Preparedness project is an outcome of this project, which will be finished in March 2005.

Other

- Three new Program Officers have been recruited. Dr. Ngo Tri Tue will begin in early January 2005 as Program Officer in charge of the new Ho Chi Minh City worksite. Nguyen Thi Minh Thu and Dr. Nguyen Thu Hang are new Program Officers in the Ha Noi office and also begin work early in 2005.
- Ms. Huynh Nhu Thanh Huyen, a PLHA, has been hired as the POLICY Project collaborator in Ho Chi Minh City for the period from October 22, 2004 through April 30, 2005, to help with the establishment of the PLHA network in Ho Chi Minh City.
- The design and renovation of new office space was completed by the end of December.

E&E



UKRAINE

Program Objectives: One of POLICY's goals in Ukraine is to strengthen the ability of the Ministry of Health (MOH) and local partners to implement the National Reproductive Health Program 2001–2005 (NRHP) and policies that improve RH services. This is accomplished largely by providing technical and financial assistance to the Policy Development Group (PDG), which identifies and makes recommendations to remove operational policy barriers that impede successful program implementation, and the Ukrainian Reproductive Health Network (URHN), which advocates for adoption and funding of the NRHP at regional levels and the creation of and financing for youth clinics to ensure better access to RH services for youth.

POLICY also aims to enhance the enabling environment to improve policymaking, planning, management, assessment, monitoring, and evaluation for the strategic and effective delivery of HIV/AIDS information and services.² This is largely accomplished by providing technical assistance to the MOH at the national level and oblast health administrations/coordination committees in selected oblasts.

To stem the spread of HIV/AIDS, POLICY is working with NGOs and policymakers to document the barriers PLHAs face when trying to access reproductive health (RH) services and to recommend needed reforms in laws, policies, and regulations. The focus is on upholding human rights principles of reproductive choice, nondiscrimination, and confidentiality, as well as improving access to services for HIV-positive pregnant women and reducing mother-to-child transmission (MTCT).

POLICY activities are engaging a range of partners, including national and local governments and leaders in the private sector and civil society. POLICY is assisting in strengthening their capacity to plan, manage, assess, monitor, and evaluate interventions. POLICY is providing capacity-building support and assistance, primarily at the local level. The crosscutting theme for POLICY's results framework is that multisectoral approaches will emphasize engaging NGOs, PLHAs, and other vulnerable groups in all policy processes, both at the local and national levels. The approach that POLICY proposes to undertake to strengthen Ukraine's national response will improve government policy and policy implementation, strengthen strategic planning and management, and strengthen assessment and monitoring & evaluation (M&E) of the HIV epidemic and available services.

Summary of Major Activities:

FP/RH

Field support activities. POLICY continued its support to the PDG in strengthening recommendations to remove operational policy barriers and to the URHN in implementing its advocacy campaigns. In addition, POLICY is preparing a report on the findings from certain interviews with HIV-positive women and providers and has initiated a targeted legal review focused on the issues of reproductive rights. Also, POLICY is supporting the MOH as it finalizes the NRHP's monitoring and evaluation (M&E) plan and begins review of the program's past two years.

PDG. POLICY Project continues to provide technical assistance to the PDG. After receiving feedback from participants of the three-day dissemination workshop on "Multisectoral Collaboration to Preserve and Improve Reproductive Health," which was held in Crimea in May, the PDG discussed and approved the final draft of the RH Guide, which was printed and disseminated in October and November 2004. The

² USAID/Ukraine HIV/AIDS Strategy 2003–2008, draft October 3, 2003, Kiev, Ukraine.

RH Guide will help RH specialists at regional and national levels, policymakers, and the community to serve several related purposes that increase political support for policy changes in the RH sphere and assist in successfully implementing them.

The strategic planning training for POLICY staff was held October 26–28 as guidance for the future development of the PDG strategic plan. The PDG met on December 11 to (1) evaluate the PDG work during 2003–2004 under POLICY support; (2) analyze the implementations of the NRHP; (3) identify the list of people and organizations as the addresses for the RH Guide; and (4) prepare for the development of the next RH program for 2006–2010 and the PDG strategic plan for 2005–2007. The operational policy barriers in the formation and preservation of reproductive health and general approaches to addressing RH barriers in the future, short-term and long-term, were determined as home assignments for the PDG members for further consideration. At the meeting, POLICY presented the plan to conduct the legal and regulatory review of reproductive health.

The PDG December 16 meeting with MOH experts on legal and regulatory review—Civil Code change proposal, projects for CMU, and MOH resolutions on family planning problems—resulted in the development of the draft documents. The final papers will be ready in the middle of January 2005.

M&E for NRHP. POLICY is assisting the MOH in revising the M&E Plan for the NRHP 2001–2005. During July–December, representatives of the MOH, Ministry of Economy and European Integration (MOEEI), Academy of Pedagogical Sciences, Academy of Medical Sciences, Center for Ukrainian Reform Education (CURE) Project, POLICY, the URHN, and the FP Association conducted a series of working meetings to discuss the implementation of the NRHP in 2001–2005. The updated final M&E plan was discussed in August, September, and December and submitted to the MOH for further approval.

URHN. POLICY Project continues to provide TA to URHN. The second issue of the URHN newsletter devoted to youth RH is being developed. Two URHN members (NGOs from Poltava and Kremenchug) are implementing advocacy activities for the opening of youth clinics to improve access to RH services for adolescents.

On December 17–18, the general meeting of the URHN took place in Kiev. Two new NGOs joined the URHN: one from Kharkiv, “Family from A to Z” (RH services for pregnant women) and one from Zaporizhia, “Spodivannia” (RH services to children in schools). The first day of the meeting focused on skills building to resolve conflict in the organization and the second day focused on briefing on the advocacy successes and planning next advocacy steps.

The NGOs from Kremenchug and Poltava reported about the progress on advocacy for youth clinics in the cities. In Poltava, the NGO analyzed the reproductive health of adolescents and youth; in Kremenchug the NGO analyzed current Ukrainian legislation to find certain norms that support creation and operation of youth clinics. Both in Kremenchug and Poltava, the NGOs created a working group of experts on the opening of youth clinics, issued manuals for journalists and separate manuals for decisionmakers on the youth clinics’ opening, and held press conferences for local journalists, which led to a number of articles related to the need to open youth clinics printed in local mass media. In Kremenchug, due to the advocacy efforts, on December 21, the head of Kremenchug city administration issued an order on the development of the mechanism of youth clinics in Kremenchug and funding for the new facility from the city budget.

The NGOs from Makeevka and Odessa reported on advocacy successes for human rights and reproductive choice for women working at industrial enterprises. There had been a lack of access to RH services for women working at industrial enterprises (the administration did not allow women to visit doctors during working hours despite the current national legislation that is favorable in this aspect). In Makeevka, the NGO issued a brochure on the rights of pregnant women that was distributed among the

women working at industrial enterprises in Makeevka, Donetsk, and Odessa. Due to the advocacy efforts in Makeevka, the joint administration of 19 mines on October 26 issued an order allowing pregnant women to visit a doctor during working hours without losing salary.

Olga Kobets updated the URHN members on the progress of the second newsletter, which is focused on adolescent and youth RH. The final draft is ready for discussion with POLICY.

In addition, the URHN members developed a list of issues to be included in the new RH program. Two URHN members were included in the group on the development of the new RH program, “RH of the Family 2006–2011.”

The URHN members discussed plans for 2005, which include holding a national public hearing on the implementation of the current RH program, improving access to RH services for women working in medical facilities in Kamianets-Podilskiy, and improving access to RH services for women working at industrial enterprises in Makeevka and Donetsk.

RH/HIV Initiative. The qualitative research report on barriers HIV-positive women face in accessing RH services was finalized. The report describes the barriers HIV-positive women face in accessing RH services during pregnancy and delivery. The Community Advisory Board (CAB) has identified the following three problems, which were viewed by the CAB members as the most important in terms of reproductive rights for HIV-positive women: (1) lack of uniform standards of VCT in general and particularly in the context of prenatal and natal care to prevent MTCT; (2) violation of HIV-positive women’s right to reproductive choice; and (3) lack of confidentiality of information about the HIV-positive status of an individual. These problems were further analyzed in the context of legal and regulatory provision. As a result, the second draft of the target legal and regulatory review report, “Realization of Reproductive Rights Among HIV-positive Women in Ukraine,” was prepared by the local human rights expert, Professor Mikhail Buromensky, and reviewed by POLICY’s HIV Deputy Director, Oleg Semerik, and the reviewing team. The draft report includes an overview of international human rights instruments, national and local laws, regulations, and guidelines related to human rights in the area of reproductive health. The international standards serve as a framework for carrying out further analysis and drafting recommendations for Ukraine. POLICY will prepare a synthesis report to be used at the policy dialogue scheduled for next quarter. POLICY consultants are finalizing a targeted legal and regulatory (L&R) review report.

Taking into account the significance of the identified problems, qualitative research findings, and recommendations, the preliminary L&R review findings and recommendations were presented to the MOH as well as to the MOH working groups to inform the development of a new PMTCT program for 2005–2008 and development of a National VCT Protocol. As a result, some of the identified problems are addressed in the draft “Strategy and Ways to Overcome MTCT for 2005–2011” and the draft “National VCT Protocol” prepared by the MOH Working Group with TA from POLICY.

The qualitative research and L&R review findings were taken into account by the MOH Working Group in reviewing the legislative norms on medical and social reasons for pregnancy termination in the late term (12–28 weeks). Taking into account POLICY findings and recommendations, the MOH Working Group significantly reduced the list of medical indications that allow pregnancy termination in late terms and excluded the list of social indications—three or more children, divorce during pregnancy, imprisonment of one of the partners, and so forth. Also, the latest term in which it is permitted to terminate pregnancy based on medical reasons was reduced from 28 to 22 weeks. Such changes in legislation should significantly reduce the number of abortions in the country and reduce the likelihood of HIV-positive women interrupting pregnancy.

Support to the State Statistical Committee and International Programs Center of the U.S. Census Bureau in conducting the willingness and ability to pay survey (WAPS). This activity focuses on issues involved in designing and implementing a rider survey in Ukraine with a particular focus on reproductive health and, more specifically, on the willingness and ability of persons to pay for contraceptives. In August, POLICY Project concluded the contract with StatInformConsulting (SIC) to prepare and conduct a USAID-funded WAPS on the November 2004 round of the Labor Force Survey (LFS). The objective is to plan, implement, process, and report jointly on the results of the WAPS, which were incorporated into the November round of the LFS. The rider surveys were conducted in a sample optimized for regional estimates for the same regions as the 1999 RHS survey and covered the population aged 15 to 49 in approximately 11,000 households. Technical assistance from the U.S. Census Bureau was available in the areas of questionnaire development, data processing systems, and development of training materials. The MOH has agreed to assist in the development of training materials for enumerators through the PDG and to participate in the WAPS analysis stage.

The following activities were arranged and conducted during July–December 2004: adjustment of the questionnaire according to the pretest results; final adoption of the questionnaire by the POLICY Project and technical experts from the U.S. Census Bureau; design of training, instruction, and field materials; printing of the questionnaires, training, instruction, and field materials; arrangement and provision of the training for supervisors from 27 oblasts of Ukraine; delivery of the questionnaires and documentation to the regions; and provision of the training for enumerators in each oblast. The fielding of the WAPS survey was conducted from November 22 to December 5, after which supervisors in their regions collected the questionnaires and mailed them to the central office of SIC. The experts of the U.S. Census Bureau provided data entry specifications to the programmers of SIC and the data entry began on December 27.

HIV/AIDS

Field-support activities. POLICY continues to assist the MOH in designing a new multisectoral prevention of mother-to-child transmission (PMTCT) program and the voluntary counseling and testing (VCT) protocol. Also, POLICY continued technical assistance (TA) to the coalition of HIV service NGOs (the HIV NGO Coalition) and continues to participate in activities surrounding establishing the national M&E system in Ukraine. POLICY is beginning to provide TA to the oblast AIDS coordination councils (OACCs) in eight Ukrainian oblasts most affected by HIV/AIDS.

Support for regular planning and working group meetings to help the MOH create its new PMTCT program. During the fourth PMTCT working group meeting on July 9, participants from different organizations, including representatives from oblast and city health administrations, CAs, PLHAs, Ministry of Health, Ministry of Science and Education, Ministry of Labor and Social Protection, and Academy of Educational Sciences discussed and drafted the goals, objectives, and activities of the planned multisectoral PMTCT program. During this meeting, all activities were specified using the WHO recent recommendations: (1) primary prevention of HIV among women; (2) prevention of unwanted pregnancies among HIV-positive women; (3) MTCT prevention; and (4) treatment of and support to HIV-positive women as well as their family groups. According to the results of the discussion, the duration of the proposed PMTCT program is expanded until 2011. After further discussion among the PMTCT working group members and POLICY Project experts, the draft “Strategy and Ways to Overcome MTCT for 2004–2011” was submitted to the MOH on August 20, 2004. After PMTCT working group members and POLICY Project experts discussed feedback from MOH departments on the draft PMTCT strategy, the start time for the strategy was revised (program will start in 2005), and an updated document was sent to the MOH in October 2004. Subsequently, POLICY provided TA to the MOH in the Budget Requirement Analysis (BRA) for the PMTCT strategy using the PMTCT computer model. After a regular procedure of the discussion with MOH departments, the draft PMTCT strategy for 2005–2011 and the

draft BRA were submitted to the Cabinet of Ministers of Ukraine (COM) for further discussion and approval. The final discussion and approval, taking into account all collected feedback (including the WHO feedback), are postponed tentatively until February 2005 because of presidential elections and the November revolution.

Status of the National HIV M&E Plan. A year ago (September–October 2003), POLICY, in cooperation with USAID, UNAIDS, and the Synergy Project, supported two national workshops on developing a National HIV/AIDS Monitoring and Evaluation Plan. As a result of the workshops, a draft National M&E Plan was developed that includes indicators reflecting (1) the goals and objectives of the draft National HIV/AIDS Program for 2004–2008; (2) indicators required for UNGASS reporting;³ and (3) indicators considered important by government organizations and NGOs, including the GFATM project indicators in Ukraine. Taking into account an assessment of Ukraine’s M&E ability conducted by UNAIDS in late 2003, the draft indicators were reviewed and elaborated by the M&E working groups during 2004. During the reporting period, the MOH has agreed to a draft list of 25 national M&E indicators with the Ministry of Education and Science, Ministry of Labor, Ministry of Family and Youth, Ministry of Defense, Ministry of Finances, State Committee of Television and Radio Broadcasting, and State Penal Department of Ukraine. As a result, the COM issued Decree #890-p of December 13, 2004, “On monitoring and evaluation of effectiveness of activities ensuring control over the HIV/AIDS epidemic according to the national indicators,” by which

- 1) the aforementioned ministries, as of 2004, carry out monitoring and evaluation of effectiveness of activities ensuring control over the HIV/AIDS epidemic according to the national indicators, and annually, before December 15, file with the MOH relevant reports for information generalization; and
- 2) the MOH is to approve a list of national M&E indicators and instructions on their use.

It gives reason to hope that in the near future the list of national indicators developed with support from POLICY and other projects/organizations will be approved by an MOH decree.

POLICY continues working with the International HIV/AIDS Alliance. Oleg Semerik, HIV Deputy Director, participated in two tender-reviewing committee meetings on selecting an appropriate research organization to conduct behavioral surveillance surveys (BSS), including “Awareness and Behavior Monitoring of Prisoners as an HIV Second Generation Surveillance Component” and “Behavior Monitoring of Military Personnel as a Second Generation Surveillance Component.” The data collected are going to be used for reporting on the national and UNGASS M&E indicators on HIV/AIDS.

POLICY came to an agreement with the International HIV/AIDS Alliance on using the BSS data on IDUs and SWs collected within the GFATM project in Ukraine (managed by the International HIV/AIDS Alliance) to report on the following USAID/Ukraine HIV/AIDS Strategy 2003–2008 baseline indicators:

- % condom use at last commercial sex among prostitutes nationally and in selected oblasts
- % injection drug users using condoms at last sex nationally and in selected oblasts

The draft outline of the format on the above-mentioned indicators to be submitted to USAID/Ukraine was developed by Olga Balakereva, Senior M&E Officer, and agreed upon with the USAID/Ukraine office.

Support for regular working group meetings to help the MOH design a national VCT protocol. POLICY continues supporting the MOH effort on developing the national VCT protocol. The draft protocol developed by the MOH working group (WG) was presented at the VCT conference held by the MOH and supported by the POLICY Project and International HIV/AIDS Institute on September 22–23. Comments and suggestions to improve the draft protocol provided by the conference participants (the oblast AIDS

³ The one indicator excluded is orphans’ school attendance, which was not deemed a current priority for Ukraine.

center specialist and NGO representatives) were reviewed by the WG members and incorporated to the draft protocol. In December, the draft protocol was translated into English and reviewed by Jane Begala, Senior HIV/AIDS Associate, Futures Group. It was also presented at the working meeting on reviewing national protocols held by the MOH and Ukrainian AIDS Center on December 24 in Kiev. On December 27, the draft protocol was sent for review to the WHO Copenhagen Regional Office. Next quarter, the protocol will be submitted to the MOH for approval to become a national VCT policy. To achieve this goal, POLICY cooperates with WHO, the U.N. theme group on treatment, care, and support, PATH, the International HIV/AIDS Alliance (which covers some expenses related to the experts' honorarium), and other international and national organizations, stakeholders, and individuals.

HIV NGO Coalition. The POLICY Project continues to provide technical assistance to the HIV NGO Coalition that was created in March 2004. The coalition's mission is to broaden and strengthen the role of the nongovernmental sector in planning and implementing government HIV policies and the Global Fund project in Ukraine. To strengthen the organizational and programmatic capacity of the coalition, in June, POLICY supported a three-day strategic planning meeting for 24 NGOs, all coalition members. The goal of the meeting was to develop a strategic plan for the next three years. Currently, the board of the coalition and POLICY are revising the strategic plan. On July 7, the HIV NGO Coalition was registered in the Ministry of Justice. After it is registered in the Tax Administration, the coalition is going to apply to POLICY for a grant to support its institutional development. USAID/Ukraine approved that decision in the spring of 2004. The subcontract between POLICY and the HIV NGO Coalition on strengthening its organizational and program capacity is in process. Two coalition board meetings took place in the POLICY office. During the meetings, the board members revised the draft strategic plan to take into account the current political situation in Ukraine and the fact that the plan should be approved by the general meeting of the coalition in 2005. The issues of preparation for the part of the general meeting of the coalition, which will be advocacy training for members, were under consideration as well.

Strategic planning and management of HIV/AIDS programs and policies at the local level. POLICY launched a new activity, the main goal of which is to improve strategic planning, management, and M&E of HIV/AIDS programs and policies at the local level. For the reported period, activities continued in the areas of (1) assessment of oblast AIDS programs and the status of the OACCs in the eight most HIV-affected oblasts; (2) preparation of a strategic planning training workshop for representatives of the eight oblasts; and (3) finalization of the first choice of oblasts to start TA in the first year of the project. More field trips were conducted in October, namely to Donetsk oblast, Autonomous Republic of Crimea, and Kyiv oblast, with the purpose of doing site assessments in view of determining the needs of the region's OACC for receiving TA from POLICY as well as to establish a contact base and organizational network for future project activities. As an outcome, comments were gathered according to an earlier developed questionnaire for regions. While all three regions demonstrated good readiness for TA, there were some concerns about the multisectoralism of OACCs.

In November, Senior HIV/AIDS Specialist Philippa Lawson conducted a three-day strategic planning training workshop for POLICY staff in Kiev. Staff were introduced to main concepts and methods of strategic planning, later reproduced in preparation of the strategic planning training for oblast representatives that took place on December 8–10. This three-day training brought together participants from eight oblasts (Autonomous Republic of Crimea, Cherkasy, Donetsk, Dnepropetrovsk, Kherson, Kyiv, Mykolaiv, and Odessa) and was seen as the first in a series of oblast capacity-building activities in the area of strategic planning. Following the workshop, based on the degree of readiness, capacity to receive TA, and attendance at the training, four of the eight oblasts (Dnepropetrovska, Khersonska, Mykolaivska, and Odessa) were selected for TA in the first year.

POLICY plans to establish a strategic planning/M&E working group under the OACC and facilitate its activities in each of the four oblasts to assist the OACC in overcoming the operational barriers that

preclude the oblast AIDS program's implementation as well as develop an oblast M&E plan. Such WGs were already set up in Mykolayiv and Odessa. During the next quarter, the WG is going to be set up in Dnepropetrovsk and Kherson. Also, an M&E capacity-building workshop for the selected oblasts is scheduled for February 2005.

LAC



EL SALVADOR

Program Objectives: The primary objective of POLICY's work in El Salvador is to ensure that data from the 2002/2003 FESAL are widely disseminated, understood, and used by different stakeholders to inform policy decisions and better respond to national needs in the area of FP/RH. To achieve this objective, POLICY will train and work with journalists, universities, decisionmakers, and NGOs (namely, the Asociación Demográfica Salvadoreña (ADS)). Activities will take the form of training and awareness-raising workshops for journalists, decisionmakers, technical staff at relevant ministries, universities, and NGOs; contests for journalists and researchers to promote the use of data; one-on-one training; and ongoing technical assistance (TA). POLICY will also conduct secondary analysis on topics that are particularly relevant to El Salvador's RH situation. Findings from these analyses, which will include topics such as contraceptive use and market segmentation, birth spacing, adolescents, and malnutrition, will be widely disseminated among decisionmakers for use in policy formulation and program planning. POLICY will also provide training and TA to ADS in developing an institutional advocacy plan.

Summary of Major FP/RH Activities:

During the reporting period, POLICY fully established its office in San Salvador.

In August, POLICY hosted a breakfast for media heads and coordinators to discuss planned project activities and get feedback and support for media-related training events. Later in the month, POLICY conducted a workshop on reproductive health and FESAL for journalists, in two four-hour sessions directed at different groups of participants. Twenty-five reporters were trained using a "hands-on" approach by an international expert on advocacy and reproductive health. In the workshop, national experts presented on topics such as reproductive health, teen pregnancy, HIV/AIDS, family violence, FESAL, and responsible journalism and ethics; PLHAs also addressed HIV/AIDS. Valuable reference material was presented to the trainees to help them in reporting on these issues adequately, using the FESAL.

POLICY also conducted four follow-up meetings to the journalist workshop. The themes of the meetings were population dynamics, domestic violence and FESAL, HIV/AIDS and FESAL, and gender and health statistics. An average of 14 journalists participated in each meeting. Participants included reporters from major newspapers who could not attend the workshop held at the end of August but had expressed an interest in being involved in POLICY activities. POLICY also responded and will continue to respond to requests for TA from reporters writing articles on RH topics.

In conjunction with its media activities, POLICY has been carrying out a media scan of three major newspapers since May 2004 to monitor the impact of project activities on the number and content of RH publications.

Under a subcontract with a local research company, POLICY completed a study designed to evaluate perceptions about ADS and its image among different sectors and groups. The subcontractor developed qualitative instruments for in-depth interviews and focus groups, as well as quantitative instruments for household and exit interviews; all were reviewed and approved by POLICY staff. The final report and the main results were presented by the subcontractor to the ADS board of directors in early December. Currently, preparations are being made to hire an expert who will carry out a strategic planning session with the board, taking into consideration the image appraisal study.

Under a subcontract with POLICY, ADS launched a competition for journalists and a grants program for researchers and Masters students intended to promote the use of FESAL data in research work/theses.

Eighteen proposals were received from researchers and one from a Masters student. POLICY and ADS reviewed the proposals, chose five proposals from researchers, and held meetings with the grantees to agree on guidelines and procedures and make suggestions for improving their proposals. With regard to the Masters thesis grants, a new activity will be designed to promote use of FESAL because the proposal presented did not meet quality standards set by the proposal review committee.

In July, POLICY conducted a workshop with faculty from the schools of medicine in four universities to present and discuss opportunities for using FESAL data within university curricula and programs. Following the presentation, participants identified concrete activities to promote the use of FESAL data at the universities and provided important information regarding TA needs.

Based on these discussions, POLICY signed a letter of understanding with the schools of medicine at the Universidad de El Salvador (UES) and the Universidad Evangélica de El Salvador to provide TA in strengthening the universities' capacity to use FESAL 2002/03 data in different teaching and research activities and in training Masters students so they can make decisions based on evidence and data. POLICY assistance has included training on SPECTRUM to 46 professors (including the Dean of the School of Medicine, as well as the coordinators of two masters programs), and provision of bibliographical materials; a follow-up meeting to the SPECTRUM training was carried out to identify ways in which POLICY can support UES in the use of SPECTRUM. Four fully equipped computers and SPSS software were donated to UES to support the Masters program's use of FESAL data.

An advocacy expert from POLICY/Perú traveled to El Salvador in November 2004 to provide training on advocacy techniques to 20 degree candidates in the Masters program on Sexual and Reproductive Health.

The MOH assigned Dr. Jorge Cruz González as the point person for the POLICY Project in El Salvador. POLICY staff informed him about project activities in El Salvador. In coordination with Dr. González, POLICY organized and implemented a Data for Decisionmaking workshop in which 15 high-level MOH and Social Security Institute officials actively participated.

POLICY began secondary analyses on the topics of malnutrition, market segmentation, adolescent reproductive health, and birth spacing. All the analyses are based on FESAL 2002/03 data. In December, local consultants made a presentation of progress to date in the nutrition analysis at USAID. During the presentation, relevant stakeholders provided valuable feedback, which is currently being incorporated into the analysis and report. With regard to the birth spacing analysis, POLICY convened a meeting with a group of national experts in San Salvador to give suggestions on the work to be undertaken. Drafts will be shared with this group for comments. POLICY staff in the DC office completed the market segmentation analysis and circulated a draft report for comments. Based on feedback, a new draft will be prepared for review by a committee of local experts. The market segmentation analysis is intended to inform El Salvador's contraceptive security efforts.

In October, POLICY/El Salvador's Resident Advisor traveled to Lima to participate in the Regional Contraceptive Security Forum organized by POLICY and DELIVER. POLICY staff provided TA to the MOH in preparing El Salvador's presentation at the forum and, following the forum, organized a meeting with the Minister of Health.

As part of its efforts to widely disseminate FESAL findings, POLICY provided support to ADS in preparing and producing several sets of informational material on the FESAL. They include a FESAL brochure with key findings and two booklets, one with FESAL data by area of residence and department and the other with the summary of FESAL's final report in English. In addition, a POLICY/El Salvador brochure was produced in Spanish.

POLICY met with the MOH, mission, and CAs to review and discuss the scope of work for the study to determine the prevalence of infections (with emphasis on hospital-based infections) during the maternal and neonatal period. Consultants were hired to carry out the study, and their proposal was presented and discussed with a committee that will accompany and advise the consultants on their work.

GUATEMALA

Program Objectives: The goal of POLICY assistance in Guatemala is to help create a favorable policy environment for FP/RH and promote recognition of linkages between population and development. To achieve this goal, POLICY will

- Support the active participation of private and public sector organizations in public information campaigns, advocacy activities, and RH and population policy formulation;
- Provide assistance in monitoring the RH policy environment through civic surveillance, including monitoring the status of human rights, namely health and sexual and reproductive rights, and investments in RH;
- Help develop and/or strengthen policies, laws, regulations, and plans that promote and improve access to FP/RH services, including those related to resource allocation;
- Provide training in data analysis and develop information and communication tools for educating decisionmakers, professional associations, civil society organizations, and other groups in FP/RH, population, and development policy issues; and
- Provide assistance to develop, update, and transfer policy tools and methodologies to ensure that up-to-date and relevant information informs policy decisions and to strengthen human resources in FP/RH policy analysis through formal educational programs.

Summary of Major FP/RH Activities:

The closeout date for the POLICY Project in Guatemala, originally scheduled for September 2004, has now been extended through March 2005. However, because POLICY's SOW and funding for the January–March 2005 period will be limited, the project proceeded to finalize project activities, close the local office, and transfer most of its equipment to local NGOs.

POLICY continued its TA to the Presidential Planning Secretariat (SEGEPLAN) in activities designed to promote and monitor implementation of the Social Development Law (SDL) and the Social Development and Population Law (SDPP). POLICY, through a contract with the Central American Center for Population (CCP) in Costa Rica, carried out a training course on demographic analysis and program impact evaluation in November. POLICY worked closely with CCP to develop the curriculum for the course, which was attended by SEGEPLAN officials, as well as representatives of MOH, Presidential Women's Secretariat (SEPREM), Ministry of Education, and civil society organizations. All participating organizations are involved in either the monitoring or implementation of the SDL and the SDPP. POLICY and SEGEPLAN started developing a popular version of the SDL and completed a draft report evaluating the accomplishments of the SDL and SDPP. In response to a request from SEGEPLAN, USAID agreed to reschedule several POLICY TA activities planned for 2004, such as SPECTRUM training for developing scenarios for planning and evaluation. These activities are now scheduled for early 2005.

The Technical Inter-institutional Committee on Medical Barriers, composed of the MOH, Social Security Institute (IGSS), APROFAM, Guatemalan Association of Obstetricians and Gynecologists (AGOG), Guatemalan Women's Physician Association (AGMM), USAID, and POLICY, finalized the report on medical barriers to family planning and initiated dissemination activities. In September, POLICY delivered a presentation to USAID partners outlining global and institutional results. POLICY also provided technical and financial assistance to the National Reproductive Health Program (NRHP)/MOH in conducting a national workshop in November on medical barriers to FP services for representatives of all health areas. The purpose of the workshop was to educate service directors and providers on how to eliminate barriers to FP services. Barriers to access faced by adolescents and the impact of condom use on HIV/STD prevention were central themes of the workshop.

POLICY continued supporting the two civil society networks, Instancia Coordinadora de Acciones Políticas por la Salud y el Desarrollo de las Mujeres en Guatemala (INSTANCIA Salud/Mujer) and Red de Mujeres por la Construcción de la Paz (REMUPAZ), in their efforts to advocate with the new government for gender-sensitive FP/RH policies. Although Guatemala's new government had several verbal declarations and statements in favor of FP/RH, it had not put in place a formal policy or plan that defined its priorities in this area. In the absence of such a document, civil society groups and stakeholders looked to the government-endorsed SDL, SDPP, Peace Accords, and Millennium Goals for guidance and programmatic direction. POLICY provided TA to INSTANCIA Salud/Mujer and REMUPAZ to actively advocate for a formal government declaration on reproductive health in the form of the 2004–2007 National Health Plan. As a result of these POLICY-supported efforts, in December 2004, the MOH published a preliminary draft of the National Health Plan, which reflects a response to the demands of INSTANCIA Salud/Mujer on FP/RH and gender-sensitive programs.

In collaboration with INSTANCIA Salud/Mujeres, Asociación Mujer Vamos Adelante (AMVA), and REMUPAZ, POLICY also initiated the collection and processing of information necessary to monitor advances in the implementation of the SDPP and the Decentralization and Development Council laws related to reproductive health, health financing, and participation of women.

In response to a USAID request, POLICY provided TA to a congressional deputy interested in strengthening the legal framework for FP/RH in Guatemala by developing a legislative proposal on “universal access to RH services including family planning.” This initiative seeks to create a budget line item for FP services, including supplies and contraceptive methods.

SEPREM participated in the international meeting commemorating the 10th Anniversary of ICPD in San Juan, Puerto Rico in June–July, during which it presented Guatemala's official position on the Santiago de Chile Declaration on advances on each of the ICPD Plan of Action chapters. Prior to the meeting, INSTANCIA Salud/Mujeres, with substantial technical and financial assistance from POLICY, mounted an advocacy campaign with SEPREM that included presentations, development of technical and political arguments, and several face-to-face meetings, during which INSTANCIA advocated for a positive country position on Cairo objectives. As a result, in July, SEPREM's statement on behalf of Guatemala at the meeting was favorable to FP/RH issues, in contrast to Guatemala's position in 1994 when it approved the ICPD Plan of Action with several reservations.

In June 2004, Congress drafted and approved a Legislative Decree (21-04) that mandated using 15 percent of the tax on alcoholic beverages—approximately 26 million quetzales—for sexual and reproductive health, family planning, and alcoholism programs. Having played a key role in this decision, POLICY continued to provide TA to REMUPAZ as it worked with congressional commissions on issues of RH financing and 2005 national budget priorities. Specifically, POLICY provided TA to REMUPAZ (1) to develop a proposal outlining priority areas/interventions on which the new funding should be spent; and (2) to advocate congressional commissions to ensure the availability of adequate resources for the NRHP, including activities related to contraceptive security. As a direct result of the latter, in November 2004, the Congressional Health Commission approved an amendment to the 2005 budget, assigning an additional 25 million quetzales (approximately US\$3.2 million) to the NRHP.

POLICY, in collaboration with the faculty of medicine of San Carlos University (USAC), finalized the RH Technical Update Program designed to update knowledge and strengthen the skills of INSTANCIA Salud/Mujer and REMUPAZ representatives. The purpose of the course was to better inform network members and, thereby, maximize the impact of their advocacy and civic surveillance actions.

In December, POLICY, in collaboration with COBISOGUA, organized and implemented a forum on reproductive health and adolescents for member organizations of that network. In October, POLICY developed the proposal requested by the mission to extend specific activities until March 2005.

HAITI

Program Objectives: The goal of POLICY assistance in Haiti is to fill the policy void in population, reproductive health, and HIV/AIDS resulting from a severely weakened public sector by strengthening civil society's role, building public-private sector partnerships, and when opportunities arise, helping the public sector to provide stronger leadership and direction. At the request of the mission, CAs, including POLICY, are coordinating their workplans with an emphasis on HIV/AIDS within the context of a framework aimed at a "sustainable social and community response." "Clusters" have been organized around themes such as behavioral change and training, and CAs and local partners work within these thematic groups to address specific issues and challenges. POLICY is also helping to address other RH issues, such as gender-based violence. POLICY provides technical and financial assistance in advocacy and fundraising to NGOs, faith-based organizations (FBOs), labor unions, and other civil society organizations (CSOs) that have activities focused on youth, women, healthcare, education, community development, and other issues. In the public sector, POLICY provides technical assistance (TA), in collaboration with international donors, to support HIV/AIDS and RH policies and strategies currently being developed or already in place, including the National HIV/AIDS Strategy, prevention of mother-to-child transmission (PMTCT), care and support of persons living with HIV/AIDS (PLHAs), maternal mortality reduction, and quality assurance. POLICY collaborates with Ministry of Public Health and Population (MSPP) officials to improve operational policies that promote the quality of and access to FP/RH and HIV/AIDS services.

Summary of Major Activities:

In addition to insecurities related to the political situation, during this period, Haiti faced two natural catastrophes resulting in approximately 3,000 deaths, which monopolized all aid/assistance efforts and energy. In spite of these difficulties, POLICY has continued to sustain its assistance to the Haitian programs in FP/RH and HIV/AIDS.

FP/RH

In July, POLICY provided technical assistance to the MSPP in organizing and implementing a three-day workshop to revive the family planning program in Haiti. A range of recommendations were formulated by participants. POLICY also partnered with UNFPA and Profamil to provide TA to the State Secretary of Population in organizing a symposium to formulate an action plan following the Cairo +10 conference as well as recommendations to reinforce the implementation of the population policy. The symposium report, with recommendations, was presented to the policymakers.

HIV/AIDS

POLICY provided TA to the National AIDS Control Program (UCC/MSPP) in developing a training manual in network creation and mobilization against HIV/AIDS. This manual, which is based on POLICY's training manual, *Networking for Policy Change*, will be used as a national reference for training all organizations wishing to mobilize and implement activities against HIV/AIDS. Most immediately, UCC will use this manual to organize three regional training sessions for youth organizations.

In December 2002, POLICY, in collaboration with POZ, World Relief, Caritas, and the Episcopal Church of Haiti, organized the National Symposium on HIV/AIDS for Christian Churches of Haiti. In the two years following the symposium, these churches have taken measures to stand up for the fight against HIV/AIDS. In 2004, POLICY provided technical and financial assistance to POZ in organizing and implementing workshops in three different geographical departments. These workshops had the following

objectives: (1) evaluate what has been achieved by different churches in the fight against HIV/AIDS; and (2) share and discuss ideas for concerted and integrated actions of the Christian churches on a local level. These workshops took place at Fort-Liberté (North East) on August 18–20, Jérémie (Grand Anse) on November 9–11, and Jacmel (South East) on December 15–17.

Policy dialogue between labor unions (CTH, OGITH, CATH) facilitated by POLICY, Smart Work, and HCP led to a workshop in August. During the workshop, the labor unions agreed on and publicly released their intentions and proposed strategies for fighting HIV/AIDS in Haiti. From September 14–21, POLICY provided TA to these unions in elaborating their action plans. Within the framework of this plan, POLICY financed and facilitated two training sessions for union leaders from all departments. The first session took place November 15–19 with 21 participants; the second session took place November 22–26 with 15 participants. At the end of the workshops, each labor union prepared an action plan.

In the area of generating strategic information for decisionmaking, POLICY

- Carried out a secondary analysis of the national surveillance study “Sero Sentinelle” and prepared two publications titled “Le Sida en Haiti: 2004” and “Le Sida en Haiti: Une raison d’espérer.” The publications will be distributed widely.
- Initiated data collection at the national level to assess the situation of the orphans victimized by HIV/AIDS, study the problems of PLHAs and their families, and map VCT centers and their clients.

On November 8–10, POLICY participated in a workshop organized by UCC/USPP and the Project HS-2004 to identify mechanisms that need to be put in place to reinforce the effectiveness of the current model of governance. Following this workshop, a technical committee, of which POLICY is part, formed to assist UCC in reinforcing its operational structures and systems to ensure better management of the national HIV/AIDS program. The committee will conduct working sessions with UCC on a regular basis.

HONDURAS

Program Objectives: POLICY's HIV/AIDS program in Honduras focuses on specific regions and vulnerable groups highly impacted by the epidemic—namely people living with HIV/AIDS (PLHAs), Garifuna, men who have sex with men (MSM), and other vulnerable groups in La Ceiba, San Pedro Sula, and Tegucigalpa. POLICY provides training and TA to these groups to strengthen advocacy, communication, and leadership skills that will better enable them to access prevention, care, and treatment services; reduce HIV/AIDS-related stigma and discrimination; and participate effectively in policy processes. At the national level, POLICY supports the Ministry of Health and the mission in strengthening coordination, planning, and participation among stakeholders by developing and disseminating decisionmaking models and tools such as the stakeholder database, the AIDS Impact Model (AIM), and the GOALS Model, and building stakeholder capacity to advocate for, plan, coordinate, and manage effective HIV/AIDS programs.

POLICY also finalized work on the RAPID Model and projections for use in policy dialogue and advocacy with the new Honduran administration. The objective of the policy dialogue is to build political and popular support and secure adequate funding for FP/RH programs.

Summary of Major Activities:

The POLICY Project in Honduras is officially closed. Activities were carried through November 2004.

FP/RH

The RAPID report was published and will be launched at a meeting in January. This will constitute the final activity of the POLICY Project in Honduras.

HIV/AIDS

Advocacy

In August, POLICY achieved a major result with the formation of a national network of media watchdogs and spokespersons or “portavoces” whose main goals are to monitor the “handling” of HIV/AIDS in the media and promote the reduction of HIV/AIDS-related stigma and discrimination. The initial meeting, during which the network was created, took place in August and was attended by 39 people—19 PLHAs, 18 professional journalists, and two international donors. A declaration announcing the network's formation was widely disseminated across local, regional, and national media outlets. This new national network is a direct result of two POLICY workshops. The first one was held in May 2004 to train PLHAs on media advocacy and culminated in the formation of an Alliance of Media Advocates (“Alianza de Portavoces”) that would take a lead role in monitoring media coverage of HIV/AIDS issues as well as identifying and maximizing opportunities to develop positive images of PLHAs in the media. The second training workshop took place in July and was directed at journalists and other media representatives. Following the second workshop, PLHAs and media professionals decided to form a joint alliance, which also includes other interested parties, such as the Honduras UNAIDS program.

In October, POLICY's Resident Advisor attended a meeting held by the National HIV/AIDS Forum, during which he shared POLICY's work and achievements in the area of HIV/AIDS with journalists. During the meeting, POLICY handed over to UNAIDS the responsibility of continuing the work with journalists and the aforementioned networks/alliances.

In August, COGAYLESH, the national network of MSM groups in Honduras, scored a major victory when the government of Honduras formally recognized four local MSM organizations and awarded them nonprofit status. Although the four local groups and COGAYLESH attribute this recognition to many forces and factors, clearly POLICY's training to members of COGAYLESH in advocacy, including media advocacy, and reduction of stigma and discrimination played a big role. COGAYLESH formally recognized this in an email and other communications that were disseminated widely. The government's decision to allow the four local MSM groups to register as nonprofit entities not only rescinds a long-standing discriminatory policy but also opens the door for these organizations to receive international funding for more and higher quality HIV prevention and care programs for MSM.

With POLICY's support and TA, the nascent PLHA support group, Rompiendo Cadenas, published and widely disseminated "Nuestra Vivencias con el VIH/SIDA: Venciendo el Estigma y Discriminación" (Our Lives with HIV/AIDS: Defeating Stigma and Discrimination), a handbook of personal testimonials of PLHAs. The stories in the handbook share how the authors were able to overcome societal and internalized stigma and have learned to live—and live healthily—with the disease and also how they take appropriate precautions to ensure they do not infect others with HIV. The open publication of these testimonials marks a turning point among PLHAs and is a clear indication of growing empowerment. Reduction of stigma and discrimination of PLHAs, including internalized stigma, will have a profound impact on future prevention and treatment efforts. It is only when PLHAs feel "okay" about themselves and about sharing their HIV status with others that they will be comfortable raising the issues of protection and condom use, thereby stemming the transmission of the virus at its source.

Tools/Research

POLICY staff completed work on the GOALS and AIM reports. On November 15, POLICY organized a meeting to launch and disseminate these two models and accompanying reports. Over 50 people, including representatives from numerous donor organizations, participated in the event. The Minister of Health attended the meeting and used it as an opportunity to have an open discussion with participants about HIV/AIDS and the MOH. The chief of the HIV/AIDS Department/MOH was also present and played a key role in guiding the meeting and presenting the findings of GOALS.

POLICY staff also focused on program closeout procedures, including the preparation of a closeout plan and equipment transfers.

JAMAICA

Program Objectives: The goal of POLICY Project assistance in Jamaica is to foster an environment that is supportive of RH, with a specific focus on the needs of youth. POLICY has been addressing multisectoral approaches to youth development in Jamaica through development of a National Youth Policy and the National Strategic Plan for Youth Development (NSPYD). POLICY is also working with the North East Health Region to test the feasibility and potential scope of integrating reproductive health services via different models, including identifying the operational policy barriers that inhibit integration. This feasibility study is being funded through a core package and will inform decisions on the potential scope of integrating services in the other three health regions.

Summary of Major Activities:

FP/RH

Integration of FP/RH and HIV/AIDS services. POLICY is implementing a core-funded package in the North East Health Region to determine the feasibility and potential scope of integrating RH and HIV/AIDS services in Jamaica, using the parish of Portland and the St. Ann's Bay Health District as pilot sites. During this reporting period, KPMG Peat Marwick, under subcontract to POLICY, completed a study of providers' and clients' attitudes toward proposed integration models, as well as an operational barriers study that was conducted through face-to-face interviews and focus groups at the central, regional, and local levels. POLICY also completed a cost study that compares the cost-effectiveness of the proposed models and finalized an STI treatment model that costs scenarios for treating STIs. The findings from these various studies were presented in November at regional and national multisectoral meetings at which feedback from policymakers was discussed and parish and regional staff outlined priorities for testing implementation of the interventions. Based on the findings of the studies, discussions during the workshops, and priorities identified by the North East region, POLICY will develop a pilot implementation plan next quarter.

Multisectoral youth development. POLICY subcontractor Aleph S.A. is providing technical assistance to the National Center for Youth Development (NCYD)/Ministry of Education, Youth, and Culture (MOEYC) in operationalizing the National Youth Policy through the development of a National Strategic Plan for Youth Development (NSPYD). This document is intended to provide a basis for coordinating and collaborating on youth development activities within and among sectors.

POLICY has been collaborating with the NCYD and its strategic partners in preparing a monitoring and evaluation (M&E) plan for the NSPYD, including selecting indicators to be routinely monitored by the sectors involved. Once the M&E section is complete, the NSPYD will be presented to the Minister of Education for submission to the Cabinet via the Human Resource Council (HRC).

Jamaica's National Youth Policy, which was approved by Cabinet in June 2004, was the recipient of an award from the International Council of National Youth Policies for its multisectoral approach to youth development.

HIV/AIDS

In response to a direct request from the mission, POLICY submitted a concept paper/proposal and supporting budget to provide technical support in writing and vetting legislation surrounding stigma and discrimination, with an emphasis on its impact in the area of HIV/AIDS. POLICY will proceed once the terms of reference and budget are approved.

MEXICO

Program Objectives: In Mexico, the POLICY Project works to promote enhanced participation in policy and planning processes and improve the policy environment for HIV/AIDS in targeted states. It encompasses three primary elements: creating a multisectoral response to HIV/AIDS policy issues at the state level, including along the Mexican-U.S. border; developing innovative approaches to reducing HIV/AIDS-related stigma and discrimination; and fostering an improved response by business to HIV/AIDS, both in the workplace and in the broader community through public-private collaboration. Since 1998, the project has helped form multisectoral policy and planning groups (MCGs), composed of a broad range of state and local organizations working in HIV/AIDS and related fields. As the project has been adapted for application in the northern border states during 2004, POLICY has sought binational, multi-institutional participation in the program and now counts the Health Research and Services Administration (HRSA, U.S. Department of Health and Human Services), NASTAD (National Association of State and Territorial AIDS Directors), VAC (Valley AIDS Council, in Harlingen, TX), and the Institute for Public Strategies (IPS, in San Diego) as U.S. partners in this endeavor. Following the successful completion of the core package on stigma and discrimination around HIV/AIDS in Mexico in January 2004, POLICY launched a program with local NGOs and the National AIDS Program to implement innovative programs to reduce stigma and discrimination in the workplace, internally, in the community, and among those in the faith community. As a result of the stigma work, POLICY and the AIDS Responsibility Project (ARP) have joined forces to improve the business response to HIV/AIDS among U.S.-based companies operating in Mexico through the formation of a business council that aims to connect those companies dedicated to the reduction of HIV/AIDS-related stigma and discrimination in their workplaces. Finally, POLICY responds to policy opportunities as they arise to help contribute to a better overall policy environment, including the implementation of existing policies and norms for HIV/AIDS at the national and state levels. During 2004, POLICY launched activities in two areas of national policy: (1) gender and masculinity, and (2) the application of the GOALS Model with CENSIDA to improve planning and budgeting choices by state HIV/AIDS program coordinators.

Summary of Major HIV/AIDS Activities:

Advocacy/Political Commitment

Leadership development. POLICY sent a delegation of five people from Mexico to the International AIDS Conference in Bangkok in July: Francisco Hernandez, former Mexico Resident Advisor; Ken Morrison, LTA; Anuar Luna, consultant and director of the Red Mexicana de Personas que Viven con VIH/SIDA; Beatriz Ramirez, director of the State of Mexico's HIV/AIDS Program and MCG member; and Hilda Esquivel, member of the national PLHA network, FRENPAVIH, and leader of a national network of HIV-positive women, OMUSIDA. Morrison and Luna presented at the POLICY satellite session on stigma and discrimination, working with the POLICY/South Africa team to announce the results of the twin core packages on stigma and discrimination and recommendations for follow-up. Morrison did an encore presentation for fellow CAs working in Mexico during a breakfast in August with the mission director. Morrison and POLICY consultant Liz Mallas also organized a post-International AIDS Conference forum and invited all POLICY collaborators and consultants. Presenters gave brief descriptions and PowerPoint presentations of the five tracks that were covered at the international conference to more than 50 attendees on August 11.

Planning/Policy Formulation

Business Response to HIV/AIDS. In late August, local POLICY staff and consultants met with ARP members and human resource departments of companies that participated in ARP's corporate survey on HIV/AIDS policies/practices to discuss the 2004 Stigma Reduction Program and the importance of

companies being active in HIV/AIDS in the workplace. Many companies requested help with educational programs on HIV/AIDS for their employees, and several have sent specific requests to POLICY and ARP for follow-up TA, which will be provided during phase II of the business sector program that ARP and POLICY are developing.

In September, ARP prepared a report that lays out findings from the corporate HIV/AIDS survey. The report draws on the 20 surveys completed by U.S.-based companies in Mexico. The report and its findings were disseminated at a POLICY-sponsored release event, which took place on September 28 and was attended by the USAID Assistant Administrator for LAC, Adolfo Franco. Franco spoke at the release event and was widely quoted in the press for his comments on HIV/AIDS-related stigma and discrimination as a human rights issue and the importance of corporate involvement in this area. An estimated 100 persons attended the release event, including leading executives from 12 of the 20 companies in the survey and an estimated 40 journalists from the Mexican and international press corps. A media synthesis report was produced and printed by the PR firm DC&A in October 2004. It was distributed to USAID/Washington and USAID/Mexico, Futures Group, and members of the ARP. Over 20 articles were published in the three days following the event, and CENSIDA's General Director Jorge Saavedra, ARP Executive Director Abner Mason, and POLICY's Carlos Garcia de Leon and Yuria Rojas participated in five radio and television interviews the day of and after the event.

During August and September, POLICY completed a translation of the Workplace Policy Builder software for use in phase II of work with the private sector. POLICY's Pablo Magaz continued to discuss with CEMEFI, a local philanthropic organization, the viability of doing a workshop for CEMEFI corporate leaders on the use of the Workplace Policy Builder in their companies. The ARP plans to meet with CEMEFI in January to further this partnership.

The launch of phase II began in November when the POLICY/ARP team invited the companies involved in the survey to join the business council CONAES (Consejo Nacional Empresarial sobre SIDA/National Business Council of HIV/AIDS). Minister of Health Frenk announced the formation of the council and the nine founding members on December 1, 2004, at the Federal Government's observation of World AIDS Day in Hidalgo, which was attended by an estimated 700–800 people. The founding members of CONAES are Productos Kraft, Ford Motor Company, Banamex (Citicorp), Pfizer, Eli Lilly de Mexico, Xerox Mexicana, FedEx Express Mexico, Merck, Sharpe & Dohme, and General Motors. The council aims to have 50 members before the end of 2005.

Also as part of World AIDS Day celebrations and at the request of the mission, POLICY organized a digital videoconference for the U.S. Consulate in Guadalajara. POLICY Resident Advisor Mirka Negroni participated in a roundtable in Mexico City with Dr. Jorge Saavedra and Guillermo Egremy of CENSIDA to discuss HIV/AIDS in Mexico and how CENSIDA and POLICY are responding to the issues. Negroni presented information about POLICY's program of activities in Mexico, including our work on stigma and discrimination and the establishment of CONAES. An estimated 20 people in Guadalajara attended the videoconference in the U.S. Consulate, including representatives of local NGOs and academic institutions, state and local health officials, journalists, and consular officers and staff.

Cross-border policy forum. POLICY staff worked with U.S. and Mexican partners to design a binational policy forum on "HIV/AIDS, Migration, and the Impact on Families Living Along the Border." The forum was part of the larger 12th Annual Border Conference Update on HIV/AIDS, organized by a border area HIV/AIDS NGO, the Valley AIDS Council (VAC). POLICY's efforts resulted in a grant from HRSA to VAC to co-fund the policy forum. POLICY staff also coordinated with the Border Health Commission and USAID to ensure linkages between the POLICY-sponsored forum and other HIV/AIDS activities being planned for Border Health Week, October 12–17. Thirty-three participants from the United States and Mexico, including Dr. Jorge Saavedra, Nancy Alvey, and Mission Director Ed Kadunc

(USAID/Mexico), state and local health officials from both Tamaulipas and Texas, NGO representatives, university researchers, HRSA officials, and NASTAD, participated in the forum in South Padre Island, Texas, October 13–16. Presenters and facilitators included POLICY consultants Garcia de Leon, Mallas, and Luna, LTA Negroni, Anne Eckman, and Pablo Magaz. The policy forum concluded with a written request from the Tamaulipas participants for help in establishing a cross-border multisectoral group. Magaz and Negroni traveled to El Paso and Austin, Texas (December 12–15) to meet with Border Health Commission officials, Texas Department of Health, and local NGOs to discuss funding cross-border initiatives. A second policy forum will be held in Matamoros, Mexico in March 2005.

Tools/Research

Stigma and discrimination project interventions. In September, POLICY staff and National Institute for Public Health (INSP) team members finalized the report of the survey on HIV/AIDS-related stigma in the provision of health services in three Mexican states and submitted the report to the MEASURE/Evaluation Project. The report was the final deliverable of Component Two of the POLICY core package, in which POLICY partnered with MEASURE/Evaluation to leverage funds and expertise. Also in September, POLICY staff concluded negotiations with local NGO partners and CENSIDA on subcontracts for follow-up interventions to the core package on stigma and discrimination. These subcontracts, signed in December 2004, address stigma reduction with public sector health professionals; reducing internal stigma among PLHAs and within the MSM community; assessment and dialogue with religious institutions in dealing with HIV/AIDS-related stigma reduction; and working with the media in stigma reduction. Additionally, POLICY staff finalized the project proposal with core package partner, Letra S, on human rights and HIV and submitted it to the Ford Foundation. In September, the Ford Foundation awarded a contract to Letra S in the amount of US\$180,000 for two years, an increase over the amount requested in the proposal and previously promised. POLICY consultant Anuar Luna revised an earlier draft of the stigma indicators paper from the core package to reformulate it as a user's guide to stigma and discrimination indicators.

Using outside funding (non-POLICY), four POLICY staff/consultants attended the North American Treatment Action Forum (NATAF) in St. Louis on December 9–10. At a workshop at the conference, Morrison presented POLICY's work to address stigma, discrimination, and HIV, with a focus on how this affects treatment access issues. Also with outside funding, Morrison held a workshop in Burkina Faso to develop a plan of action for addressing MSM issues. He based the presentation on experiences in Mexico and South Africa under the POLICY Project.

POLICY is translating EngenderHealth's trainer's manual and participant handbook for "Reducing Stigma and Discrimination Related to HIV and AIDS: Training for Health Care Workers" into Spanish and adapting it to the Mexican context. A draft was completed in December 2004; the finished product is due in January 2005.

Modeling and policy dialogue. During a TDY in August, POLICY staff from the United States worked with a local consultant and CENSIDA's Director of Research, Carlos Magis, to make modifications to the GOALS Model for use in Mexico at the state level. In September, Morales and Magis completed the first draft of the national level application of the model and selected two states for the next round of work in November. POLICY staff also trained a local consultant on the use of the Allocate Model, which is being applied on a pilot basis in Mexico with the National Center for Gender Equity and Reproductive Health, part of the Secretariat for Health (with LAC regional funds). Data collection is currently underway.

Support to decentralized HIV/AIDS programs. A local POLICY consultant worked with Dr. Carmen Soler, director of the Federal District HIV/AIDS Program, to design a database for the Clínica Condesa, the only HIV/AIDS-specialized clinic in Mexico. The database will allow the clinic and Federal District

program to monitor and analyze all aspects of the program, including treatment and patient flows, on a current basis and will replace the handwritten record-keeping system that hampers efficiency and analysis. POLICY also conducted a workshop in the state of Puebla with local NGOs and key stakeholders to develop a strategic plan for strengthening the state HIV/AIDS program, with a special focus on addressing the needs of MSM.

Communications. POLICY developed a comprehensive website for the national network of HIV/AIDS multisectoral groups that POLICY has helped form in Mexico. POLICY staff met with members of the state MCG groups in August to discuss the website and current MCG state-specific projects and subsequently met with MCG state group leaders and members from Yucatan, Guerrero, and Mexico to retrieve and finalize needed information about the activities of each group, including current events and photographs, that will be included in the website. Following inclusion of specific information and approval from multisectoral members in the next quarter, the site will be published to the web for country-wide use. POLICY staff also met with FRENPAVIH to discuss construction of a centralized website and information pamphlet and conducted introductory training surrounding the use of the web design program. POLICY transferred a desktop computer to FRENPAVIH as part of its support to the network to improve communications with network members and donors.

Capacity Building

Diplomado course on HIV/AIDS. Morrison coordinated a four-week intensive course on HIV/AIDS at the INSP for 31 health professionals from the LAC region. He facilitated sessions on strategic and program planning, monitoring and evaluation, and HIV/AIDS-related stigma and discrimination, as well as oversaw the development of individual and group project proposals. Morrison also conducted an evaluation of five years of intensive AIDS diplomado courses at INSP and showcased the work in a presentation on Law, Ethics, Human Rights, and HIV in the Caribbean at a meeting on stigma and discrimination in the Caribbean, held in St. Kitts, November 21–25 (trip funded by CARICOM).

Collaboration with MEASURE/Evaluation Project. In early August, Hernandez conducted a three-hour session on the use of data for policymaking for approximately 25 participants of a LAC regional diplomado course at INSP. The course was organized by the MEASURE/Evaluation Project, which requested POLICY's participation to discuss how data has been used to influence policy decisions in Mexico related to HIV/AIDS.

PERU

Program Objectives: The goal of POLICY assistance in Peru is to strengthen civil society organizations (CSOs), advocate for sexual and reproductive health and rights, including those related to HIV/AIDS, and participate in the design and surveillance of FP/RH policies and programs to ensure that they respond to the needs of both women and men. Project assistance focuses on training and technical assistance (TA) to local partners in the area of sexual and reproductive health rights. POLICY supports policy dialogue and advocacy in the context of Peru's changing political climate, conducts analyses, and disseminates information on RH issues. POLICY also works closely with organizations of people living with HIV/AIDS (PLHAs) and coalitions of NGOs working in the area of HIV/AIDS to build capacity and strengthen their skills to advocate for political support, as well as policies and legislation in favor of prevention, care, and treatment related to HIV/AIDS.

Summary of Major Activities:

FP/RH/Safe Motherhood

POLICY supports USAID/Peru's IR1 in the task of protecting FP/RH patient/user rights through different strategies, one of which is Citizen Surveillance Committees (CSCs). POLICY provided TA to the regional branches of the National Network for the Promotion of Women (RNPM) in activities related to the expansion of RNPM and the formation of CSCs. Provincial branches of the network were formed in Bellavista, Juanjui, Picota, and Saposoa (San Martín), Dos de Mayo (Huanuco), and Huarmey (Ancash). In partnership with the local NGOs Instituto para el Desarrollo y la Paz (IDPA) and Atusparia, both members of the RNPM, POLICY trained organizations and individual members of the provincial branches in advocacy for reproductive health, sustainability, and citizen surveillance. Four new CSCs were formed in San Martín in the communities of Piscocoyacu and El Eslabon (Huallaga), Pucacaca (Picota), and Bellavista. POLICY also provided training and TA to already formed CSCs in Shanao (San Martín), San Rafael, Tomayquichua, and Ambo (Huanuco), as well as to RNPM provincial branches in Huancayo, Satipo, Jauja, La Merced (Junín), and Oxapampa (Pasco).

Also in the area of protecting user rights, POLICY is working with the Peruvian Association of Public Health Law (APDS) to form specialized pilot centers (CEPRECS) to promote the conciliation of complaints from clients of health facilities. During this semester, two new centers were formed: one in Junín, in collaboration with the Centro de Iniciativas para el Desarrollo Humano (CEIDHU), and the other in Ucayali with the Comisión de Derechos Humanos (CODEH). Personnel from both organizations traveled to Ayacucho to participate in a training workshop organized by the local CEPRECS, which was formed in 2003 with support from POLICY and APDS, as well as to observe how the center works (October 22–23). In each of the new sites, POLICY and the APDS also conducted two workshops on user rights and conflict resolution mechanisms for health providers and civil society organizations, with the participation of 81 persons in Ucayali (October 6–7) and 89 persons in Junín (December 6–7). Ucayali's CEPRECS initiated an aggressive campaign to promote user rights through local media, organizing an awareness-raising seminar with journalists and a workshop designed to form a network of communicators promoting human rights. Given that Ucayali is a high HIV/AIDS prevalence region, organizations working in HIV/AIDS see the new CEPRECS as an opportunity to raise awareness among health providers and users in the areas of health and human rights.

POLICY continued providing TA and support through the APDS to the CEPRECS formed during 2003 in Ayacucho, Northern Lima, and San Martín. The experiences of these CEPRECS were presented at the First National Congress and Second Iberian American Congress in Health Law (September) and during technical meetings with stakeholders both in Lima and in Ayacucho (November). Local activities to present the centers' experiences in conflict resolution included a workshop in Hermilio Valdizan Hospital

(September 16), a workshop on Social Vigilance of Health Institutions in Junín (July 21), and Regional Health Conferences in San Martín (July 23) and Ayacucho (August 8). Since POLICY's financial support to these CEPRECS is ending, arrangements are being made to transfer the management and operations of the San Martín CEPRECS from the NGO CEPSCO to the regional university, which sees this as an opportunity to train students from the School of Medicine in conflict resolution. The other two centers will continue their work with support from APDS in Lima and COTMA in Ayacucho.

A paper about CEPRECS experience, "Dispute Resolution and Conflict Prevention Involving Patient Rights and Civil Society Organizations in the Health Care Sector," was presented at the American Public Health Association (APHA) conference in Washington, D.C., by POLICY LTA Marcela Huaita on November 10.

POLICY cooperated with the MOH in the minister's Citizen Rights and Responsibilities in Health campaign. The purpose of this campaign was to raise the population's awareness about rights and responsibilities related to health services through a letter-writing campaign directed at MOH regional offices in which individuals and organizations stated their health needs. POLICY supported the campaign by elaborating and disseminating radio and TV spots in the national media and providing TA to the MOH in identifying a methodology to process the more than 50,000 letters received from all over the country. POLICY also presented its experience in developing participative diagnosis and the mechanisms designed to protect health users' rights and named the CSCs and the conflict resolution mechanisms at six macro regional workshops organized by the National Health Council in Arequipa (November 5–6), Ayacucho (November 12–13), Loreto, Cusco (November 19–20), Junín (November 25–26), and Lambayeque (December 3–4).

POLICY completed field activities for the annual monitoring of the Tiaht Amendment and national FP norms, which was conducted in collaboration with RNPM's affiliates, INCAFAM (Lima), CADES (San Martín), and individual members. A total of 242 health facilities in 27 of 34 health areas were visited for this purpose, yielding 729 interviews with FP users and 1,033 with antenatal care users. POLICY partners are currently working on data processing and analysis. Preliminary findings show that no FP provider was subject to quotas or received any incentive to provide a method, and none of the users received incentives to accept a method. Final reports for USAID, the MOH, and other local partners will be completed in February 2005.

POLICY continued to strengthen regional health coalitions formed under ForoSalud during the year. Activities included the following:

- Training workshops on elaborating/conducting situation analyses and regional health policies in Ayacucho (July 19–20), Huanuco (July 17), and Lambayeque (July 3, 24)
- Regional Health Conferences in Arequipa (July 20), Ayacucho (August 6–7), Cusco (July 28), Huanuco (July 24), Junín (July 30–31), La Libertad (July 16–17), and San Martín (July 23)
- Public presentations of regional health coalitions' situation analyses and agendas in Ayacucho (September 22), Cusco (September 22), San Martín (October 16–17), and Ucayali (September 14)
- Training workshops on elaborating strategic plans in Ayacucho (October 24–25), Huanuco (October 23–24), Junín (December 10–11), San Martín (November 30–December 1), and Ucayali (October 25–26)

POLICY was instrumental in facilitating the participation of 450 representatives from regional health coalitions—Arequipa, Ayacucho, Cusco, Huanuco, Junín, La Libertad, Lambayeque, San Martín, and Ucayali—at the National Health Conference in Lima (August 9–11). This conference, which had more than 2,000 participants, was organized by the MOH and several international cooperation agencies and has been to date the most important policy dialogue event that has been organized around health issues. POLICY also supported the participation of six international lecturers during the conference, as well as

the participation of 56 representatives of the regional health coalitions at the LAC Congress on Social Medicine (August 12–14).

POLICY assisted local NGOs in following Congressional Health Commission Sessions for the purpose of monitoring debates and decisions pertaining to RH and HIV/AIDS legislation and disseminated summaries on relevant topics to local counterparts for use in their planning and day-to-day activities. POLICY also provided information to the NGO Manuela Ramos for use on its website dedicated to monitoring congressional decisions. Focus issues included the modification of the AIDS Law, the legislative proposal on reproductive health, and the patients' rights law.

To assist main stakeholders in the analysis of the policy environment, POLICY continues to elaborate and electronically disseminate informational summaries of media news related to health issues. Regional summaries on policy context from Huanuco and San Martín—two USAID priority regions—began circulation to local stakeholders following training provided by the NGO CENDOC to two local NGOs, under an agreement with POLICY.

POLICY finished providing TA to the MOH International Cooperation Office to define mechanisms to extend international assistance to the regional level (Ayacucho, Lambayeque, and San Martín). As this issue began to be more intersectoral rather than limited to the MOH, POLICY consultants were hired by the Peruvian Agency on International Cooperation (APCI) to continue defining the strategies for the decentralization of international cooperation.

Until December, POLICY updated and disseminated a database on norms and regulations related to health. After training officials from the Communications Area of the MOH on including and updating the database, POLICY arrived at an agreement with the MOH to have the database updated on a daily basis on their official public webpage.

POLICY wrapped up activities related to the core package on operational barriers to the provision of safe motherhood services with the following activities:

- POLICY completed two small grants in support of the implementation of activities to eliminate operational barriers for the provision of safe motherhood services in Piura and San Martín. In San Martín, protocols and norms related to safe traditional practices during delivery were drafted; additionally, POLICY conducted training on gender-sensitive and intercultural approaches for health service providers from the Japelacio Health Services Network.
- After the presentation of the study results in Piura, the Ombudsman's Office and Regional Health Directorate organized the First Public Audience in Health. During this audience, the Ombudsman and the CSCs presented the results of their efforts to identify the best solutions to improve health services' quality of care. All participant organizations committed to implement the recommendations of the audience by signing an agreement.
- Results of the study were also presented in three awareness-raising seminars organized by the MOH PAR Salud Project in Cusco, Huanuco, and Puno. These seminars focused on intercultural approaches to safe motherhood.

POLICY continued work on the Training Program in Health Management (PROGRESA), a program to develop human resources in public health management, which is being implemented jointly by Catalyst, PHR+, and POLICY. Participants for the first four-week training course, "PROGRESA Docentes," were selected among regional teachers at the National University Pedro Ruiz Gallo (Lambayeque), National University of Trujillo (La Libertad), National Center University (Junín), and the regional Health Directorate's Offices of Human Resources. The course was conducted by Lima's Pacífico University (August 9–September 13). Twenty-eight participants from the regions mentioned above completed the course. All participants received 40 hours of training in personal abilities and 40 hours of training in

training abilities; specialized training of 80 hours was given to four groups, each in the areas of policies, quality, resources, and organization. Participants of the “PROGRESA Docentes” course began preparation of the training program they will conduct in their regional universities. POLICY will assist with the implementation of this training program in Lambayeque. In December, the Lambayeque Health Direction signed an agreement with the University Pedro Ruiz Gallo for the implementation of the program (courses 3 and 4), which will begin in January.

The second course of PROGRESA directed at strategic managers began in November. Thirty managers from the same regions as above, including a regional vice president, three regional health directors, three regional planning directors, and other high level officials participated. The course was implemented by Lima’s Pacífico University under a subcontract with POLICY.

POLICY provided TA to four regional universities (La Libertad, Lambayeque, San Martín, and Ucayali) to complete assessment of current training capacities and needs related to public health policies. Publications of the assessment made in Lambayeque and San Martín were presented in public forums to health sector authorities, regional government, and civil society representatives. Both presentations, which highlighted findings of the assessments, were led by the rectors of both universities. Lambayeque took the findings as principles for design and implementation of PROGRESA and the future development of a post-graduate course on health quality by the university. In San Martín, the recently created Post Graduate School will implement its first two courses in accordance with assessment findings.

In conjunction with the Human Rights Working Group and the IR4 team in Washington, POLICY staff completed the preparation of the training package on reproductive health and human rights. This training package was transferred to three specialized teachers in the gender program of San Marcos National University (UNMSM). Based on the training package, UNMSM’s Gender Program conducted a four-week course on reproductive health and human rights between September 27 and October 20, in collaboration with the NGO Manuela Ramos.

Also in the area of human rights, POLICY collaborated with the Public Health Program of the University Cayetano Heredia in the design and implementation of an International Diploma on Health Rights, with 35 students participating. Marcela Huaita was responsible for conducting a one-week module on Reproductive Health and Human Rights (October 6–10). As a result of this collaboration, Huaita was incorporated into the new area on Human Rights and Health of the Public Health Program.

HIV/AIDS

POLICY continued providing TA to the Global Fund Country Coordinating Mechanism (CONAMUSA). Following approval of the decree that recognizes the CCM, POLICY provided TA in developing the norms that will regulate the CCM organization and operations. Also, as a complement to one of the Global Fund activities assigned to the NGO Impact, POLICY supported the participation of peer counselors from three regions in a training workshop on prevention strategies for vulnerable groups.

In July, POLICY funded the attendance of two representatives each from Colectivo por la Vida and the Peruvian Coordination of People Living with HIV/AIDS (PCPLHA) at the International AIDS Conference in Bangkok. Participants presented a poster session on POLICY-sponsored activities around the AIDS Law in Peru.

POLICY, in collaboration with PCPLHA, initiated and completed the compilation of an updated directory of PLHA groups and identified leaders in 10 regions. In August, POLICY and PCPLHA began a situational analysis of PLHA in the same 10 regions. The analysis will be based on data collected through focus groups and in-depth interviews in four areas: the PLHA response to diagnosis of HIV-positive

status; human rights and stigma and discrimination; PLHA experiences with health services; and community participation, including knowledge and participation in networks, advocacy training, and so forth. The information collection from the 10 regions was concluded during this semester and the analysis is underway. Based on this diagnosis, POLICY and PCPLHA will design training activities on self-care, organizational strengthening, and advocacy for PLHA groups in these regions. Data collection activities to replicate the directory and situation analysis in Lima and Callao will start in January. POLICY provided TA to elaborate a Self-Care Manual, which will be validated in January 2005 by HIV experts and PLHAs.

PROBLEMS AND CONSTRAINTS

POLICY has faced many management challenges as 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 also 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.

Specific management challenges and issues addressed during the reporting period include the following:

FP/RH

- POLICY's core population burn rate has gone up in the last three months and must be maintained to ensure successful completion of all activities. The core budget may need readjustments and reallocations across line items if some activities have delays in start up. It will also be important to maintain a close watch on core activities that are lagging because of the difficulty in finding a country for field testing or implementation of core work.
- Field programs will be starting to close out activities and may not be able to accommodate any new activities. Project management will be keeping close tabs on country closeout plans and pipeline analyses to ensure that country programs finish on time and within budget. It will be especially important to keep a constant watch on subcontracts and small grants implemented by other organizations. These must be monitored closely for successful wrap up of project activities.
- We are closely monitoring all remaining core packages and targets of opportunity to ensure successful completion and documentation of activities and dissemination of materials and findings.
- We are beginning to plan for the possibility of conducting a TD Week later in the year to share project success and continue capacity building and technical training for field staff in contraceptive security, repositioning FP and FP/HIV integration, and other topics.
- As we reach the end of project, we need to allocate staff time to allow for dissemination and documentation of project successes. An end-of-project documentation and dissemination is being prepared with inputs and consultation from our country teams.

HIV/AIDS

- As outlined in the previous SAR, POLICY has had to reorient to some degree its way of working to bring it in line with the Emergency Plan. The past six months were particularly intensive as Emergency Plan countries were preparing their second-year Country Operational Plans (COPs). POLICY countries were participating in this process while continuing their existing work. Generally, with active support from POLICY's head office, POLICY countries participating in the Emergency Plan have made the transition to understanding and working within the new structures and reporting requirements.

- Paradoxically, as we are approaching the completion of POLICY II, many new field and core HIV activities are beginning. This is proving challenging because the start-up of new activities is time-intensive and there is a concern that the relatively short period for implementation will constrain completion of activities. This is being felt acutely in the Emergency Plan focus countries in which POLICY works and in other HIV-focused field programs. However, the closeout date is firm and management will need to closely monitor the pace of activities and allocation of subcontracts to ensure timely delivery and financial control.
- Implementing some of the new HIV core-funded activities has proven problematic for a range of reasons. Originally, we had intended to concentrate the new activities predominately in the Emergency Plan focus countries. We soon realized that this was not straightforward as we could not equally assign the core activities across the focus countries. Core activities are designed to pioneer innovative work and to add value to the field activities. Hence, the selection of field countries for implementation requires consideration of country-specific priorities, capacity, and workload. This meant that only a small number of our Emergency Plan countries were suitable hosts for core activities. Consequently, after discussion with USAID, we selected host countries from the full range of POLICY countries regardless of whether they were part of the Emergency Plan. For example, the private sector work is being conducted in Mexico and China, OVC activities are being implemented in Cambodia, and Swaziland is the focus for our work in reproductive health rights.
- Another issue that emerged was that several of the core-funded activities are designed as multi-country activities. For example, reproductive health rights and treatments access involve a combination of three southern African countries, with ICW as the overarching implementing agency across all activities and sites. The design phase needed extensive time to consider how to best structure local to global organizational relationships and communication before the activities were fielded. This resulted in a longer than anticipated start-up phase.
- To ensure that we have a technical staff mix that includes many specialized areas, we have been supplementing permanent staff with highly skilled consultants in targeted technical areas. Recruitment of such staff is doubly challenging as many agencies compete with each other for a diminishing number of highly skilled and experienced experts.
- As outlined in the previous SAR, HIV funding for the Mekong has grown substantially. An additional \$1 million was received for the Association of South East Asian Nations (ASEAN). Unfortunately, due to ASEAN's approval processes, activities have not yet commenced, which is causing concern with the pipeline. The USAID Regional Development Mission (Thailand) and the CTOs are aware of this issue. Numerous attempts have been made to expedite the process, but ASEAN has repeatedly informed us it must follow the association's lines of protocol and approval processes. POLICY submitted the workplan to the ASEAN AIDS Task Force in September 2004. ASEAN member nations were given until January 15, 2005, for comment and following this, it is to be submitted to the ASEAN governing body for approval. At this stage, the anticipated start date will be in April 2005, which may present a problem because of the short period for implementation.
- On a positive note, the appointment of Nadia Carvalho as the Mekong/ASEAN Coordinator and additional staff and consultants in the field has had a positive impact on the roll-out of these activities. The recent registration of Futures/Thailand will mean that it is now logistically feasible to open a regional office in Thailand in the future.

- Similar to FP/RH, the need to document and disseminate our HIV work is an important focus for the remainder of the project. We have actively begun to design a dissemination program, which will be folded into the project's overall EOP dissemination plan.

APPENDIX: MANAGEMENT CHARTS

Project Management Structure

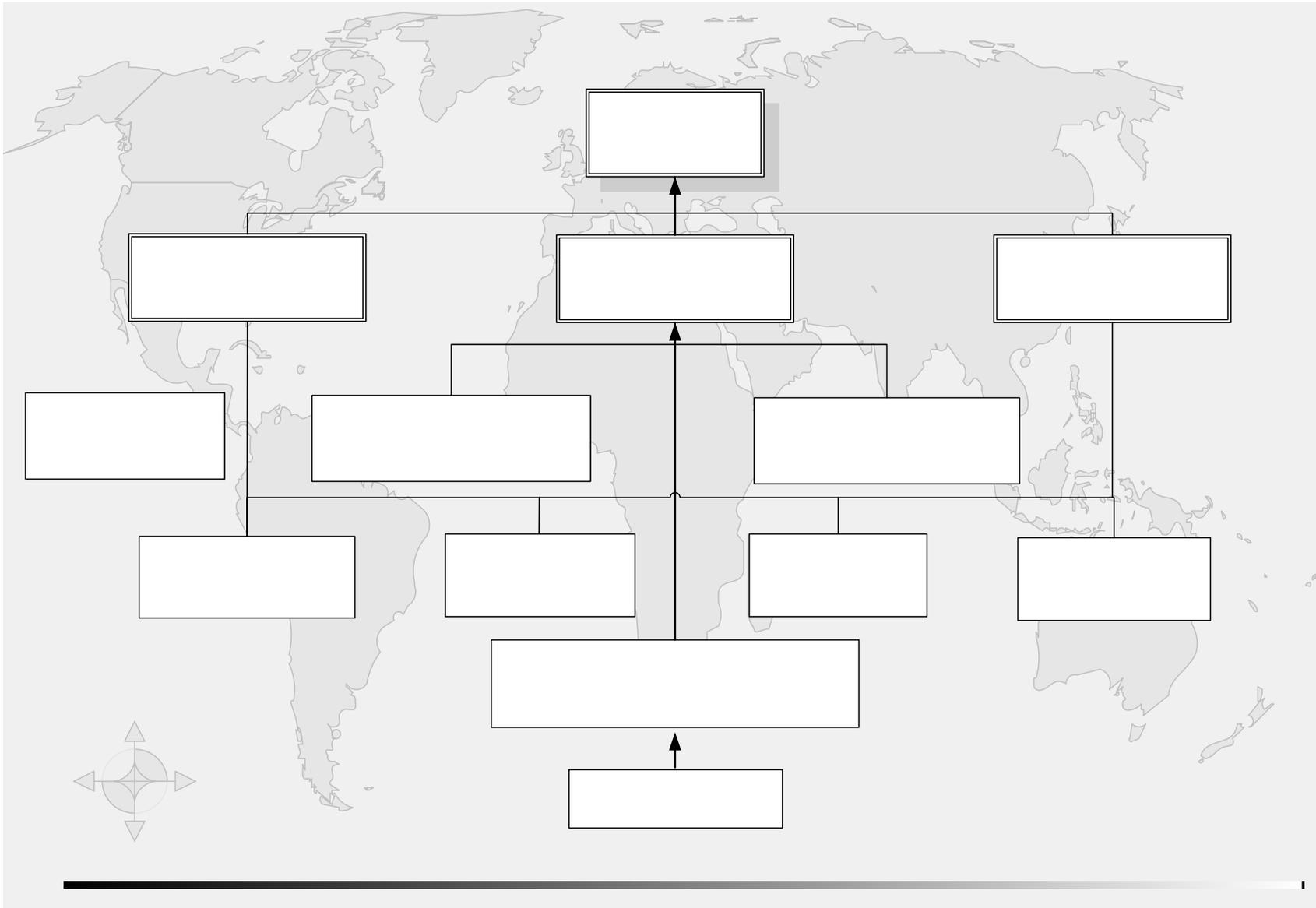


Table A1. Managers of Core-Funded Activities
(As of January 2005)

Deputy Director	IR/Working Group	IR/Working Group Director	Administrator/ Administrative Backstop
<i>Core Activities:</i>	IR1 (FP/RH/MH)	Danielle Grant	Karen Lee/Sara Rachmeler
Carol Shepherd [acting] (FP/RH/MH)	IR2 (FP/RH)	Carol Shepherd	Karen Lee/Sara Arnett
	IR3	Karen Hardee – Research Inday Feranil – Models	Rodrigo Gobantes/Morrisa Malkin
	IR4	Jay Gribble	Rodrigo Gobantes/Morrisa Malkin
	SO2 – Safe Motherhood	Michelle Prosser	Karen Lee/Sara Arnett
	Felicity Young (HIV/AIDS)	IR1 (HIV/AIDS)	Anne Eckman
Felicity Young (HIV/AIDS)	IR2 (HIV/AIDS)	Steven Forsythe	Manual Thomas/Gary Butterworth
	SO4 – HN/HIV/AIDS	Felicity Young	Manual Thomas/Gary Butterworth
Denise Lionetti	Quality Assurance	Nancy McGirr	Manual Thomas/Marissa Pine
<i>Working Groups:</i>	Adolescent RH	Nancy Murray	Jay Mathias/Meghan Corroon
Carol Shepherd [acting] (FP/RH/MH)	Gender	Mary Kincaid	Rodrigo Gobantes/Morrisa Malkin
	Felicity Young (HIV/AIDS)	Human Rights	Lane Porter
<i>Core Packages:</i>	Jamaica	Margaret Rowan	Karen Lee/Katie Daily
Carol Shepherd [acting] (FP/RH/MH)	Kenya	Wasunna Owino	Rodrigo Gobantes/ Michelle Dobson
	RH Allocate	Carol Shepherd	Karen Lee/Sara Arnett
Felicity Young (HIV/AIDS)	Nepal	Philippa Lawson	Manual Thomas/Gary Butterworth
	Swaziland	Nomhle Nkumbi-Ndopu	Manual Thomas/Gary Butterworth
<i>Targets of Opportunity:</i>	Bangladesh (Postpartum FP)	Michelle Prosser	Karen Lee/Sara Arnett
Carol Shepherd [acting] (FP/RH/MH)	FP-HIV Linkages	Karen Hardee	Karen Lee/Sara Arnett
	Haiti (FOSREF)	Nancy Murray	Jay Mathias/Meghan Corroon
Felicity Young (HIV/AIDS)	Gender and HIV (HIV/AIDS and POP)	Anne Eckman	Manual Thomas/Gary Butterworth
	Stigma and Discrimination (HIV/AIDS)	Anita Bhuyan	Manual Thomas/Gary Butterworth

Deputy Director	IR/Working Group	IR/Working Group Director	Administrator/ Administrative Backstop
Global Leadership Priorities: Carol Shepherd [acting] (FP/RH/MH)	Contraceptive Security	Carol Shepherd	Karen Lee/Sara Arnett
	FP-HIV Initiatives	Karen Hardee	Karen Lee/Sara Arnett
	FP/SM Advocacy Tools	Michelle Prosser	Karen Lee/Sara Arnett
	GBV – Haiti	Emily Sonneveldt	Karen Lee/Katie Daily
	GBV – Venture Capital	Mary Kincaid	Rodrigo Gobantes/Morrisa Malkin
	IGWG/MAQ	Mary Kincaid	Rodrigo Gobantes/Morrisa Malkin
	PAC	Emily Sonneveldt	Karen Lee/Sara Arnett
Miscellaneous:	Grants	Determined by funding source	Jay Mathias/Meghan Corroon

Table A2. Managers of Country and Regional Programs
(As of January 2005)

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Africa:</i> Brenda Rakama Backstop: Harry Cross	Africa Regional Funds	Felicity Young (HIV/AIDS) Carol Shepherd (FP/RH/MH)	Rodrigo Gobantes/ Catlin O'Shaughnessy	Rose McCullough
	Southern Africa/RHAP	Nomhle Nkumbi-Ndopu*		
	Ethiopia	Elizabeth Neason	Rodrigo Gobantes/ Michelle Dobson	
	Kenya	Angeline Siparo*		
	Malawi	Shawn Aldridge	Rodrigo Gobantes/ Catlin O'Shaughnessy	
	Nigeria	Scott Moreland	Rodrigo Gobantes/ Michelle Dobson	
	REDSO/ESA	Margaret Rowan	Rodrigo Gobantes/ Catlin O'Shaughnessy	
	South Africa	Nomhle Nkumbi-Ndopu*		
	Tanzania	Elizabeth Neason	Rodrigo Gobantes/ Michelle Dobson	
	Uganda	John Kabera*	Rodrigo Gobantes/ Catlin O'Shaughnessy	
	Zimbabwe	Tom Goliber		
Brenda Rakama Karen Foreit (Senior Technical Advisor)	Mozambique	Queta Tojais*	Rodrigo Gobantes/ Catlin O'Shaughnessy	
Norine Jewell Backstop: Brenda Rakama	Ghana	Michelle Prosser	Rodrigo Gobantes/ Michelle Dobson	
	Madagascar	Joseph Deering		
	Uganda	John Kabera*	Rodrigo Gobantes/ Catlin O'Shaughnessy	
Brenda Rakama Norine Jewell (Senior Technical Advisor)	Mali	Modibo Maiga (Regional Coordinator)*	Rodrigo Gobantes/ Michelle Dobson	
	WARP			

* *Indicates overseas staff member*

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
Asia/Near East Felicity Young (Senior Technical Advisor) Backstop: Denise Lionetti	Mekong/ASEAN Regional Funds	Nadia Carvalho (Regional Coordinator)	Manual Thomas/ Nikki Duncan	Elizabeth Schoenecker
	China	Gao Yuan*		
	Viet Nam	Tran Tien Duc*		
Suneeta Sharma Backstop: Denise Lionetti	Bangladesh	Suneeta Sharma	Manual Thomas/ Marissa Pine	
	Cambodia	Ty Chettra*	Manual Thomas/ Nikki Duncan	
	Egypt	Hussein Abdel Aziz Sayed*	Manual Thomas/ Marissa Pine	
	India	Gadde Narayana*		
	Jordan	Basma Ishaqat*		
	Nepal	Bhoj Raj Pokharel*	Manual Thomas/ Nikki Duncan	
	Ukraine	Andriy Huk*		Rose McCullough
Latin America: Varuni Dayaratna Carol Shepherd (Senior Technical Advisor)	LAC Regional Funds	Varuni Dayaratna	Karen Lee/ Katie Daily	Mai Hijazi
Varuni Dayaratna Backstop: Denise Lionetti	El Salvador	Veronica Betancourt*		
	Guatemala	Lucia Merino*		
	Haiti	Laurent Eustache*		
	Jamaica	Kathy McClure*		
	Mexico	Mary Kincaid		
	Peru	Patricia Mostajo*		

* Indicates overseas staff member

Table A3. Managers of HIV/AIDS Core-Funded Activities
(As of 1/6/05)

Global Activities	Activity Manager	Year 5 Activity #	Status
Strengthening Capacity of GNP+	Omar Perez	1	Ongoing
Strengthening PLHA Involvement (CCM)	Philippa Lawson	2	Ongoing
Strengthening Operational Policy Environment for OVC	Anne Eckman	3	New
TOO: Meeting RH Needs of HIV+ Women	Anne Eckman	4	Ongoing
Policy Reform to Meet Access to Treatment Goals	Anne Eckman/Brenda Rakama	5	New
Asia Pacific Leadership Forum	David Lowe	6	Ongoing
Women's and Inheritance-Kenya	Anne Eckman/Brenda Rakama	7	Ongoing
Confidentiality and Strengthening Counseling and Testing Policies	Lane Porter	8	New
Gender and Leadership	Anne Eckman	9	New
ASICAL	Omar Perez	10	Ongoing
Resource Allocation and Goals	Stephen Forsythe	11	Ongoing
Workplace Policies	Courtney Bickert	12	Ongoing
AIDS & Economics/Reference Groups	John Stover/Steven Forsythe	13	Ongoing
Stigma Index	Lori Bollinger	14	Ongoing
Why Policy Matters	Lou McCallum	15	New
Women and AIDS	Molly Strachan/Karen Hardee	16	New
Human Capacity Development	Courtney Bickert	17	New
Human Rights Support	Lane Porter	18	Ongoing
S&D Follow-up: Mexico	Mary Kincaid	19	Ongoing
S&D Follow-up: South Africa	Caroline Wills	20	Ongoing
Core Package: Swaziland	Nomhle Nkumba-Ndopu	21	Ongoing
Core Package: Nepal	Philippa Lawson	22	Ongoing
TOO: S&D Synthesis and Dissemination	Anita Bhuyan	23	Ongoing
Rapid Response and Communications	Felicity Young	24	Ongoing
Regional Activities	Activity Manager	Year 5 Activity #	Status
<i>Africa</i>			
Southern Africa Regional HIV/AIDS Program (RHAP)	Nomhle Nkumba-Ndopu	25	Ongoing
Africa Bureau OVC Desk Review	Jane Begala	26	Complete
<i>Asia/Near East: Mekong and ASEAN</i>			
Building Political Commitment: Regional	Anita Bhuyan	27	Ongoing
Treatments	Brad Otto	28	Ongoing
Laos Policy Assessment	Felicity Young	29	New
A2 – Integrated Advocacy and Analysis	Felicity Young	30	New
IDU Modeling	Gayle Martin	31	New
PLHA and APN+	David Lowe	32	Ongoing
Advocacy and Sex Work	Carol Jenkins	33	Ongoing
MSM	Brad Otto	34	New
Civil Society and UNGASS	Nadia Carvalho/David Stephens	35	New
Women and HIV	Nadia Carvalho	36	New
Violence and Women	Jane Begala	37	New

Transgendered Males and HIV	Carol Jenkins	38	New
Goals in Asia	Gayle Martin	39	New
Capacity Building for Goals	Gayle Martin	40	New
Opiate IDUs	Gayle Martin	41	New
ASEAN	Gayle Martin/Lou McCallum/Nadia Carvalho	42	New
Rapid Response/ANE	Felicity Young	43	Ongoing
Country Program Activities	Manager	Year 5 Activity #	Status
Ethiopia	Elizabeth Neason	44	Ongoing
Ghana	Michelle Prosser	45	Ongoing
Kenya	Angeline Siparo	46	Ongoing
Madagascar	Nicholas DeMetz	47	Complete
Malawi	Shawn Aldridge	48	Ongoing
Mali	Modibo Maiga	49	Ongoing
Mozambique	Henriqueta Tojais	50	Ongoing
Nigeria	Scott Moreland	51	Ongoing
REDSO/ESA	Margie Rowan	52	Ongoing
South Africa	Nomhle Nkumba-Ndopu	53	Ongoing
Tanzania	Elizabeth Neason	54	Ongoing
Uganda + SWAP	John Kabera	55	Ongoing
WARP/REDSO w FHA	Norine Jewell/Modibo Maiga	56	Ongoing
Zambia	Robie Siamwiza	57	Complete
Zimbabwe	Tom Goliber	58	Complete
Cambodia	Ty Chettra	59	Ongoing
China	Gao Yuan	60	New
India	Gadde Narayana	61	Ongoing
Nepal	Bhojraj Pokharel	62	Ongoing
Viet Nam	Tran Tien Duc	63	Ongoing
Ukraine	Philippa Lawson	64	Ongoing
Haiti	Laurent Eustache	65	Ongoing
Honduras	Pablo Magaz	66	Complete
Mexico	Mary Kincaid	67	Ongoing
Peru	Patricia Mostajo	68	Ongoing