

**POLICY PROJECT
YEAR SIX WORKPLAN**

**JULY 1, 2005–
MARCH 6, 2006**

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANC	Antenatal care
ANE	Asia and the Near East
APLF	Asia-Pacific Leadership Forum
APN+	Asia Pacific Network of People Living with HIV/AIDS
ARH	Adolescent reproductive health
ARV	Antiretroviral
ART	Antiretroviral therapy
ASEAN	Association of Southeast Asian Nations
AWG	Adolescent working group
BSS	Behavior Surveillance Survey
CA	Cooperating agency
CCM	Country coordinating mechanism
CDC	Centers for Disease Control
CEDPA	Centre for Development and Population Activities
CS	Contraceptive Security
CSL	Contraceptive Security and Logistics (Division of USAID)
CSO	Civil society organization
DHS	Demographic and Health Surveys
ESA	East and Southern Africa
FHI	Family Health International
FP	Family planning
GBV	Gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GH	(Bureau of) Global Health
GIPA	Greater involvement of PLHAs
GNP+	Global Network of People Living with HIV/AIDS
GWG	Gender Working Group
HCD	Human capacity development
HIDN	Office of Health, Infectious Diseases, and Nutrition
HIV	Human immuno-deficiency virus
HRWG	Human Rights Working Group
ICW	International Community of Women Living with HIV/AIDS
IDU	Injecting drug user
IEC	Information, education, and communication
IGWG	Interagency Gender Working Group
IR	Intermediate result
IWG	Interagency Working Group
LAC	Latin America and the Caribbean
LTA	Long-term advisor
MCH	Maternal and child health
MH	Maternal health
MNPI	Maternal and Neonatal Program Index
MOH	Ministry of Health
MSM	Males who have sex with males
NGO	Nongovernmental organization
OHA	Office of HIV/AIDS

OPRH	Office of Population and Reproductive Health
OVC	Orphans and vulnerable children
PAC	Postabortion care
PEC	Policy, evaluation, and communication
PLHA	Person living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
QA	Quality assurance
REDSO	(USAID) Regional Economic Development Services Office
RH	Reproductive health
RHAP	Regional HIV/AIDS Program
RHAP	Reproductive health action plan
RTI	Research Triangle Institute
SO	Strategic objective
SPARHCS	Strategic Pathway of Reproductive Health Commodity Survey
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TA	Technical assistance
TB	Tuberculosis
TD	Technical development
TOT	Training-of-trainers
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WARP	West African Regional Program
WHO	World Health Organization
WPB	Workplace Policy Builder
WRA	White Ribbon Alliance

I. PROJECT OVERVIEW

The POLICY II Project began July 7, 2000 and is now entering its sixth year of operations. The project 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. Although the majority of POLICY's funding in the past several years is **HIV/AIDS** in origin, the project maintains a strong **emphasis and commitment to FP/RH, and maternal health (MH) policy issues**. POLICY addresses the full range of policies that support the provision of high-quality FP/RH and HIV/AIDS services, including:

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

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

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

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

This workplan covers the period from July 1, 2005, to March 6, 2006, which coincides with the project's sixth and final year of implementation.

II. RESULTS FRAMEWORK

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

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

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

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

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

IR3 – *Accurate, up-to-date, relevant information informs policy decisions*. POLICY expands and makes more accessible the information base that supports policy decisionmaking by commissioning or conducting country-specific, policy-relevant research to fill knowledge gaps and answer policy questions. It develops and refines innovative, user-friendly models and other tools for data analysis and policy dialogue, and helps strengthen local capacity to choose among analysis tools and use them appropriately.

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

III. WORKPLAN FOR CORE-FUNDED ACTIVITIES

The following sections of the workplan detail our objectives, approaches, planned activities, and expected results for Year 6 core-funded activities for SSO1 (FP/RH), SSO2 (Maternal Health), and SSO4 (HIV/AIDS). Core-funded work will be completed in close coordination with country programs, and the mechanisms for ensuring this coordination are set forth below. Regional activities are described in Section IV.

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

Activities using FP/RH core funds are intended to (1) *build commitment to increasing access to FP services, including repositioning family planning*; (2) *build strategic alliances between FP and HIV/AIDS programs*; and (3) *improve contraceptive security (CS)*.

The following sections describe these SSO1 (FP/RH) core-funded activities, including a description of activities funded as Global Leadership Priorities. A summary budget including existing pipelines for the use of population/RH core funds appears in Appendix Table A-1. SSO2 core funds allocated for maternal health activities are described in Section B, and SSO4 core funds allocated for HIV/AIDS activities, are summarized in Section C below.

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

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

In Year 6, IR1 staff will complete the following ongoing activities:

- Implement the small grants in Zambia to the Mazabuka District Task Force for repositioning family planning focusing on adolescents at the district level.
- In collaboration with IR2, implement two small grants in Ukraine around contraceptive security.
- Conduct a six-month follow up with participants from the TOT in Advocacy for Repositioning Family Planning and Contraceptive Security in Bangladesh to monitor in-country advocacy efforts undertaken as a result of their training.
- Document IR1 experience with networking: what works, looking at the impact these networks have had on influencing policy, contributions to improving the policy environment, and the effectiveness of public-private partnerships.
- Continue to provide TA supporting advocacy efforts to reposition family planning, new approaches to contraceptive security and support for midwives in advocating for maternal health.

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

IR2's goal is to *expand access to quality FP/RH services through improved planning and finance*. The strategic approach identified to achieve this goal focuses on building local capacity in the areas of planning and finance to improve resource utilization and availability in FP/RH and maternal health programs. The strategic approach is further defined by three specific objectives: to increase resources

available to FP/RH and maternal health programs, to improve planning and budgeting processes at the national and subnational levels, and to achieve greater efficiency in the use of existing resources.

In Year 6, IR2 staff will complete the following ongoing activities:

- Complete three contraceptive security (CS) policy briefs: CS and HIV; CS and Decentralization; and CS and Adolescents.
- Continue to coordinate and collaborate on an ad hoc basis with field staff and other IRs.
- Consolidate lessons learned and success stories in CS activities by preparing a series of briefs for dissemination to field staff and the wider CA community.
- Sponsor a wide-audience presentation on the importance of private sector partnerships to achieve contraceptive security.
- Complete the Allocate application in Ukraine and document successes and lessons learned.
- In collaboration with IR1, finalize and print the Contraceptive Security Supplement to the *Networking for Policy Change: An Advocacy Training Manual*.
- Continue to document POLICY's planning and finance lessons learned.

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

The collection and use of data are crucial to successful policy assistance and thus, underpin all project activities. The objective of IR3 is to provide information, generated from primary or secondary research or the application of computer models or policy analysis tools, to understand FP/RH and HIV/AIDS dynamics, explore answers to key policy questions, advocate for change, examine planning and organizational needs, and estimate the resources required to achieve FP/RH and HIV/AIDS goals.

In Year 6, IR3 staff will complete the following ongoing activities:

Models

- Incorporate the Safe Motherhood Model into SPECTRUM and complete its manual by the end of October 2005.
- Pilot-test the Excel version of the complete RH Allocate Model—which incorporates safe motherhood and resource allocation components along with SPECTRUM's FamPlan and Postabortion Care models—in Ukraine (under the core package).
- Modify SPECTRUM models to provide displays that highlight the “demographic dividend.”
- Update the FamPlan Model to include child survival outcomes linked to high-risk births and emergency contraception.
- Complete end-of-project documentation on the use and impact of POLICY computer models in specific countries/regions.
- Disseminate information on all models to POLICY staff via factsheets, presentations, and the Intranet.

Research

- Disseminate the draft HIV/AIDS Research Compendium on a searchable CD and make it available to POLICY staff.
- Submit two papers to journals—one on the integration of FP and HIV in Jamaica: Operational Policy Issues and the other on the Efficiency Study of RH Services in Ukraine.
- Complete work on “Bringing RH Policymaking into the 21st Century.”

4. IR4: Capacity Development (FP/RH)

The strategy for IR4 is based on building the capabilities of POLICY staff and supporting the development and conduct of training courses that can be institutionalized into universities and training centers. To build the capacity of POLICY staff, technical development meetings are held for current staff and associated policy champions. Support is also available for POLICY staff to receive additional training in specific areas and to increase their professional standing by disseminating results of POLICY activities at conferences. The POLICY Project is supporting the long-term development of students and professionals in the project countries through designing, delivering, and institutionalizing modules and courses, particularly at national universities.

In Year 6, IR4 staff will complete the following ongoing activities:

- Conduct follow-up training for SPECTRUM models with the Hanoi School of Public Health in Viet Nam to allow instructors to become more familiar with models and co-teach models with POLICY staff.
- Offer the human rights and reproductive health course as a seminar at the National Institute of Public Health in Mexico during July–August, with TA from POLICY/Peru staff and a team of instructors in Mexico.
- Pilot-test the new course on policy analysis in Jordan with the National Institute for Training during July. The institute, in collaboration with POLICY/DC and POLICY/Jordan, will conduct a series of follow-up training workshops in different parts of the country.
- Continue to build the capacity of in-country graduate student interns in three POLICY countries: Mexico, Peru, and Viet Nam.
- Develop a workshop format to introduce policy analysis into grassroots training activities. CEDPA will pilot the modules later this year in some of its scheduled activities.
- Work with field staff to apply a strategic planning exercise to help fortify their positions in countries, build strategic alliances, and better understand the environment in which they are working.
- Translate the strategic planning and finance curriculum into Arabic so that the workshop can be conducted by in-country trainers to the Egyptian MOH and other organizations.
- Analyze data on the role of LTAs as active participants in the policy process. Prepare report summarizing this experience for dissemination as part of the project's end-of-project reporting.

5. Core-Funded Working Groups (FP/RH)

a. Adolescent Working Group (AWG)

The purpose of the Adolescent Working Group (AWG) is to create a shared understanding of critical issues in adolescent reproductive health (ARH), both globally and regionally, and to explore ARH issues in the context of reproductive health policy. A primary role of the AWG is to educate POLICY staff about ARH to promote greater integration of ARH activities into country programs and activities. In keeping with this, another important purpose of the AWG is to create and collect relevant supporting information, resources, and tools for POLICY staff in their efforts to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

In Year 6, the AWG will complete the following ongoing activities:

- Participate in selected regional/country meetings related to ARH.
- Provide TA in ARH to field programs.

- Document country-level experiences in implementing Plans of Action developed at the 2004 Regional Policy and Programming Workshop in Tanzania (collaboration with YouthNet).
- Market, maintain, and evaluate the ARH Policy Compendium and Newsletter (in collaboration with YouthNet).
- Work with Regional and Country Managers to document ARH policy successes in two additional countries.
- Complete the paper on orphanhood and adolescent risk behaviors, in collaboration with Community Reach, using data from Rwanda and Zambia.
- In collaboration with IR1, print the Adolescent Reproductive Health Supplement to *Networking for Policy Change*.

b. Gender Working Group (GWG)

The Gender Working Group (GWG) has supported the integration of gender into project activities and policy-related activities of USAID/GH/PRH. All GWG activities are completed, but GWG staff continue to participate in and lead various activities of USAID's Interagency Gender Working Group (IGWG). See Section 7 below for details.

c. Human Rights Working Group (HRWG)

The purpose of the HRWG is to continue creation of a shared understanding of critical issues in human rights as applied to reproductive health and to promote a rights-based approach in core-funded and field activities. The strategy is to support application of a human rights approach by increasing knowledge of human rights issues by staff and counterparts; increasing staff and counterpart collaboration and coordination of human rights activities; and promoting human rights applications in POLICY countries. POLICY's human rights work will continue to focus on the legal status of women and how improvements in that status can advance access to high-quality RH care.

In Year 6, the HRWG will complete the following ongoing activities:

- Publish and disseminate information briefs linking human rights and reproductive health on topics such as introduction to reproductive health series; access to care; safe motherhood; HIV positive women; adolescence; violence; and contraceptive security.
- In collaboration with IR1, finalize and print the Human Rights Supplement to *Networking for Policy Change: An Advocacy Training Manual*.

d. Quality Assurance and Monitoring and Evaluation

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

In Year 6, POLICY will produce various reports and other products summarizing POLICY's impact and documenting lessons learned and challenges for the future of POLICY work. Several reports and products are planned, including the following:

- Complete results reporting and documentation, including synthesis of major results by IR categories.

- Analyze and report on how POLICY results have contributed to OPRH and OHA results frameworks.
- Complete report summarizing accomplishments and lessons learned from POLICY's small grants program.
- Complete report analyzing the project's organizational model and its contributions to project outcomes.
- Prepare report summarizing lessons learned from POLICY's collaboration with other CAs and donors.
- Complete POLICY Project final report and Powerpoint presentation titled "Rewind – Fast Forward: 10 Years of Making a Difference in FP/RH, HIV/AIDS, and Maternal Health Around the World."
- Plan for and conduct end-of-project dissemination seminar.

6. Core Packages and Targets of Opportunity

All activities associated with core packages have been completed. In Year 6, we will complete documentation, prepare final reports, and write synthesis reports on the significance and impacts of core packages. Activities continue under targets of opportunity in Bangladesh, on FP-HIV integration, and on the sexual and RH rights of HIV-positive women (see SO4 section below).

- Complete the Bangladesh target of opportunity on postpartum family planning. Advocacy training for Bangladesh WRA members will take place in August 2005.
- Complete data analysis and report on the Uganda study on the linkages between family planning and HIV.
- See SO4 Section 5 for ongoing activities for the target of opportunity on the sexual and RH rights of HIV-positive women.

7. Global Leadership Priorities (GLPs) and Special Initiatives

GLP funds are allocated to provide policy support for critical issues under consideration by USAID task forces. In addition to completing ongoing activities, this year POLICY applied for Global Leadership funds for contraceptive security, poverty reduction and equity, and repositioning family planning.

Contraceptive Security (CS)

Ongoing Activities

- Conduct a contraceptive security workshop in Togo to jump start CS planning by producing a draft CS plan via a participatory process.
- Complete a paper on CS Advocacy Mapping, which documents world experience in advocacy for contraceptive security.
- In collaboration with JSI/Deliver, complete five to 10 summaries documenting the CS process followed around the world. POLICY/IR2 will concentrate on the LAC examples and write up other countries as determined with JSI/Deliver.
- Use unprogrammed funds to support the CS effort in the LAC region.

New Activities

- Contribute to a second edition of the CS Indicator Wall Chart (in collaboration with JSI/Deliver), which will require approximately 20 percent of the budgeted funds. The first edition of the index carefully documented the method for calculating the index. In the second edition, POLICY's role

would be to assist in the collection and calculation of the index using the accepted methods of the first edition.

- Allocate remaining funds pending a decision by CSL on additional activities.

HIV/AIDS and Family Planning Integration

Ongoing Activities

- Complete a PowerPoint presentation and briefing booklet on the integration of family planning into PMTCT services.
- Disseminate PowerPoint and briefing booklet and country-specific materials to PEPFAR countries and other selected country offices and USAID missions. Ukraine is one possibility.
- Provide TA to country offices or missions that are interested in using the presentation for advocacy efforts.
- Finalize FP/HIV Policy Design toolkit to assist countries develop and implement policies that integrate FP into HIV/AIDS programs.
- Disseminate FP/HIV Policy Design toolkit (on CD) to country offices and policymakers.

Poverty Reduction and Equity

New Activities

- Prepare a paper on the interactions among reproductive health, poverty, and inequality. The purpose of the proposed paper is to clarify and summarize the importance of recognizing poverty and inequity in FP/RH program development, as well as to clarify how improved FP/RH for the poor and disadvantaged is an excellent poverty-alleviation strategy. The working hypothesis of the paper will be: *Focusing efforts to concentrate publicly and privately funded services on the poor will help more families escape poverty and will help countries reach national and global FP/RH goals.* The paper will include the following: a) a review of USAID's current efforts; b) a theoretical examination of the links among reproductive health, poverty, and inequality; c) an empirical discussion of specific country types in the context of reproductive health, poverty, and inequality; and d) recommendations.

Repositioning Family Planning (RFP)

Ongoing Activities

- Continue to participate on the USAID Advocacy and Communication Task Force for Repositioning Family Planning.
- Carry out a RAPID application and conduct dissemination activities in Rwanda (co-funded by RFP, Africa Bureau, and Rwanda field support).

New Activities

- Plan and conduct a small workshop in East Africa on repositioning FP (joint funding from RFP, Africa Bureau, and REDSO).
- Use remaining unprogrammed funds pending a decision by RFP on additional activities.

FP/SM Advocacy Toolkit

Ongoing Activities

- Pilot-test advocacy toolkit in Bangladesh in August 2005.
- Make final revisions, print, and disseminate advocacy toolkit.

GBV

Ongoing Activities

- Complete work on the guidance to the field on gender-based violence in the health sector. The guidance is in draft, under review by USAID, and will go through a further iteration and a peer review before finalizing.
- Finalize a draft of the advocacy guide on using GBV data for policy change.

IGWG

Ongoing Activities

- Provide gender training for staff based in Washington, DC, and support the development of modules for gender training of field staff.
- Organize and carry out gender training for USAID staff in Washington at the end of July 2005.
- Provide limited TA to CDC PASA in development of gender training module in Jamaica.
- Complete, pilot, and revise IGWG training modules for GBV, safe motherhood, male involvement, HIV and gender, and gender integration.
- Pilot-test the gender-based violence (GBV) training module in a workshop with CEDPA in July and again with REDSO in September. The REDSO workshop is a one-week gender integration training, in collaboration with EngenderHealth and with trainers from POLICY and FHI.
- Provide ongoing TA to Chemonics and Intrahealth (CAPACITY Project) to develop and implement gender training for staff this year, with workshops scheduled at both organizations for this fall.
- Provide TA to USAID/Mali as a follow-up to the gender training. The Mali TA will be done this fall with a core trainer from Intrahealth, working with Cultural Practices and POLICY trainers.
- Plan a gender and HIV workshop for counterparts in Peru.
- Pilot-test the safe motherhood module in December–January.
- Mentor new core trainers, with Neason working closely with a trainer from Intrahealth and CEDPA to further develop skills.
- Systematize the IGWG training modules in preparation for virtual publication in pdf format; these will be completed by December.

Postabortion Care

Ongoing Activities

- Complete “What Works Guide for PAC” by incorporating comments from external reviewers.
- Carry out a PAC Model country application in Senegal in July–August.
- Write a paper on the cost-benefits of integrating voluntary counseling and testing (VCT) into PAC programs.

B. Use of SSO2 (Maternal Health) Core Funds

POLICY’s MH activities are carried out using resources from multiple sources: SSO2 from the Office of Health, Infectious Diseases, and Nutrition (HIDN); OPRH; and field-support funds. Country-specific

MH activities are described in the country pages later in the workplan. A summary budget including existing pipelines for the use of core MH funds appears in Appendix Table A–2.

The POLICY Project seeks to assist countries in reducing maternal mortality by raising awareness, building political commitment, increasing resources, and improving the efficiency of maternal health programs. The project adopts a multisectoral approach to addressing the challenge of reducing maternal mortality and morbidity while focusing on three critical areas: improving the policy environment in which MH programs operate, improving efficient use of resources for maternal health, and strengthening advocacy for increasing resources.

In Year 6, the Safe Motherhood Working Group (SMWG) will carry out the following activities:

Ongoing Activities

- Disseminate the maternal health user fee study. Follow-up analysis is being carried out to separate informal fees from under-the-table fees.
- Conduct the dissemination workshop for the Uganda Safe Motherhood Model in Kampala in August.
- Disseminate the final eight MNPIs in July.
- Complete data collection and conduct focus groups for the study on mapping midwife availability in Ghana. There will be a dissemination workshop in Accra in January 2006.
- Provide ongoing policy assistance to the White Ribbon Alliance for Safe Motherhood (WRA).
- Disseminate SMWG activities, with a special focus on the activities themselves.

New Activities

- Implement a third round of the Maternal and Neonatal Program Effort Index (MNPI) in 2005. The MNPI measures a profile of effort for national programs in safe motherhood and neonatal health. The results from this new round will show progress in national maternal and neonatal programs from the two previous rounds in 1999 and 2002 and will be used for national planning and to update the estimates in the Safe Motherhood Model. Round 3 will use the same questionnaire items as in 1999 and 2002 to ensure comparability. In addition, new items will be added to expand the treatment of neonatal health.
- In Ghana, POLICY is currently undertaking a mapping and analysis of variables relating to gaps in midwife coverage resulting from many factors—including legal restrictions regulating scope of practice, pre- and in-service training, lack of access by women to services, user fees, attrition, age composition among midwives, and geographical preference—to highlight the nature of the gaps in relation to the country’s maternal mortality and infant mortality rates. The findings will be disseminated with the Ghana Health Services, Ministry of Health, and other stakeholders to build a platform for advocacy and policy dialogue for national capacity building to address midwifery-service coverage gaps and to increase access to quality MCH care.

White Ribbon Alliance

In 2003, the White Ribbon Alliance for Safe Motherhood (WRA) joined the POLICY Project. Since its launch in 1999, approximately 400 organizations representing 71 countries have joined the global alliance, and 11 national country secretariats have formed to initiate their own activities in collaboration with international and local NGOs and governments.

In Year 6, the WRA will carry out the following activities:

Ongoing Activities

- Continue to build national Alliances and strengthen capacity of existing Alliances in 12 country secretariats (Ethiopia, Ghana, India, Burkina Faso, Indonesia, Malawi, Nepal, Nigeria, Tanzania, Vietnam, Zambia, and Bangladesh). Dominican Republic is moving forward as a new national secretariat.
- Provide TA for the sustainability of national Secretariats.
- Continue to provide access to information and evidence-based approaches to our membership in 70 countries.

New Activities

- The global WRA and the Indonesia WRA (APPI) are organizing the first Asia-Pacific regional conference focusing on strengthening and building the capacity and skills of the WRA members and National Secretariats in the Asian region on August 1–5, 2005. Technical updates will be shared by leading experts in the maternal health field on such topics as maternal morbidity, emergency obstetric care, antenatal and postpartum care, postpartum hemorrhage, HIV/AIDS and infant feeding options, community based participation, skilled birth attendance, and other topics relevant to the Asia-Pacific region. In addition, skills-building workshops on advocacy, resource mobilization, and working with the media will build on the workshops presented in Zambia. A new workshop will be offered on practical steps, including examples and lessons learned, on how to make a national Alliance sustainable.
- Ensure policies are in place, 501-C3 registration completed, and operational direction for the WRA. Establish new recruitment and election procedures and protocols for the new board of directors for the Alliance.
- Strengthen the technical working groups of the global secretariat.
- Diversify funding and transition into a long-term organizational home for the WRA.

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

POLICY continues to provide global policy leadership to meet the goals and targets of the President's Emergency Plan for AIDS Relief. The primary strategic thrust is to support the creation of an enabling policy environment and, importantly, to demonstrate that national and operational policies must underpin the global HIV/AIDS response. POLICY's experience to date has shown the link between well-conceived policy interventions in addressing not only the shape and commitment to national responses, but also to rectifying the unforeseen operational policy barriers that are known to hinder the response. In addition to completing all remaining activities, POLICY aims to consolidate its body of work—demonstrating that practical policy analyses and evidence lead to an improved understanding of policy-program relationships, greater political commitment, and increased resource mobilization and that well-designed policy interventions can enhance opportunities for scaling up programs, especially those designed to mitigate impacts of the epidemic and expand ARV access.

Year 6 activities are a mixture of ongoing and new work. Proposed new activities are informed by our existing body of work and/or are proposed in response to new and emerging issues of global significance. Activities are also designed in concert with field activities as there are many opportunities for the strengthening of linkages, capacity building, and shared learning.

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

The purpose of IR1 (HIV/AIDS) is to build political and popular support for client-focused HIV/AIDS policies and programs by strengthening policy champions at both government and civil society levels. By focusing on and strengthening the human rights linkages to HIV/AIDS advocacy work, POLICY will

strengthen public-private partnerships in responding to the epidemic and its broader developmental concerns. This support will strengthen the responses by government and civil society policy champions in a number of strategic areas and with key target groups along the prevention to care continuum.

In Year 6, IR1 staff will carry out the following activities:

Women's Access to Treatment (in Swaziland)

Ongoing Activities

While current global and national efforts offer unprecedented opportunity to expand access to treatment, these efforts will need to address women's specific barriers to access in order to make these goals real. In particular, women may face particular challenges accessing treatment due to the often harsher stigma and negative consequences that they face, as well as their lack of information, resources, decision-making power, appropriate models of care, appropriate research, and support for prioritizing their own health. Experience to date also shows that the active involvement of positive women at all levels of decisionmaking, including the making and shaping of policy formulation, is essential to treatment preparedness and expanded access. POLICY and ICW are collaborating to pilot a set of approaches to identify and address gender barriers to treatment in Swaziland—with the aim that the approaches and lessons learned can be expanded to other countries. Specific activities include:

- Develop and implement a rapid assessment to identify barriers to access to treatment and map strategic policy opportunities.
- Strengthen the capacity of HIV-positive women to advocate for their unique needs in accessing treatment, and to shape related policies, guidelines, and plans.
- Develop and document model tools and approaches to promote advocacy and policy dialogue, and related policies, guidelines and plans, which respond to women's specific access to treatment needs.

New Activity

- Expand project evaluation report (from ICW) documenting lessons learned related to identifying key policy openings for addressing women's access to treatment and developing effective capacity-building strategies with HIV-positive women for advocacy related to treatment.

Asia Pacific Leadership Forum (APLF)

Ongoing Activities

- Translate *Act Now* into Bahasa Indonesian, with the assistance of UNAIDS Indonesia for launch in July 2005.
- Assist APLF to undertake leadership development work with the mass media sector in south Asia by convening an initial one-day meeting for senior media executives in select countries (India, Bangladesh, Sri Lanka, Pakistan, and possibly Nepal), which will be followed by a subregional meeting.
- Conduct advocacy activities in Viet Nam under the auspices of the Integrated Analysis and Advocacy Project (A² Project), using \$50,000 of USAID funds earmarked for APLF. The proposed activities will be managed by POLICY/Viet Nam, in consultation with UNAIDS Viet Nam. The activities will cover two areas: (1) the media and HIV/AIDS, and (2) support for new national HIV/AIDS legislation.

Confidentiality and Strengthening Counseling and Testing Policies and Services

Ongoing Activities

- Complete literature review of confidentiality and stigma and discrimination in southern Africa.
- Review national policies on VCT and confidentiality in Botswana and South Africa.
- Review most commonly used training curricula for VCT and counseling and testing in Botswana.
- Survey healthcare staff at approximately 30 clinical/facility sites in Botswana where HIV counseling and testing is offered (either opt-in or provider initiated) to assess their knowledge of national confidentiality policies and if or why providers may breach confidentiality.
- Analyze survey data.
- Conduct stakeholders meeting in Botswana in December 2005 to share draft report and finalize main themes, findings, and conclusions.
- Revise and finalize report.

Strengthening the Operational and Policy Environment for Orphans and Vulnerable Children (OVC)

Ongoing Activities

- Conduct an OVC legislative and policy review for India and Cambodia.
- Produce report documenting the policy reviews for each country.
- Produce paper documenting lessons learned for programming of OVC programs in low prevalence countries.

Global Fund Country Coordinating Mechanism (CCM) joint activity with GNP+ and GTZ (to be completed prior to July 15, 2005)

Ongoing Activities

- GNP+ to disseminate and receive final payment for the printing of Spanish, French, Russian, and additional English CCM handbooks.
- In-country launches and dissemination in Malawi, Nepal, Ukraine, and Viet Nam.

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

The strategy for IR2 HIV/AIDS activities is to assure that the resources allocated for HIV/AIDS prevention, care, and treatment will be spent cost-effectively so as to achieve the 2-7-10 targets established by the Emergency Plan. This is being achieved by working directly with stakeholders in developing countries to develop relevant information (e.g., describing the epidemic and ways to mitigate it) and analyze it in such a way as to focus resources on activities that will achieve the greatest impact.

In Year 6, IR2 staff will carry out the following activities:

Partnership with the Private Sector

Ongoing Activities

The HIV/AIDS in the workplace initiative provides an opportunity to implement public-private partnerships that increase access of workers and their dependents to HIV/AIDS-related prevention, treatment, and care services. They also contribute to a reduction of stigma and discrimination against those living with HIV/AIDS. Businesses have traditionally served as leaders in social movements and business leaders have significant advocacy roles within societies. In addition, workplace initiatives help

to protect workforces and their dependents and therefore the economies of countries where HIV/AIDS is having a significant impact. Finally, small and medium enterprises (SMEs) have yet to be successfully engaged in the fight against HIV/AIDS because they provide unique challenges related to their lack of resources, their lack of organization, and contract workforces.

The Workplace Policy Builder is a software program designed with joint funding from USAID and Department of Labor. The software has been tested with several companies, including one of the largest textile companies in Lesotho. Companies have found the process laid out in the software to be very useful in helping them to design a workplace policy that is appropriate, comprehensive and effective. The software is in the early stages of its development and use and requires additional testing and revision to ensure its optimal effectiveness. POLCIY core funds are being used to test software in Mexico and China and further revise the software based on field inputs.

New Activities

- Complete report on capacity building of NGOs in Mexico and successful applications of the Workplace Policy Builder with business coalition members in Mexico.
- Complete report on successful implementation of the Workplace Policy Builder with companies in China.
- Complete new version of Workplace Policy Builder.
- Conduct assessment and complete best practices guide for engaging SMEs in HIV/AIDS in the Workplace initiatives based on interviews and case studies from Kenya and South Africa.

Resource Allocation

Ongoing Activities

Using core funds, POLICY has already initiated resource allocation activities in three selected countries (Haiti, Mozambique and Namibia). Using the GOALS Model, POLICY is working in conjunction with national stakeholders and advocates to identify existing gaps in funding and to propose a set of strategies and priorities for each country that is consistent with the goals established under the Emergency Plan.

In Year 6, POLICY will

- Complete a GOALS application in each of the three selected countries.
- Complete written reports in each of the three selected countries that outline ways in which targets can be achieved.
- Strengthen the capacity of policymakers and stakeholders to maintain HIV/AIDS as a priority and to sustain efforts at developing a sustainable response into the future.

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

The development and use of information are crucial to successful policy assistance; thus sound information underpins all project activities. A particular focus of IR3 this last year will be the completion of core-funded tools and an assessment of why policy matters for HIV/AIDS.

AIDS Program Effort Index and Coverage Survey

New Activities (O/GAC funds)

- Carry out AIDS Program Effort Index (API) survey to measure progress in program effort over the past five years.
- Produce final report summarizing results of API 2005 round.

- Carry out 2005 round of Coverage Survey in 30 countries to assess progress in expanding coverage of key HIV/AIDS services.
- Produce final report summarizing results of 2005 round of Coverage Survey.

Stigma Index

Ongoing Activities

- Field the stigma index survey in two countries: Tanzania and Kenya.
- Write a report documenting the results of the stigma index effort overall.
- Collate all of the information available to the IWG regarding indicators.
- Consult with various experts regarding these results.
- Finalize a concise document that outlines the recommendations of the IWG on indicators.

Why Policy Matters

Ongoing Activities

- Prepare monograph paper based on inputs from country programs. Draft due by November 2005.

4. Human Rights Working Group

Ongoing Activities

POLICY's Human Rights Matrix lists the international human rights documents that are important to reproductive and maternal health, family planning, and HIV/AIDS. The Matrix enables the user to select a POLICY country and see the FP/RH/MH/HIV/AIDS-related human rights documents this country has signed; to select a right and see what FP/RH/MH/HIV/AIDS-related human rights documents have to say about this right; and to select a document and see which rights are listed in this document and the document's exact language about this right. In Year 6, POLICY will prepare the Human Rights PEPFAR Matrix, which links human rights and PEPFAR program areas, primarily as set out in the Country Operational Plan (COP) guidance documents. Within the PEPFAR program areas, the Human Rights PEPFAR Matrix will enable users to access human rights provisions in human rights instruments that affect advancing achievement of PEPFAR program goals and provide implementation case examples.

In Year 6, POLICY will

- Complete the Human Rights PEPFAR Matrix fashioned after the extant Human Rights Matrix.
- Pilot-test the Human Rights PEPFAR Matrix within POLICY and human rights working group.
- Review and produce policy briefs on various human rights topics related to HIV/AIDS.

5. POLICY Core Packages and Targets of Opportunity (HIV/AIDS)

Stigma and Discrimination Target of Opportunity

Ongoing Activities

- Review, print, and disseminate three policy briefs (which have been drafted) on breaking the cycle of stigma and discrimination; stigma and treatment; and internal stigma.
- Review, print, and disseminate booklet of policy champions who are fighting stigma and promoting human rights in their countries (nearly all profiles have been completed).
- Compile stigma and discrimination success stories and lessons learned for a range of end-of-project materials, including overall project reports, HIV/AIDS-specific materials, and a stigma and discrimination CD-ROM.

Reproductive Health Needs of HIV-Positive Women in Swaziland and South Africa (cost-shared with FP/RH)

Ongoing Activities

POLICY and ICW are implementing a program to build the capacity of the local positive women's network in two Southern African countries—South Africa and Swaziland—to advocate for improved services and influence the policy process. POLICY activities include the following:

- Increase awareness of the unmet RH needs of women living with HIV.
- Strengthen capacity of ICW and local women living with HIV to advocate for improved policies and guidelines in a national context with a focus on meeting the RH needs for women living with HIV.
- Develop policy dialogue and processes to better assure that RH issues for women living with HIV will be addressed as countries develop other HIV/AIDS related policies; potentially, development or revision of national policies and operational guidelines to improve services for positive women.
- Document a capacity building process and training curriculum to be available for adaptation by subsequent advocacy efforts in other countries and regions.

In Year 6, POLICY will also produce an expanded project evaluation report (from ICW) documenting lessons learned related to effective capacity-building strategies with HIV-positive women for advocacy related to RH needs of HIV-positive women.

6. Special Initiatives

Women and AIDS

Ongoing Activities

- Finalize conceptual models and evidence tables for gender-based violence and young women.
- In coordination with OHA, identify additional topics and create conceptual model and evidence tables.
- If requested by OHA, package and disseminate models and evidence tables.
- Integrate new models and evidence into “Hasten the Pace” PowerPoint presentation.

Dissemination of POLICY Project HIV/AIDS Portfolio Results

New Activities

- Complete report and PowerPoint presentation on POLICY's contributions to a strengthened policy environment for HIV/AIDS.
- Complete stories and print newspaper supplement summarizing POLICY's work with PLHAs and in support of GIPA for launch at the October meeting of GNP+.
- Prepare other materials and documents as needed.

IV. WORKPLAN FOR REGIONAL ACTIVITIES

While most of the regional activities are managed as “core” activities, funds for these activities come from regional bureaus. Regional obligations for Africa, Southern Africa, ANE, and LAC are shown in Appendix Table A–4 with other field-support funds. The majority of POLICY’s regional funds are for HIV/AIDS activities; however, POLICY is also completing activities using regional funds for FP/RH activities in Africa and LAC.

AFRICA BUREAU (FP/RH)

Strategy
The Africa Bureau regional initiative focuses on repositioning family planning in Africa. We use a multi-pronged approach to raise political and popular support for family planning in Africa, building on the studies on the status and trends of FP programs in countries hard hit by the HIV/AIDS epidemic. These studies were carried out in Ethiopia, Kenya, and Zambia. POLICY will complete the study in Uganda and initiate activities to advocate for strengthening FP programs through a regional meeting. POLICY will also build political support by supporting champions for family planning among faith-based groups in Africa. Africa Bureau regional activities will be carried out in conjunction with the core-funded repositioning activities within IR1.
Staff
Manager: Carol Shepherd Affiliated staff: Danielle Grant, Karen Hardee, Emily Sonneveldt, and Norine Jewell
Funding
Funds remaining (as of 5/31/05): \$418,204 Anticipated FY05 funds: None
Ongoing Activities
<ul style="list-style-type: none"> • Build regional alliances among FBOs at a regional meeting where lessons learned from Mali, Uganda, and Zambia on FBOs as champions for FP will be shared • Provide small grants for follow-up with FBOs • Finalize legislative guides on operationalizing RH laws • Re-convene original 17 countries to disseminate legislative reform guidelines and review activities undertaken in six POLICY countries • Disseminate a RAPID Model application in Rwanda (co-funded with GLP on repositioning FP and Rwanda field support) • Complete paper on the position of FP in HIV programs in four countries, which includes Kenya, Zambia, Ethiopia, and Cambodia

AFRICA BUREAU (HIV/AIDS)

Strategy
<p>On a continent that is carrying a disproportionate share of the world's HIV/AIDS burden, one of the key policy responses rests in enhancing the personal and institutional capacity to respond to the ever-increasing demands of the epidemic. POLICY will work with a cross-section of institutions and agencies to ensure appropriate responses that help stem the tide of the epidemic.</p> <p>The OVC sector within HIV/AIDS is fast growing not only in the scale and breadth of the epidemic but also in a general recognition of the need to scale up action to minimize the plight experienced by OVC. The OVC issue has received unprecedented attention and funding under the President's Emergency Plan for AIDS Relief. As a way of strengthening the response, POLICY will be providing strategic information to guide the decisionmaking process for both resource allocation and programming.</p>
Staff
Jane Begala, William McGreevey, Brenda Rakama
Funding
<p>Funds remaining (as of 5/31/05): \$-12,638 Anticipated FY05 funds: \$125,000</p>
Proposed Activities
<ul style="list-style-type: none"> • Prepare paper, "Employment Issues and HIV/AIDS" • Prepare manuscript/monograph combining papers on "Impact of Development on AIDS," "Employment and AIDS," and "Impact of AIDS on Employment"

SOUTHERN AFRICA REGIONAL HIV/AIDS PROGRAM (RHAP)

<p>Strategy</p> <p>The Regional HIV/AIDS Program (RHAP) aims to strengthen the response to the HIV/AIDS epidemic in Southern African by creating an enabling policy environment. RHAP works through a coordinated strategy providing technical support to individual organizations, networks, and multisectoral stakeholders to mobilize effectively in their response to HIV/AIDS.</p> <p>RHAP analyzes the impact of HIV/AIDS to provide quality information that is used to facilitate policy dialogue and highlight specific advocacy issues. RHAP actively promotes the protection of human rights, the reduction and mitigation of stigma and discrimination, and the greater involvement of PLHAs (GIPA) in the policy development process.</p> <p>The focus of POLICY/RHAP during Year 6 includes working with an OVC care network, PLHA networks, a network of nurses providing care for PLHAs, and ministries of health responding to RH rights issues and access to treatment. POLICY/RHAP also works closely with the U.S. Ambassadors’ Initiative in Botswana, Lesotho, and Swaziland. POLICY will continue to provide support to youth in the delivery of prevention messages on student campuses.</p>
<p>Staff</p> <p>RHAP Director: Nomhle Nkumbi-Ndopu Local staff: Gary Smith Consultants: Pooven Moodley, Boipelo Seithlhamo (REPSSI), and Christine Stegling (Bonela) Affiliated staff: Brenda Rakama, Anne Eckman, Chipso Mbanje, Kai Spratt, and Caroline Wills</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/05): \$-171,883 (PEPFAR and FS/MAARD) Anticipated FY05 funds: \$823,000 (PEPFAR and FS/MAARD)</p>
<p>Proposed Activities</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Strengthen and expand existing FBO/CBO/NGO orphan support programs in Botswana to strengthen the capacity of communities to provide care to children orphaned by AIDS • Facilitate consensus building and identify priority strategies to strengthen policies to address the RH needs of HIV-positive women in Swaziland • Increase political commitment to strengthen policies to meet the RH needs of HIV-positive women; integrate RH issues into national operational and policy guidelines; support the MOH in Swaziland in implementing the new guidelines • Support the faith-based sector through HIV/AIDS policy development, specifically to address stigma and discrimination across Southern Africa Development Commission (SADC) countries • Facilitate community advocacy to address stigma and discrimination and promote care and support, especially regarding OVC • Support NGO networks, especially those representing PLHAs, OVC, and youth • Support the meaningful involvement of PLHAs by encouraging their participation in processes designed to identify, prioritize, advocate for, and develop policy solutions and by providing TA and support to PLHA networks to advocate for stigma reduction • Promote GIPA by building capacity and facilitating the engagement of HIV-positive women in regional structures and processes such as SADC <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Conduct an assessment of the migrant labor sector, including policy implications for implementing HIV/AIDS policies within SADC’s mining, employment, and labor sectors • Review OVC policies within the SADC region and provide technical support to SADC to assist member countries in planning and financing OVC policies and programs

- Assist ministries in Lesotho with effective planning and financing of HIV/AIDS policies and programs; assist with the development of plans and policies that promote equitable resource allocation for HIV/AIDS

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

- Consolidate research findings on the RH needs of HIV-positive women and access to treatment and disseminate to key stakeholders to inform policy decisions
- Conduct research on OVC issues in the SADC region to inform SADC member country strategies

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

- Strengthen the HIV/AIDS strategic planning and advocacy capacity of PLHA networks, FBOs, and other key stakeholders in Botswana, Lesotho, and Swaziland
- Disseminate the caregivers' manual to nurses caring for PLHAs
- Provide TA to organizations working with OVC to influence policy in Botswana
- Build capacity of key stakeholders using the policy builder as a tool for workplace policy development
- Provide continued technical support in wellness management in Botswana, Lesotho, and Swaziland

ANE BUREAU/MEKONG (HIV/AIDS)

Strategy
<p>POLICY's work in the ANE region supports USAID's interim HIV/AIDS Strategy for the Greater Mekong Region. The strategy's main objective is to increase the use of effective responses to HIV/AIDS, focusing primarily on prevention but also including care and treatment. To achieve increased use of effective responses, the strategy will</p> <ul style="list-style-type: none"> • Increase access to comprehensive prevention interventions for most at-risk populations; • Increase access to care, support, and treatment for PLHAs and their families; • Make strategic information more available and useful; and • Strengthen the enabling environment, which focuses on increasing participation of civil society, developing and implementing supportive policies and regulations, and strengthening capacity. <p>The primary target groups are most at-risk populations, especially injecting drug users (IDUs), men who have sex with men (MSM), sex workers (SWs) and their clients, mobile and migrant populations, and PLHAs.</p>
Staff
<p>Regional Manager: Felicity Young Local Staff: David Stephens (Viet Nam) and Chris Ward (Cambodia) Consultants: Nicholas Cumming-Bruce, Christopher Hermann, Julio Jeldres, David Lowe, and Carol Jenkins Affiliated Staff: Anne Eckman, Steven Forsythe, Gayle Martin, Nadia Carvalho, and Shetal Upadhyay</p>
Funding
<p>Funds remaining (as of 5/31/05): \$2,103,602 (excluding China) Anticipated FY05 funds: \$450,000 (but \$250,000 is for China)</p>
Proposed Activities
<p>All activities listed below are continuations of Year 5 activities. The additional ANE Year 6 funds will be added to the A² activity.</p> <p>Treatments</p> <ul style="list-style-type: none"> • Prepare (sessions, participants, etc.) for the National ARV Treatments Workshop (Hanoi, Viet Nam) • Conduct the National ARV Treatments Workshop in Viet Nam after the national conference (November 24–26, 2005) <p>Lao PDR Policy Assessment</p> <ul style="list-style-type: none"> • Finalize the draft policy assessment; disseminate the report to USAID <p>A²–Advocacy and Analysis</p> <ul style="list-style-type: none"> • Launch A² in China and Viet Nam • Conduct an A² Advocacy Workshop in China (September 2005) • Carry out advocacy activities in China and Viet Nam • Apply GOALS in Thailand <p>IDU Modeling</p> <ul style="list-style-type: none"> • Complete a desk review on IDU responses and data collection on costs; estimate the potential impact of various IDU interventions in Viet Nam • Review the 06 center policy environment • Hold a workshop on policy implications <p>PLHA and APN+</p> <ul style="list-style-type: none"> • Assist with capacity building and organizational development for advocacy activities related to stigma, discrimination, treatment preparedness, and human rights with:

- AIDS Care China (Yunnan Province)
- Cambodia Network of PLHAs
- Lao Network of PLHAs
- Prepare an organizational development manual
- Conduct a training workshop

MSM

- Finalize and print the MSM HIV Advocacy Module

Civil Society and UNGASS

- Finalize the Viet Nam UNGASS Workshop Report
- Develop the Nepal and Viet Nam country reports

GBV and HIV in Mekong

- Complete a literature review of GBV and HIV in the Mekong Region
- Conduct in-depth interviews with community groups in Cambodia and Viet Nam
- Write an advocacy paper

Males Especially Vulnerable to HIV

- Collect data on HIV prevention and care needs and barriers
- Write a report
- Disseminate findings

Establishing GOALS in Asia

- Modify the GOALS Model for Asia (especially completion of IDU update of Impact Matrix)
- Develop the International Health Policy Program (IHPP) as a Center for Excellence for the GOALS Model in Asia
- Apply the GOALS Model in Viet Nam as part of the A² Project (including training of partners)

Opiate IDUs

- Complete a literature review on IDU costing
- Adapt the Resource Needs Model to incorporate IDU costing intervention data
- Prepare and disseminate a report

ASEAN – Increased access to affordable drugs and test reagents

- Disseminate and analyze the ASEAN-Rockefeller report on Intellectual Property Law Review and Capacity Building on Intellectual Property Rights Related to Public Health in the ASEAN Region
- Establish a country-to-country mentoring program
- Bring PLHAs into discussions on treatment literacy

ASEAN – Regional policy study on the socioeconomic impact of HIV/AIDS

- Hold a regional workshop for policymakers on socioeconomic impact issues for the ASEAN Region
- Carry out socioeconomic impact assessments in Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam

ASEAN – Training workshop on improving HIV/AIDS/STI surveillance systems and behavior surveillance surveys (BSS)

- Develop an advocacy training module
- Conduct surveillance regional training workshops in collaboration with FHI

ASEAN – Capacity building workshops for treatment, care, and support

- Develop a stigma and discrimination reduction module
- Conduct regional and in-country workshops in collaboration with FHI

ASEAN – Support to ASEAN Secretariat

- Employ consultants to the ASEAN Secretariat
- Provide monitoring and evaluation for the ASEAN-USAID HIV/AIDS Workplan
- Provide organizational support to the ASEAN Secretariat

LAC BUREAU (FP/RH)

Strategy
<p>POLICY, in collaboration with JSI/DELIVER, continues its work on contraceptive security for the LAC region. During the first phase of activities, POLICY and DELIVER conducted a regional meeting on contraceptive security to raise awareness about contraceptive security and conducted country-level assessments to identify key issues related to contraceptive security in the region.</p> <p>In Phase 2 of the LAC CS Initiative, POLICY will work with country-level CS committees and conduct follow-up analysis.</p>
Staff
<p>Regional Manager: Varuni Dayaratna Affiliated Staff: Pati Mostajo, Jay Gribble, and Maria Borda</p>
Funding
<p>Funds remaining (as of 5/31/05): \$227,874* Anticipated FY05 funds: \$200,000</p>
Ongoing Activities
<ul style="list-style-type: none"> • Complete market segmentation analysis in El Salvador, Peru, and the Dominican Republic; results will be presented to the national CS committees in summer 2005, at which time discussion will center on the current market structure and how the CS committees would like the national market to be structured • Convene follow-up meetings with the CS committees to focus on needed policy changes to help restructure the FP market • Conduct legal and regulatory analysis for options to procure contraceptive commodities in five countries: El Salvador, Peru, Nicaragua, Dominican Republic, and Paraguay • Assess the policy environment related to procurement and identify procurement options for each country. • The use of GLP funds is still being negotiated. Currently, USAID has asked POLICY to conduct a study similar to the legal and regulatory analysis in five countries that do not receive funding from USAID. POLICY will examine procurement processes and options in Costa Rica and Mexico to identify lessons from these “graduated” countries for use in other LAC countries that are phasing out of donor support. <p>*\$200,000 of the HIV portion of these funds are contributing to a Mexico subcontract with the AIDS Responsibility Project (ARP) (see Mexico country page).</p>

V. COUNTRY WORKPLANS

Country activities are mainly carried out with field-support funds from USAID missions and regional bureaus. POLICY programs will close out early in Year 6 in the following countries: Nigeria and Jamaica (July) and India and Malawi (September 30). POLICY is also initiating limited activities in Rwanda and Iraq. In Rwanda, activities will revolve around a RAPID presentation and repositioning family planning. Activities are co-funded with GLP, Africa Bureau, and field support. POLICY also received \$15,000 to develop a presentation on the impact of population growth on other development sectors in Iraq.

Summaries of the country strategies and workplans are contained in the following pages, organized by geographic region. Table A-4 in the Appendix summarizes field-support obligations to date, including anticipated and/or received obligations for FY05. The pipeline information listed on the individual country pages is shown as of May 31, 2005.

AFRICA



KENYA

<p>Strategy</p> <p>POLICY/Kenya's overall goal is to improve the enabling environment for providing sustainable and integrated healthcare services while the Strategic Objective (SO) is to "improve the enabling environment for providing FP/RH and HIV/AIDS services." Most recently, the <i>POLICY Kenya Strategy and Workplan</i> was updated to respond to new needs, challenges, and opportunities and to the President's Emergency Plan for AIDS Relief; however, the goal and SO remain unchanged. 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 three areas: improving policies on the regulatory and legal framework and planning and financing; strengthening public and private sector health systems; and strengthening local institutions for effective management and coordination.</p> <p>The program is designed to be comprehensive and integrated into the implementation of activities in three program areas: FP/RH; HIV/AIDS; and health finance and policy, especially for reproductive and maternal health services. In HIV/AIDS, POLICY responds to the Emergency Plan and envisages a rapid expansion of HIV/AIDS care and support services. POLICY focuses on strengthening the capacity of organizations and institutions across all sectors to develop and implement HIV/AIDS policies and programs, emphasizing a holistic, integrated, and multisectoral approach; resolving policy barriers relating to scaling-up HIV/AIDS prevention, care, support and treatment; advocacy; and mainstreaming gender and human rights issues. Target groups include government ministries, FBOs, PLHAs, and organizations/institutions working on gender, human rights, and OVC programs. In FP/RH, POLICY's assistance focuses on advocacy and dialogue to achieve renewed high-level commitment to FP programs in the era of HIV/AIDS; developing and improving key national RH policies and strategies to provide information for planning; integrating FP/RH programs more fully with other policies for HIV/AIDS; informing and guiding policy implementation; and building support and capacity for PAC services at district and community levels. 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; and strengthening health policies and systems at the national, provincial, district, and hospital levels to achieve improved planning, financing, and quality of FP/RH and HIV/AIDS services. Efforts are directed toward achieving better outcomes and quality of care by addressing equity, control, planning, management, budgeting, and priority-setting issues.</p>
<p>Staff</p> <p>Country Director: Angeline Siparo Local Staff: Wasunna Owino, Deputy Country Director and Leader of the Health Finance, Policy and Systems Program; Esther Gatua, the HIV/AIDS Coordinator; Colette Aloo-Obunga, the FP/RH Coordinator; Francis Kangwana, the Health Finance Information and Management Systems Specialist; Alice Wanjuu, Office Manager; Saleh Chebii, Finance Officer; Grace Akengo, Administrator, Nancy Ombega, Administrative Assistant; and Juweiriya Yunis, Secretary/Receptionist Consultants: Catherine Mumma, Mary Okumu, Rose Olende, Mary Nyoike, Rosemary Smart, Tina Ojuka, Bactrin Kilingo, Dorothy Nyong'o, Lawrence Gikaru, Boniface K'Oyugi, Japheth Mati, Ben Obonyo, Alfred Agwanda, Margaret Ndwiga, Julius Korir, Urbanus Kioko, Timothy Okech, Paul Krystall, Germano Mwabu, and George Rae Affiliated Staff: John Stover, Phillipa Lawson, Brenda Rakama, and Carol Shepherd</p>
<p>Funding</p> <p>Funds remaining (as of 5/31/05): \$115,729 Anticipated FY05 funds: \$1,614,000</p>

Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Support high-level advocacy for repositioning FP/RH • Finalize the development of and print the National Contraceptive Policy and Strategy, 2003–2006 • Disseminate the KDHS 2003 results and advocate for improvement of RH indicators • Help analyze and present “Family Planning Achievements and Challenges in Kenya” <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Develop a National Plan of Action for adolescent reproductive health and development • Develop and disseminate the National Reproductive Health Policy • Review and revise the National Reproductive Health Strategic Plan • Finalize and submit for MOH approval the FP Services and Commodities Price Guidelines <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Disseminate the Safe Motherhood Unit Costing study to inform the development of RH policies • Disseminate the Family Planning Access study to inform the development of RH policies <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Train the Division of Reproductive Health/National Council Agency for Population and Development on policy dialogue, planning, and advocacy • Train policy advocates to champion FP/RH • Facilitate a course on communicating population and health research to policymakers • Provide an internship and capacity-building activities for staff and partners <p>Health Finance and Policy</p> <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Develop a strategic plan for the Moi Teaching and Referral Hospital • Assist in developing the costing and financing framework for the National Health Sector Strategic Plan <p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Strengthen the institutional capacity of POLICY-supported FBO, NGO, and PLHA networks • Strengthen the capacity of United Disabled Persons of Kenya • Build capacity to mainstream gender into HIV/AIDS activities • Build the capacity of Luo Council of Elders to advocate for women’s property ownership and inheritance rights <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Develop an OVC policy • Strengthen private sector response to scale up HIV/AIDS care, treatment support, and prevention • Print and disseminate the Seventh Day Adventist HIV/AIDS Policy, East and Central Africa Union • Hold a KENEPOTE/Ministry of Education, Science, and Technology joint consultative meeting <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Produce and disseminate the “AIDS in Kenya,” seventh edition • Conduct and disseminate the ART Literacy and Access study <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Build the capacity of staff and networks • Strengthen the capacity of FBOs (NMCK) to initiate and implement HIV/AIDS activities

MALAWI

Strategy
<p>In Malawi, POLICY's objective is to promote human rights and multisectoral participation, including participation of PLHAs in the review, development, adoption, and implementation of national and sector-specific HIV/AIDS-related policies and legislation and in the development and implementation of plans that improve access to quality HIV/AIDS and FP/RH programs.</p> <p>POLICY is completing its current workplan activities, which are scheduled to run through October/November 2005. These include providing TA, training, and other support to the National AIDS Commission (NAC), the MOH, the Ministry of Gender and Community Services (MOGCS), and stakeholder groups. POLICY is working to improve planning and resource allocation for national HIV/AIDS strategy interventions through use of the GOALS Model, disseminate the National HIV/AIDS Policy to selected sectors, strengthen national HIV/AIDS coordination among key stakeholders, disseminate the OVC policy environment assessment to OVC stakeholders, and strengthen NAC and MOGCS linkages for improved OVC coordination and response. POLICY is also building the capacity of HIV/AIDS service NGOs to plan and conduct HIV/AIDS-related advocacy through technical support to the Save the Children/Umoyo Network for Capacity Building for Quality HIV/AIDS Services Project and their partner NGOs.</p>
Staff
<p>Country Manager: Shawn Aldridge Local Staff: Rita Chilongozi, Resident Advisor, Robert White, Advocacy Officer (seconded to Save the Children/Umoyo Network for Capacity Building for Quality HIV/AIDS Services Project), and Charity Mauluka, Administration and Finance Officer Affiliated Staff: Anne Eckman, Danielle Grant and Arnab Acharya</p>
Funding
<p>Funds remaining (as of 5/31/05): \$219,859 Anticipated FY05 funds: None</p>
Proposed Activities
<p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide training and TA in advocacy, strategy development, and implementation to NGOs funded under the Save the Children/Umoyo Network for Capacity Building for Quality HIV/AIDS Services Project • Support NAC in planning and conducting National HIV/AIDS Policy dissemination activities with MOH and other selected groups <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Using the GOALS Model and other tools, continue assisting NAC and MOH in HIV/AIDS intervention costing and resource allocation for updating the National HIV/AIDS Action Framework <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • To strengthen national HIV/AIDS coordination, assist NAC in applying national HIV/AIDS coordination assessment findings with key stakeholder groups • Work with NAC and MOGCS to disseminate the OVC policy environment assessment to key stakeholders and to strengthen linkages for improved OVC coordination and response <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Assist the Save the Children/Umoyo Network for Capacity Building for Quality HIV/AIDS Services Project staff in advocacy capacity building and strategy development

MALI

Strategy
<p>USAID/Mali's Strategic Objective 6 (SO6) is to "increase use of high impact health services and improved health practices," including family planning and HIV/AIDS. POLICY's contribution to SO6 is to help establish a positive policy environment that supports FP and HIV/AIDS by repositioning FP efforts in order to reduce unmet needs, strengthening the national response to HIV/AIDS, and increasing the policy and advocacy capacity of civil society.</p> <p>Although HIV prevalence is less than 2 percent, Mali has made measurable progress toward a coherent national response to HIV/AIDS in the last few years, creating a high-level AIDS Council that reports to the president and issuing a policy declaration. Prominent Islamic leaders organized an Islamic network on HIV/AIDS and are persuading other Islamic leaders to participate in the national response to AIDS. Despite low contraceptive prevalence, family planning has been a routine health service in Mali for many years. Mali was among the first countries in sub-Saharan Africa to organize a private FP association, and strategies such as social marketing and community-based distribution (CBD) have been used with the government's approval. Mali's Parliament enacted a comprehensive RH law in 2002 and regulations have been drafted, and the health minister has a strong track record in RH. Challenges include scarce resources and a widely dispersed, rural population and a failure to institutionalize such strategies as CBD.</p> <p>POLICY's strategy is to strengthen the capacity of government agencies to provide leadership and direction in HIV/AIDS and FP, build on the growing success of religious leaders in persuading their peers to participate more actively in HIV/AIDS programs, support FP, and continue supporting civil society groups to expand their role in advocacy.</p>
Staff
<p>Country Director: Modibo Maiga Local Staff: Noumouké Diarra, Yacouba Simbé, and Mamadou Mangara Affiliated Staff: Norine Jewell and Danielle Grant</p>
Funding
<p>Funds remaining (as of 5/31/05): \$518,248 Anticipated FY05 funds: \$50,000</p>
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide technical and financial support to religious leaders who are advocating within their institutions for greater attention to family planning needs • Create and strengthen alliances among women's organizations in support of FP • Provide TA to MOH/RH division to advocate with other sectors to support FP • Help draft an action plan for the Muslim Women's Network <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Support for the approval of RH law regulations <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Develop advocacy tools to elicit actions to reduce unmet FP needs • Complete and disseminate an advocacy tool on Islam and FP • Complete FP film <p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide technical and financial support to religious leaders to advocate within their institutions • Create and strengthen a network of PLHAs

IR2. Planning and financing improved

- Assist the National High Council Against AIDS (HCNLS) with data analysis, policy formulation and strategic planning
- Provide TA for draft legislation
- Help develop a formal resolution of Christian leaders

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

- Provide TA for the AIM update
- Help develop a presentation on HIV/AIDS and Islam
- Provide TA and financing for a brochure based on AIM

MOZAMBIQUE

Strategy
<p>POLICY objectives in Mozambique are to facilitate intersectoral collaboration and strengthen local ability to analyze policy on HIV/AIDS and to strengthen planning and advocacy for national responses to the HIV/AIDS epidemic through the use of up-to-date, technically sound information. POLICY facilitates the collaboration of health and nonhealth sectors through strengthening HIV sentinel surveillance, data analysis, and HIV/AIDS projections and impact analyses.</p> <p>During Year 6, POLICY will continue to strengthen local capacity to generate and use new surveillance data and HIV/AIDS projections for program decisionmaking, outreach, and advocacy, with increased attention to strengthening and expanding the newly created provincial technical groups. POLICY will provide TA in budgeting and resource allocation, and collaborate to address the HIV/AIDS epidemic in the workplace and to support information needs for the President's Emergency Plan for AIDS Relief.</p>
Staff
<p>Country Director: Henriqueta Tojais Local Staff: Carlos Arnaldo, Isabel Nhatave, Francisco Saúte, Cristiano Matsinhe, Pedro Duce, Matchecane Cossa, Amâncio Oliveira, Sérgio Salvador, Vasco Sualé, Márcia Monjane, Arão Uaquiço, Rogério Mavanga, and Benedito Marino Affiliated Staff: Karen Foreit</p>
Funding
<p>Funds remaining (as of 5/31/05): \$289,633 Anticipated FY05 funds: \$750,000</p>
Proposed Activities
<p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Support two of the provincial technical groups established earlier, which will conduct outreach to civil society organizations, including PLHAs and the public sector, to raise awareness of HIV/AIDS prevalence and impacts • Establish up to five new provincial technical groups, depending on local capacity and availability of Niassa and Manica group members to act as catalysts <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Participate in planning and implementation meetings of the National AIDS Council (NAC) <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Collaborate with the technical group and the MOH to disseminate the report of the 2004 sentinel surveillance round and update official statistics on the epidemic's progress and national response • Develop a dissemination strategy with the technical group to promulgate strategic information facilitated by POLICY and incorporate the findings into programs and advocacy • Assist the national program in using information for program planning, resource allocation, and monitoring and evaluation <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Strengthen the intersectoral technical group with refresher training in EPP, AIM, PMTCT, GOALS, and other analytic tools • Assist the technical group and the Eduardo Mondlane University in incorporating policy analysis into existing curricula • Fund student interns to serve as research assistants for the technical group

REDSO/ESA

Strategy
POLICY activities support REDSO's regional program to build the capacity of institutions working on FP, RH, maternal and child health, nutrition, HIV/AIDS, infectious diseases, nutrition and food security, and health financing and reform. As a principal player in Africa, REDSO has partnered with the East, Central and South Africa Secretariat (ECSA), formerly the Commonwealth Regional Health Community Secretariat (CRHCS). The ministers of health in these countries have charged ECSA with the task of promoting efficiency and relevance in providing health-related services in the region. POLICY works to enhance the capabilities of ECSA staff to strengthen policy analysis, formulation, dialogue, and advocacy activities within the secretariat itself and, by extension, across the 14 member countries. POLICY's objectives are, therefore, to assist ECSA in identifying, strengthening, promoting, and advocating for policies that underpin and permit efficient and relevant health interventions and services in the region.
Staff
Country Manager: Margaret Rowan Consultants: Eric Gaillard Affiliated Staff: Steven Forsythe, Arnab Acharya, Charles Pill, Mary Kincaid, and Elizabeth Neason
Funding
Funds remaining (as of 5/31/05): \$417,301 Anticipated FY05 funds: None
Proposed Activities
FP/RH
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> Organize and conduct a conference in East Africa on Repositioning Family Planning using additional funding from Africa Bureau Repositioning FP/GLP funds. Approximately 5–6 countries will be invited to the conference.
IR3. Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> Conduct a study on GBV in several East African countries in collaboration with UNICEF, UNIFEM, and UNFPA to develop a strategy for addressing prevention and mitigation of GBV within REDSO countries
HIV/AIDS
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> Provide follow-up support to persons in Ethiopia, Rwanda, and Zambia who completed the GOALS training in Bagamoyo so that they can validate the data and conclusions and disseminate findings
IR2. Planning and financing improved
<ul style="list-style-type: none"> Provide follow-up TA and monitoring for GOALS applications in Ethiopia, Rwanda, and Zambia so that each country produces findings and results germane to dialogue and decisionmaking among the top authorities and experts on HIV/AIDS programs
IR4. In-country/regional capacity to provide policy training enhanced
<ul style="list-style-type: none"> Monitor applications of the GOALS Model in respective countries and provide advice as needed to assure quality applications

SOUTH AFRICA

Strategy
<p>The goal of POLICY Project assistance in South Africa is to continue to strengthen key responses to the HIV/AIDS epidemic. Working in collaboration with the National Department of Health, the Department of Public Service and Administration, selected sectors and other partners, POLICY works to build capacity to plan, implement, and evaluate effective, sustainable policies and programs. Assistance focuses on supporting the delivery of the government's HIV/AIDS and STD Strategic Plan for South Africa, 2000–2005 and the Operational Plan for Comprehensive HIV/AIDS Care, Management, and Treatment for South Africa through the President's Emergency Plan for AIDS Relief.</p> <p>In South Africa, POLICY works to improve multisectoral capacity and involvement by assisting different role players in developing HIV/AIDS policies and guidelines and effective operational plans for HIV/AIDS programs. Furthermore, POLICY develops HIV/AIDS materials used for policy and program development as well as strengthens capacity and collaboration between government and civil society organizations and institutions working in HIV/AIDS. Our current work focuses on FBOs, traditional leaders, MSM, PLHAs, and the workplace including the public service. Interventions are designed for each sector to meet the need to respond appropriately to the HIV/AIDS epidemic.</p>
Staff
<p>Country Director: Nomhle Nkumbi-Ndopu Local Staff: Caroline Wills, Mogale Mashiapata, Olympia Vumisa, Craig Dumont, and Fundiswa Moyo Consultants: Lindy Briginshaw, Ashraf Grimwood, Mercy Kamupira, Lene Overland, and Angela Tuck Affiliated staff: John Stover</p>
Funding
<p>Funds remaining (as of 5/31/05): \$171,383 Anticipated FY05 funds: \$1,320,000</p>
Proposed Activities
<p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Mobilize sectors by providing targeted HIV/AIDS training to assist in strategic and operational planning, policymaking, and program development for various sectors, including FBOs, MSM, traditional leaders, and HIV/AIDS managers in the workplace • Build advocacy skills of traditional leaders, FBOs, and women living with HIV/AIDS to help them initiate and guide appropriate community programs that will address human rights, and stigma and discrimination to enable better access and uptake of HIV/AIDS services, including VCT, treatment, care, and support programs <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Use existing planning and resource allocation models to assist the Department of Health and other key stakeholders in strategic HIV/AIDS planning and monitoring and evaluation <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Conduct research in key areas where critical information to guide HIV/AIDS policy is lacking; focus on stigma and discrimination, confidentiality related to HIV testing, reproductive health needs of HIV-positive women, and men's sexual health. Research outcomes will be disseminated to key stakeholders and thus used to inform critical policy decisions <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Assist in developing specific curricula, such as the Postgraduate Diploma on HIV/AIDS Management co-hosted by University of MEDUNSA and Stellenbosch University, and in developing capacity-building sessions for key stakeholders, especially PLHAs • Mentor and train one NGO, focusing on providing TB support to a local community

TANZANIA

Strategy
POLICY's strategy in Tanzania combines building on successes of current activities with local partners in the HIV/AIDS field and directing information development, analysis, and advocacy efforts in support of the President's Emergency Plan for AIDS Relief and achievement of 2/7/10 objectives. Efforts to improve the HIV/AIDS policy environment include leadership development in the FBO and PLHA communities and Parliament, and developing GOALS and AIM applications and analysis with key stakeholders. Activities with the Ministry of Justice, civil society, and Parliament will support the passage of Tanzania's first AIDS bill. POLICY continues to build on its strengths of analysis and information development and existing partnerships, as well as expanding its partnership base to include more key players in Tanzania's national response. POLICY is also developing the leadership capacity of local staff. POLICY remains flexible to respond to discrete requests from the mission for studies that will enhance collective efforts to improve the HIV/AIDS and FP/RH policy environment in Tanzania.
Staff
Country Manager: Nancy Russell Local Staff: Maria Tungaraza, LTA; Innocent Swai, Accountant; Abdullah Mhagama, Office Manager; Franke Alister Fernandes, Administrator; and Grace Almacus, Administrative Assistant Consultants: Dr. Nimrod Mandara, Pooven Moodley, Stephen Talugende, B.J. Humplick, and others Affiliated Staff: Tom Goliber, Lane Porter, Steven Forsythe, Arnab Acharya, Brenda Rakama, Philippa Lawson, and Chipso Mbanje
Funding
Funds remaining (as of 5/31/05): \$122,515 Anticipated FY05 funds: \$1,000,000
Proposed Activities
FP/RH RH/POP activities are pending discussions with the mission and completion of the mission's RH/POP 10-year strategy. POLICY will continue to support the Mission's Annual Strategy Meeting.
HIV/AIDS
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> • Strengthen FBO leadership capacity to address HIV/AIDS prevention, care, and treatment, and reduction of stigma • Support the National PLHA Council in leadership training and advocacy, strategic planning, and identification of member groups • Continue to liaise with the Association of Journalists Against AIDS in Tanzania (AJAAT)
IR2. Planning and financing improved
<ul style="list-style-type: none"> • Support the Tanzanian Parliamentary AIDS Coalition (TAPAC) in training on HIV/AIDS budgeting at national and district levels • Assist the Ministry of Justice and Constitutional Affairs with developing the AIDS bill
IR3. Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> • Assist the Tanzania AIDS Commission (TACAIDS) and the National AIDS Control Program with developing GOALS and AIM applications and analysis, including engaging key stakeholders at all stages • Assist TAPAC and TACAIDS in developing policy briefs to inform key stakeholders and the general public on critical issues (ARV treatment, OVCs, PMTCT, etc.) • Assist TAPAC in providing information and training on resource allocation and disbursement of funds at national and district levels • Establish a database of PLHA organizations for information dissemination and mobilization • Finalize the HIV/AIDS and POLICY Effort Indices at the national level

UGANDA

Strategy
<p>POLICY's strategy is to build on the foundation laid by the dissemination of RAPID and CSPro-based information to promote a vigorous nationwide dialogue on population and FP/RH. POLICY will reinforce the leadership of the Population Secretariat (POPSEC) at the national and district levels by using District Population Officers to advocate for increased support for FP/RH; assist the Ministry of Health to strengthen national leadership commitment to its FP strategy; support the alliance of CSOs that have undertaken adolescent RH advocacy efforts at both the national and district levels; and help the POPSEC to strengthen the role of parliamentarians, district leaders, and stakeholders by supporting discussions that will culminate in a revised National Population Policy. POLICY will support efforts to revitalize family planning among communities and their leaders by providing District Community Development Officers and their assistants with information and skills on family planning to ensure leadership support. This work will be done through the Ministry of Gender, Labor and Social Development. Using core funds, POLICY is supporting the Ministry of Health to complete an application of the Safe Motherhood Model, including a costing component in two districts. POLICY is also conducting research on the barriers and realities of integrating FP into HIV/AIDS programs. This work will support MOH and POPSEC efforts to increase channels through which communities can access FP.</p> <p>POLICY received funds from the President's Emergency Plan for AIDS Relief to strengthen the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) by providing them with information on palliative care and human rights. POLICY's strategy is to strengthen NAFOPHANU's capacity to attract donor funds and monitor community PLHA activities as well as disseminate information on palliative care and human rights to all PLHA networks up to the community level. Information on palliative care will increase PLHA access to care and support services.</p>
Staff
<p>Country Director: John Kabera Local Staff: Grace Nagendi (Program Development Officer), John Kyakulaga (District Program Advisor), and Charity Birungi (Administrative Assistant) Consultants: Dr. Paul Kiwanuka-Mukiibi, Dr. Robert Kanyarutokye Basaza, Chris Mugasha-Mugarura Affiliated Staff: Tom Goliber, Danielle Grant-Krahe, Leanne Dougherty, Norine Jewell, and Lori Bollinger</p>
Funding
<p>Funds remaining (as of 5/31/05): \$571,640 Anticipated FY05 funds: \$500,000</p>
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide TA and financial support to Nsamizi Training Institute, in collaboration with the Ministry of Gender, to strengthen the role of District Community Development Officers and Assistants at subcounty levels in community mobilization and advocacy for increased accessibility to FP services • Provide TA and financial support to POPSEC to revise the National Population Policy, and expand advocacy and dialogue with district technical staff and leaders so as to increase resources for FP and RH strategic actions at district and lower levels • Provide TA and minigrants to the Uganda Reproductive Health Advocacy Network and affiliate NGOs to conduct national and district-level advocacy and expand active membership • Provide TA and financial support to the MOH and POPSEC to develop FP advocacy messages

HIV/AIDS**IR1. Political and popular support broadened and strengthened**

- Provide TA and financial support to PLHA network leaders to mobilize PLHAs to access care and support services

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

- Provide TA and financial support to PLHA networks leaders to disseminate the guides developed on information on human rights and palliative care to PLHAs and the communities
- Provide TA to NAFOPHANU to strengthen its networking function at national and district levels
- Provide TA and financial support to NAFOPHANU to develop training manuals for guiding parents, children, and leaders on succession planning

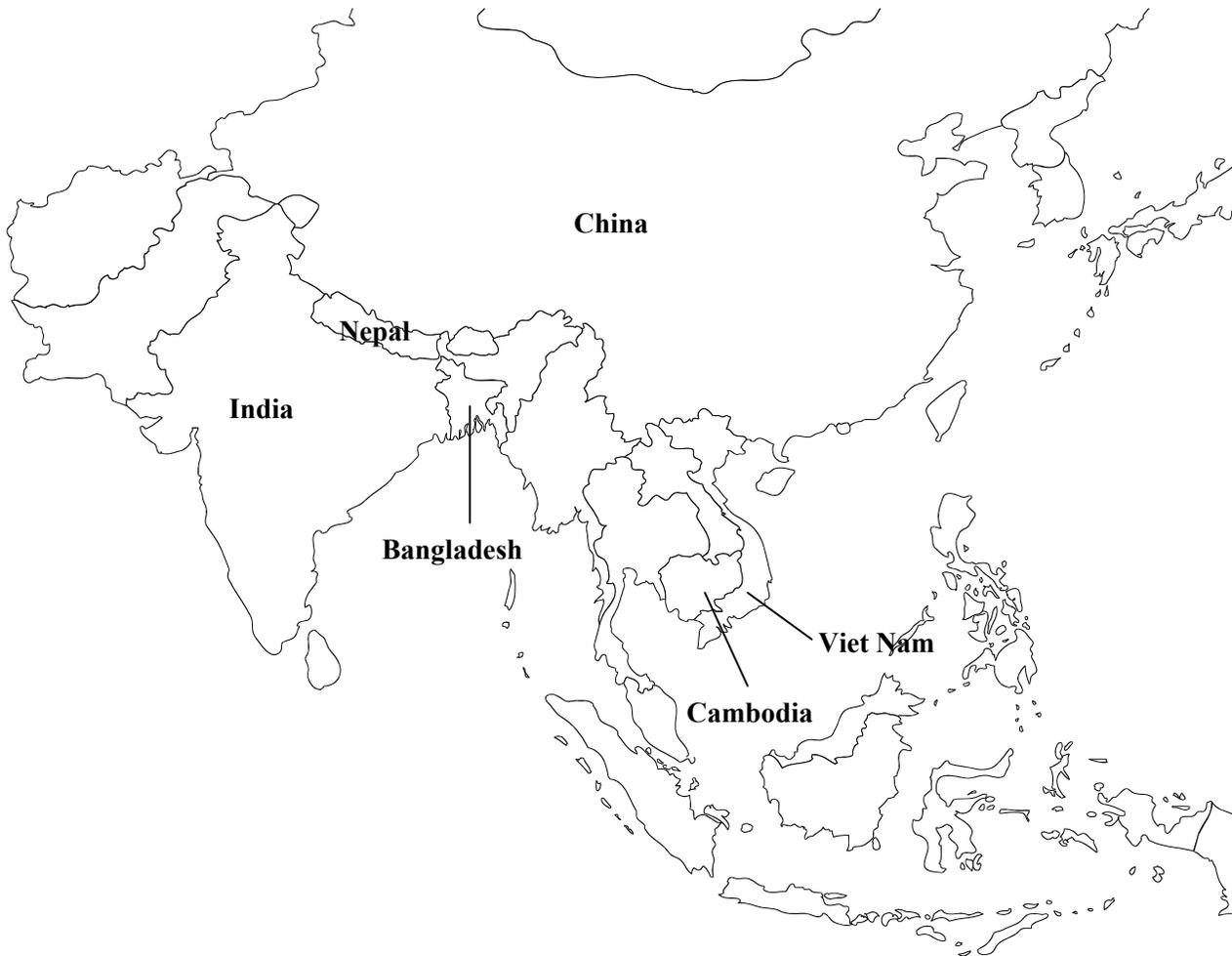
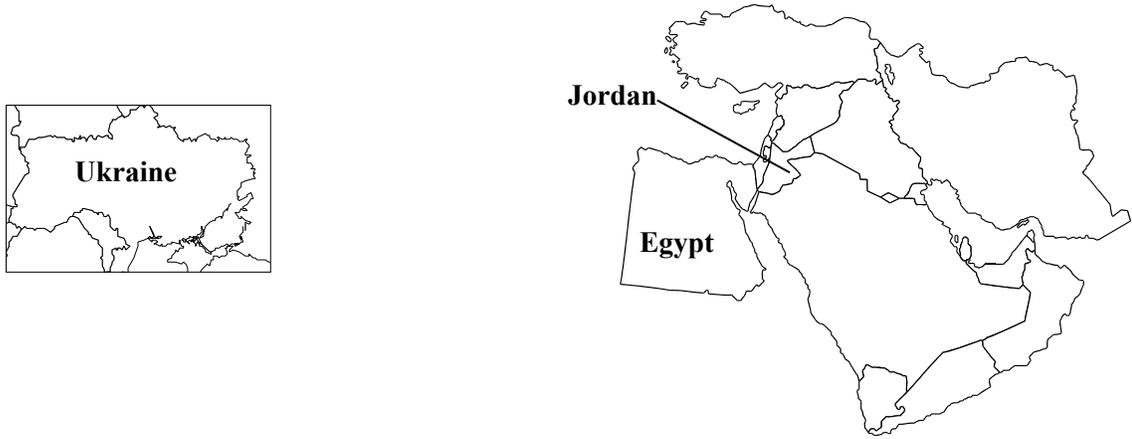
IR4. In-country/regional capacity to provide policy training enhanced

- Provide TA and financial support to NAFOPHANU to train district network leaders in the content of the guides developed and in disseminating information to PLHAs

WEST AFRICA REGIONAL PROGRAM (WARP)

Strategy
POLICY/WARP has field support funds to help reposition FP at the regional level in close collaboration with the regional bilateral project AWARE RH. POLICY's strategy is to focus on legal-regulatory reform and a strengthened role for Parliament in improving and expanding FP services, which is consistent with AWARE RH workplans. The goal is to build the capacity of parliamentarians not only as lawmakers with power to approve the national budget, but also as monitors of the executive branch who ensure that programs comply with the spirit of the law and as representatives of their constituents with invaluable opportunities for educating—and being educated by—the community. This strategy results in transferring skills and knowledge that help parliamentarians to more effectively fulfill their role and strengthen their alliances with supportive government officials and NGOs. These allies can provide them with the expertise needed to take more initiative in law and policy. To implement the strategy, POLICY funds are used to support a full time advisor based in Niger as well as to call on other regional staff and local consultants for specific assignments and to provide for their travel and logistical support in the region. AWARE RH staff participate directly in program activities and help to finance such items as workshop local costs and participant support. Key collaborating organizations include the Forum for African-Arab Parliamentarians for Population and Development (FAAPPD) and efforts have been initiated to work more closely with the parliament of ECOWAS (Economic Community of West African States) and CEFA (Center for African Family Studies).
Staff
Country Director: Modibo Maiga Local Staff: Dr. Kadidiatou Maikibi (full time); Dr. Justin Tossou and Alle Diop (on request) Consultants: Moustapha Ka, Badara Diop, Bachir Sow, and Poreko Diallo Affiliated Staff: Norine Jewell and Danielle Grant
Funding
Funds remaining (as of 5/31/05): \$149,914 Anticipated FY05 funds: None
Proposed Activities
FP/RH IR1. Political and popular support broadened and strengthened POLICY will collaborate with AWARE RH on three major activities, all of which are supported with combined WARP and other POLICY field support: <ul style="list-style-type: none"> • Expand legal-regulatory reform to additional countries using a regional guide prepared by parliamentarians in countries that have been successfully pursuing such reform • Expand input into and complete a regional guide on translating laws into action, a draft produced by parliamentarians and their allies in the public and private sectors in a range of RH-related disciplines • Respond to AWARE RH requests to assist in follow up of the Repositioning FP conference in selected countries

ASIA AND THE NEAR EAST



BANGLADESH

Strategy
USAID/Bangladesh is implementing the National Integrated Population and Health Program (NIPHP) along with cooperating agencies (CAs) and the government of Bangladesh. In June 2000, the mission developed a new Country Strategic Plan for FY2000–2005; in 2004, this plan was extended through FY2007. The mission’s goal for this period is “expanded resource base and capacity for sustainable development.” USAID/Bangladesh’s SO for the population, health, and nutrition program is “Fertility reduced and family health improved.” POLICY’s SO for Bangladesh, “Policies and plans that promote and sustain access to quality FP/RH services,” supports the mission’s SO. To achieve this goal, POLICY will provide assistance to the mission to ensure that (1) public-private collaboration in achieving contraceptive security is improved; (2) barriers to postpartum family planning are reduced; (3) Social Marketing Company’s (SMC) ability to conduct rational and effective planning and marketing is improved; and (4) accurate and timely information on program requirements is generated and utilized.
Staff
POLICY Coordinator: Areba Panni Administrative Assistant: Taher Qader
Funding
Funds remaining (as of 5/31/05): \$612,403 Anticipated FY05 funds: None
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • With the WRA, strengthen postpartum FP programs to reduce maternal mortality and build coalitions and alliances for advocating change • Conduct an advocacy workshop for WRA members • Conduct an advocacy workshop for the private sector <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Support the implementation of the Contraceptive Security Program • Identify and pursue opportunities to engage the commercial sector in the contraceptive market • Provide TA to SMC • Hold a private sector roundtable discussion on the FP market • Hold a public-private roundtable discussion on the FP market <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Conduct a joint market segmentation study with DELIVER <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Conduct an advocacy TOT on repositioning family planning and contraceptive security

CAMBODIA

Strategy
POLICY/Cambodia will support USAID/Cambodia in creating an improved and enabling policy environment for family health and HIV/AIDS programs and services through USAID's SO of "Increased use of high impact HIV/AIDS and family health services and appropriate health-seeking behaviors." POLICY will undertake policy and advocacy activities within an integrated family health and HIV/AIDS framework and work to strengthen collaboration within and between government and civil society sectors. Specifically, POLICY will promote and protect human rights to support the greater uptake of services; mobilize faith-based leadership to reduce stigma and discrimination; facilitate meaningful PLHA participation to reduce barriers to prevention, treatment, and care; and strengthen the capacity of affected communities to support the greater uptake of services.
Staff
Acting Country Director: Candice Sainsbury Local Staff: Ung Sophea, Kem Sambaddh, Mean Reatanak Sambath, Pen Moni, Jenne Roberts, Muth Seineada, and Se Sovann Consultants: Kha Sovannara, Naomi Walston Affiliated Staff: Suneeta Sharma, Anne Eckman, Kai Spratt, Shetal Upadhyay, Gayle Martin, and Anne Jorgensen
Funding
Funds remaining (as of 5/31/05): \$600,036 Anticipated FY05 funds: \$150,000
Proposed Activities
<p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Improve human and legal rights and their enforcement, particularly among vulnerable populations, such as SWs, MSM, women, and vulnerable children, with an emphasis on supporting increased access and uptake of services <ul style="list-style-type: none"> ○ Follow up on procedures and activities promoting documentation, referrals, and case management of HIV/AIDS-related human rights ○ Advocate for the acceptance of HIV/AIDS-related violations as a generic human rights issue through the provision of training for mainstream human rights agencies ○ Provide TA to the National AIDS Authority (NAA) Legal Policy Working Group for the continued dissemination of the HIV/AIDS law and implementing guidelines, particularly in provincial areas ○ Continue to work closely with the Ministry of Justice to develop and disseminate its operational guidelines in relation to the HIV/AIDS law • Mobilize faith-based leadership to reduce HIV/AIDS-related stigma and discrimination <ul style="list-style-type: none"> ○ Document models of FBOs, including Pagoda education and care activities in the response to HIV/AIDS ○ In collaboration with the Ministry of Cults and Religion, facilitate interfaith implementation of the implementing guidelines of the policy on religious response to HIV/AIDS • Implement the GIPA principle <ul style="list-style-type: none"> ○ Disseminate the media resource guide in coordination with NAA and UNESCO ○ Provide management support to strengthen the Cambodian Positive People's Network (CPN+) to improve the representation of provincial PLHA members and work as an active national network ○ Continue to support provincial grassroots PLHA advocacy to facilitate improved access to treatment for PLHAs with linkages to Vithey Chivit, CPN+, and the Cambodian Human Rights and HIV/AIDS Network (CHRHAN)

- Continue to mobilize support in affected communities by supporting the policy dialogue and activities of the OVC task force

IR2. Planning and financing improved

- Collaborate with the NAA to implement the 2006–2010 multisectoral response to HIV/AIDS
- Conduct planning for resource tracking and allocation
- Conduct AIDS Program Effort Index

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

- Conduct training on HIV/AIDS resource allocation for NAA and the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) using the GOALS application
- Continue to build the capacity of POLICY/Cambodia field staff

CHINA

Strategy
<p>POLICY/China's activities fall under the umbrella of the USAID/China three-year HIV/AIDS Framework (2003–2006) with the goal of "Minimizing the impact of HIV/AIDS in the southern border provinces of China, including Yunnan and Guangxi." As part of the integrated USAID/China workplan with Population Services International (PSI), the International HIV/AIDS Alliance, and Family Health International (FHI), POLICY works in collaboration with the Yunnan and Guangxi Health Bureaus and CDC in both provinces to provide TA to support the provinces' efforts in creating an improved and enabling policy environment for HIV/AIDS prevention and control in order to minimize the impact of HIV/AIDS. Key priorities for POLICY are strengthening the policy and legislative framework for an effective response to HIV/AIDS, strengthening the policy capacity of leaders, improving resource allocation through application of the GOALS Model, and reducing stigma and discrimination. POLICY's activities are also aimed at facilitating the greater involvement of PLHAs in the formation of HIV/AIDS policies and programs and increasing understanding of the impact of stigma and discrimination on HIV/AIDS prevention and control and care.</p>
Staff
<p>Country Manager: Felicity Young Local Staff: Yuan Gao (Kunming), Min Liu (Beijing), Yi Tang (Kunming), Mei Wu (Kunming), Fei Hu (Kunming) Consultants: David Lowe Affiliated Staff: Courtney Bickert, Nadia Carvalho, Steven Forsythe, Tim Manchester, Gayle Martin, Naline Sangrujee</p>
Funding
<p>Funds remaining (as of 5/31/05): \$562,783 Anticipated FY05 funds: \$250,000 (part of ANE regional funds)</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Mobilize opinion leaders at the national and provincial levels to mitigate stigma and discrimination • Strengthen the positioning of vulnerable populations at the provincial level <ul style="list-style-type: none"> ○ Support increased partnership and communication between PLHAs and stakeholders ○ Facilitate policy dialogue and dissemination meetings to support CA interventions and activities ○ Implement stigma and discrimination reduction campaigns, including with PLHAs ○ Support advocacy activities • Facilitate policy dialogue and dissemination meetings in support of new legislation <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Facilitate provincial-level training and application of the GOALS Model • Support effective budgeting and resource allocation in the provinces • Support greater harmonization and implementation of national, provincial, and local policies <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Implement the A² Project in Yunnan and Guangxi to improve HIV/AIDS responses <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Facilitate capacity building for policymakers at the provincial level • Provide ongoing capacity building for the GOALS Model

EGYPT

Strategy
<p>POLICY is a partner in the implementation of the TAHSEEN Project, which is the fifth USAID population project in Egypt. 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 in 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).</p> <p>In general, POLICY's primary role in supporting the TAHSEEN strategy is to help bring about specific policy reforms that will help the program achieve its goals. Specifically, POLICY/Egypt focuses in three primary areas: working with counterparts to develop and advocate for the adoption of strategies and policies that will bring about contraceptive security; consistency of laws and policies with the national goal, continuing work with youth to utilize their capacity as advocates for FP/RH issues. In addition, as necessary, POLICY assists in the initiation, development, and adoption of policy reforms related to achieving national goals (e.g., age at first marriage) that will directly affect the achievement of TAHSEEN's goal.</p>
Staff
<p>Country Director: Dr. Hussein Abdel-Aziz Local Staff: Manal El-Fiki (Deputy Country Director), Mahassen Hassanin, Fatma El-Geel, Hesham Abdalla, Mohamed Emam, Engy Fekry, and Nadia Ahmed</p>
Funding
<p>Funds remaining (as of 5/31/05): \$-72,685 Anticipated FY05 funds: \$452,200</p>
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Develop and use advocacy tools to ensure the adoption of the contraceptive security strategy at the Ministry of Health and Population (MOHP) and relevant organizations • Design and implement an advocacy campaign to increase age at marriage by advocating among policymakers • Design and implement an advocacy campaign to make labor law consistent with child law according to the national population goal • Expand policy dialogue at various levels to ensure high-level attention to the population situation and sustain its priority on the government agenda • Maintain links with important decisionmaking and political bodies, such as the Parliament, the National Democratic Party, the National Population Council (NPC), the National Council for Women, and other relevant organizations • Develop and use advocacy tools highlighting updated policy implications and relevant policy options to advance the formulation of relevant policies to cope with the population situation • Emphasize the success of the youth-to-youth advocacy approach through POLICY champions' activities and ensure the effective role they play in the community; continue support to the Youth National Task Force for POP/FP/RH issues • Strengthen the role of outreach workers/MOHP/Population Sector (PS) as advocates <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Support and provide TA to implement the contraceptive security strategy as a critical issue • Expand the strategic planning concepts for MOHP/PS at the governorate level, as well as provide TA

to the governorate level to develop their plans and establish a mechanism for monitoring and evaluation.

- Strengthen the MOHP/PS capabilities to develop programmatic plans from a strategic plan
- Strengthen the NPC/Technical Secretariat capabilities to develop programmatic plans from a strategic plan
- Provide TA to MOHP/PS–Population Planning Department to activate its role

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

- Develop further studies to revise the laws and policies
 - Identify the costs and impacts of applying the studies’ recommendations and utilize their findings in the advocacy campaigns
 - Assess the role of NGOs in suggested interventions and design activities accordingly
 - Study the necessity, applicability, and impact of some suggestions such as suggested vacations for child caring in the labor law
- Disseminate up-to-date information to policymakers and stakeholders through policy dialogue
- Disseminate the BenCost analysis of the Egyptian Family Planning Program

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

- Build the capacity of the MOHP/PS, National Population Council, and NGOs in selected areas, such as policy analysis and formulation, partnership, and advocacy
- Build the capacity of the MOHP/PS and NPC to use the BenCost Model

INDIA

Strategy
The mission's SO2 strategy in India is to improve access, demand, and quality aspects of RH services in north Indian states, particularly Uttar Pradesh (UP), Uttaranchal, and Jharkhand. The mission-funded Innovations in Family Planning Services (IFPS) Project in UP focuses on development and implementation of district action plans (DAPs), expanding successful interventions, and reviewing current RH strategies. In Uttaranchal and Jharkhand states, the mission-supported activities include formulation of health and population policies, manpower planning policies, and policy studies to help these states make informed decisions. POLICY is assisting the mission in preparing operational plans for DAPs; evaluating projects to identify successful interventions; tracking progress on SO2 indicators; and formulating health and population policies, policy studies to encourage states to make informed decisions, and human resource policies. POLICY also assists the mission with state-level HIV/AIDS strategy development, conducts special studies of strategic importance, prepares strategies for OVC interventions, and develops policies for FBOs.
Staff
Country Director: Dr. Gadde Narayana Local Staff: Sherry Joseph and Kavita Chauhan
Funding
Funds remaining (as of 5/31/05): \$873,885 Anticipated FY05 funds: \$150,000
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> Support the RCH II program and National Rural Health Mission of government of India by preparing state-specific project implementation plans <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> Develop a state-specific, five-year RH strategy for Uttaranchal and prepare a plan and log frame for its implementation Prepare DAPs and implementation plans to assist the Uttaranchal government to cover all 13 districts <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> Conduct studies of best practices in the IFPS I project in UP, Uttaranchal, and Jharkhand <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Conduct workshops based on the findings of best practices studies in UP, Uttaranchal, and Jharkhand <p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> Prepare an HIV/AIDS policy for the Catholic Bishop Conference of India and mobilize support for its implementation <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> Develop state-specific HIV/AIDS strategies for Maharashtra and Tamil Nadu Incorporate an OVC strategy into the National AIDS Control Program (NACP) III <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> Share findings of the OVC studies with donors, the NACP III drafting committee, and the National AIDS Control Organization (NACO) <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> Train master and lead trainers drawn from church-related agencies to disseminate contents of the Church HIV/AIDS Policy and monitor policy implementation

JORDAN

Strategy
Under the Improved Social Sector Development and Governance SO, the POLICY Project will focus on providing support to USAID/Jordan in achieving IR 1.0, “Improved health status for all Jordanians.” POLICY will assist USAID by implementing subresult 1.2, “Improved health policies, strategies, and systems.” POLICY/Jordan is strengthening the policy environment for, and improving the policies and plans of the FP/RH program. To accomplish this, POLICY is focusing on five initiatives for FP/RH activities in Jordan during the coming year: assist the government with the implementation of the Reproductive Health Action Plan (RHAP) in support of the National Population Strategy (NPS); assist the government in developing a long-term contraceptive security plan and financial plan; strengthen local capacity to influence FP/RH policy reform and conduct advocacy activities for the adoption of contraceptive plan; collaborate with USAID/Jordan’s IMPACT Project in providing advocacy training related to Jordan’s HIV/AIDS strategic plan; and provide analytic support to the mission, CAs, and counterparts as necessary.
Staff
Country Director: Basma Ishaqat Local Staff: Issa Almasarweh, Senior Researcher, Nisreen Bitar, Policy Analyst and Hiya Hakouz, Administrative Assistant Consultants: William Emmet, Anne Jorgenson, Carol Shepherd, and Suneeta Sharma
Funds
Funds remaining (as of 5/31/05): \$1,199,539 Anticipated FY05 funds: None
Proposed Activities
FP/RH
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> • Conduct advocacy activities in support of the NPS and the RHAP • Conduct awareness-raising activities to strengthen support for FP/RH issues • Conduct specific RHAP-oriented advocacy activities • Strengthen the capacity of key Jordanian stakeholders with reference to the development of policies related to Jordan’s HIV/AIDS strategy • Undertake advocacy efforts to support the acceptance and funding of the contraceptive security plan
IR2. Planning and financing improved
<ul style="list-style-type: none"> • Assist the government with the implementation of the RHAP in support of the NPS • Assist the Higher Population Council (HPC) in monitoring implementation of the RHAP • Provide support to finalization and implementation of Jordan’s long-term contraceptive security plan
IR3. Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> • Provide policy-related technical support (analytic and/or prioritization of policy issues) to the mission, CAs, and counterparts as necessary
IR4. In-country/regional capacity to provide policy training enhanced
<ul style="list-style-type: none"> • Strengthen population/RH curricula in universities and other training institutions • Strengthen technical capacity of local institutions to undertake policy analysis and advocacy activities

NEPAL

Strategy
POLICY/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. 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. 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. POLICY facilitates the GIPA principle in the formation of HIV/AIDS policies and programs.
Staff
Country Director: Bhojraj Pokharel Local Staff: Sumi Devkota, Deputy Director; Bina Pokharel, Technical Advisor; Shreejana Ranjitkar, Operations Manager; Resham Gurung, Administrative Assistant; Namita Rai, Secretary; Lila Regmi, Support Staff; Sarita Sahi, Support Staff; Phool Babu, Driver Affiliated Staff: Suneeta Sharma, Chris Ward, Philippa Lawson, Anne Eckman, David Stephens, Nadia Carvalho, Anne Jorgensen, Brad Otto, Nancy Russell
Funding
Funds remaining (as of 5/31/05): \$407,978 Anticipated FY05 funds: \$100,000
Proposed Activities
HIV/AIDS
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> • Continue sensitization programs for policymakers to ensure their leadership in response to HIV/AIDS • Support Nepal Administrative Staff College in institutionalizing HIV/AIDS in its regular training programs • Support the Nepal Police Steering Committee on HIV/AIDS to implement its HIV/AIDS strategy and institutionalize the HIV/AIDS curricula • Support implementation of the recommendations for legal and policy reform based on the findings from the legal audit • Provide ongoing support to strengthen civil society mobilization (PLHAs, SWs, MSM, and IDUs) • Support ongoing policy dialogue regarding GIPA
IR2. Planning and financing improved
<ul style="list-style-type: none"> • Support implementation of the guidelines to develop District AIDS Plans
IR3. Accurate, up-to-date, relevant information informs policy decisions
<ul style="list-style-type: none"> • Provide support to the NCASC for its webpage, database, and broader information dissemination role
IR4. In-country/regional capacity to provide policy training enhanced
<ul style="list-style-type: none"> • Continue to build the leadership and advocacy skills of vulnerable groups (SWs, IDUs, PLHAs, and MSM) • Provide ongoing support to promote and facilitate the intergroup alliance for the protection and clarification of rights and responsibilities of vulnerable groups • Support implementation of the guidelines to improve media coverage and reporting on HIV/AIDS

UKRAINE

Strategy
<p>POLICY's strategy in Ukraine is to improve the policy environment for reproductive health and HIV/AIDS. Adhering to its core principle that building local capacity is essential for sustainability, POLICY will engage a range of local partners, including national and local governments and leaders in the private sector and civil society. POLICY will build human and institutional capacity through training, workshops, individual and group TA, and mentoring to CBOs/NGOs, PLHAs, and government sectors. POLICY's work will support the following key RH issues: (1) the need to develop a new National Reproductive Health Program (NRHP) 2006–2010 using up-to-date information; (2) a lack of awareness of RH among providers and the population, including adolescents; (3) weak operational policies for access to quality RH care, particularly for NGO and government collaboration; and (4) the need to understand the impacts of HIV/AIDS on overall reproductive health. POLICY's activities will focus on strengthening the advocacy capacity of key stakeholders, creating information for advocacy and policy dialogue, building capacity for strategic planning, and fostering collaboration both among and between RH and HIV stakeholders to improve policies, particularly operational policies. In support of USAID/Ukraine's SO for 2003–2008, "HIV transmission among high-risk groups is reduced and impact on those affected is lessened," POLICY will help strengthen Ukraine's national response by focusing its TA on improved policymaking, planning, and management, as well as the assessment and monitoring and evaluation (M&E) that are essential for the strategic and effective delivery of HIV/AIDS information and services.</p>
Staff
<p>Country Director: Andriy Huk Local Staff: Olena Truhan, RH Deputy Director; Oleg Semerik, HIV Deputy Director; Lena Sirotina, Chief Accountant/Human Resources Manager; Olya Tsviliy, Office Manager; Olga Balakireva, Part-time Senior HIV M&E Advisor; Volodya Khai, Administrative Assistant; Alex Cherniak and Oleksiy Grushchenko, Translators and Interpreters; and Alyosha Kochenov, Driver/Administrative Assistant Consultants: Olena Suslova, Oleg Golyanovskiy, Victor Galayda, Natalia Zaglada, Valentina Bespoyasnaya, Alla Boyko, Anna Krivenko, Irina Khozhilo, Maria Didenko, Stanislav Servetskiy, Tamara Treetskay, Tatiana Anikeychik, and Tatiana Vanenkova Affiliated Staff: Suneeta Sharma, Michelle Prosser, Anne Jorgensen, Lane Porter, Emily Sonneveldt, Sarah Alkenbrack, and Anne Eckman</p>
Funding
<p>Funds remaining (as of 5/31/05): \$1,233,505 Anticipated FY05 funds: \$400,000</p>
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Continue to support Ukrainian Reproductive Health Network (URHN) with TA and several small grants to ensure full implementation of the NRHP • Support policy dialogue to improve existing FP/RH policies with emphasis on improving access to quality FP/RH services for HIV-positive women and other vulnerable groups <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Support the multisectoral NRHP M&E Board in reviewing indicators and targets and evaluating the NRHP's progress, and assist the Policy Development Group (PDG) in using the board's recommendations to develop the next NRHP 2006–2010 • Facilitate and guide the PDG through a strategic planning process, which will also build the capacity of the MOH and PDG to develop strategic plans in the future and will provide the PDG with a basis to seek funding from the MOH and other donors for its work • Assist the PDG in developing a new NRHP, which will include more specific and strengthened components for adolescent and men's reproductive health to become a National Family Reproductive

Health Program

- Support the MOH, PDG, and URHN in conducting a new RH legal and regulatory analysis and a roundtable on the findings to identify gaps in the current RH legislation and the ways to address them

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

- Collect costing information to support a strategic planning tool, the Reproductive Health Resource Allocation Model (RH RAM), which will be used to develop the new NRHP
- Collect additional cost information as needed to prepare a Budget Requirement Analysis (BRA) for the NRHP 2006–2010, which will be essential to the program’s adoption by the Verkhovna Rada and President of Ukraine

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

- Provide TA and training to the URHN and POLICY staff working on RH activities

HIV/AIDS

IR1. Political and popular support broadened and strengthened

- Assist selected oblasts to implement their own oblast HIV plan and to develop operational policies based on the National HIV/AIDS Plan on a local level, and promote policy dialogue among local government and key stakeholders with broad and meaningful participation of civil society and high-risk groups to make sure that the needs of the latter are adequately reflected in the local HIV/AIDS policies, plans, and programs
- Assist the MOH in developing a new PMTCT strategic plan for 2004–2008 by providing TA to the MOH, as well as jointly conducting meetings of the multisectoral experts’ group to develop the plan
- Assist the MOH and the recently-formed VCT Policy Working Group in developing national VCT standards/protocols and guidelines

IR2. Planning and financing improved

- Provide strategic planning and management TA to local government, Oblast AIDS Coordinating Committees (OACCs), and PLHAs, and NGO representatives of vulnerable groups in two to three selected oblasts to establish multisectoral oblast-level planning and coordination bodies; develop capacity building with the planning and coordination bodies in strategic planning and management; and assist in developing oblast-level multisectoral action plans that use prioritization, targeting, and results-based approaches

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

- Work with USAID/Ukraine, the government of Ukraine, UNAIDS, WHO, International HIV/AIDS Alliance, and others to support improved annual reporting and to attempt to achieve a consensus on baseline data, especially on populations that practice high-risk behaviors in the selected oblasts where USAID programs are implemented
- Provide TA and training to CBOs, NGOs, and OACCs to build the capacity and knowledge of multisectoral stakeholders in selected oblasts surrounding the importance of the national M&E plan and the practice and principles of assessment, M&E, data collection, and indicators for stigma and discrimination

Additional activities

- Support the Ukraine HIV Services NGO Coalition
- Support the newly created National Coordinating Council on HIV/AIDS (UNCC) through organizing and supporting the Secretariat, which facilitates UNCC operation
- Support the creation of the National Health Account System by building the capacity of the MOH, Ministry of Finance, and Ministry of Economy; representatives of those ministries will attend the NHA Symposium to be held in Barcelona in July 2005
- Support the multisectoral TB Policy Development Group in developing the National TB Concept and Program for 2006–2010

VIET NAM

Strategy
The goal of POLICY assistance in Viet Nam is to improve the HIV/AIDS policy environment to fully embrace a rights-based approach and the GIPA principle. POLICY assists the government of Viet Nam with activities aimed at strengthening the HIV/AIDS legal framework, the operational policy based on the National Strategy on HIV/AIDS, and the capacity of PLHAs to participate in the HIV/AIDS policy domain, with a focus on ARV treatment. The proposed activities are designed to improve the policymaking and advocacy skills of key government and NGO stakeholders; raise the awareness of government actors regarding the value of PLHA involvement; improve national and provincial HIV/AIDS strategic planning; provide information about the impact of HIV/AIDS; and strengthen health policy training in national institutions.
Staff
Country Director: Tran Tien Duc Local Staff: David Stephens, Nina McCoy, Nguyen Thi Minh Ngoc, Nguyen Thi Thu Hang, Nguyen Thi Minh Thu, Ngo Tri Tue, Duong Truong Thuy, Dong Duc Thanh, Truong Jeanne D'Arc, Nguyen Nam Phuong, Tran Anh Nguyet, Nguyen Van Khanh, Nguyen Thi Loi Affiliated Staff: Nadia Carvalho, Gayle Martin, Brad Otto, Chris Ward
Funding
Funds remaining (as of 5/31/05): \$555,127 Anticipated FY05 funds: \$875,000
Proposed Activities
HIV/AIDS
IR1. Political and popular support broadened and strengthened
<ul style="list-style-type: none"> • Support PLHA self help, advocacy, and organizational development • Support media campaign for risk-reduction activities among vulnerable communities • Increase PLHAs' capacity to be involved in the ARV treatment system • Strengthen the national HIV/AIDS legal framework by supporting the development of a new HIV/AIDS law and decree • Support the development and implementation of an enabling policy framework for palliative care in Viet Nam • Support the development of the legal aid system for PLHAs
IR2. Planning and financing improved
<ul style="list-style-type: none"> • Develop and implement a multisectoral approach to HIV/AIDS action planning at provincial levels • Update the GOALS Model at provincial levels to improve resource allocation for HIV/AIDS programs
IR3. Accurate, up-to-date, relevant information informs policy decisions.
<ul style="list-style-type: none"> • Improve data collection and data analysis for planning through integrated data analysis • Conduct policy research on drug prevention and rehabilitation and HIV/AIDS with a focus on the 05/06 centers
IR4. In-country/regional capacity to provide policy training enhanced
<ul style="list-style-type: none"> • Strengthen the capacity of the media to report on HIV/AIDS • Strengthen HIV public policy training in Ho Chi Minh Political Academy through the development and implementation of a national HIV/AIDS public policy course

LATIN AMERICA AND THE CARIBBEAN



GUATEMALA

Strategy
<p>During Year 6, POLICY will continue its technical and financial assistance by supporting private and public sector organizations in public information, advocacy, and civic surveillance activities for RH policy formulation, financing, and evaluation with government officials. POLICY will continue to collaborate with SEGEPLAN in disseminating the popular version of the Social Development and Population Law and Policy and will help strengthen the multisectoral Social Development and Population Committee. With the Association of Gynecologist and Obstetrics (AGOG), POLICY will continue dissemination of the medical and institutional barriers to FP services study. POLICY will also work with the Congressional Health Commission to jointly develop a National Health Policy with the MOH that includes FP/RH issues and will provide ongoing training to deputies in policy monitoring, focusing on the Social Development Law (SDL), the Social Development and Population Policy (SDPP), and the National Reproductive Health Program (NRHP), including attention to family planning. POLICY will continue to support and strengthen its local NGO counterparts and networks through TA and financial support. POLICY will support NGOs and networks for continued civic surveillance campaigns for monitoring the implementation of commitments such as the NRHP, SDL, SDPP, and budgeting issues related to those policies. POLICY will continue data analysis activities and develop information and communication tools for educating decisionmakers and representatives from professional associations, NGOs, and other groups in FP/RH, population, and development.</p>
Staff
<p>Country Director: Lucía Merino Local Staff: Marisela De La Cruz, Mirna Montenegro, and Miriam Rodríguez Consultants: Claudia Quinto</p>
Funding
<p>Funds remaining (as of 5/31/05): \$191,867 Anticipated FY05 funds: \$315,000</p>
Proposed Activities
<p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide technical and financial assistance to NGOs and professional associations for advocacy and civic surveillance campaigns, including forums, press conferences, policy meetings, and presentations on FP/RH, safe motherhood, and health financing to raise awareness among decisionmakers and opinion leaders <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Assist the Congressional Health Commission in developing a national health and financial policy proposal including FP/RH; identify mechanisms to regulate SDL implementation related to RH issues • Assist NGOs and the legislative branch in implementing mechanisms for auditing and holding the MOH accountable for RH activities/progress <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Disseminate the results of the SDPP Index of Accomplishment, the 2003 Medical Barriers to Family Planning Study, and selected 2002 results from the National Survey of Maternal and Infant Health (ENSMI) • Develop products on FP/RH issues to provide updated information to government officials • Carry out meetings with private and public sector representatives to analyze SPECTRUM and Safe Motherhood Model projections, the medical barriers study, and the SDPP Index <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Train the Social Development and Population Technical Committee on SPECTRUM

HAITI

Strategy
<p>During Year 6, POLICY's work in Haiti will respond to the both the mission's "Repositioning family planning in Haiti" initiative as well as priorities identified in the President's Emergency Plan for AIDS Relief. Specifically, POLICY will conduct a series of HIV/AIDS- and FP-related surveys and studies. The findings of these activities will be used to promote policy dialogue and advocacy. As part of its social mobilization strategy, POLICY will also support civil society groups in developing strategies to respond to HIV/AIDS-related issues and accessibility to family planning in the communities.</p> <p>Haiti is currently in a period of political transition. The formation of a new government, including all of its policies, strategies, and programs, is underway. Elections for all levels of government are planned for December 2005, which will lead to the emergence of new leaders and decisionmakers in all parts of the executive and legislative branches of the government. Within this context, POLICY's Year 6 strategy will also include activities that respond to the needs and demands of the new government, such as support in conception and formulation of policies and plans to revive attention to reproductive health, specifically family planning; support to the MOH to strengthen management capacity; and efforts to raise awareness of the need to strengthen the focus on human rights in the Haitian HIV/AIDS program.</p>
Staff
<p>Country Director: Dr. Laurent Eustache Local Staff: Mireille Barolette and Rendolph H. Peigne Consultants: Eric Gaillard, Elisabeth Metellus, Dr. Jean-Robert Antoine Affiliated Staff: Emily Sonneveldt and Norine Jewell</p>
Funding
<p>Funds remaining (as of 5/31/05): \$14,282 Anticipated FY05 funds: \$600,000</p>
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Conduct policy dialogue and advocacy for the revival of Haitian FP/RH programs, targeting new representatives for the health sector, members of government, and political parties • Assist NGOs and community organizations in organizing events that support and raise the profile of FP/RH (celebrations, conferences, seminars, workshops) • Support NGOs and government partners to advocate and develop strategies for reduction of GBV <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Support the MOH in developing strategic policies and national plans for FP/RH • Assist NGOs and CSOs to participate in planning processes and secure funding for FP/RH <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Apply DemProj to update demographic projections using the 2003 census • Apply an updated RAPID • Conduct secondary analysis for the upcoming DHS after publication of the results <p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Hold conferences and debates and produce publications to support the human rights of people infected and affected by HIV/AIDS, including orphans <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Provide TA to develop strategies and plans for CSOs • Upon request, train relevant MOH officials in planning and strategic management <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Make epidemiological projections of HIV/AIDS using data from the 2003 seroprevalence survey

- Conduct different surveys per the mission's needs
- Apply AIM in collaboration with the National AIDS Control Program
- Disseminate data from surveys and computer models

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

- Respond to requests from the MOH, UCC, NGOs, and other civil society partners

JAMAICA

STRATEGY
<p>POLICY's strategy in Jamaica supports the mission's goal of improving health status among Jamaica's vulnerable groups focusing on Jamaican youth in particular. POLICY recognizes the multisectoral nature of youth development and therefore addresses youth RH within a broad, holistic context.</p> <p>Using a multisectoral approach to youth development, POLICY is finalizing TA to the National Centre for Youth Development (NCYD), the Youth Division of the Ministry of Education, Youth and Culture, in development of a five-year National Strategic Plan for Youth Development (NSPYD), coordinating multisectoral involvement in six significant areas key to youth development, including health, as identified within the policy.</p> <p>As a follow up to its core support to determine the feasibility of integrating FP and STI/HIV/AIDS services in the North East Health Region, Policy provided TA to North East Regional Health Authority (NERHA) in drafting a plan to support implementation of the recommendations from the feasibility study.</p> <p>POLICY, working with USAID and its key counterparts in the Public Defenders' Office, UNAIDS, and the National AIDS Committee, has developed a proposal to guide the development of anti-discrimination legislation in Jamaica, using a human rights approach to address the needs of vulnerable groups in Jamaica.</p>
STAFF
<p>Country Director: Kathy McClure Consultants: Beryl Chevannes, James Rosen, Ken Morrison Affiliated Staff: Nancy Murray, Mary Kincaid, Margaret Rowan</p>
FUNDING
<p>Funds remaining (as of 5/31/05): Anticipated FY05 funds: US\$ 50,000</p>
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Provide TA to develop a communication strategy to support the National Youth Policy and NSPYD • Galvanize ministry support toward Cabinet approval of the NSPYD • Develop proposal to support introduction of anti-discrimination legislation <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Finalize the NSPYD and package for Cabinet approval • Provide TA in determining the institutional arrangements necessary for effective coordination of NSPYD • Provide TA to NCYD in enlisting the support of international donors in youth development • Provide TA in designing an implementation plan for integrating FP and STI/HIV services <p>IR3: Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Provide TA in supporting a cost/benefit analysis of elements of the NSPYD to identify the economic cost of each activity versus the cost to the country if that activity is not undertaken

MEXICO

Strategy
<p>The strategy for POLICY/Mexico in Year 6 focuses on (1) developing innovative approaches to reduction of HIV/AIDS-related stigma and discrimination, particularly regarding MSM, PLHAs, and in the workplace through the newly created National Business Council on HIV/AIDS (CONAES) and its affiliated NGO TA network, IMPULSO; (2) sustainability of the newly established, cross-border multisectoral planning group (MCG) in the Lower Rio Grande area of Tamaulipas/Texas; (3) communication tools for the MCG national network and consolidation of that entity; and (4) documenting POLICY's impact on the policy environment for HIV/AIDS during the last five years.</p> <p>The pilot projects on stigma and discrimination include pilot testing the adaptation of the EngenderHealth training module on stigma and discrimination for healthcare providers; building the capacity of PLHA networks to reduce internal stigma through peer support groups; assessment and subnational dialogue with FBOs to explore their role in both promoting and reducing HIV/AIDS-related stigma and discrimination; an awareness campaign to reduce HIV-related internal stigma in the gay community; and collaboration with the Ford Foundation to address legal and regulatory changes. Additionally, in partnership with the AIDS Responsibility Project (ARP), POLICY will continue to expand membership in CONAES, reaching out to Mexican companies as well as multinational companies; provide TA to establish the executive board and operating principles for CONAES; and provide TA and training to the NGO members of IMPULSO as they work with companies on stigma reduction activities, training, and workplace policy development. POLICY's cross-border work is focused on Tamaulipas during Year 6 and includes partnering with the U.S. Border Health Commission to improve HIV/AIDS-related collaboration, planning, policy, and advocacy in Mexican and U.S. municipalities in the Lower Rio Grande area of Tamaulipas and Texas. In a related activity, the project also will launch its communication strategy for the national MCG network, with publication of the MCG website and quarterly news bulletins.</p>
Staff
<p>Country Manager: Mary Kincaid Local Staff: Mirka Negroni (Resident Advisor), Ken Morrison, and Yuria Rojas Consultants: Liz Mallas, Carlos Garcia de Leon, Arturo Diaz, and Edgar Gonzalez Affiliated Staff: Lori Bollinger, Maria Borda, and Courtney Bickert</p>
Funding
<p>Funds remaining (as of 5/31/05): \$-401,549 Anticipated FY05 funds: \$750,000</p>
Proposed Activities
<p>HIV/AIDS</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Complete pilot projects on stigma reduction with FBOs, in target communities, among PLHAs, and among healthcare workers • Provide TA and training in policy development for stigma reduction in the workplace for members of CONAES and IMPULSO • Establish the executive board and operations plan for CONAES <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Provide TA to the Lower Rio Grande MCG and launch communication tools for the national network of MCGs <p>IR4. In-country/regional capacity to provide policy training enhanced</p> <ul style="list-style-type: none"> • Support a four-week diploma course on HIV in the LAC region, in collaboration with the National Institute for Public Health (INSP)

PERU

Strategy
<p>POLICY/Peru contributes to the Mission's SO11 through IR 11.1 "Quality services accessible and responsive to client needs and rights," and IR 11.3, "Policies and programs are more responsive to health needs." Within this context, POLICY's strategy in Peru is to strengthen civil society organizations to advocate for sexual and reproductive health and rights, including those related to HIV/AIDS, and to participate in the design and surveillance of FP/RH/HIV/AIDS policies/programs to ensure that they respond to the needs of women, men, and vulnerable populations. Project assistance focuses on training and TA for local partners in the areas of advocacy and policy dialogue in the context of Peru's changing political climate and conducting analyses and disseminating information on RH and HIV/AIDS issues.</p> <p>POLICY provides TA and support to NGOs and networks to promote changes in policies and norms that could pose a barrier to accessing FP/RH services. Regarding government policy reform that could affect health services quality, coverage, and sustainability, POLICY will work in coordination with other stakeholders to help make this process as objective and data-driven as possible and to contribute to resource mobilization for FP/RH.</p> <p>A key component of POLICY's HIV/AIDS approach in Peru is providing training and technical assistance to help empower and protect the rights of people living with HIV/AIDS (PLHAs). POLICY will also work closely with the country coordinating mechanism (CONAMUSA) in support of the national response to HIV/AIDS.</p>
Staff
<p>Country Director: Patricia Mostajo Local Staff: Marcela Huaita, Edita Herrera, Lidia Reyes, Rosa Ines Béjar, Pedro Marchena, and Eugenia de Arias Consultants: María Rosa Gárate, Manuel Vargas, Marisol Cordero, Oscar Castillo, Francisco Diez Canseco, Jennifer Severo, and Nancy Fuk</p>
Funding
<p>Funds remaining (as of 5/31/05): \$508,984 Anticipated FY05 funds: \$500,000</p>
Proposed Activities
<p>FP/RH</p> <p>IR1. Political and popular support broadened and strengthened</p> <ul style="list-style-type: none"> • Strengthen NGOs/networks working on advocacy, policy dialogue, and social vigilance for FP/RH • Contribute to decentralized health policy dialogue, providing technical and financial support to local health coalitions • Promote policy dialogue in health issues within technical teams of political parties participating in 2006 elections • Support the institutionalization of mechanisms for protecting the rights of clients at different levels of the health system • Support the RNPM in designing and implementing a strategy for the sustainability of citizen surveillance committees (CSC) formed to date and for monitoring adherence to Tiaht and FP norms <p>IR2. Planning and financing improved</p> <ul style="list-style-type: none"> • Contribute to the participation of civil society—local coalitions and networks—in decentralized policy processes and planning being conducted by the regional governments • Promote policy dialogue and decisionmaking on contraceptive security issues <p>IR3. Accurate, up-to-date, relevant information informs policy decisions</p> <ul style="list-style-type: none"> • Systematize and disseminate the experience of forming and strengthening local health coalitions

in six regions

- Systematize and disseminate the experience of citizen participation in regional government, resulting from POLICY training and TA
- Contribute to the formation of a task force that will participate in assessing the DHS results, disseminating DHS data for decisionmaking, and raising awareness at the decentralized level

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

- Continue implementing the training program in public health management (PROGRESA) in six regions in coordination with other USAID-funded projects (Catalyst and PHR+)

HIV/AIDS/TB/Malaria

IR1. Political and popular support broadened and strengthened

- Strengthen NGOs and networks working on HIV/AIDS and TB and malaria advocacy, policy dialogue, and social vigilance
- Provide training and TA to improve advocacy and leadership skills among PLHA groups organized in the Coordinadora Peruanos Positivos, and increase their involvement in the HIV/AIDS policy process
- Provide TA to CONAMUSA (CCM) in implementing objectives related with advocacy, vigilance, and PLHA involvement

IR2. Planning and financing improved

- Conduct legal and regulatory analysis to evaluate existing norms and laws related to HIV/AIDS and TB and malaria; identify policy barriers for the protection of PLHA rights
- Provide TA to different coalitions and groups in developing proposals to modify policies, laws, and administrative regulations that pose barriers to health service access

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

- Systematize and disseminate information on the HIV/AIDS policy context and issues at the national level and in specific regions

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

- Conduct TOT workshops on stigma and discrimination associated with HIV/AIDS for the MOH core team

APPENDIX

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

Component	Estimated Pipeline (May 31, 2005)	New Resources (July 1, 2005 – March 6, 2006)	Year 6 (FY05) Projected Total	Person Responsible
SO				
IR1	278,362		278,362	Grant
IR2	182,111		182,111	Winfrey
IR3	176,764		176,764	Hardee
IR4	396,639		396,639	Gribble
Working Groups				
Adolescent RH	104,963		104,963	Murray
Gender	52,020		52,020	Kincaid
Human Rights	110,408		110,408	Porter
FP/RH	-3,035		-3,035	--
QA Reporting & Documentation	296,517	215,000	511,517	McGirr
Core Packages				
Kenya	55,969		55,969	Owino
RH Allocate	19,118		19,118	Shepherd
Packages (residual)*	105,609		105,609	Directors
Targets of Opportunity				
Bangladesh	134,636		134,636	Prosser
FP-HIV Integration	90,280		90,280	Hardee
SRH of HIV+ Women**	55,474		55,474	Eckman
Haiti FOSREF	434		434	Murray
Global Leadership Priorities				
Contraceptive Security	158,936	91,000	249,936	Shepherd
FP/HIV/AIDS Integration	221,344		221,344	Hardee
Poverty Reduction and Equity	0	150,000	150,000	Winfrey
Repositioning Family Planning	0	85,000	85,000	Grant
FP/SM Advocacy Tool	29,957		29,957	Prosser
Gender-based Violence	63,746		63,746	Eckman
IGWG	159,102		159,102	Kincaid
PAC	143,894		143,894	Sonneveldt
Core Agreements				
Cambodia	5,953		5,953	
Nigeria	-1,368		-1,368	
Honduras	5,463		5,463	
Total Population Core	2,843,295	541,000	3,384,295	

*Includes residual funds from completed core packages and package development.

**Only POP/RH portion of funding shown here; see also Table A-3.

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

Component	Estimated Pipeline (May 31, 2005)	New Resources (July 1, 2005 – March 6, 2006)	Year 6 (FY05) Projected Total	Person Responsible
SO				
Safe Motherhood	197,328	240,000	437,328	Prosser
WRA				
White Ribbon Alliance	269,607	425,000	694,607	Shaver
Total Maternal Health Core	466,935	665,000	1,132,935	

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

Component	Estimated Pipeline (May 31, 2005)	New Resources (July 1, 2005 – March 6, 2006)	Year 6 (FY05) Projected Total	Person Responsible
SO				
IR1	739,256	50,000	819,256	Eckman
IR2	317,571	120,000	437,571	Forsythe
IR3	135,946	100,000 (O/GAC)	135,946	Directors
Working Groups				
Human Rights	14,582	30,000	44,582	Porter
Core Packages				
Mexico*	-5,938		-5,938	Kincaid
Nepal	36,995		36,995	Lawson
South Africa*	45,349		45,349	Wills
Swaziland	-888		-888	Nkumbi-Ndopu
Targets of Opportunity				
Kenya Inheritance	-4,154		-4,154	Young
Stigma and Discrimination	74,014		124,014	Bhuyan
SRH Needs of HIV+ Women	120,115	50,000	120,115	Eckman
Special Initiatives				
Women & AIDS	77,404	50,000	127,404	Young
Gender and HIV	15,000		15,000	Eckman
Documentation & Dissemination	0	270,000	270,000	Young
Rapid Response	280,818	30,000	280,818	Young
Total HIV/AIDS Core	1,846,070	700,000**	2,446,070	

*Extensions of original core packages.

** Includes \$100,000 O/GAC funding for API and coverage survey.

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

Country	FY00-FY04 Funding	Anticipated and Received FY05 Funding	Total
Africa Region	\$1,770,000	\$125,000	\$1,895,000
Africa Region (RHAP)	\$4,242,271	\$823,000	\$5,065,271
Ethiopia	\$1,675,000	\$0	\$1,675,000
Ghana	\$1,138,311	closed	\$1,138,311
Guinea	\$5,000	closed	\$5,000
Kenya	\$10,220,000	\$1,614,000	\$11,834,000
Madagascar	\$934,677	closed	\$934,677
Malawi	\$1,738,479	\$0	\$1,738,479
Mali	\$2,140,000	\$50,000	\$2,190,000
Mozambique	\$2,138,710	\$750,000	\$2,888,710
Nigeria	\$8,368,000	closed	\$8,368,000
REDSO/ESA	\$1,244,000	\$0	\$1,244,000
Rwanda	\$0	\$30,000	\$30,000
Sahel	\$125,000	closed	\$125,000
South Africa	\$6,465,000	\$1,320,000	\$7,785,000
Tanzania	\$4,300,552	\$1,000,000	\$5,300,552
Uganda	\$4,116,000	\$500,000	\$4,616,000
WARP (FHA/REDSO)	\$1,100,000	\$0	\$1,100,000
Zambia	\$6,219,000	closed	\$6,219,000
Zimbabwe	\$450,000	closed	\$450,000
Africa Total	\$58,390,000	\$6,212,000	\$64,602,000
Asia/Near East Region*	\$6,244,000	\$450,000	\$6,694,000
Bangladesh	\$6,320,000	\$0	\$3,200,000
Cambodia	\$4,250,000	\$150,000	\$4,400,000
Egypt	\$2,681,521	\$452,200	\$3,133,721
India	\$5,900,000	\$150,000	\$6,050,000
Iraq	0	\$15,000	\$15,000
Jordan	\$3,350,000	\$0	\$3,350,000
Nepal	\$1,475,000	\$100,000	\$1,575,000
Philippines	\$2,550,000	closed	\$2,550,000
Viet Nam	\$2,800,000	\$875,000	\$3,675,000
Asia Total	\$32,450,721	\$2,177,215	\$34,642,921
Romania	\$150,000	closed	\$150,000
Russia	\$900,000	closed	\$900,000
Turkey	\$850,000	closed	\$850,000
Ukraine	\$3,925,000	\$400,000	\$4,325,000
E&E Total	\$5,825,000	\$400,000	\$6,225,000
LAC/RSD (Regional)	\$716,795	\$200,000	\$916,795
El Salvador	\$823,240	\$0	\$823,240
Guatemala	\$2,100,000	\$315,000	\$2,415,000
Haiti	\$1,165,000	\$600,000	\$2,215,000
Honduras	\$876,700	closed	\$876,700
Jamaica	\$1,005,000	\$50,000	\$1,055,000
Mexico	\$3,000,000	\$750,000	\$3,750,000
Paraguay	\$15,000	closed	\$15,000
Peru	\$5,780,000	\$500,000	\$6,280,000
LAC Total	\$15,931,735	\$2,415,000	\$18,346,735
Grand Total	\$112,597,456	\$11,204,200	\$123,816,656

* Includes China