

**TENTH SEMI-ANNUAL  
REPORT**

January 7, 2005 –  
July 6, 2005

**POLICY II PROJECT  
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January 7, 2005 – July 6, 2005

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*Submitted to:*

**Office of Population and Reproductive Health  
Office of HIV/AIDS  
Bureau for Global Health  
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## ABBREVIATIONS

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A <sup>2</sup>	Integrated Advocacy and Analysis
ABC	Abstinence, behavior change, condom use
AEM	AIDS Epidemic Model
AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANC	Antenatal care
ANE	Asia/Near East
APLF	Asia Pacific Leadership Forum on HIV/AIDS and Development
APCASO	Asia Pacific Council of AIDS Service Organizations
ARH	Adolescent reproductive health
ARV	Antiretroviral
ASEAN	Association of Southeast Asian Nations
AWG	Adolescent Working Group
BSS	Behavioral surveillance survey
CA	Cooperating agency
CBO	Community-based organization
CCM	Country coordinating mechanism
CDC	Centers for Disease Control and Prevention
CEDPA	Centre for Development and Population Activities
COP	Country operational plan
CORE	Child Survival Collaboration and Resources Group
CR	Condom requirements
CS	Contraceptive security
CSL	Commodity, Security, and Logistics (Division, USAID)
CTO	Cognizant technical officer
DD	Demographic dividend
DFID	Department for International Development
DHS	Demographic and Health Surveys
E&E	Europe and Eurasia
ESA	East and Southern Africa
EWC	East West Center
FBO	Faith-based organization
FHI	Family Health International
FP	Family planning
FY	Fiscal year
GBV	Gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GH	Global Health (Bureau)
GIPA	Greater involvement of PLHAs
GNP+	Global Network of PLHAs
GWG	Gender Working Group
HIV	Human immunodeficiency virus
HRWG	Human Rights Working Group
IAEN	International AIDS and Economics Network
ICAAP	International Conference of AIDS in Asia and the Pacific
ICM	International Confederation of Midwives
ICW	International Community of Women Living with HIV/AIDS
IDU	Injection drug user
IGWG	Interagency Gender Working Group
IPPF	International Planned Parenthood Federation

IR	Intermediate result
IWG	Interagency Working Group
JSI	John Snow Inc.
LAC	Latin America and the Caribbean
LTA	Long-term advisor
M&E	Monitoring and evaluation
MCH	Maternal and child health
MH	Maternal health
MNPI	Maternal and Neonatal Health Program Index
MOH	Ministry of Health
MOU	Memorandum of understanding
MPH	Master of Public Health
MSM	Men who have sex with men
MTCT	Mother-to-child transmission
NGO	Nongovernmental organization
O/GAC	Office of the Global AIDS Coordinator
OHA	Office of HIV/AIDS
OST	Observational study tour
OVC	Orphans and vulnerable children
PAC	Postabortion care
PDR	People's Democratic Republic (of Laos)
PEC	Policy, evaluation, and communication
PEI	Policy Environmental Index
PEPFAR	President's Emergency Plan for AIDS Relief
PLHA	Person living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PRH	Population and reproductive health
PVO	Private voluntary organization
REDSO	Regional Economic Development Services Office (USAID)
RH	Reproductive health
RHAP	Regional HIV/AIDS Program (Southern Africa)
RHAP	Reproductive health action plan
RST	Regional Support Team
RTI	Research Triangle Institute
SADC	Southern Africa Development Commission
SM	Safe motherhood
SMM	Safe Motherhood Model
SMWG	Safe Motherhood Working Group
SO	Strategic objective
SOW	Scope of work
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SW	Sex worker
TA	Technical assistance
TAG	Technical advisory group
TB	Tuberculosis
TD	Technical development (week)
TOO	Target of opportunity
TOT	Training-of-trainers
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS

UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WARP	West African Regional Program
WHO	World Health Organization
WPB	Workplace Policy Builder
WRA	White Ribbon Alliance for Safe Motherhood
YAARH	Young adult and adolescent reproductive health

## PROJECT OVERVIEW

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

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

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

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

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

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

This reporting period, POLICY was active in 24 countries and with four regional programs. The following sections of this semi-annual report present the project's results framework and results achieved during the six-month reporting period. This is followed by a summary of major activities for the project's main technical components (IRs and working groups), regional work, and for each of the countries in which POLICY was active during the reporting period. The appendix shows the project's management structure and contains a list of all activity managers.

## RESULTS FRAMEWORK

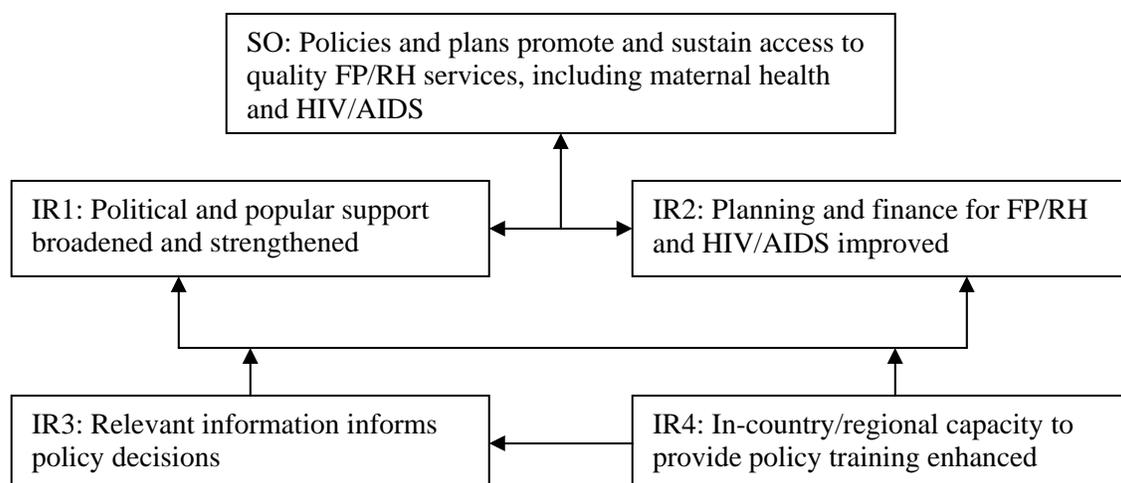
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The strategic objective (SO) of the POLICY Project is *Policies and plans promote and sustain access to quality FP/RH services, including maternal health and HIV/AIDS*. The project SO is supported by four intermediate results (IRs):

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

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

**Figure 1**  
**Policy Project Results Framework**



## PROJECT RESULTS

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

For the tenth reporting period, 30 SO-level results are presented below for 17 countries, and 63 IR-level results are presented for 19 countries, for a total of 93 results in 22 countries. Table 1 shows the total number of results achieved by country. A complete listing of results achieved follows.

**Table 1. Project Results Tally (# of results) for SAR Period 10  
January 7, 2005 to July 6, 2005**

COUNTRY	SO	IR1	IR2	IR3	IR4	Total Results
<b>Africa</b>						
Ethiopia						
Kenya	6	2	3	3	1	15
Malawi		1		1	1	3
Mali	2	4		1	1	8
Mozambique				1	1	2
<b>REDSO/ESA</b>						
South Africa	1				1	2
Southern Africa	1					1
Tanzania	1	3	1	2	1	8
Uganda	1	1				2
WARP/FHA/CERPOD	1					1
Zimbabwe						
<b>Asia/Near East</b>						
Bangladesh		1			1	2
Cambodia	1	1	1	1	1	5
Egypt	1			1	3	5
India	1					1
Jordan	1				1	2
Nepal	2	1	2		3	8
Ukraine	4	3	2	2		11
Viet Nam	1		1			2
<b>Latin America/Caribbean</b>						
El Salvador				1	1	2
Guatemala	1				1	2
Haiti						
Honduras				1		1
Jamaica						
Mexico	1	2				3
Peru	3	1		1		5
<b>Global</b>	1			1		2
<b>Total Results</b>	30	20	10	16	17	93
<b>Total Countries</b>	17	11	6	12	13	22

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

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

- Francophone countries in West Africa are notorious for having poor policy environments for FP/RH. On February 2, 2005, **Senegal's** Office of the President issued Decree 2005-101, which formally presented legislative proposal No. 04/2005 on Reproductive Health to the Senegal National Assembly. On July 19, 2005, the National Assembly unanimously adopted the RH legislation, designed to improve quality and access to RH care, including family planning. The legislation draws on the “model law” formulated with POLICY technical and financial assistance. Parliament initiated this legislation but subsequently collaborated with the executive branch in preparing the legislative proposal submitted to the National Assembly for final enactment. This is the fifth West African country to use the “model law” as the basis for a country-specific RH law.
- In 2003, the government of **Kenya** (with the assistance of UNFPA) adopted the country’s first-ever Policy on Adolescent Reproductive Health and Development (ARH/D) to bring adolescent health issues into the mainstream of health and development planning and programs. The country, however, lacked a well thought-out plan of action to implement the policy. At the request of the National Coordinating Agency for Population and Development (NCAPD) in the Ministry of Planning and the Division of Reproductive Health (DRH) in the MOH, POLICY provided technical and financial support to prepare the National Plan of Action. In April 2004, POLICY supported a stakeholders’ forum to build consensus on strategic themes and priority activities for consideration and scaling-up. POLICY then drafted the plan and held consultative meetings with key stakeholders to review the various drafts between October and November 2004. A month later, POLICY facilitated a peer review session for the plan, after which it was finalized and submitted to the ministries of planning and health for review and approval in March 2005. The NCAPD and DRH approved the plan in June 2005. NCAPD and DRH will use the plan to strengthen the mobilization of resources for scaling up ARH/D activities, enhance active involvement of key partners, and improve the coordination and monitoring of the ARH/D program in Kenya. They will also use it to strengthen program operations and planning, ensure effective prioritization of activities, and promote linkages of program goals to activities.
- To ensure progress toward the goals laid out in the National Reproductive Health Program (NRHP) 2001–2005, POLICY provides support to the NRHP Monitoring and Evaluation (M&E) Board to meet twice a year to review indicators and targets according to data received. On April 1, 2005, the **Ukrainian** MOH adopted Order #81 “Monitoring and Evaluation Plan of the Implementation of the National Reproductive Health Program 2001–2005” that includes indicators (health level, lifestyle, program, and services) and targets developed with POLICY TA. POLICY and partner organizations involved in M&E provide ongoing support to the NRHP M&E Board to evaluate progress and achievements in RH issues. In the spring, the board reviewed indicators and targets and evaluated the NRHP’s progress according to the 2003–2004 M&E plan adopted by the MOH. Based on this evaluation, the indicators and targets (indicators of the health level, lifestyle, and program and services) for 2004 were achieved and on April 1, the MOH specified new indicators and targets for 2006.
- In June 2005, the Board of Directors of the **Guatemalan** Institute for Social Security (IGSS) agreed to reinstate FP/RH services as a health service the institution provides to affiliates and beneficiaries.

Since 2004, a change in norms and protocols has limited the provision of FP services to women in the 45-day postpartum period. With this decision, clients can now access FP services at any time in their reproductive life cycle. Since January, INSTANCIA Salud/Mujeres has advocated with high-level officials of the new administration to reinstate the FP program within IGSS. INSTANCIA Salud/Mujeres presented the proposal “Priority Interventions for Women’s and Children’s Integrated Health, including Reproductive Health: A Civil Society Proposal for Inclusion in the 2004–2007 National Health Plan.” More recently, INSTANCIA Salud/Mujeres advocated to legislators to fulfill the commitments of the Social Development Law. POLICY provided TA to INSTANCIA Salud/Mujeres throughout this advocacy campaign.

- Evidence shows that the prevalence of exclusive breastfeeding is diminishing in **Peru**, because health facilities do not adequately promote breastfeeding after delivery. The 2004 DHS shows that exclusive breastfeeding prevalence has declined to 76 percent for babies under two months. On January 14, 2005, the MOH approved the updated Childhood Feeding Regulation through Supreme Decree N° 007-2005-SA. The main goal of this regulation is to ensure that the feeding and nutrition of children up to two years of age receive adequate attention. Toward this end, the regulation gives priority to the promotion, protection, and support of breastfeeding and provides information on alternative feeding practices. It regulates appropriate methods of commercializing and distributing breast milk substitutes and sets norms on appropriate use of these alternatives when necessary. This regulation marks a significant milestone in protecting maternity and breastfeeding and signals a major advance in the struggle to protect policies that benefit maternal as well as reproductive health. The update of this regulation was the result a POLICY-supported initiative, which was led by CEPREN and drew on the joint work and mutual efforts of diverse actors. POLICY provided TA to CEPREN in updating the norms and organizing policy dialogue and discussion meetings to mobilize support of different stakeholders.
- The Catholic Bishops Conference of **India** (CBCI) is the umbrella organization under which the Catholic Church in India is organized. The CBCI has 12 commissions including the Healthcare Commission. CBCI has one of the largest networks of healthcare facilities in India including about 4,500 facilities, second only to the government system. In addition to other services, CBCI facilities provide HIV/AIDS prevention, care, and treatment. Its existing health policy was outdated and needed to be revised. HIV/AIDS also raised moral and ethical issues that the church had to address. Therefore, the Executive Committee of the CBCI Healthcare Commission requested TA from POLICY to revise its health and HIV/AIDS policies in March 2004. POLICY conducted a series of workshops and consultation meetings with bishops and leaders of church-based organizations to gain input on necessary changes to the health policy. POLICY prepared case studies of 11 of the church’s HIV/AIDS interventions as groundwork for the HIV/AIDS policy. The Healthcare Commission reviewed the draft health and HIV/AIDS policies. Catholic Church-based organizations provided comments on the policies in 11 regional workshops and suggestions were incorporated. POLICY submitted the revised draft health and HIV/AIDS policies to the CBCI Healthcare Commission. The HIV/AIDS policy covers the church’s response to HIV/AIDS, scaling up the response, prevention strategies, vulnerable groups, treatment, and care and support strategies. The health policy describes a wide array of topics including service delivery, special populations, management, training, systems, monitoring and evaluation, standards of care, and quality assurance. The final meeting to review the policies was held on February 2, 2005, and was attended by the Executive Committee of the CBCI Healthcare Commission along with the Chairman of Doctrinal Commission, Collaboration for Hope and Advancement in India (CHAI), Catholic Medical Mission Board (CMMB), and POLICY. The policies were then revised and copies were made available to all members of the Standing Committee of CBCI. The committee approved the documents in its 100<sup>th</sup> session held April 26–29, 2005.

- Attention to national FP service delivery efforts has taken a back burner to HIV/AIDS prevention and treatment efforts in **Uganda**. Although Uganda’s leaders at all levels have been able to speak openly in support of the fight against HIV/AIDS, the same support has not been reflected in regard to the high population growth rate and its consequences. Consequently, the MOH and Population Secretariat (POPSEC) are concentrating their efforts on repositioning FP high on the national agenda. To this end, POLICY facilitated the development of a Family Planning Advocacy Strategy that the Minister of State for Health General Duties launched on April 27, 2005. During the June 2004 Implementing Best Practices International Conference held in Entebbe, POLICY had been asked to help prepare the Family Planning Advocacy Strategy to be implemented by the MOH and key public and private sector stakeholders. In response, POLICY, together with the MOH/RH Division, facilitated a workshop from January 10–12, 2005, to prepare the strategy. The workshop was attended by representatives from governmental, international, and local organizations involved in FP/RH activities. The workshop identified six advocacy issues: 1) leadership; 2) IEC/BCC programs that address male involvement, the benefits of FP, and information on FP methods and services; 3) FP commodities and supplies; 4) integration of FP services into existing health services; 5) skilled service providers; and 6) life skills training and population education in school curriculums. Several consultative meetings were held with stakeholders on the final version of the draft strategy. As a next step, the MOH approved a five-year implementation plan for the strategy, prepared by POLICY and other stakeholders, that includes a one-year costed workplan for improved planning and financing at national and district levels. POLICY and stakeholders have begun to implement the plan and are in the process of mobilizing resources from donors to implement the first-year workplan.
- High-quality, effective service delivery can be hampered by outdated or inadequate operational policies. Since 2003, POLICY/**Peru** has supported forming specialized centers, CEPRECS, to promote the prevention and resolution of complaints from health facility clients in five Peruvian cities. As a result of CEPRECS actions, university and regional health facilities have instituted various mechanisms to streamline complaint resolution and ultimately improve services. For example:
  - In Tarapoto, through Directorial Resolution N° 1039-2004 of December 16, 2004, the National University of San Martín (UNSM) approved the transfer of the CEPRECS from CEPCO a local NGO to the university, appointing two professors to set up the new service as a mechanism for students’ professional practices. At the moment, students are only involved in promotional activities with the community, talking about patient rights and quality of health facilities. Only professors are trained to receive complaints; however, POLICY is helping the university modify regulations so that students can be trained to receive complaints and monitor violations. Following the official transfer in April 2005, POLICY conducted a workshop on June 10 for students and university professors about health rights and resolution of conflicts. As a result of the June 10 workshop, participants expressed an interest in incorporating the health rights approach into the university curricula, and POLICY followed up with two similar workshops: one for members of the Curricular Reform Commission and another for university teachers.
  - The Pucallpa Regional Hospital (in Ucayali) installed written signs to guide clients through different divisions of the hospital and have provided health providers with tags identifying their roles/responsibilities. The CEPRECS board of directors issued these two recommendations that were published in regional newspaper “Ahora” on March 31, 2005, after reviewing complaints from clients requesting these changes to reduce confusion in patient flow and improve quality of services. Additionally, the Regional Hospital has appointed two persons to provide medical information to external patients for two hours daily, from 11 a.m. to 1 p.m.

- In Junin, the CEPRECS board of directors met on March 22, 2005, and, following a review of client complaints, prepared a three-point recommendation, which was sent to the Regional Health Directorate. They requested that health personnel be properly identified with tags, that the health law be disseminated among health providers, and that the facilities publicly show the type of services covered by the public insurance. The Regional Health Directorate has begun implementing these changes.

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

- In 2003, in light of overwhelming feedback from people living with HIV or AIDS (PLHAs), given through various forums, it became clear that there was an urgent need to conduct more in-depth assessments of how the **Global** Fund Country Coordinating Mechanisms (CCMs) are functioning, especially regarding issues of inclusiveness and the meaningful participation of people living with the diseases. However, much of the information as to how successfully the CCMs are fulfilling their mandate has been anecdotal. Therefore, the Secretariat asked a team to assess PLHA involvement in CCMs. The findings, based on GNP+ and POLICY assessments and a report, confirmed that PLHAs were not members in many CCMs, and that PLHA members rarely have the knowledge, language, or skills to be involved in a meaningful way.

Certain Global Fund board members and NGO delegations advocated to the Global Fund Secretariat to issue specific and clear guidelines on PLHA involvement in CCMs, yet the board as a whole was not willing to require that CCMs involve PLHAs. Accordingly, POLICY and GNP+ prepared guidelines, for use by PLHAs and CCMs. More than 400 PLHAs from over 30 countries provided inputs to the guidelines which were finalized in late 2004. The “Guidelines for Improving CCMs through Greater PLHIV Involvement” include recommendations for CCMs and the Global Fund board and secretariat, and guidelines for PLHA CCM members and constituencies. The guidelines were used at the Global Fund board meeting in November 2004 in Arusha to approve three additional requirements for CCMs: (1) that PLHAs must be members of the CCM; (2) CCM members from civil society must be selected by their own sector; and (3) CCMs are required to establish a transparent and documented process for selecting membership. PLHA membership must be documented in all CCMs in order to receive funding in the Round 5 2005 Global Fund proposal process.

- Until recently, there was no national guidance for physicians in **Viet Nam** treating PLHAs, and significant evidence of poor provider practice existed (for example, prescribing one or two ARVs for limited treatment periods). Viet Nam is currently in the midst of rapid scale-up of ARV treatment, with funding from the Emergency Plan, the Global Fund, and the national government; the ability to deliver accurate and high-quality medications and services is vital. In 2004, with financial and technical support from POLICY, the Therapy Department of the MOH drafted the “National ARV and OI Guidelines for Viet Nam.” The guidelines are based on international best practice and provide a platform for accurate and informed clinical practice in relation to the use of ARVs and medications to treat opportunistic infections (OIs). The guidelines were promulgated by MOH decision # 06/2005/QD/BYT on March 7, 2005, signed by the Vice Minister. POLICY facilitated a series of highly participatory workshops to draft and review the guidelines. Consequently, the guidelines enjoy support from the various treatment initiatives and are in use at all major HIV/AIDS treatment hospitals (80 total—national institutes and provincial hospitals) plus all district hospitals (1,500+). The guidelines represent a major achievement in strengthening the capacity of Vietnamese HIV/AIDS physicians and treatment centers to administer ARV and OI treatment. The POLICY Project supported the dissemination of the guidelines through two national workshops in June 2005 attended

by over 200 participants, representing leading HIV/AIDS treatment institutions, directors of provincial health and therapy services, and international donors.

- Taking into account the importance that voluntary counseling and testing (VCT) services play in scaling up access to ARVs, POLICY/**Ukraine** provided TA to the MOH to prepare a national VCT protocol. The Minister of Health approved the protocol on June 25, 2005. The protocol describes the goal, objectives, and principles of VCT service provision, procedures and algorithms, and other aspects of VCT such as confidentiality assurance, counseling requirements, referrals, supervision, and monitoring and evaluation of VCT services. The protocol also describes counseling issues specific to certain target groups. POLICY facilitated the protocol development process from the beginning, by identifying experts, facilitating working group meetings, and drafting and editing the majority of the protocol. In addition, POLICY facilitated a review of the protocol by international experts and held consultations with different ministries.
- Studies have shown that 38 percent of the clients of sex workers in **Nepal** belong to the unformed services. There are various reports of negative and unsympathetic behavior of the Nepal Police toward various vulnerable population groups, which poses major barriers for these individuals accessing services for HIV/AIDS prevention, treatment, and care. After extensive policy dialogue and advocacy, POLICY worked with the Nepal Police to prepare two mechanisms to redress these issues: a national strategy and a training curriculum. On March 22, 2005, the Nepal Police endorsed its five-year HIV/AIDS Strategy and Workplan. POLICY met on several occasions with Nepal Police high-level officials and sensitized them to the need to address HIV/AIDS issues within the organization. The HIV/AIDS strategy provides a framework for the police to protect themselves and their families and to create a supportive environment toward groups most-at-risk for HIV transmission. POLICY provided TA in the planning process, finalization, and printing of the document, which was launched in April 2005.
- To implement the RH law enacted by **Mali's** Parliament in June 2002, the MOH, with TA from POLICY, prepared three regulatory texts in collaboration with other ministries, parliamentarians, civil society groups, and development partners. One of the three texts has now been signed and the others await approval. The Decree No. 04-147, "Setting forth the conditions and mechanisms for providing services to people with AIDS and persons living with HIV and for assuring confidentiality" was signed March 31, 2005, by the president of the Republic of Mali, the prime minister, and the health and economic and finance ministers. POLICY was a member of and helped facilitate meetings of the technical group, along with the parliamentarian network on population and development that assisted the MOH and Ministry of Economy and Finance in reviewing the June 2002 RH law to determine which provisions required regulations and to draft them as needed. One of the regulations aims to implement a provision of the law that requires the government to assure assistance to PLHAs and guarantee confidentiality.
- Psychosocial support and support groups for PLHAs have been identified as crucial elements of a comprehensive approach to the management of HIV/AIDS in **South Africa**. Providing appropriate support to PLHAs, specifically, is particularly significant in light of the recent implementation of a national ARV rollout program in South Africa. In response to this need, POLICY/South Africa facilitated the development of the "National Department of Health's (NDOH's) Guidelines for Support Groups for People Living with/and Affected by HIV and AIDS," which the Minister of Health formally approved on March 16, 2005. The guidelines serve as a resource in the public health sector and within community-based organizations, and provide an in-depth understanding of the psychosocial support needs of those living with and/or affected by HIV and AIDS while also specifying how to organize and facilitate support groups in an effective and sustainable manner.

Working in consultation with a group of 20 national stakeholders and under the guidance of the Chief Directorate: HIV/AIDS and TB, POLICY drafted the content of the guidelines and submitted them to the department for review on December 2, 2003. On May 10, 2004, the Strategic Management Team of the NDOH adopted the guidelines.

- **Ukraine's** National Coordination Council (NCC) to prevent the spread of HIV/AIDS was created in May 2005 to improve the coordination of national and oblast HIV/AIDS prevention and treatment services. Among the first outcomes of NCC activities was the approval on May 17, 2005, of the terms of reference (TOR) for Oblast AIDS Coordination Councils (OACCs), prepared with POLICY TA in consultation with oblasts. The TOR describes the OACCs' goal, objectives, rights, and obligations, and recommends participants to include on the OACC, such as NGOs and PLHAs. The TOR will serve as the government's guarantee to allocate a certain number of seats in the OACCs for the nongovernmental sector, which makes a multisectoral approach possible.
- The HIV/AIDS epidemic in **Tanzania** is contributing to low life expectancy and posing significant challenges to development. Despite recent national efforts for HIV prevention and treatment efforts, the National Islamic Council in Tanzania (BAKWATA) did not have policy guidelines in place to advocate on behalf of the Islamic community and leadership to access ARVs, care, and treatment services. In October 2004, BAKWATA, with financial and technical support from POLICY, conducted a workshop to develop such guidelines. The guidelines provide a framework for coordination of the HIV/AIDS response, and highlight the importance of spreading prevention messages during sermons. His Eminency the Mufti and Chief Sheikh of Tanzania approved the National Muslim Council of Tanzania: Guidelines: ARV Therapy, Care, Treatment and Human Rights in October 2004. Under the directive of the Mufti, BAKWATA has reported that sheikhs and imams are using the policy guidelines to advocate for access to ARV, treatment, and care during Friday prayers in mosques in all parts of Tanzania.
- The involvement of civil society groups, particularly PLHAs in CCMs in most Global Fund countries, has been mainly tokenistic. In most cases, government officials dominate CCMs and make the decisions, rarely taking into consideration the opinions and experience of civil society and PLHAs. POLICY has been working closely with **Peru's** Global Fund CCM CONAMUSA since March 2003 to ensure that it is not only functional and effective but that it also includes the voice and vote of civil society. In particular, POLICY has been assisting CONAMUSA in drafting the norms that will regulate its organization and functions and facilitating dialogue with CONAMUSA membership to reach consensus on them. The MOH approved the norms in March 2005, under Ministerial Resolution N° 218-2005/MINSA. A key specification in the resolution, which is particularly relevant for ensuring the active participation of civil society in HIV/AIDS-related decisionmaking, is the requirement that the presidency of CONAMUSA be alternated between the public sector and civil society.
- The Global Lutheran World Federation (LWF) Campaign against HIV/AIDS was launched in May 2002 in Nairobi, Kenya. The campaign includes an LWF action plan on HIV/AIDS, which aims to engage member churches in an open discussion about HIV/AIDS and promote their active participation. To this end, the Evangelical Lutheran Church in Lesotho (ELCL) requested TA from POLICY/RHAP to assist with its strategic planning process in an effort to formulate their first official policy on HIV/AIDS. POLICY/RHAP facilitated a three-day session November 23–26, 2004, for 25 members of ELCL, representing the entire congregation including the bishop, pastors, elders, youth, and women. In conjunction with ELCL, POLICY staff and consultants applied the Workplace Policy Builder to prepare a draft policy in December 2004. In January 2005, the policy was further revised, adopted, and launched successfully on January 30; many high level government and religious

leaders attended the launch. The policy describes how the church will work at the congregational, community, and national levels to prevent new infections, care for orphans and adults infected with and affected by HIV/AIDS, and support home-based care and counseling.

#### # of countries that increase resources available for FP/RH

- POLICY/**Egypt** efforts to increase awareness of the need to work toward achieving contraceptive security, especially with the planned phaseout by USAID by the end of 2006, gained momentum in recent months as a result of the “Contraceptive Security in Egypt: Basic Issues Workshop” on October 11–13, 2004. The Head of the Population and FP Sector and POLICY’s Country Director presented the workshop findings and recommendations in December 2004 to the Minister of Health and Population, who brought them to the attention of the ministerial committee for coordinating health services and managing population growth on December 25, 2004. As a result of this workshop:
  - The minister requested government support and resources to compensate for the withdrawal of USAID support, taking into consideration the increase in demand and possible rise in commodity prices.
  - The ministerial committee approved the following recommendations: (1) secure financial resources to compensate for supplies that were provided by USAID and to increase strategic stock, according to the specified needs by the Population Sector; (2) encourage local manufacturing of contraceptives, particularly the IUD; (3) examine the possibilities of beneficiary contributions to the cost of services, especially for those who can afford to pay for services; (4) exempt all contraceptives imported by the MOHP (or for its use) from all duties and sales tax; and (5) negotiate with all international and national agencies to contribute to the purchase of contraceptives, as a first priority. The prime minister approved these recommendations on January 26, 2005, and they were sent to relevant ministries for implementation and reporting.
  - The Ministry of Finance considered this issue a high priority and accordingly allocated additional funds for the MOHP/PS to secure the availability of contraceptive commodities. In May 2005, the MOF allocated a total of about LE 24 million (US\$4,200,000) for contraceptive security for the period 2004–2006. A total of LE 8 million (US\$1,400,000) was allocated in the 2004/2005 budget and the balance will be used in 2005/2006. These additional funds and the successful procurement of IUDs from the open market resulted in a sufficient stock of commodities. The additional funds show that contraceptive security is becoming a priority issue on the agenda of the policymakers.
- Although the National AIDS Control Council (NACC) in **Kenya** was drafting a new National HIV/AIDS Strategic Plan (KNASP), 2005–2010, to provide the overall strategic context and direction for responding to the epidemic for the next five years, recognition of the cost of key interventions and the financial resources required for a credible response was lacking. It was also difficult to determine the coverage targets and level of ‘scaling-up’ that could realistically be achieved with the available resources and to devise strategies to mobilize resources to bridge the funding gap. Against this background, NACC asked POLICY to estimate the resources required to achieve the goals of the KNASP. POLICY collected data on the unit costs of various services and used the Resource Needs Model to estimate total resources required. The model has been used interactively with the NACC Steering Committee to examine the effects of different targets on overall resource requirements. NACC and POLICY produced preliminary results that enabled the NACC to prepare a costing of the

KNASP. The estimates of resource needs are being used to mobilize government, donor, and private resources to support the implementation of the strategic plan. Already, the World Bank has committed an additional US\$30 million to implement the KNASP based on the costing, and additional pledges have been received from UNDP, DFID, and USAID (PEPFAR), among other development partners.

- The number of orphans and vulnerable children (OVCs) in **Kenya** has increased from 150,000 in the early 1990s to 1.8 million in 2005. In light of this fact and the national concern to protect and promote the OVCs rights, adequate and increasing funds must be allocated to ensure the implementation of all provisions of the National Policy on OVC. This requires costing priority interventions with clear phase-in targets and coverage objectives and presenting justifiable budgets to the government through the Ministry of Home Affairs, which has the overall responsibility of addressing issues relating to the children, including OVC. Since December 2004, POLICY has worked with UNICEF and the national OVC task force to estimate the resources required to support OVCs in Kenya. This work was done to support the development of the national OVC action plan, and the resulting costed action plan was used to mobilize new resources to support OVCs. For the first time in June 2005, the National Council for Children Services, Ministry of Home Affairs (MOHA), received Ksh. 48m (about US\$640,000) in new funding from the government and donors on the basis of the costed action plan. The plan supported accompanying budgets to the government, enabled the projection of council requirements within the required three-year Medium Term Expenditure Framework, and will enable projects' monitoring and release of funds on a quarterly basis. Previous attempts by the council to lobby for financial support from the exchequer failed mainly because MOHA presented unjustifiable budgets without a clear set of costed priority interventions. Thanks to POLICY's technical support, the National Council for Children Services can now effectively lobby for additional financial support from development partners and has a clearer understanding of its priorities, including unit costs.
- As part of the POLICY-AIDS Responsibility Project's (ARP) stigma and discrimination (S&D) reduction program in **Mexico**, Consejo Nacional Empresarial sobre SIDA (CONAES), or the National Business Council, was founded to reduce S&D surrounding HIV/AIDS in the workplace. CONAES was introduced to the public in an event for the press in Mexico City on February 15, 2005, before an audience of 200 people. The public relations company in charge of publicizing the event counted more than 44 articles/interviews in the media, both nationally and internationally, and totaled the worth of the publicity at \$3,840,350 M.N. (or about US\$349,122).
- HIV-positive Muslim women face rampant stigma and discrimination in **Kenya**. As a result of POLICY leadership and support to the establishment and strengthening of the National Muslim Council of Kenya Women Network (NMCK-NUR), the group now has an operations base, proper leadership, and is receiving the recognition of many development partners. POLICY enhanced the skills of the network in proposal development and fundraising and exposed the group to a multisectoral team of donors at the launch of the network. POLICY presented a video, titled "Breaking the Silence," capturing the voices of HIV-positive Muslim women as they courageously fight stigma and discrimination in public. On June 16, 2005, the efforts yielded £165,000 (US\$300,000) from the British High Commission to support NMCK-NUR's "Behind the Veil" project to support legal aid services to women who are divorced or thrown out of their homes based on their HIV status. This development signifies the far reaching effects of advocacy messages and provides a new dawn for disadvantaged Muslim women.
- ARV rollout and scale up in **Ukraine** requires a strong infrastructure for VCT. In April 2005, POLICY staff participated in four meetings, coordinated by the International HIV/AIDS Alliance, to

draft a three-year workplan and budget for the Global Fund Project. As a result of POLICY's active involvement, the Global Fund allocated 86,000 UAH (US\$17,000) to the 2005–2006 budget for procurement of HIV test kits for communities most-at-risk for HIV transmission.

- Immediately following the advocacy day POLICY conducted in Diré, **Mali**, in collaboration with the Association Soubahi Goumo (ASG), a national NGO, the administrative and political leaders established a solidarity fund in the town hall to help PLHAs. The Mayor of the Commune of Goundam was one of the first people to contribute to the fund, donating 5,000F CFA (US\$9,000). POLICY's roles in the Diré advocacy activity were to help ASG use AIM as an advocacy tool and to help finance the activity.
- Small NGOs often lack the funds they need to reach their intended targets. They also lack the skills and abilities to access funding sources. POLICY/**Cambodia** conducted two training workshops from March 1–9, 2005, on proposal-writing techniques for 20 members of the Positive Women of Hope Club (PWHC). Vithey Chivit received training on advocacy and presentation skills. A POLICY junior program officer helped submit eight applications to the TIDE Foundation, promoting better access to treatment for PLHA—two were funded (Khannha and Vithey Chivit) for US\$10,000 each.
- In **Nepal**, economic hardship is one of the major issues facing HIV-positive women. As a result of the proposal writing training that POLICY provided to SNEHA Samaj, the group submitted a proposal to Base Camp Trekking on March 20, 2005, for funding to purchase supplies to establish a tailoring shop. The proposal was granted in the amount of Rs.55, 000 (US\$830) to provide an income-generating opportunity to its members. Using the grant, SNEHA Samaj was able to acquire six sewing machines, sewing tables, racks, irons, lights, and scissors. The shop opened on June 9, 2005. Seven women are employed in the shop, and the profit obtained from the sale of products will go to SNEHA Samaj for treatment and care.

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

- In **Kenya**, the National Hospital Insurance Fund (NHIF) claims reimbursements for the public hospitals have been based on government's heavily subsidized rates charged to patients, as opposed to full rebates enjoyed by mission hospitals and the private for-profit sector. This has led to huge losses for the public sector, sometimes up to 10 times less they would have received if they were in the private sector. On February 24, 2005, POLICY facilitated and convened a consultative meeting of 45 policy champions from the MOH, NHIF, provincial medical offices (PMO), and various public health institutions to share information on the missed opportunities in NHIF claims for the public sector. The presentations were instrumental in having the top NHIF and MOH leadership to reconsider their stand on the public hospitals. On listening to the plight of this group, the NHIF Chief Executive took the drastic and unprecedented actions of issuing the following directives: (1) to allow the public hospitals to fully claim the gazetted daily rebate, and (2) to allow public hospitals to charge NHIF for treatment of beneficiaries and members who are under five years old. In a follow-up, the Chief Executive issued a circular (HF/25-02/84; dated February 28, 2005, and copied to the PS/MOH) instructing all the District Health Management Boards (DHMBs), District Medical Officer of Health (DMOH), and all medical superintendents to implement the directives. Previously, the maximum rebate for the public and nonpublic hospitals was the same, but the former could not claim the full rebate due to lower charges placed by the government. For the provincial government hospitals (PGHs) and their equivalent, for instance, the maximum they could claim was Ksh. 400/=, as opposed to their counterparts who enjoyed the full rebate of Ksh. 1,000/= per patient, per day. The new directive now

allows the PGHs the maximum rebate, irrespective of the highly subsidized charges. The maximum rebate for this group also goes up from Ksh. 1,000 to Ksh. 1,700/=, as of July 2005.

- Due to the high poverty level (60%) in **Kenya**, the poor have had restricted access to healthcare in public health facilities. This has largely been due to ineffective systems of waivers and exemptions (W/E), poor recording, and discrimination by the health managers on the basis of loss of revenue. In a turn of events, the POLICY-supported MOH Financial Information System (FIS) revealed an increase in the W/E from 3 percent of the total work load in 2001–2002 to 17 percent in FY2003–2004 by June 2005, a development that is attributed to over three years of concerted efforts by POLICY and the Division of Health Care Financing (DHCF) to strengthen health systems. To start with, POLICY and the DHCF commissioned a joint study on W/E, which was finalized in May 2003 and formed the basis for a stakeholders’ meeting to build consensus on policy options to broaden access to basic health services by the poor, including the strengthening of waivers and exemptions. The recommendations were later incorporated into three cost-sharing guidelines developed with support from POLICY and disseminated to public sector facilities. With financial and technical support from POLICY, the DHCF continued to conduct regular consultative meetings with the medical superintendents for purposes of advocacy and orientation on the updated W/E procedures and provided hands-on training to data collection staff and departmental heads on mechanisms and the need to capture the number and value of W/E (July 14–18, 2003; March 14–20, 2004; August 8–22, 2004). From the FIS, the number of W/E for outpatients in public hospitals increased from 441,713 in FY2001–2002 to 895,713 in FY2002–2003 and 1,637,181 in FY2003–2004. Similarly, the W/E for occupied bed days increased from 250,023 to 468,290 to 803,324, respectively, over the same time period. The noted improvements provide a landmark in MOH’s quest to address equity in the delivery of services. The lessons learned will inform the National Social Health Insurance Scheme on ways to target the poor.

#### **# of countries in which identified barriers to private sector participation in FP/RH policy development and service delivery are reduced or eliminated**

- POLICY research under a “Cost-Benefit Analysis of Family Planning in the Context of Health Insurance in **Jordan**” had shown that private health insurance benefits packages include maternity benefits but do not include FP benefits. The research also showed that it is beneficial for health insurance companies to pay for FP—averting births for their clients saves these companies money. In July 2000, POLICY and the Higher Population Council (HPC) organized a one-day national seminar to disseminate and discuss the research findings. Representatives of the insurance companies, large self-insured firms, and third-party administrators, attended the seminar. The stakeholders who attended mentioned several reasons for excluding FP from the benefits package they offer to their clients. First, the insurance philosophy is not to prevent an event (pregnancy) from happening. Second, FP expenses constitute less than 8 percent of their overall annual claims. Third, the government is providing FP services free to all couples regardless of their economic status, thus relieving them from both MCH and FP expenses, too. Fourth, FP issues are politically and culturally sensitive.

Nevertheless, POLICY continued to advocate for including FP in private health insurance packages in most subsequent policy dialogue meetings. Recently, POLICY collaborated with the Jordanian Association for Family Planning and Protection (JAFPP) to advocate for a change in private insurance policy. JAFPP is also implementing a program for cost recovery and service expansion through marketing campaigns. POLICY joined JAFPP in individual meetings with insurance companies where the benefits of including FP were revisited and discussed. These efforts paid off and two of the largest private health insurance companies in Jordan have signed an agreement with JAFPP to start covering FP in their benefits package, using JAFPP’s medical services.

***IRI: Political and popular support broadened and strengthened*****# of countries with increased public official and/or NGO support of FP/RH**

- Prior to POLICY/Mali's support and collaboration, Islamic leaders spoke seldom or not at all in public about FP/RH or HIV/AIDS issues. Furthermore, there had been no organized, structured, and planned effort by Islamic leaders to adopt a coherent approach to addressing FP/RH or HIV/AIDS needs of their communities. As a result of POLICY's training, TA, financing for awareness-raising and advocacy activities, and the design and production of advocacy materials, several denominations have substantially increased their commitment to and support for FP/RH and HIV/AIDS programs. The Muslim Supreme Council (HCI) created two national networks for Islamic leaders and issued policy documents on Islam's position on various HIV/AIDS and FP/RH. For example, the FP/RH policy document specifies that religious leaders favor birth spacing among couples using modern contraceptive methods and girls' education. Islamic leaders have organized public meetings on FP and RH using a presentation on Islam and FP produced with POLICY support. Following these meetings, increased numbers of members of Islamic networks of teachers, women, and youth have spoken out publicly in favor of FP. For example, on March 11, 2005, before an audience that included 200 imans and *erudits* (persons well educated about the Koran), as well as MOH officials, civil society representatives, and USAID staff, the chairman of the HCI made a public speech on the importance of birth spacing to promote mother and infant health, marking the first time that the HCI has taken a formal public position on FP. During the same meeting, the chairwoman of the National Association of Malian Muslim Women publicly stated that family planning contributes to the reduction of mother and infant death rates and to family welfare and that it is not in contradiction with Islam. In addition, protestant church leaders in Mali signed a declaration of commitment to fighting AIDS—including support for the use of condoms when one of the partners is infected with HIV/AIDS—in order to publicly convey their spiritual, psychological, and material solidarity with PLHAs. In March 2005, POLICY and PSI conducted an advocacy training workshop using the AIDS Impact Mode, for the leaders of protestant churches to help them raise awareness on HIV/AIDS issues in their communities.
- The disabled population of **Kenya**, representing about 10 percent of the population, has been left out of the mainstream HIV/AIDS policy process. As a result of significant POLICY leadership in collaboration with the National AIDS Control Council (NACC) and the National HIV/AIDS and STD Control Program of Kenya (NASCOP), HIV/AIDS activities have now been integrated into the core activities of the United Disabled Persons of Kenya (UDPK). POLICY convened and facilitated UDPK's first forum in October 2004 that highlighted the plight of disabled persons with respect to HIV/AIDS. An important outcome of the forum was preparation of a one-year workplan and accompanying fundraising proposal that was subsequently submitted to the NACC and other development partners. Since the partnership with UDPK began nine months ago, the UDPK has been instrumental in (a) establishing and mobilizing PLHA support groups for disabled persons; (b) undertaking HIV/AIDS education and advocacy campaigns on care and support and reduction of stigma and discrimination; (c) linking the members to VCT and HIV/AIDS treatment centers; and (d) establishing a HIV/AIDS/RH monthly forum for disabled youth. POLICY is committed to work with other partners to build a strong and recognized HIV/AIDS network for disabled persons to address the double stigma based on disability and HIV+ status and address other unique needs relating to HIV/AIDS.
- Despite the high prevalence of HIV/AIDS in **Tanzania**, government budgets do not include sufficient resources for HIV/AIDS prevention and treatment. For the past two years, the POLICY Project has been training members of Parliament through the Tanzania Parliamentary AIDS Coalition (TAPAC)

to address HIV/AIDS resource issues. In March 2005, a member of TAPAC who is also a member of the United Democratic Party (UDP), Hon. Isaac Cheyo, advocated that potential presidential candidates of all parties should publicly declare during political campaigns that they will, if elected, give priority to HIV/AIDS interventions and ensure the continuum of ARV treatment and care services. In a press conference and as reported in various newspapers, Cheyo called upon all parties to develop political manifestos clearly stating budgetary increases for HIV/AIDS services. POLICY, through TAPAC, provided TA to Cheyo, and the press conference was organized with assistance from the Association of Journalists Against AIDS, which is also supported by POLICY.

Responding to Cheyo's advocacy message, the presidential seat aspirant of the ruling party, Hon. Mrisho Jakaya Kikwete, who is also Minister for Foreign Affairs and International Cooperation, declared during a press conference on March 23, 2005, that if elected, his government will include HIV/AIDS prevention and the continuum of ARV care and treatment services as priority government issues of concern. This declaration was reported by the *Sunday Observer* on March 27, 2005.

- Christian churches in **Tanzania** are now demonstrating increased commitment to HIV/AIDS issues, following a POLICY-supported workshop in Mwanza. Since the National Care and Treatment Plan was approved in 2004, the Christian Council of Tanzania (CCT) had not formulated an action plan for implementing care and treatment services. In September 2004, with POLICY technical and financial support, CCT trained church leaders on ARVs, care, and treatment services and prepared action plans that the CCT Secretary General approved. The churches that prepared action plans include African Inland Church, Lutheran Church, Moravian Church, Mennonite Church, and the Anglican Church. Church leaders have reported positive results. For instance, the Anglican Church has carried out advocacy campaigns on reducing barriers to access to HIV/AIDS services and protection of human rights of PLHAs. The Mennonite, Moravian, and Lutheran churches are advocating for spiritual counseling; increased uptake of ARVs, care, and treatment services; protection of human rights of PLHAs; and behavior change to enhance prevention interventions.
- For the past 15 years in **Uganda**, the TFR has remained virtually unchanged. The acting population officer in the Sironko District who was trained by POLICY to use the RAPID and CSPro models, made presentations to the District Technical Planning Committee and District Council on the impact of rapid population growth on socioeconomic development in the district. As a result, the councilors and technical staff have begun demonstrating increased commitment to FP/RH issues by advocating for small family sizes and promoting use of modern FP methods. Examples are elaborated below.
  - At a meeting organized by the LC III Council of Budadiri West on November 22, 2003, LCV councilor for Sironko District, Loyce Wamema, stated that as a result of population growth, there is considerable land fragmentation. The resulting small plot size contributes to increasing levels of malnutrition as the land cannot produce enough food to feed families. The LCV councilor's audience included LC III councilors and village members. At a sensitization meeting on child rights held on November 18, 2004, at Busendani Growers' Society, the LCV women's councilor and the community development officer cited large family size as one of the reasons parents have failed to provide their children with all their basic rights. Both mentioned that every child has a right to education, health, shelter, and food. The councilor emphasized the need for family planning if child rights are to be upheld; she concluded by expressing that parents can only properly look after their children if they produce fewer children.
  - Sironko has also integrated FP messages in other sectors like agriculture. On November 10, 2004, during a workshop with the theme "Farming as Business," the Secretary for Health (a political position) in the Zesui sub-county, Madam Nagudi, informed farmers that population

pressure and large family sizes are undermining their efforts to generate income from vanilla farming. Ms. Nagudi also mentioned that high population growth is putting a lot of pressure on land availability, leaving them with little space for farming. She advised farmers to use FP methods to enable them to have fewer children.

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

- To improve HIV/AIDS coordination at the national and local levels, the government of **Ukraine** created the National Coordination Council to Prevent the Spread of HIV/AIDS (NCC) in May 2005. The NCC consists of 17 members, seven of whom represent governmental executive bodies, on which PLHAs, national NGOs, and international community representatives have an equal vote. Importantly, NGOs in the NCC are represented by the HIV NGO Coalition that POLICY established. POLICY, in partnership with the World Bank, supported the creation of the NCC Secretariat, which provides technical support to the NCC and its specialized committees. The Secretariat has seven full-time employees, who ensure collection and dissemination of information and technical support of NCC activities, including processing documents, decisions, and so forth. As a result of the POLICY support to the NCC Secretariat activities, six specialized committees were able to begin their work under the NCC. The committees are categorized as follows: strategic planning, budget, monitoring, and evaluation; healthy lifestyle; treatment, care, and support; work with vulnerable groups; regional policies; and PLHAs and vulnerable groups rights protection. POLICY was selected to represent international NGOs on the newly created Committee on Regional Policies (CRP). During the first committee meeting on June 10, 2005, POLICY and CRP members collaborated to write and review the committee's TOR. The TOR describes goals, objectives, rights, and obligations of the committee and its operational mechanisms. It will be reviewed and approved at the next meeting of the NCC, scheduled for July 2005.
- POLICY/**Mali** provided technical and financial assistance for meetings and other activities to support the creation of an alliance between Muslim and Christian religious leaders to join forces in fighting AIDS. The Alliance of Muslim and Christian Religious Leaders on HIV/AIDS (“Alliance des leaders religieux musulmans et chrétiens contre le SIDA”) was formally announced by religious leaders in late 2004 and the position of vice president was set aside for the Catholic Church. In February 2005, the alliance became functional when the Monseigneur of Bamako officially delegated Mr. Danielle Konaté as the representative of the Catholic Church and vice president of the alliance. POLICY is now providing TA and orientation on HIV/AIDS issues to alliance members and assisting the alliance in planning its activities.
- POLICY is helping to engage new actors in policy activities revolving around HIV/AIDS in **Mali**. POLICY helped the Muslim Supreme Council (HCI) of Mali to create the National Islamic Network on the Fight Against AIDS (RNILS) and to draft a policy document, “Orientations Stratégiques des Leaders Religieux Contre le VIH/SIDA,” adopted by network members on June 11, 2005. This document outlines the network's vision on HIV/AIDS and care of PLHAs and furnishes guidance for Islamic leaders regarding Islam's position on certain HIV/AIDS issues. Also with POLICY's technical support, RNILS adopted a three-year action plan, “Plan d'action du RNILS,” including HIV/AIDS activities and support for PLHAs for Islamic leaders to implement. Since 2002, POLICY has provided training, technical assistance, financing for awareness-raising and advocacy activities, financial support for participation in regional events (e.g., workshop in Nouackchott) and the design and production of HIV/AIDS advocacy materials. Mali's Islamic leaders played a prominent role in the Nouackchott workshop and were appointed to a regional network secretariat.

- POLICY is helping to engage new actors in activities revolving around FP/RH policy in **Mali**. POLICY/Mali assisted the HCI to create the Islamic Network on Population and Development (RIPOD) and to prepare a policy document, “Orientations stratégiques du RIPOD sur les Questions de Populations,” which network members adopted on June 11, 2005. The policy document outlines the network’s vision on FP and RH and provides a general framework and strategic orientation for Islamic leaders regarding Islam’s position on certain FP/RH issues. RIPOD also adopted a three-year action plan including FP/RH activities for Islamic leaders to implement. The plan translates the policy document into activities, including advocacy that is to be carried out systematically in every region of the country and capacity building of RIPOD members in leadership and management of their FP/RH activities. Since early 2002, POLICY has provided training, TA, and financing for research on Islam and population issues, awareness raising and advocacy activities; participated in regional events; conducted a study tour to other countries; and designed and produced FP/RH advocacy materials, which led to the development of the formal policy statement currently being implemented.
- Historically, **Kenya’s** FP program has been one of the strongest in sub-Saharan Africa. The 2003 KDHS, however, points to worsening FP/RH indicators attributable to weak support for FP/RH by political leadership, the government, and development partners. POLICY undertook advocacy and social mobilization through population leadership forums and FP/RH networks to advocate for the creation of a parliamentary committee to promote high-level commitment and support for repositioning FP programs in Kenya. Starting in July 2003, POLICY with FHI used the Family Planning Achievements and Challenges analysis and presentation to reinvigorate FP programs within the public sector, targeting RH program managers and implementers in all eight provinces. Also, as part of the DRH-led Implementing Best Practices (IBP) Task Force, POLICY facilitated joint meetings and spearheaded the development of an advocacy strategy for use by the government, the IBP Task Force, and other key local FP/RH program players to gain increased support for FP/RH programs. In October 2004, the strategy was officially approved for adoption by the Reproductive Health Interagency Coordinative Committee (RHICC). In April 2005, POLICY and core local FP program players (NACPD, DRH, and FPAK) and key government ministries used it to convene and facilitate a Population Leadership Forum that led to the creation of a Parliamentary Network on Repositioning on FP/RH. This is a coalition of seven parliamentarians who promote high-level FP/RH advocacy to achieve a stronger political and government resource commitment for FP/RH and passage of favorable policies. Since its formation, the network has held regular meetings, organized and carried out several advocacy and mobilization activities, and recruited an additional five parliamentarians. POLICY acted as a moderator to the forum that created the network and provided background documents, borrowing heavily from its key FP advocacy tools.
- Stigma and discrimination against PLHAs is widespread in **Cambodia** and contributes to the lack of access to and use of health services by PLHAs. GENEROUS, originally established as a human rights NGO in 1994, has increasingly become involved with HIV/AIDS-related projects at the community level. As a result of a strategic planning workshop conducted in January 2005, GENEROUS revised its mission statement as follows: “GENEROUS will work to educate and raise awareness of HIV/AIDS issues and promote human rights related to HIV/AIDS through appropriate programs and interventions.” GENEROUS also prepared a three-year strategic plan for 2005–2007, which its Advisory Board endorsed. In 2004, GENEROUS received technical and financial support from POLICY to implement a pilot project to reduce stigma and discrimination within the Islamic community in Siem Reap Province, and has since received partial funding to support administrative costs as well as to conduct the planning workshop.
- Since Oblast AIDS Coordination Counsels (OACC) in **Ukraine** are political in nature, POLICY proposed to oblast administrations that they set up a multisectoral working group to conduct strategic

planning and M&E for oblast-level AIDS programs under the OACC. The administrations agreed and by OACC resolution four Multisectoral Working Groups (MWGs) have been established and are now effectively operating. The MWGs, established in Dnipropetrovs'k (March 2005), Kherson (January 2005), Mykolayiv (December 2004), and Odessa (April 2005), aim to strengthen the planning, management, and M&E of oblast HIV/AIDS programs. POLICY facilitates the MWG work, by providing TA, equipment, and training. POLICY also holds regular meetings with the MWGs to analyze implementation of the oblast AIDS programs and develop M&E plans.

- As a direct result of POLICY/**Mexico**'s HIV/AIDS Cross-Border Policy Forum in October 2004, the Cross-border HIV/AIDS Multisectoral Policy Group (CHAMP) has been established, with the support of CENSIDA, the departments of Health of the states of Tamaulipas and Texas, and the Department of Nursing of the University of Tamaulipas. CHAMP aims to further bi-national HIV/AIDS prevention and treatment goals, encourage a more coordinated cross-border responses to HIV/AIDS and related health issues, and increase the political will of elected officials and other decisionmakers through advocacy and related activities. CHAMP had two meetings in 2005 to officially launch the group and to continue to work on the action plan. Furthermore, the border cities of McAllen (Texas) and Reynosa (Tamaulipas) have formed a local multisectoral citizens group for McAllen-Reynosa within the structure of the COBINAS.
- Since 2003, POLICY/**Peru** has supported the formation and operation of specialized centers, CEPRECS, to promote the prevention and resolution of complaints from health facility clients in five Peruvian cities. On January 18, 2005, the Pucallpa CEPRECS conducted a workshop for local journalists, who subsequently decided to form a network for journalists reporting on health and human rights issues. This network prepared and disseminated, through local radio and TV, media spots designed to raise public awareness on and mobilize public opinion in favor of the importance of promoting and protecting health user rights.

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

- Coordination among international NGOs in **Malawi** has been largely ad hoc and erratic. On April 15, 2005, the National AIDS Commission (NAC) in Malawi, POLICY, and 18 international NGOs participated in a meeting that resulted in a pledge to establish a national forum for the broader international NGO (INGO) community. One purpose of the meeting was to review findings of the national HIV/AIDS coordination assessment that POLICY conducted in September 2004 highlighting the need for improved coordination among local and INGOs. The participating organizations formed an interim committee for an international NGO forum (the "INGO Forum"), drafted TORs, and initiated creation of a database of all international NGOs working in HIV/AIDS in Malawi to inform them of the new body. POLICY, along with Save the Children, Médecins sans Frontières, Africare, Norwegian Church Aid, and Oxfam were elected to the interim committee. The forum will foster greater coordination and collaboration among international NGOs in support of the government's plans to address the epidemic.
- (\*\*Core-funded result) Recovering **Nepal** (RN), a network of recovering IDUs, was formally registered as an NGO in Nepal on June 1, 2005; POLICY facilitated the formation and expansion of the network. POLICY/Nepal, with core and field support funds, is working with the IDU community to increase its advocacy capacity and bring IDUs into the policy dialogue process, as well as to achieve consensus on issues and concerns. With the various programs POLICY provided, RN has expanded its membership through forming six Regional Advisory Groups. As a result of the increasing capacity of both the institution and its individual members and a high level of commitment, network members have acquired leadership not only at the central level but also at the

regional level on IDU-related programs. RN produces its own monthly newsletter and includes sections in both Nepali and English. It has demonstrated increased capacity through various advocacy activities and effective and meaningful participation in various policy forums, e.g., it participated in developing the National Center for AIDS and STD Control one-year workplan on May 9–10. RN was also nominated as a member of the Steering Committee for Substitution Therapy on April 27 to assist with social support, counseling, and implementation of the program, and also as a member of the Institutional Reform Task Force. Thus, within a limited time, it has been represented at various policy forums as well as at the program implementation level.

- POLICY supported the initiation of the White Ribbon Alliance in **Tanzania** on March 10–11, 2004, with membership of 20 organizations. The WRA Tanzania (WRATZ) recently completed a 3-year strategic plan with input from the MOH, donors, CAs, the Tanzania Midwives Association and others, and has been seeking resources to sustain itself locally. The plan has two main objectives: (1) increase demand for skilled birth attendance and quality reproductive, maternal, and newborn health services by women and their partners; (2) support improvement of quality of reproductive, maternal, and newborn health services in Tanzania. The WRA led the World Health Day events in Moshi, which included a rally, antenatal services, awareness materials, and messaging through drama. Through the ACCESS Project, the WRATZ secured funding for the coordinator position and has identified a candidate.
- The launch and first meeting of the White Ribbon Alliance was held successfully in Dhaka, **Bangladesh**, on March 16–17, 2005. The POLICY Project initiated and coordinated the meeting. Seventy-five participants from government, NGOs, CAs, media, medical, and academic institutions participated in the launch and voted to move the alliance forward. The network’s mission is to raise awareness on safe motherhood, build national and local alliances to save women’s and newborn’s lives, and to act as a catalyst for action to address the tragedy of maternal and newborn deaths and expand current safe motherhood programs.” The Health Secretary and the director general of health services and family planning also committed to taking the alliance further. Next steps will include a review of the key issues from the workshop and development of a one-year strategy and strategic framework. A coordinator has been recruited and will begin work September 2005.
- Between January and June, 2005, the POLICY-ARP team in **Mexico** recruited an additional 11 companies to join the AIDS Business Coalition, CONAES. All member companies commit to taking actions during the year to reduce stigma and discrimination in the workplace. During the first annual conference of CONAES on June 29, each member company presented its current policies on HIV/AIDS stigma and discrimination, related programming in the workplace, and challenges faced in reducing stigma in the workplace.
- In **Ukraine**, the HIV coalition was expanded. Seven new NGOs joined the HIV coalition and the coalition is now represented by 38 NGOs from 20 cities of Ukraine. The NGOs are involved in HIV/AIDS research and information dissemination, care and support of PLHA, health promotion activities, and HIV/STI prevention activities.

### ***IR2: Planning and finance for FP/RH improved***

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

- To ensure successful implementation of the NRHP, on May 27, 2005, **Ukraine’s** Policy Development Group (PDG) approved its five-year RH strategic plan “PDG Strategic Plan 2005–2009.” The plan defines the status of the PDG; its functions and mission; the principles of its activity; and priority RH

issues, strategic goals, and objectives. The plan will address the following issues: imperfection of strategic approaches to the RH system; unsatisfactory status of adolescent and youth RH; unsatisfactory RH of women, high maternal and infant mortality, and high abortion rates; and unsatisfactory RH status of the male population as a cause of low fertility rates. The PDG's mission, through multisectoral partnership, is to develop policies, programs, standards, and regulations that preserve and improve the RH of Ukraine's population. The multisectoral PDG was established, with POLICY TA, in 1999 to steer the development of the national reproductive health program.

- Many development partners and key players in RH in **Kenya** (for instance, UNICEF, WHO, UNFPA, and DFID) have made new commitments to support the DRH in improving the delivery of RH services in the country. Their individual workplans are, however, yet to be harmonized with the one developed by the DRH, leading to inefficiencies in coordination and planning. POLICY, in collaboration with the DRH, initiated a process of dialogue and consultations with key partners to integrate and coordinate workplans. As a result of POLICY's support, DRH submitted its comprehensive DRH Workplan 2004–2005 in June 2004 to the RH Interagency Coordinating Committee (RHICC) for discussions and approval. In September 2004, at a meeting attended by the country's RH stakeholders, the RHICC approved and endorsed the workplan. DRH has been using the plan to (1) identify priority intervention areas to which donors and technical agencies can commit funds and other resources—for instance, FHI has established the DRH website as well as a resource center; (2) coordinate the partners implementing RH programs to avoid duplication; and (3) enhance the coordination and supervisory roles of the DRH in national RH programming.
- In **Nepal**, the Bhaktapur District AIDS Coordination Committee (DACC) is a multisectoral representative body responsible for coordinating the HIV/AIDS response in the district. Limited knowledge about HIV/AIDS issues, inadequate infrastructure, weak institutional capacity, and resource constraints have been obstructing the Bhaktapur DACC from playing a leadership and coordination role at the desired level. POLICY provided a small grant to DACC to build its institutional, leadership, and planning capacity. With technical support from POLICY, DACC prepared a five-year HIV/AIDS plan for its district. The DACC members demonstrated their increased capacity through organizing sensitization programs in five schools for 136 teachers in May and June, and programs for 60 Nepal Police personnel in June, and programs for 35 key stakeholders in May 2005 in the Bhaktapur District. DACC prepared a brochure and disseminated a five-year HIV/AIDS strategy for the district among key stakeholders. In this context, Bhaktapur DACC could serve as an example to other districts.
- On March 25, the **Ukrainian** Reproductive Health Network (URHN), with POLICY Project financial and technical support, held the national-level public hearing on the implementation of the National Reproductive Health Program (NRHP) 2001–2005. Participants adopted a resolution that has been sent to all ministries implementing the current RH program and preparing to plan and implement the new RH strategy. The resolution calls for many actions, including formation of a multisectoral group to design the next RH strategy for 2006–2011. As instructed by cabinet ministers, on May 16, 2005, the MOH issued an order to create a Policy Development Group (PDG) working group to establish the NRHP strategy (2006–2015). On June 24, 2005, PDG submitted the draft concept for the NRHP 2006–2015 to the MOH for approval. It comprises the latest recommendations of the WHO Regional Strategy in Reproductive and Sexual Health Protection, including, for example, an analysis of the causes of an unsatisfactory RH status, RH indicators, the quality of RH/FP services, and the goal and strategy to address RH issues in Ukraine. Different ministries involved in implementing of the RH concept are now providing comments and suggestions on the document. The community and RH experts are now discussing the concept through the mass media. POLICY collaborated with the PDG to prepare the draft strategy.

- Ever since the first AIDS cases were diagnosed in **Tanzania** in 1983, no comprehensive legislative effort has been made to respond to the epidemic. The one legislative effort was the amendment of the Infectious Diseases Ordinance, 1921 (Cap. 96), in which HIV/AIDS was made an “internationally notifiable disease” under Section 15. However, this legislative effort lacked a rights-based approach and was impractical in many ways. In an endeavor to attain a legislative response to HIV/AIDS, from April 8–26, 2005, six Tanzanian lawyers and one medical doctor traveled to Philippines and Viet Nam to learn about the experiences of implementing comprehensive AIDS legislation in these two countries. POLICY provided technical and financial support to this initiative. The lessons learned from the study tour assisted the team of lawyers in drafting a rights-based, comprehensive law for the benefit of the Tanzanian people. Upon return to Tanzania, with POLICY’s technical and financial support, the Ministry of Justice and Constitutional Affairs convened a three-day workshop in Bagamoyo from June 20–22, 2005, to review the study tour report and include lessons learned in the Zero Draft AIDS Bill. The workshop produced the First Draft AIDS Bill, which has been approved by the Permanent Secretary, MOJCA, and will be presented to the Cabinet Secretariat for input. Further, the workshop produced the draft Cabinet paper, which has been approved by the MOH management committee for submission with the First Draft AIDS Bill to the Cabinet Secretariat.
- With support from POLICY/**Cambodia**, the National AIDS Authority (NAA) prepared the National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006–2010, which represents a development-oriented, multisectoral response that is based on human rights. The goals of the plan are to (1) reduce new infections; (2) provide care and support to PLHA; and (3) alleviate the socioeconomic and human impact of AIDS on the individual, family, community, and society. POLICY/Cambodia was responsible for preparing the technical reports for two components of the plan—resource tracking and mobilization and human rights/legislation—and was a member of the core group for the development of the 2006–2010 plan. Additionally, POLICY facilitated several review and drafting meetings including the national consultation meeting on May 9, 2005. The final draft of the NSP has since been submitted to the NAA policy board for approval in July.
- (\*\*Core package result) Due to the worsening FP/RH indicators and high poverty (60%) in **Kenya**, there is an urgent need to improve financial access to FP services for the poor and other underserved groups. As a result of POLICY leadership and assistance under the FP/RH core package on “Improving Access to FP Services in Public Sector Facilities for Poor/Underserved Populations in Kenya,” the country now has Draft Guidelines for Pricing FP Services and Commodities in Public Sector Health Facilities. The guidelines were revised, finalized, and submitted to the Division of Health Care Financing (MOH) on June 30, 2005, for approval and endorsement for pilot-testing in five public hospitals. The guidelines, which are for public health managers that provide FP services and commodities, include policy direction on organization and management for efficient delivery of quality services, effective costing and pricing for sustainability purposes, and ways to enhance equity and access, targeting the underserved. The successful drafting and endorsement of the guidelines stemmed from a participatory process co-led by POLICY. From May–October 2003, POLICY and DRH began the project by increasing awareness, building consensus, and achieving the commitment of key government agencies, international donors, and project organizations *before* conducting research, analysis, and survey activities (December 2003–June 2004). They then disseminated the findings internally and finalized the draft guidelines between August 2004 and June 30, 2005. The guidelines were endorsed by medical superintendents from provincial general hospitals and selected district hospitals and provincial RH coordinators at a workshop convened and facilitated by POLICY from June 15–18, 2005, in Kisumu.
- **Kenya’s** National Health Sector Strategic Plan (NHSSP) (1999–2005) has become outdated, and the MOH is in urgent need of developing a new plan to respond to changes in the policy environment and

better articulate new needs, opportunities, and future orientation in health for the next five years. In June 2005, the final draft of the NHSSP II was submitted to the Health Sector Reform Secretariat (HSRS) for discussions and forwarding to the principal secretary (MOH) for approval. This is the culmination of a 16-month process co-led by POLICY that began in March 2004, which included dialogue and consultations among key stakeholders in health including the government, NGOs, the private sector, the mission, and international donors. Jointly with other donors, POLICY provided financial support for stakeholder consultations and technical guidance in the production of several drafts and the final version of the costing and financing framework. This piece has since been added to the NHSSP II as Chapter 7. Components of the plan supported by other partners include organizational structure, essential health package and support systems, and monitoring and evaluation. The new strategic plan guides the actions and priorities of the MOH to improve overall sector performance, improves the planning process within MOH, provides a platform for increased dialogue and partnership with all stakeholders, and assists in furthering the MOH reform process.

- Existing laws in **Nepal** do not address HIV/AIDS in a comprehensive way. POLICY supported the Forum for Women, Law, and Development (FWLD), a leading human rights NGO, to map existing laws, policies, and executive orders in accordance with the International Guidelines on HIV/AIDS and Human Rights. The resulting study, “HIV/AIDS and Human Rights: A Legislative Audit,” showed the Nepalese legal system scoring only 40 out of 100 points, indicating a need for law reform. Thus, POLICY supported the development of amendment proposals on existing laws to address the gaps as identified by the audit. However, during the process, POLICY realized that amending the existing laws would not be sufficient to address overall issues on HIV/AIDS. Accordingly, POLICY supported preparation of a separate bill on HIV/AIDS. FWLD, in close consultation with all the stakeholders (government, civil society members, vulnerable groups), drafted the bill, which was extensively shared with various stakeholders, including the external development partners at various levels. The POLICY Project then submitted the final draft, “HIV and AIDS (Prevention, Control and Treatment) Bill/Ordinance, 2061,” to the National Center for AIDS and STD Control on January 14, 2005. Now Nepal stands with the few countries that have drafted a separate bill to address the issues surrounding HIV/AIDS. The bill aims to make timely legal provisions for strengthening the status of public health by preventing, controlling, and treating HIV and AIDS; minimizing the personal, social, economic, and other impacts of HIV and AIDS; and establishing an institutional mechanism for protection and promotion of the rights of individuals infected and affected by HIV and AIDS.
- Viet Nam**’s primary HIV/AIDS legislation was passed in 1995 and is no longer adequate to guide the national HIV/AIDS response. To this end, POLICY provided support to the government throughout the process of assessment and revision of the HIV/AIDS legislation. In March 2004, the government issued Decision #36/2004/QD-TTg to approve the new “National Strategy for HIV/AIDS Control Until 2010 with a Vision until 2020.” A draft of the new legislation was submitted to the National Assembly and debated in March 2005. After reviewing the legislation, the National Assembly decided to upgrade the draft HIV/AIDS Ordinance to the much higher legal status of law and has asked the MOH to resubmit the draft ordinance for approval as a law in October 2005. The provisions of the new law will be based on those developed in the draft ordinance. The decision of the National Assembly to upgrade the legal status of the ordinance recognizes of the critical importance of these provisions in the HIV/AIDS legislative framework. POLICY has been asked to provide continuing financial and technical support to the MOH in turning the draft ordinance into a law.

***IR3: Accurate and up-to-date, relevant information informs policy decisions*****# of new tools created or adapted to address FP/RH issues**

- The handbook “Challenging, Changing, and Mobilizing: A Guide to PLHIV Involvement in Country Coordinating Mechanisms” has been made widely available as a tool to aid implementation of the “Three Ones” in the Global Fund, International Council of AIDS Service Organizations (ICASO), International HIV/AIDS Alliance, and UNAIDS publications and websites. The handbook was developed for use by PLHAs already working on HIV/AIDS with some prior knowledge of the Global Fund. The handbook includes information on the Global Fund and CCM basics, how to be an effective CCM member, and how to improve CCMs through the greater involvement of PLHAs. The handbook was finalized and printed and disseminated in English beginning in January 2005. Spanish, French, Russian, Vietnamese, Thai, and Nepali translations have been done through numerous collaborations. Countries are using the CCM handbook and guidelines to train PLHAs, national AIDS councils, and CCM members on the multisectoral process.
- During 2004, POLICY/Egypt successfully established a system to allow the Population Sector (PS) to identify and collect emerging FP/RH issues and barriers that affect women’s access to information and services at the governorate level. This early warning system was developed and discussed with the PS/RR Unit through several meetings. The proposed system was piloted in six governorates (Alexandria, Sharkia, Menoufia, Fayoum, Souhag, and North Sinai). The dissemination of the collected emerging FP/RH issues at the local levels and the discussion of their implications emphasized the importance of such instruments in the early detection of problems and barriers as well as in the development of plans to tackle them. Accordingly, the system was endorsed by the Head of the Family Planning and Population Sector, who also supported its scaling up to all governorates. To ensure its sustainability, he also requested that a booklet be prepared to document such experience and provide required messages to RR supervisors and that the system be an integral part of the RRs training manual. On April 20, the system was introduced to RR supervisors from all governorates to initiate collecting emerging issues and to categorize them according to the possibility of handling them at local, central governorate, or at central RR levels. In parallel, a database to collect information about RRs in all governorates was developed and tested, and POLICY trained MOHP/PS/MIS staff to enter data. The form was applied in all governorates. The findings of such a database would be instrumental in strengthening the decisionmaking process at the MOHP/PS, as emphasized by the head of the PS.

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

- From March–May 2005, POLICY conducted a study of five major hospitals in **El Salvador** and compiled preliminary results in the report “Maternal and Neonatal Infections in Hospitals of El Salvador: Risk Factors and Complications.” The study findings, discussed in June with the MOH, found that 35.5 percent of neonates acquired infections such as sepsis and pneumonia due to hospital-based practices. Of the staff handling neonates, 34 percent did not adequately wash hands, and 24 percent did not adequately aspirate the mouth and nose of the newborn. Before surgery only 26.2 percent of staff adequately washed their hands, and only about 50 percent of nurses and 77 percent of physicians followed adequate pre-surgery asepsis measures for patients. In response to the study findings, the director of one of the study sites, Maternidad Hospital, put several procedures in place to improve hygienic practices. For example, she instituted a training program that will occur every three weeks to remind and train nurses, medical students, and others about hygienic procedures. The operating room was remodeled to include among other changes sinks and soap dispensers in strategic places. As a result of the study findings, another hospital not included in the study, Bloom Children’s

Hospital, has implemented a system to monitor the hospital's hygienic practices. In addition, the hospital is hiring a full-time infection specialist to monitor lab conditions more closely.

- **Kenya** faces a transition in the HIV epidemic with evidence of a decline in HIV prevalence and HIV risk behaviors in some populations, tremendous scale-up of services for both prevention and care, and availability of new resources to fight the epidemic. Yet no updated reference source exists to document such developments. In June 2005, the MOH, the National AIDS/STDs Control Program (NAS COP), and CDC used information from POLICY analyses—"Estimates of the Resources Required to Achieve the Goals of the New Kenya National HIV/AIDS Strategic Plan, 2005–2010" and "Costing and Financing the NHSSP II," finalized in April 2005—to draft Chapter 8 of *AIDS in Kenya* (7<sup>th</sup> Ed.), "Impact and Costs of AIDS." *AIDS in Kenya* provides the most important reference document on HIV/AIDS in Kenya and is largely used by program planners, community leaders, and health service managers to advocate for continued improvement in HIV prevention and care services.
- In **Kenya**, in February–March 2005, the decentralization committee of the Health Sector Reform Secretariat (HSRS) used information from the POLICY-supported "Guidelines for District Health Management Boards, Health Management Boards, and Health Center Management Committee," to prepare training manuals for the health management boards (HMBs), district HMBs, and Health Center Management Committee and new guidelines for the governance of financial resources at the district level. The 2002 guidelines were produced through POLICY's leadership and financial support and provided the most updated source of reference for the team by clarifying issues that have created ambiguities between the boards and health/hospital management teams, the roles of the center and provincial medical offices (PMOs) in supervision, and the lines of communication between the boards and committees in the districts and among district/hospital management teams. These issues were significant to the HSRS committee in its mandate to empower the lower-level structures following the recent commitments by the Treasury to enforce the decentralization of financial management to the districts.
- To date, the evaluation of TB programs in **Peru** has relied only on epidemiological and operational indicators and has lacked a human rights perspective. At a meeting on March 16, 2005, MOH officials responsible for the National Public Health Strategy Against TB committed to introducing human rights indicators into their plan for evaluating government TB programs. The Institute of Health MSC Cristofóris Deneke (ISDEN), with POLICY TA, developed the indicators. This commitment by the MOH is a significant step forward in HIV/AIDS/TB program management and monitoring.
- In March 2005, at a workshop in Dodoma supported by POLICY, the National Islamic Council of **Tanzania** (BAKWATA) prepared an insert to *Safina*, a newsletter for the Islamic community, that provides technical updates and advocacy messages for Muslim leadership and communities on reducing barriers to HIV/AIDS, marking the first time *Safina* reported on the topic. POLICY provided technical support in ensuring that accurate information and data were used to support the HIV/AIDS response in terms of advocacy, policy dialogue, and planning. The insert includes information such as the HIV/AIDS prevalence rate in Tanzania and its socioeconomic impact; the importance of care, support and treatment of PLHAs, information about the use of ARVs and proper nutrition; the impact of stigma and discrimination in the fight against AIDS; and information about the POLICY/BAKWATA partnership and future plans. Under the directive of his Eminency the Mufti and Chief Sheikh of Tanzania, BAKWATA reported that sheikhs and imams are using information on care, treatment during Friday sermons in all the mosques in Tanzania to facilitate advocacy, policy dialogue, and planning of HIV/AIDS interventions, and to advocate for increased access to quality HIV/AIDS services.

- The **Ukraine** PLHA Network used the “Guidelines for Improving CCMs through Greater PLHIV Involvement” that POLICY helped produce to advocate, along with POLICY and others, for a new and improved CCM. As of May 16, 2005, the newly formed Cabinet of Ministers adopted No. 352 Resolution “On Establishment of National Coordination Council” and approved the “Terms of Reference” for the NCC that states that “the chair of the Council has two deputies, one of which represents people living with HIV;” an additional PLHA representative, and NGO, INGO, bilateral, UN, multilateral, and private sector representatives are each selected by their constituency (upon consent), and sit on each of the Oblast (regional) AIDS Coordination Councils.
- The Global Fund represents the single largest donor of HIV/AIDS funds in **Honduras**. For every 10 dollars spent on HIV/AIDS in Honduras, 4 dollars comes from the Global Fund. Honduras was obligated funds of \$12.6 million for Phase I and an additional \$14.9 million for Phase II. To release the Phase II funds, despite the success of the Honduran program, an evaluation of its HIV/AIDS program was necessary. When Honduras’ Quarter 6 Grant Performance Report for TB was submitted to the Global Fund, an unfortunate error was identified in the reported number of persons receiving TB treatment in Quarter 1. This discrepancy resulted in a request for the Local Funding Agent (LFA) to review all the indicators (including HIV/AIDS indicators) presented in the Quarter 6 report. The review, involving a rapid assessment, concluded that 13 of the report’s indicators were “unverifiable.” The LFA’s report was subsequently sent to Geneva, without any consultation with the Honduran government, and the Global Fund Secretariat recommended a ‘no go’ for Phase II funding for Honduras.

When the Honduran government learned of this recommendation, they commissioned an independent, international evaluation team in February 2005. The team included POLICY consultant Eric Gaillard, who had earlier completed a Goals Model assessment in Honduras and was familiar with the country’s resource allocation and HIV/AIDS issues. The team’s report, “Assessment of the HIV/AIDS Grant Performance of the Global Fund Project in Honduras,” used data obtained during an earlier Goals assessment to demonstrate the implications of a withdrawal of Phase II funds. The analysis concluded that if Phase II funding were cut, the country’s total HIV/AIDS budget would be cut in half, resulting in higher expenditures on HIV/AIDS for households and an estimated 70 new HIV infections per month. The team explained the situation to the Honduran government, and they used the report to advocate for reinstating Phase II funding and to identify the need for internal Global Fund reform to include an early warning system and more extensive TA to countries. The report was presented at the board meeting to enable fairer and more transparent Phase II discussions. As a result of the team’s efforts, Honduras was granted Phase II funding in the amount of \$15 million.

#### **# of policies/plans that use information produced with support from POLICY for policy dialogue planning and/or advocacy**

- (\*\*core package result) The draft guidelines and reports from the **Kenya** core package initiative aimed at improving access to FP services in public sector facilities have informed the equity and access components of various RH policy documents, including the FP/RH Policy Guidelines and Standards for Service Providers, National RH Policy, and the National Health Sector Strategic Plan 2005–2010.
- During television and radio broadcasts on June 23, 2005, the Minister of Health of **Mali** declared that caesarean sections would be performed free of charge for any pregnant women in Mali that needed one as a result of complications during delivery. The President of Mali signed a decree implementing

this important service. The minister's action came about as a result of seeing data on maternal mortality drawn from the RAPID-based presentation developed with POLICY assistance in 2003.

- The qualitative research analytical report, *Access of HIV-Positive Women to Quality Reproductive Health and Maternity Services*, was published and disseminated widely among key HIV stakeholders. This was the result of a qualitative survey and collaborative work by the **Ukrainian** Institute for Social Research; Ukrainian AIDS Center; MOH; a youth NGO, Life Plus; and POLICY. The MOH and other partners used the findings to draft the national PMTCT program and VCT protocols, approved in June 2005.
- The development of **Cambodia's** National Strategic Plan for HIV/AIDS 2006–2010 (submitted for approval by the National AIDS Authority policy board in July) used several reports and tools prepared by POLICY, including data from Goals; the legislative audit; a study on the social and economic impact of HIV/AIDS on families with adolescents and children in Cambodia; HIV/AIDS and Human Rights in Cambodia—a situational report; and the costing analysis of the NSP 2000–2005 prepared by POLICY in 2001.
- The HIV prevalence estimates and impact projections produced by the Multisectoral Technical Group (MTG) continue to be used widely. For example, the government of **Mozambique** five-year program for 2005–2009 approved by the National Assembly includes information produced by the MTG. The final 2005–2009 Ministry of Energy Strategic Plan for HIV/AIDS also includes prevalence estimates and impact projections taken directly from various MTG products. This is the first time that such information has been included in a high-level policy documents. The POLICY-supported MTG is also responsible for providing assistance to the government of Mozambique and the new Minister of Health on the interpretation of HIV/AIDS sentinel surveillance data and estimates of HIV/AIDS prevalence and impact projections. In a note to the U.S. Ambassador, senior USAID/Maputo staff lauded the work of the MTG: “POLICY Project staff, the members of the intersectoral technical working group and USAID staff responsible for POLICY, and CDC did fine work in getting this new minister up to speed in understanding the data and being confident in presenting the findings.” Another USAID staff commented: “It is gratifying to know that the high-quality data and analysis from our programs are playing a critically important role in shaping policy toward the epidemic.”
- On June 16, 2005, the government of **Malawi** through the Ministry of Gender, Children, and Community Services (MOGCCS) launched its 2004–2009 National Plan of Action for Orphans and Other Vulnerable Children (NPA-OVC), with the president and first lady presiding. The five-year NPA-OVC was prepared using a highly participatory, multisectoral, consultative process. Besides POLICY's involvement in numerous stakeholder consultations that led to its development, the POLICY-led OVC policy environment assessment (PEA) was a key background document in formulating the plan. On page 18, it states that “in 2004, an OVC PEA was conducted offering recommendations to strengthen the planning and implementation of future responses. These recommendations have been integrated into the NPA.” On page 94 of the NPA-OVC's references section, the OVC PEA is cited as one of the plan's background documents. The OVC PEA reviewed the adequacy of existing Malawi OVC-related policies and guidelines; determined practice regarding their implementation and enforcement; identified policy gaps, institutional arrangements, and practice; and provided policy-related recommendations for improving the country's OVC response.
- During the last two decades, the HIV/AIDS epidemic has spread relentlessly in **Tanzania**, affecting the most productive segments of the population, particularly those between the ages of 20 and 49. Notwithstanding the government's efforts, Tanzania has made no comprehensive legislative effort to

respond to the AIDS epidemic. In 2004, the Ministry of Justice and Constitutional Affairs (MOJCA) commissioned a study carried out by the Tanzania Women Lawyers' Association (TAWLA), titled "Review and Assessment of Tanzania Laws Affecting HIV/AIDS," which made numerous recommendations for law reform pertaining to HIV/AIDS. The POLICY Project played a major role in assisting TAWLA to prepare this report. In June 2005, MOJCA convened a three-day workshop to draft an AIDS bill and a cabinet paper. The legislation will set the structures under which much of the national response is carried out, which will also help reduce stigma and discrimination. These documents incorporate numerous recommendations from the TAWLA report.

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

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

- In September 2001, POLICY sponsored Colette Aloo-Obunga, the FP/RH Coordinator in POLICY/**Kenya**, to attend a training workshop on Communicating Research Findings to Policymakers in Kampala, Uganda. The aim of the training was to help participants gain skills on using evidence-based, health-related information for effective communication with policymakers. Upon successful completion of the training and based on her solid background in population and FP/RH programming and her ability to prepare and make presentations on FP/RH issues, the Population Reference Bureau (PRB) and National Coordinating Agency for Population and Development (NCAPD) asked Colette to be a facilitator in a similar training workshop held in Nairobi, Kenya, in April 2005. During the training, titled "Communicating Research Findings to Policymakers," Colette facilitated two sessions—"Generating Political Will for Safe Motherhood" and "Policy Briefing"—and also moderated a number of group work sessions and plenary presentations and discussions.

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

- POLICY/**Malawi** serves on the NAC National HIV/AIDS Policy Dissemination Task Force that plans and conducts policy dissemination activities. To speed up policy dissemination to all sectors throughout the country and involve more stakeholders in dissemination activities, NAC and the task force designed a decentralized dissemination process in late 2004. POLICY LTA, Rita Chilongozi, assisted NAC in planning and conducting an orientation/training which was held on March 30–31, 2005, for a cadre of facilitators to disseminate the policy to various sectors and stakeholders. The 30 participants came from a variety of ministries; civil society organizations; the private sector; and private voluntary organizations used by NAC to channel Global Fund monies to community-based organizations (CBOs). On June 3, 6, and 10, three trained facilitators from MANASO co-conducted with NAC three policy orientation sessions, one in each region of the country, for their member CBOs. Ninety staff from 75 MANASO member CBOs took part in the policy orientations. The stakeholder orientations are supported with NAC funds. This is an important result in that this decentralized approach permits more rapid dissemination of the policy to specific constituencies than would be possible if NAC maintained sole responsibility for this task, while increasing policy knowledge and dissemination capacity among the trained Malawian stakeholder facilitators.
- An international expert was brought in to train **El Salvadoran** journalists on how to report accurately on reproductive health issues and cite FESAL data correctly in articles. Once the decision was made to replicate the workshop (in December 2004) in two other regions of the country, the chosen participant from the workshop replicated it in the other two regions, successfully training 24 journalists.

- The “Repositioning Family Planning and Promoting Contraceptive Security: An Advocacy Training of Trainers” was held in Dhaka, **Bangladesh**, from May 8–17, 2005. The workshop focused on the policy environment for family planning (FP) and contraceptive security (CS) with presentations from local and international experts. There were 14 participants from Bangladesh, Jordan, Nepal, Cambodia, Ethiopia, and Uganda. A participant from the May 2003 TOT in Ghana, Dr. Ismail Ndifuna, served as a trainer for this workshop. The culmination of the TOT was a one-day orientation in which the 14 participants used their new training and facilitation skills to orient 44 members from local NGOs in advocacy.
- As a result of the advocacy capacity-building series provided by POLICY/**Nepal**, sex workers were able to replicate the five-day “Advocacy for Change Training” for 270 sex workers of the nine support groups in Bhaktapur, Butawal, Damak, Hetauda, Itahari, Kathmandu Nawalparasi, Nepalgunj, and Pokhara. As a follow-up to this training, in June 2005, the sex worker support groups in Damak, Itahari, and Nawalparasi successfully organized advocacy programs and presented their issues related to barriers faced from the Nepal Police to access HIV/AIDS services and advocated for change with the police officers in charge of each particular area. Sex workers face a series of barriers from the police in accessing HIV/AIDS services; such programs may help in bridging the gap between the two groups, help in understanding each others’ issues and concerns, and may ultimately assist in reducing the barriers faced by the sex workers.
- The **Nepal** Police trained by POLICY in March 2005 to implement the Nepal Police HIV/AIDS Curriculum (also developed with TA from POLICY/Nepal) trained 80 more police officers through intense two-day training workshops held in several regions on April 21–22, May 26–27, and June 9–10, 2005. The training workshops provided basic information on HIV/AIDS prevention, care, and support; created a common understanding on HIV/AIDS-related vulnerability, stigma, and discrimination; and presented ways in which police officers could address these issues with their families and subordinates. Workshop participants intend to provide information to communities, families, and subordinates and contribute to reducing stigma and discrimination in response to the HIV/AIDS epidemic. These participants will be involved in implementing the curriculum through regular training programs for the Nepal Police. Also, the trainers provided one-day orientation programs to 60 key police officials in Bhaktapur District on June 6 and 8. One of the perennial complaints of the most at-risk people is that police practice is limiting their access to HIV/AIDS services. In this context, such activities will be helpful in creating an enabling environment within the police force for vulnerable groups.
- **Cambodian** Red Cross (CRC) trainers, who were trained with the curriculum designed with technical and financial assistance from POLICY/Cambodia in August 2004, conducted sensitization workshops with 50 community leaders, 125 school teachers, and 80 parents in Siem Reap Province. The workshops provided basic information on HIV/AIDS prevention and support and created a common understanding on HIV/AIDS-related vulnerability, stigma, and discrimination. Participants of these workshops will support youth peer and community mobilization activities to provide more care and support to PLHAs, as well as reduce shame, stigma, and discrimination at the community level.
- The role of youth policy champions is being successfully integrated into the cultural program of youth centers in three Upper **Egypt** governorates (Beni Suef, Fayoum, and Giza). This was the culmination of POLICY efforts that started by creating a group of newly qualified youth policy champions in those governorates and in successfully creating the supportive environment for enhancing their role, in collaboration with the Ministry of Youth (MOY). During January–March 2005, policy youth champions in these governorates conducted 18 advocacy events, using the youth-to-youth methodology and data provided by POLICY. During April–June, the number of events significantly

increased, amounting to 59 advocacy events attended by 3,269 youth (1,643 females and 1,626 males) at youth centers in Aswan, Beni Suef, Fayoum, Giza, Souhag, and Qena. These events will contribute to widening the adoption of small family norms and enhance demand for FP/RH services.

- Strengthening the MOHP/PS capacity for achieving the national population goals is one of the priorities of POLICY/**Egypt**. To this end, advocacy efforts for adopting the small family size norm, at all levels, is given priority to increase the demand for FP/RH services. Within that context, the tailored advocacy curriculum designed by POLICY/Egypt supports MOHP/PS peer-to-peer activity. In a TOT workshop on advocacy from December 4–7, 2004, POLICY trained 20 MOHP/PS staff (from the central office and governorates), representing the health team consisting of four members (MOHP/PS/family planning director, IEC specialist, squatter area specialist, and RR supervisor). Those trained staff adapted POLICY’s materials for their peer-to-peer advocacy in slum areas at the district level. Furthermore, MOHP/PS health teams at the governorate level used the same materials to transfer the acquired skills to their colleagues at the district level in Alexandria, Menya, and Qena during December 2004 and January 2005 for a total of 60 trainees, including 20 women.
- After participating in a POLICY-supported TOT workshop on presentation techniques, leadership, HIV, and development, PLHA leaders in **Mali** for the first time carried out training sessions for the following groups: Sikasso PLHAs (Jigi Association) (January 17–19, 30 participants), National Association of Malian Muslim Women (UNAFEM) (February 15–17, 30 participants); Catholic leaders in HIV and development (February 21–23, 30 participants); protestants in HIV and development (March 7–9, 35 participants).
- In October 2004, the Christian Council of **Tanzania** (CCT), with POLICY technical and financial support, conducted a capacity-building workshop for youth pastors and youth leaders on planning and carrying out advocacy for HIV/AIDS education, stigma reduction, and increased uptake of care and treatment services. Sixty-one young pastors, evangelists, and church activists involved in youth affairs attended. The workshop’s main objective was to equip church youth leaders with sufficient knowledge and skills on various aspects of the HIV/AIDS pandemic to become trainers and expand youth leadership interventions to mitigate the impact of HIV/AIDS in Tanzania. By the end of the workshop, participants prepared action plans and budgets for youth interventions; the plans have since been approved and are being implemented by CCT. Between November 2004 and March 2005, the trained youth used their new skills and knowledge to conduct awareness-raising activities on their own. For example, in late November, eight youth village leaders in four villages in Kongwa District were trained in the basics of HIV/AIDS prevention, care, treatment, and stigma reduction. The workshop’s goal was to equip youth village leaders with the necessary skills and knowledge to serve as peer educators in their respective villages. In November and December 2004, 250 youth received HIV/AIDS information through peer education activities such as community drama, traditional dances, and folk songs. These activities were conducted in Wali (60 students trained), Chalia (46), Fio (29), and Talali (70). Community education was also conducted in Dodoma in February and March, targeting different prevention messages to various age groups. Almost 500 youths were reached with information on where to access HIV information and VCT, stigma reduction, ARVs, and care and treatment support services.

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

- Since 2001, POLICY Project/**South Africa** has provided technical support to Stellenbosch University and the National School of Public Health at the Medical University of Southern Africa in the delivery of aspects of the course “Management of HIV/AIDS in the World of Work.” In 2005, POLICY

provided support to the Winter School through the development of a course curriculum for modules 15, 16, 17.1, 17.2, and 17.3, titled “HIV/AIDS Policy Development: Content, Function, Process, and Challenges.” The curriculum was accompanied by a CD-ROM containing key reference documents for all students. This module ensures that candidates will have acquired the knowledge, competencies, and managerial skills to formulate an HIV/AIDS policy at work that is cost-effective and evidence-based, taking into account legal, ethical, social, economic, and health issues. POLICY then facilitated the training of 350 students on this module at the annual Winter School session held on June 21, 2005. The proceedings involved lectures, panel discussions, and POLICY-facilitated small group tutorials.

- To raise awareness of priority national issues among Jordanian youth or future parents, the government of **Jordan** decided to add a compulsory course, titled “National Education,” to all undergraduate college programs in all private and public universities. POLICY brought this decision to the attention of the Higher Population Council (HPC) and urged the HPC/General Secretariat to capitalize on this opportunity by asking the Ministry of Higher Education to add the impact of population on Jordanian development to the course content. The course will be required for over 170,000 students currently enrolled in 20 private and public universities. POLICY’s initiative and follow-up as well the HPC’s efforts succeeded in persuading the Council for Higher Education to approve the incorporation of this material into the course. The ministry asked the HPC to write a chapter on population and development for the textbook and reference materials for course instructors. The HPC, in turn, asked POLICY to provide TA for writing the chapter.
- Advocacy efforts by POLICY/**Egypt** to introduce population/FP/RH topics into the curricula of higher learning institutions gained support and encouragement in the academic year 2004–2005 when the minister for higher education enacted ministerial decree #63 on January 19, 2004. The decree states that an elective course on population and FP/RH will be added to the formal programs of high institutions for industry, as part of their humanitarian, social, and cultural components, starting from the academic year 2004–2005. The curriculum that was implemented this year covered the following topics: the status of the Egyptian population; population and development, environment, and health; reproductive health and gender issues; religious and security implications of the current and future population situation. This represents the culmination of various advocacy activities by POLICY, which was emphasized in various discussions of the National Democratic Party/Health and Population Committee and included as one of the recommendations presented to the Shura Council during 2003/2004, to expand population curricula to all graduate studies.
- In May 2005, POLICY/**Guatemala** implemented a diploma-level training course, “Diplomado en Gestión Territorial y Población” that was co-sponsored by SEGEPLAN, the National Institute of Public Administration (INAP), the University of San Carlos (USAC), and UNFPA. The two diploma-level training courses carried out in 2002 and 2003 co-sponsored by SEGEPLAN, INAP, and POLICY, “Diplomado en Población y Desarrollo con énfasis en Políticas y Administración Pública” and “Diplomado en Población y Desarrollo con énfasis en Financiamiento y Gasto Público,” serve as a base for this new “diplomado” that focuses on decentralization and social development and population policy issues. The topics and methodological aspects of the two earlier courses were used to guide the planning of this course. The group of trainees included directors and technical staff from the ministries of health, education, planning, finance, women’s affairs, natural disasters, and social communication, as well as representatives of civil society organizations. Topics addressed included public policies, public investing and financing, fertility, mortality, migration, health and education, laws and policies, and policy implementation and evaluation, among others.

- On March 22, 2005, the **Nepal** Police became the first branch of the uniformed services to design its own HIV/AIDS Training Curriculum. The curriculum was formally incorporated into its regular basic training program. POLICY provided TA to design the curriculum, including coordinating the active participation of vulnerable groups and key stakeholders in consultation meetings to finalize the documents. POLICY also supported preparation of a core group of trainers within the Nepal Police by providing TOT to 13 participants representing the various regional training centers of the Nepal Police. This training curriculum will be integrated in the regular training programs of the Nepal Police, which is a good example of institutionalization and sustainability.

**# of instances in which POLICY contributes instructors (and curricula) in policy analysis, planning, finance, and advocacy to other training programs**

- During the second training course conducted on June 20, 2005, at the Faculty of Medicine, Isabel Nhatave, **Mozambique** LTA, conducted in-service training to 35 MOH physicians on the epidemiology of HIV/AIDS in the world and in Mozambique.

## FP/RH CORE-FUNDED ACTIVITIES

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### IRs

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

***Director: Danielle Grant***

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

#### **Summary of Major Activities:**

*Repositioning family planning.* Legislative and regulatory efforts to reposition family planning in the Francophone region using a model RH law resulted in the final draft of the Guide on Legal-Regulatory Reform in Francophone Africa. Working with parliamentarians from Benin, Burkina Faso, Chad, Guinea, Mali, Niger, and Senegal and in collaboration with AWARE-RH and the Forum of African-Arab Parliamentarians on Population and Development (FAAPPD), IR1 provided technical support for two subregional consultative meetings. The second meeting was held during this period in Niger to identify critical steps in applying the RH law and regulations to achieve improvement in access to and quality of FP services, and to draft the guide for effective law implementation. Participants represented public and private sector service providers, mid-level and senior healthcare professionals, parliamentarians, representatives of beneficiary groups, and other stakeholders in civil society. The guide will be disseminated and used to enact RH legislation in other countries.

IR1 staff worked with Advance Africa in developing the agenda and designing sessions for the regional conference held in Accra, Ghana, on repositioning family planning. Supported with IR1 core funds, technical consultants and staff prepared presentations and facilitated sessions on legislative reform and family planning, health/development and economic consequences of unmet need, and political commitment and the role of civil society in advocating for family planning.

In Ukraine, repositioning family planning efforts are focusing on contraceptive security (CS). Following an April 2005 workshop pilot-testing the Contraceptive Security Supplement to *Networking for Policy Change: An Advocacy Training Manual*, members of the Ukrainian Network for Reproductive Health (URHN) designed an advocacy strategy for addressing high-priority CS issues in different regions. URHN members submitted proposals for small grants to help them advocate for increased funds for FP/RH. Two of the four small grants submitted are being funded with IR1 core funds. These grants focus on securing commitments from city budgets for promoting awareness of reproductive health and improving services for youth, which will include securing funds from the city budget for contraceptives for use at the city's youth-friendly clinic.

In support of ongoing repositioning family planning efforts in Zambia, a small grant, pending approval, is being awarded to the Mazabuka District AIDS Task Force (DATF). Targeting both the public and private sectors, the DATF will advocate for services to meet the FP/RH needs of youth in the district.

*Training-of-trainers (TOT) in advocacy for repositioning family planning and contraceptive security.* In collaboration with IR2, IR1 staff designed and conducted a regional workshop in Bangladesh on Repositioning Family Planning and Promoting Contraceptive Security: An Advocacy TOT Workshop.

Fourteen participants from Uganda, Ethiopia, Cambodia, Bangladesh, Nepal, and Jordan gained training skills and knowledge of technical and policy issues involved in promoting FP programs and issues related to contraceptive security. The TOT provided an opportunity to pilot-test further the draft Contraceptive Security Supplement to *Networking for Policy Change: An Advocacy Training Manual*, which was revised as a result of the first pilot-test in Ukraine. The TOT also provided an opportunity to use the “Policy Circle” to help explain the policymaking process and demonstrate how advocates can participate in that process. IR1 also prepared a brief on repositioning family planning to be used by resource persons and training participants during the TOT.

*Contraceptive security.* IR1 and IR2 jointly finalized the Contraceptive Security Supplement to the *Networking for Policy Change: An Advocacy Training Manual*. The supplement was pilot-tested by IR1 and IR2 team members together with a local counterpart in Ukraine and used in the regional TOT held in Dhaka, Bangladesh. IR1 and IR2 staff also met with Johns Hopkins University (JHU) and other members of SPARHCS to facilitate discussions on the preparation of JHU’s Media Advocacy Tool for CS, to ensure complementarity with the CS supplement to the advocacy training manual.

*Application of the Policy Circle in advocacy and policy dialogue.* Working with IR4, members of the IR1 team helped develop a training module for the “Policy Circle.” The PowerPoint presentation included in the training module was modified and used during the regional TOT in Dhaka, Bangladesh.

*Networking: What Works.* An outline of the report’s proposed contents was drafted and circulated among IR1 staff. To begin this activity, an IR1 staff member traveled to Romania, in conjunction with attendance at the Eastern Europe Contraceptive Security Conference, and met with local counterparts to ascertain the status of local advocacy networks formed under a POLICY core package in Romania.

*Country-level training and TA.* In collaboration with IR4, IR1 conducted a four-day intensive advocacy and leadership workshop for the International Confederation of Midwives’ (ICM) Young Midwifery Leaders Program (YMLP) as part of a continuing collaboration to build the advocacy capacity of ICM. The five midwives attending, along with their mentors, identified high-priority safe motherhood issues and began drafting their advocacy action plans. IR1 staff continue to provide technical assistance (TA) to these young leaders as they finalize and implement their action plans.

IR1 staff, the Adolescent Working Group, and FHI’s YouthNet provided TA to develop an action plan to increase access to FP/RH/HIV services by engaging faith-based groups in advocacy in the Southern Province of Zambia. This was a follow-on activity to a regional conference in Tanzania, jointly organized by YouthNet and POLICY, titled “Youth Reproductive Health Policy and Program Planning Regional Workshop.”

IR1 funds were used to support a consultant, acting as coordinator, to work with the White Ribbon Alliance in Tanzania in completing a three-year strategic plan. The plan was completed with input from the Ministry of Health, WHO, USAID, UNICEF, UNFPA, CARE, JHPIEGO, Plan, Pathfinder, the Tanzania Midwives Association, and others.

*Materials development and production.* IR1 staff and the Human Rights Working Group produced a final draft of the Human Rights Supplement to *Networking for Policy Change: An Advocacy Training Manual*. The draft was pilot-tested in Nigeria and will be finalized once reviewed and approved by USAID.

***IR2: Planning and Finance Improved (FP/RH)******Director: Bill Winfrey***

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

**Summary of Major Activities:**

IR2 activities this period revolved around three types of activities. First, IR2 worked to put contraceptive security, planning, and financing on the agenda of our collaborators through advocacy training and participation in and organization of forums where the topics can be discussed. Second, IR2 sought to expand the information base from which contraceptive security, planning, and financing can be improved by improving global knowledge and supplying information useful for developing specific country plans. Third, IR2 facilitated planning processes that lead to better contraceptive security, planning, and financing. In addition to these activities, IR2 has also begun an effort to better understand the inter-relationship between poverty and FP/RH programs and services.

*Improved advocacy for and awareness of contraceptive security.* IR2 continues to expand its CS portfolio by (1) moving into new countries, (2) developing new areas of expertise, (3) conducting innovative POLICY research, and (4) disseminating the results of CS activities. As the project nears its end, IR2 is consolidating its successes by wrapping up ongoing activities and disseminating knowledge and best practices. IR2 and IR1 jointly produced a Contraceptive Security Supplement to *Networking for Policy Change: An Advocacy Training Manual*. This is a resource for trainers of FP/RH advocacy issues worldwide. The supplement was tested in a multinational TOT in Bangladesh, attended by representatives from Bangladesh, Nepal, Cambodia, Uganda, Ethiopia, and Jordan. Workshop attendees from Cambodia, Bangladesh, Uganda, and Jordan have initiated follow-up activities using field support funds or locally generated resources.\*

POLICY staff attended the USAID-supported “Ensuring Access to Family Planning: E&E Regional Conference” held in Bucharest, Romania, from April 11–15, 2005. Together with Romanian counterparts and colleagues, POLICY staff members helped facilitate break-out sessions on country-specific initiatives related to contraceptive security.

In acknowledging the importance of contraceptive security, one must know the degree to which populations are underserved or the degree to which FP use may increase in the future. An IR2 team completed an analysis of unmet need for family planning in West Africa. POLICY presented this analysis at the Ghana Repositioning Family Planning conference, which took place February 15–18, 2005. The research consisted of secondary analyses of recent demographic and health surveys (DHS) in 11 West African countries. POLICY representatives distributed the resulting briefs to country delegations and interested parties from other cooperating agencies (CAs), both during the Ghana conference and in response to requests afterward. This analysis has also been accepted for presentation at the American Public Health Association Annual Meeting in November 2005.

In Ukraine, from February 10–12, POLICY held a Strategic Pathways to Achieve Reproductive Health Contraceptive Security (SPARHCS) workshop for the Policy Development Group (PDG), Ukrainian

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\* Activities denoted by an asterisk were fully or partially funded using Commodity, Security, and Logistics (CSL) Division funds.

Reproductive Health Network (URHN) members, and other RH stakeholders. Dr. Nadiya Zhylyka, a department head in the Ministry of Health (MOH), conducted an assessment of RH commodity security in Ukraine before the SPARHCS workshop. At the workshop, Dr. Zhylyka presented a report outlining the strengths and weaknesses of RH contraceptive security issues in Ukraine. Her presentation fostered discussions by 70 workshop participants. During the workshop, portions of the draft Contraceptive Security Supplement to the *Networking for Policy Change: An Advocacy Training Manual* were piloted. A briefing booklet, which summarizes the assessment and the results of the priority-setting exercise, is currently being finalized.

From April 1–2, Olena Truhan of POLICY/Ukraine facilitated a workshop on CS advocacy with members of URHN, further piloting the draft CS supplement. During the workshop, participants analyzed the causes of the problems, set advocacy goals and objectives, analyzed target audiences, and developed monitoring and evaluation (M&E) plans. As a result of the workshop, Truhan submitted suggested revisions to the supplement. In June, URHN members submitted three small grant proposals to implement their advocacy strategies.

*Improved knowledge of CS issues at the global level.* IR2 sponsored several initiatives to expand knowledge on what works in contraceptive security. The products of these initiatives will be reports for wide dissemination. One area of particular importance is making links between contraceptive security and other areas of interest to the public health community. IR2 is producing policy briefs to include in the series, *POLICY Issues in Planning and Finance*. The briefs on “Decentralization and Implications for Contraceptive Security” and “Ensuring Contraceptive Security for HIV-Positive Women” are being reviewed externally.

POLICY and DELIVER completed and published a technical paper describing the methods used to create the Contraceptive Security Index. The Contraceptive Security Index ranks most of the large developing countries of the world, based on their progress toward achieving contraceptive security. The next step is to create and publish a second round of calculations for the index.\*

IR2, in collaboration with International Planned Parenthood Federation (IPPF) and UNFPA, has undertaken a global mapping activity to identify awareness-raising, policy dialogue, and advocacy activities related to contraceptive security. Consultants interviewed 174 individuals in 49 countries. POLICY designed the interviews to learn more about national strategies for FP/RH commodities, funding levels for contraceptives, and specific activities carried out in selected countries around the world to draw attention to contraceptive security. The final report, being revised based on feedback from the Commodity, Security, and Logistics (CSL) Division of USAID, includes a discussion of lessons learned on how countries are responding to CS issues.\*

At the country level, IR2 is leading an effort to document, via a series of short briefs, country and regional experiences of applying the SPARHCS tool. The briefs will illustrate how SPARHCS has been customized to specific country or regional contexts. The first brief, recording Peru’s experiences, is currently in second draft form. IR2 will prepare four other briefs, recording experiences in Bolivia, Honduras, Nicaragua, and Paraguay. IR2 and DELIVER will also collaborate on country briefs outside the LAC region.

Finally, the paper, “Lessons Learned from Phaseout of Donor Support to a National Family Planning Program: the Case of Mexico,” was completed and will be printed and disseminated in August. This paper reflects on effective strategies and shortcomings of Mexico’s experience and has been used by USAID’s graduation working group and other stakeholders who are currently planning for impending phaseouts of USAID commodities assistance.

*Improved knowledge for addressing financing and CS issues at the country level.* A first step toward addressing contraceptive security is a strong knowledge base from which to initiate planning efforts. IR2 seeks strategic opportunities to disseminate our messages.

IR2 continues to develop and test tools for organizing knowledge useful for CS issues. An IR2 team field-tested the Allocate Model in Ukraine. The activity is a comprehensive policy development effort including stakeholder involvement, use of recently collected data, training and use of the model for strategic planning, budgeting, and advocacy. The model incorporates FP, safe motherhood (SM), and postabortion care (PAC) modules. As such, it helps with sector-wide planning and can help ensure that adequate funding is available for family planning and other RH needs.

IR2 is improving knowledge to support CS work in Kenya and El Salvador. The Kenya market segmentation report analyzes possible reasons and potential options for the stagnating family planning market. The report was finished and submitted to the Kenyan country staff for review in June 2005. IR2 also completed a market segmentation report on El Salvador as part of an effort to mobilize the results of the most recent national health survey (FESAL). The report's results will be used to help formulate recommendations on an optimum market structure and prepare a CS plan.

IR2 provided TA to POLICY/Egypt in initiating, designing, and implementing a CS Observation Study Tour (OST) for Egyptian key stakeholders in Morocco from June 20–26, 2005. The purpose of the OST was to provide key Egyptian stakeholders with first-hand knowledge of the contraceptive phaseout process including planning, issue identification, challenges, solutions development, and lessons learned from Morocco. Participants included the Undersecretary for Population and Family Planning Sector, Ministry of Health and Population, and four of his colleagues. The participants represented the program areas in the CS strategic process and working groups.

*Planning for reproductive health and contraceptive security.* The key to contraceptive security is a strong plan for implementing measures to address the issue. IR2 is using an approach in several countries that leads to actionable plans for contraceptive security.

IR2 staff provided TA to POLICY/Egypt in the area of CS strategic planning for the Egyptian Ministry of Health and Population. IR2 assisted POLICY/Egypt to conduct the three-day strategic planning workshop in Cairo, March 31–April 2, 2005. Twenty-eight participants from different sectors attended the workshop. The workshop's main goal was to prepare a strategic plan for CS phaseout based on the main issues raised in the previous workshop.

IR2 staff and DELIVER collaborated to provide TA in Jordan in the area of CS strategic planning during the period from March 20–27. POLICY worked with the CS working groups to prepare the draft Contraceptive Security Strategy for Jordan. POLICY/Jordan and IR2 conducted a Contraceptive Security Strategic Planning workshop in Aqaba, March 24–27. The participants included key stakeholders of the Higher Population Council, public sector, and private sector, and NGO representatives from the CS working groups.

*Poverty and reproductive health.*\*\* Addressing poverty in the context of reproductive health and vice versa has become increasingly important in the latter stages of the POLICY Project. At this stage, POLICY IR2 staff is researching and analyzing the intersection of poverty and reproductive health in terms of planning, program development, and service utilization.

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\*\* This activity is funded with GLP funds for Poverty Reduction and Equity.

In a global context, IR2 examined the role reproductive health plays in macro-level planning for poverty alleviation. IR2 completed a summary compilation of the FP content of Poverty Reduction Strategy Papers and a literature review. To disseminate the results to the FP, health, and development community, IR2 is preparing a paper suitable for submission to a peer-reviewed journal. IR2 will also present a poster at the Global Forum for Health Research on how inequality evolves as use of RH and MH services increases. Moving beyond the relatively narrow focus of these two papers, IR2 developed an outline for a paper on the importance of considering poverty in USAID family planning initiatives, which will be drafted in the next reporting period.

*Other publications, presentations, and seminars.* IR2 submitted a paper to a journal for publication and prepared paper abstracts, which were accepted, to international conferences including:

- Sharma, S., Gribble, J.N., Menotti, E.P. 2005. “Creating Options in Family Planning for the Private Sector in Latin America.” *Rev Panam Salud Publica* 18(1).
- Maria Raquel Borda and Carol Shepherd. “Approaches to Address and Promote Health Equity in Developing Countries.” APHA annual conference in New Orleans, LA, November 5–9, 2005.
- Rachel Sanders. “Perspectives on Unmet Need for Family Planning in West Africa.” APHA annual conference in New Orleans, LA, November 5–9, 2005.
- Rachel Sanders. “Uptake of Reproductive Health Services across Socioeconomic Groups.” Global Forum for Health Research Forum 9 meeting, September 12–16, 2005 in Mumbai, India.

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

***Director: Karen Hardee***

All POLICY activities are underpinned by accurate, up-to-date, relevant information, which is crucial to successful policy assistance. The objective of IR3 is to provide information, generated from primary or secondary research or the application of computer models or policy analysis tools, to understand FP/RH and HIV/AIDS dynamics, explore answers to key policy questions, advocate for change, examine planning and organizational needs, and estimate the resources required to achieve FP/RH and HIV/AIDS goals.

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

**Summary of Major Activities:**

***Models***

*Update and expansion of computer-based policy models.* IR3 focused on ensuring greater relevance and wider utilization of the project’s models well beyond POLICY II by (1) updating and disseminating software and users’ manuals, (2) supporting country applications and discussing needed modifications of the models through Modeling Reference Groups, and (3) coordinating model-related activities and identifying associated accomplishments. Specific updates or modifications in the various models software follow.

**DemProj:** The EasyProj option of the software was updated using the United Nations (UN) Population Division's 2004 population projections immediately after public release in February 2005. This activity was undertaken in collaboration with funding from the Office of the Global AIDS Coordinator (O/GAC). EasyProj now also includes UN estimates of the age distribution of fertility, sex ratio at birth, life tables, and international migration.

Demographic dividend (DD) highlights in the "Display" section were also incorporated into DemProj. The new display is currently being tested to ensure that programming bugs are addressed. This activity aims to facilitate use of the DD in policy dialogue and advocacy at the country level. A prototype PowerPoint presentation was completed in April as an additional resource for this purpose.

**FamPlan:** PAC modifications were also undertaken to take account of the medical complications from abortions. The FamPlan Manual was also revised to incorporate the PAC and condom requirements (CR) models. The PAC Model revisions were funded by POLICY. UNFPA funded the CR enhancement in collaboration with POLICY, continuing POLICY's practice of enhancing products with other funds.

FamPlan is also being expanded to include infant/child survival outcomes due to high-risk births. This component of the software is a new addition to SPECTRUM, being tested using country-level data.

The equations for incorporating emergency contraception in FamPlan were recently drafted. Further discussions with members of the Modeling Reference Group are taking place.

*Training staff on computer models.* In its continuing collaboration with IR4, IR3 also continued to train staff on POLICY models. An overview of the Safe Motherhood, PAC, and RH Goals (Allocate) models was provided to new staff on February 17.

*Dissemination of models software and manuals.* IR3 also continued to provide software and manuals to USAID, CAs, international organizations, and country-level experts and professionals in various countries. DemProj manuals have been updated and translated into French, Spanish, Portuguese, Russian, and Chinese. Software and manuals are being disseminated internationally to users within and outside POLICY through the internet, CDs, and hard copies.

*Applications in advocacy.* IR3 continued to work with IR1 to incorporate the results of policy models in advocacy. This included incorporating projections of family planning users and acceptors, method mix, and client-based commodity requirements generated through FamPlan in relevant sections of the CS supplement of POLICY's advocacy training manual.

## **Research**

*Support of global policy-relevant research.* POLICY staff are working to complete several papers related to issues of global importance.

- IR3 staff are working with the Safe Motherhood Working Group (SMWG) on the Postabortion Care Module of *What Works: A Policy and Program Guide to the Evidence on Postabortion Care*. The module has been to an external expert review panel for comments. Most comments have been received and are being compiled for revision of the document. Work on the STI/HIV/AIDS Module was stopped; the current draft will be circulated to POLICY staff for use in policy work.
- John Bongaarts of the Population Council presented a paper at the annual meeting of the Population Association of America, titled "The Causes of Stalling Fertility Transitions," based on work funded through the POLICY Project. He will revise the paper based on comments received at the meeting and from USAID and POLICY staff.

- IR3 staff drafted papers for submission to a journal on the feasibility of integration of FP and HIV/AIDS services in Jamaica and on the efficiency of RH service delivery in Ukraine.
- IR3 also prepared an outline for a paper on bringing RH policymaking into the 21<sup>st</sup> century and continued the literature search.

*Collaboration.* IR3 continued collaborating with USAID (PAC Working Group, CSL Division) and international organizations, including the UNAIDS Reference Group on Estimates, Models, and Projections to provide technical support for using various models in SPECTRUM. IR3 also collaborated with POLICY's LAC Region Contraceptive Security Initiatives in implementing DemProj and FamPlan training for JSI/DELIVER Washington-based and regional staff.

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

***Director: Jay Gribble***

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

**Summary of Major Activities:**

*Policy analysis.* IR4 completed a new curriculum for a three-day training workshop on policy analysis, based on the Policy Circle and other available tools. The curriculum highlights the experience of POLICY/Guatemala, as an example of the process of policy development and implementation. The curriculum will be pilot-tested by Jay Gribble and Rachel Sanders in July in conjunction with POLICY/Jordan and the Jordanian National Institute for Training. With support from POLICY/Jordan, the workshop will be replicated during the next six months in three parts of the country, which will help ensure that the curriculum is institutionalized at the National Institute for Training.

*Health and human rights.* POLICY, in conjunction with the Human Rights Working Group, provided TA to adapt the curriculum for a human rights course for use at the National Public Health Institute in Cuernavaca, Mexico. With the collaboration of POLICY/Mexico, instructors have been identified to co-teach sections of the course. Because HIV/AIDS is the focus of the work conducted by POLICY/Mexico, issues related to human rights and HIV/AIDS were incorporated into the curriculum.

*Strategic planning and budgeting.* POLICY conducted a five-day training activity, May 11–15, at the Cairo Demographic Center in Egypt to train approximately 23 staff members from the National Population Council, Ministry of Health and Population, Egyptian Family Planning Association, the Clinical Services Improvement Project, among others, and three POLICY field staff members in the process of strategic planning and budgeting. The revised curriculum will be translated into Arabic so that the workshop can be replicated by POLICY/Egypt and other local organizations.

*Advocacy training for the International Confederation of Midwives.* IR4 and IR1 have collaborated to support the training of participants in the ICM Young Professional Midwives (YPM) Program—a mentor program. With participants in the training, ICM is developing the institutional capacity to provide advocacy training throughout the world. The training was held in February 2005 in Oostvoort, the Netherlands. Participants from Malawi, South Africa, Trinidad and Tobago, Slovenia, and Germany identified several advocacy issues, set priorities, and began preparing advocacy action plans to address

one priority. Elizabeth Neason is also working with ICM's program director for the YPM program to develop her capacity for providing training and technical assistance.

*Internships.* IR4 is supporting capacity building in POLICY countries through internships in three local programs. In Mexico, intern Cesar Infante is following up on some of POLICY's community-based work and documenting some of its longer-term effects. In Peru and Viet Nam, POLICY staff are currently identifying interns.

*Field staff development.* IR4 continues to support the professional development of field staff. In addition to field staff from POLICY offices in Ethiopia, Kenya, and Uganda attending the strategic planning workshop in Cairo, Egypt, IR4 has supported field staff participation in conferences and is assisting field staff in conducting research for graduate degrees.

*Collaboration.* IR4 is collaborating with USAID cooperating agencies (CAs) to introduce policy analysis into ongoing training activities. CEDPA and POLICY are collaborating to develop a two-day workshop on policy analysis that will be pilot-tested in Senegal and Nigeria and used during their Summer 2005 Women in Development Leadership Training Program. Jay Gribble also led a 2-day workshop on strategic planning for D.C. and field staff at the Institute for Reproductive Health at Georgetown University, with the goal to enable staff to replicate some of the activities, such as stakeholder analysis and strengths, weaknesses, opportunities, and threats (SWOT) analysis in the countries where they are working. IR4 continues to try to collaborate with the Center for Global Health in the George Washington University School of Public Health on introducing SPECTRUM into coursework included in the Masters of Public Health (MPH) program. Discussion will continue during the Fall 2005 semester, with POLICY staff giving a brown-bag lunch seminar on DemProj and its usefulness in multisectoral planning.

## **Working Groups**

### ***Adolescent Working Group (AWG)***

***Chair: Nancy Murray***

The purpose of the Adolescent Working Group (AWG) is to create a shared understanding of critical issues in adolescent reproductive health (ARH) both globally and regionally and to explore those issues in the context of broader reproductive health policy. More specifically, the group's primary activities are to educate POLICY staff about ARH issues, to promote greater integration of ARH policy issues into country programs, and to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

### **Summary of Major Activities:**

*Follow-up to the Youth Reproductive Health Policy and Program Planning Regional Workshop in Bagamoyo, Tanzania (May 2004).* The AWG provided small grant money to the Church of Uganda to extend its work on adolescent reproductive health (ARH) to the diocese level. Three of the nine dioceses in which the Church of Uganda has been advocating for ARH, are expanding efforts to the archdeaconries and parish levels to solicit commitment from church leaders to (1) formulate, review, and operationalize policies; (2) integrate ARH in church programs; (3) 'break silence' on ARH issues; and (4) ensure annual budgetary allocations for ARH. These objectives are part of the Church of Uganda's overall objectives for the Strategic Plan for the Adolescent Sexual and Reproductive Health Program.

The Nigeria and Zambia country teams have submitted their final workplans to YouthNet for funding technical inputs from the AWG. In Nigeria, the country team has identified lack of RH information and

services for adolescents and young adults in Mararaba, Karu local government area, and Nassarawa state as an advocacy issue. The advocacy goal will be to convince the Karu local government chairman to implement the provisions of the national reproductive health policy by providing adolescent and youth-friendly health services in one facility in Mararaba by 2006. In Zambia, MOH and youth partners will work to increase access to RH and HIV/AIDS services for adolescents and youth by engaging faith-based organizations and youth leaders. Guidelines on youth reproductive health and HIV/AIDS prevention for spiritual leaders and congregations represented in Zingo will be created. Mechanisms for involving youth in decisionmaking within faith- and community-based organizations and ARH and HIV/AIDS programs will be pilot-tested in Livingstone and Lusaka.

*Papers/presentations.* The AWG presentation “Examining the Impact of Orphanhood on Sexual Initiation Among Young People in Rwanda and Zambia,” presented in Bangkok at the 2004 International AIDS Conference, has been accepted as a paper for IUSSP and will be presented in July 2005.

The AWG will also co-finance a paper on sexual debut, pregnancy, marriage and school-leaving with the El Salvador country program in July 2005. The AWG has also co-financed the final report for the Haiti target of opportunity examining operational barriers to reproductive health and voluntary counseling and testing (VCT) at FOSREF, an important youth-serving NGO.

Finally, the Egypt, Peru, and Uganda country briefs describing the policy environment for ARH were finalized and are undergoing a review prior to publication.

*Youth-policy.com.* The AWG continues to work with YouthNet to update and build on the youth-policy.com website, which has been functioning for just over one year since its launch at the Global Health Council’s annual conference in June 2004. Youth-policy.com currently features a searchable database with over 100 youth-related policies, a key elements and good practice guide, and tools and links for policymaking. The site also features fact sheets on ARH and HIV topics relevant to youth. Since its launch, the website has hosted thousands of users and is currently averaging nearly 2,000 hits per month, nearly triple the monthly use of just six months ago. The top referring sites include FHI, HIVinsite (UCSF), and the Futures Group. Popular pages include the Zimbabwe National Policy on HIV/AIDS, the fact sheet on female genital cutting, and the “Making Policy” resource. An in-depth evaluation of the website, including a summary of quarterly web-usage statistics and qualitative information on use, is being prepared and will be completed in the second half of 2005.

Quarterly newsletters updating site users and marketing the site to nonusers have been produced since January 2005 and are distributed by POLICY and YouthNet.

### ***Gender Working Group (GWG)***

***Director: Mary Kincaid***

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

### **Summary of Major Activities:**

*Male involvement.* In spring 2005, a POLICY consultant in Cambodia designed a questionnaire and, together with POLICY/Cambodia and the Reproductive Health Promotion Working Group (RHPWG), conducted key informant interviews with various organizations working in reproductive health. Questions relating to male involvement were asked to further gauge local views, challenges, opportunities, and

experiences in involving men in reproductive health. A summary paper includes findings, recommendations, and guidelines for moving forward. In early May, a POLICY consultant and the POLICY/Cambodia team facilitated a seminar with the RHPWG, nongovernmental organizations (NGOs), healthcare providers, and government representatives from various related ministries to begin drafting the guidelines. The Minister of Health endorsed working more closely with men in his opening remarks. The team will work to have these guidelines incorporated into the Ministry of Health's upcoming National RH Strategic Plan development process.

*Policy tools.* POLICY continued work on the resource guide and training curriculum intended to help project staff incorporate gender into RH policy and related projects. The training curriculum will be piloted next reporting period in a POLICY country.

*Brown-bag lunches.* The GWG hosted four informal lunchtime presentations to POLICY staff on gender issues this reporting period. On March 8, GWG screened the film, "Woman by Woman: New Hope for the Villages of India," in celebration of International Women's Day. On March 22, Irene Tinker, co-editor of *Developing Power: How Women Transformed International Development*, gave a lecture on women's role in the international development movement. Elaine Murphy and Margaret Greene presented their paper, "Defending the ABCs: Another Feminist Perspective," on March 16. Finally, on June 22, consultant Margaret Greene presented information on POLICY's male involvement project in Cambodia.

*Work with IGWG.* POLICY also receives core funds to provide technical leadership for the IGWG. This period, POLICY staff participated on two task forces. Jeff Jordan continued to serve as co-chair of the Technical Advisory Group (TAG) for the IGWG. The TAG met twice this reporting period on January 17 and May 17. Elizabeth Neason is the Training Task Force leader, designing and coordinating training on gender integration and issue-specific gender training. Anne Eckman, Mary Kincaid, and Jeff Jordan serve as core trainers, along with colleagues from USAID, FHI, CEDPA, and Cultural Practices, LLP. During this period, Neason designed and provided two training workshops: a half-day male involvement workshop facilitated by Neason and Kincaid, along with a colleague from USAID, in Miami, Florida, for USAID mission staff and CAs in LAC; as well as a one-day Gender 101 workshop facilitated by Neason and Dr. Leah Freij, CATALYST/CEDPA, in Washington, D.C., for CEDPA staff members. Neason also is providing TA to two different units in Chemonics to design a gender curriculum for Chemonics staff. Neason continues to work on the gender-based violence and safe motherhood modules. In the next reporting period, the safe motherhood module will be ready to pilot and the GBV module will be piloted in Washington, D.C., at CEDPA and in Africa for REDSO. The team also is providing 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 trainers from Cultural Practices and POLICY. Finally, the team will systematize the IGWG training modules in preparation for virtual publication in pdf format.

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

***Chair: Lane Porter***

The purpose of the HRWG is to create a shared understanding of critical issues in human rights as applied to reproductive health and to promote a human rights-based approach in core and field activities. Components of a rights-based approach include advocacy and activism, information services, participation, capacity development, alliance building, community mobilization, and collaboration and coordination. The HRWG supports application of a human rights approach by (1) increasing knowledge of human rights by staff and counterparts, (2) increasing staff and counterpart collaboration and coordination of human rights activities, and (3) promoting human rights applications in POLICY countries. POLICY's human rights work focuses especially on the legal status of women and how improvements in that status can advance access to high-quality RH services.

## Summary of Major Activities:

*Increasing knowledge of human rights by staff and counterparts.* POLICY human rights staff prepared (4–5 page) informational briefs (technical updates) for the field on human rights topics such as women’s access to high-quality RH care; safe motherhood; violence and women’s reproductive health; and HIV-positive women’s RH care. Informational briefs describe the connections between human rights principles and RH issues, present illustrative case studies, and recommend methods for integrating human rights principles into each of POLICY’s IRs.

POLICY’s Human Rights Matrix was updated. The matrix is an interactive tool enabling staff’s access to accurate information about the human rights principles prevailing in each country, the contents of international human rights law, and the links between human rights and RH topics. The update adds new RH topics, such as safe motherhood and adolescents, as well as information on each country’s constitutional protection of rights.

HRWG conducted events to disseminate human rights knowledge among staff through brown-bag lunches on human rights issues, a newsletter, and a bulletin board. For example, POLICY staff and consultants participated in an Emory University Conference, titled *Health and Human Rights: Lessons Learned From Rights-Based Approaches to Health*, and subsequently presented conference highlights in a ‘report back’ roundtable. HRWG supported a presentation by Marcela Huaita, POLICY/Peru, on the establishment of Citizens Surveillance Committees in Peruvian hospitals to monitor and redress human rights violations concerning RH care.

*Staff and counterpart collaboration and coordination of human rights activities.* In coordination with IR4, POLICY HR staff worked with POLICY/Peru staff to develop and adapt POLICY’s course on Reproductive Health and Human Rights—and with POLICY/Mexico to plan application of the course in August 2005 in Mexico. In collaboration with IR1, POLICY HR staff provided substantial technical advice in the design and completed text of the HR supplement to POLICY’s advocacy training manual.

## Core Packages/Targets of Opportunity

***Jamaica: Addressing Operational Policy Barriers to Facilitate Integration of RH/STI/HIV/AIDS Services at the Parish Level*** (Manager: Margaret Rowan). The Jamaica Core Package was designed to help the MOH delineate the extent, feasibility, and potential scope of integration in FP/maternal and child health (MCH) and STI/HIV/AIDS healthcare programs. Two parishes in the NorthEast Region were chosen for study. A workshop was conducted with stakeholders in the region along with national representatives to begin the process of identifying barriers to integration. Subsequent to that workshop, POLICY staff documented the current service delivery structure for FP/MCH and STI/HIV/AIDS in the two parishes and suggested 22 potential interventions that could be implemented in the parishes to foster integration. The interventions were designed in collaboration with MOH staff at the NorthEast regional office and the two parishes. A research company conducted studies pertaining to the proposed interventions including an operational policy barrier study, provider interviews, and client focus groups. The report on these studies was finalized in August 2004. POLICY staff completed costing the interventions along with a cost-effectiveness study on screening and treatment for STIs in September 2004. The various studies were disseminated in November 2004. There were two disseminations, one in the NorthEast Region and one at the national level. During February 2005, POLICY staff traveled to Jamaica to consult with MOH staff regarding further refining of the study on the cost- effectiveness of the STI Treatment Choice Model. This model and report were finalized in June 2005.

The results of the feasibility studies were used to guide integration approaches for the NorthEast Region. It was determined that field support funds would be used to help the NorthEast Region to prepare an implementation plan based on priority interventions identified during the national dissemination. The plan will be completed in July 2005. The NorthEast Region will then identify a funding source to implement the plan. Finalizing the plan will complete POLICY's work on the core package. It is anticipated that the experience on integration in the NorthEast Region could be replicated in other parishes in Jamaica and provide information to donors and program managers in other countries as they make decisions on the integration of RH and HIV/AIDS healthcare programs.

***Kenya: Improving Access to Family Planning Services in Public Sector Facilities for Poor/Underserved Populations*** (Manager: Wasunna Owino). Core package activities were completed at the end of June. The final workshop to review and approve the Draft Guidelines for Pricing FP Services and Commodities in Public Sector Health Facilities was held from June 15–18, 2005. POLICY/Kenya is making final revisions to the guidelines before submitting them to the MOH for approval and endorsement for pilot-testing. The various documents, presentations, and so forth, required for the final write-up to document the significance and impacts of the core package are compiled and POLICY/Kenya and local consultants are preparing the final report. The final report, compiling of documents, and assembly of the documentation binder should be completed by September 30.

***RH Allocate*** (Manager: Carol Shepherd). The purpose of this core package is to develop a resource allocation model for reproductive health to help countries develop comprehensive RH action plans (RHAPs) to achieve greater efficiency in the use of available funds. The model will help improve the allocation of resources both within and across the various components of RH programs. The model's application will provide opportunities for multisectoral involvement in planning and finance, policy dialogue, and the use of advocacy skills to disseminate the results.

The model includes safe motherhood, family planning, and PAC components. The summary page linking these three models has now been further revised in Excel. The front page contains charts for a choice of outputs representing each of the components. The screen then has a section for budgets for each of the three components, where amounts allocated to the overall budgets change in response to changes in interventions within individual models. An additional child survival component was added on a preliminary basis to the front page, which illustrates the impact of changing expenditures for safe motherhood, family planning, and PAC on different child survival outcomes.

Initial data gathering for a field test in Mexico began in August 2004. Data collection is finalized and being put into the model. Initial work also began on an Allocate application for Ukraine in December 2004. A workshop was held in February in Kyiv to introduce the model. Technical assistance was provided to a local consultant and a plan developed to collect needed data. In July 2005, the final model was presented to stakeholders, members of the PDG and URHN, and MOH personnel. A 2.5 day training workshop was conducted. Participants asked for a formal TOT and for TA to use the model during development of the new National Program for RH and for oblast and rayon strategic planning and budgeting due to begin in September. In addition, the MOH would like to incorporate the model into university settings. The revised version was presented to USAID in July 2005, including results from the Ukraine application.

The Allocate manual has been drafted and distributed for comments. Documentation of the applications is also in progress.

***FP/HIV/AIDS Linkages*** (Manager: Karen Hardee). POLICY developed, in collaboration with the Makerere Institute of Social Research (MISR), data collection instruments for a study of the provision of

FP in sites providing various types of HIV/AIDS services in Uganda. MISR carried out the fieldwork for the study. The final report is due in August.

***Haiti: Addressing Policy and Operational Barriers to Accessing Integrated Youth Reproductive Health Services at FOSREF (TOO)*** (Manager: Nancy Murray). The POLICY Project is exploring policy and operational barriers to integrated youth RH care with FOSREF, a Haitian NGO, in collaboration with the Community REACH and YouthNet projects. Community REACH has provided funding during a two-year period to FOSREF to integrate voluntary counseling and testing (VCT) and referral services into the existing RH care services in three of FOSREF's youth-friendly clinics, as well as resources to promote these new services. YouthNet will provide funding to FOSREF to examine quality of care in the context of RH care. POLICY will complement these activities by supporting the identification of policy and operational barriers, revision of FOSREF operational guidelines and national VCT guidelines, and if necessary, advocacy activities to promote recommended changes to the NGO and public sector stakeholders. POLICY signed a memorandum of understanding (MOU) with YouthNet to formalize collaboration and ensure clarity in terms of roles, responsibilities, and expectations.

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

Data collection was completed in January 2005. Data entry finished in February 2005. FOSREF staff came to Washington, D.C., in January 2005 to begin designing the report on operational barriers and to further discuss the draft operational guidelines. The draft report is being finalized and will be reviewed by FOSREF and YouthNet, and the final version will be available in August 2005. POLICY staff may travel to Haiti, depending on the political situation, to discuss the findings from the data analysis and to review the suggested operational guidelines.

***Meeting the RH Needs of HIV-Positive Women*** (Managers: Chipu Mbanje and Anne Eckman). This activity is co-funded with the Office of HIV/AIDS. See HIV/AIDS section.

## **Global Leadership Priorities (GLPs) and Special Initiatives**

***Contraceptive Security*** (Manager: William Winfrey). POLICY's work on CS using GLP funds is subsumed under IR2. See activities with an asterisk.

***Poverty Reduction and Equity*** (Manager: William Winfrey). POLICY work in this area is discussed under IR2. See activities with a double asterisk.

***Gender-Based Violence (GBV)*** (Manager: Mary Kincaid). POLICY was provided "venture capital" funding to assess the gaps and trends in GBV activities supported by USAID and to facilitate a strategic planning process for the Bureau for Global Health on this topic. GWG conducted a survey in the fall of 2003 to gather information on how USAID is currently working to address GBV. The survey was reviewed by 21 experts on GBV representing the CA community and internal USAID staff in a group meeting in February. In addition to reviewing the assessment report, participants provided recommendations for the future shape of USAID's policies and actions around GBV as they relate to RH/HIV/AIDS programs. Based on participants' recommendations and best practices in GBV, a POLICY consultant drafted a guidance document for USAID's related field and policy work. A second meeting of

GBV experts took place in May to review and make recommendations on the guidance document. The draft is now being reviewed by USAID and will go through a further iteration and peer review before finalizing. POLICY consultants also are finishing a draft advocacy guide on using GBV data for policy change.

***Gender-Based Violence in Haiti*** (Manager: Emily Sonneveldt). The POLICY/Haiti office has a subcontract with Konesans Sanmi to prepare a national GBV strategy to integrate GBV services into existing services. During this period, Konesans Sanmi completed its first deliverable, a draft situational analysis of GBV in Haiti. Additionally, GBV expert consultants conducted a secondary analysis of DHS data. The current situation in Haiti is deteriorating, making work and communication difficult.

***Postabortion Care (PAC)*** (Manager: Emily Sonneveldt). This period's activities included applications of the PAC model and the first steps in developing a new tool showing the impact of integrating VCT into PAC services.

***PAC Module.*** The Postabortion Care Module of the *What Works: A Policy and Program Guide to the Evidence on Postabortion Care* has been sent to an external expert review panel for comments. Most comments have been received and are being compiled for revision of the document.

***PAC application in Senegal.*** Using money provided by USAID/Washington, POLICY is applying the PAC model in Senegal. The application will also look at the cost of PAC services, disaggregated by level of service, type of emergency intervention, and usage of pain management. POLICY/Washington and Senegal staff met with the director of the bilateral from MSH, Dr. Ousmane Faye, in Washington, D.C., to discuss the workplan and budget. This meeting was used to introduce the model to Dr. Faye and to get feedback on the draft workplan. POLICY's Senegalese staff member underwent intensive 5-day training on the PAC and Safe Motherhood models and subsequently presented them to USAID/Senegal.

***Integration of VCT into PAC.*** USAID/W has asked POLICY to do an analysis on the affect of integrating VCT into PAC services. POLICY convened an internal meeting to discuss the methodology and scope of the activity. It was agreed that the activity would include costing out PAC services including the cost of adding a second visit where VCT could be addressed, examining the impact of including VCT in PAC on the current need for prevention of mother-to-child transmission (PMTCT) of HIV, and analyzing possible benefits of the integration.

***HIV/AIDS and Family Planning Integration*** (Manager: Carol Shepherd). A presentation that presents the costs and benefits of integrating family planning into PMTCT services in high HIV-prevalence countries, as well as analysis of the policy environment for this work, is nearing completion. A briefing booklet will be sent to POLICY country offices and relevant NGOs. POLICY is also assembling a toolkit to aid those who are writing or rewriting policies that affect the integration of family planning into HIV prevention, care, and treatment programs. This will be distributed in CD and hard copy format. POLICY has also completed and disseminated a country case study on the integration of family planning into HIV services in Cambodia; a presentation was given in Cambodia on the findings of the study.

***FP/Safe Motherhood Advocacy Toolkit*** (Manager: Michelle Prosser). The Family Planning Advocacy Toolkit was prepared and is being edited before sending to USAID for comments. The purpose of the tool is to assist advocates and those in the field working in the areas of maternal health, family planning, PMTCT, adolescent reproductive health, gender, and poverty alleviation to develop culturally relevant and specific messages to advocate for increasing resources and awareness on the crosscutting intersections of family planning and other reproductive health entry points.

## MATERNAL HEALTH CORE-FUNDED ACTIVITIES

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### Core-funded Activities

*Director: Michelle Prosser*

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

### Summary of Major Activities:

*Maternal health user fee study.* The multi-country study POLICY conducted in India, Kenya, Viet Nam, Egypt, and Peru, to identify how maternal services are affected by formal and informal user fee mechanisms was finalized. The data were analyzed to identify policy barriers and issues. The synthesis of findings was presented at USAID as part of the Maternal Health Technical Series on June 21.

*Maternal and Neonatal Program Effort Index (MNPI).* In response to the need for up-to-date and accurate data on maternal and neonatal health programs and country efforts to provide services in both urban and rural settings, POLICY uses results from the MNPI to develop country-specific, customized advocacy briefs and as a basis for the Safe Motherhood Model in regional and national conferences, workshops, and seminars. During this period, MNPIs for 8 countries were completed, published, and disseminated.

*Safe Motherhood Model SMM applications.*

- **Uganda.** POLICY introduced the SMM with a costing component at a national workshop in Uganda in January 2003, at which time, the costing component for a national model was based on data from two districts. During the workshop, a consensus emerged among participants of a need to gather further data in other districts to provide a more realistic base for national costing interventions. Since 2003, data have been collected in an additional six districts. The wide variations in costs and services between districts made it apparent that district-level SMMs were the only logical level of application. POLICY has agreed to facilitate the process of data collection and development of district-specific models and contracted consultants who were involved with the original data collection in 2003 to collect costing data in two additional districts. The model's application will form the basis for advocacy promotion and dialogue for increased resource allocation and improved implementation of safe motherhood programs in the two districts. All the data were collected during this period. The final analysis will be completed in July, and a final workshop to launch the district-level model will be held in Uganda in August 2005.
- **Ukraine.** The SMM was presented to the Ministry of Health, Ukrainian Reproductive Health Network, UNICEF, and the Policy Development Group in Ukraine in February 2005. As a result, POLICY was asked to collect new costing data specific to Ukraine and apply the model in July 2005.
- **ACCESS Project.** POLICY was asked to present the SMM to the ACCESS Project to increase awareness about its usefulness and appropriateness for ACCESS field work in maternal health. The presentation was done in March 2005.

*Midwife mapping in Ghana.* This study looks at the geographical coverage of midwives to examine the specific skill sets, scope of practice, and support and referral systems to identify service-delivery gaps, legal barriers to practice, and geographical disparities in coverage of midwives. Geographical data, provider interviews, and focus-group discussions provide the framework for the study. The findings will be shared with the MOH, Ghana Health Services, Ministry of Women and Children’s Affairs, Ministry of Education, and other governmental and nongovernmental organizations active in maternal healthcare to develop and advocate for training, education, and policy initiatives to close coverage gaps. During this period, geographical data collection and mapping activities have begun in two of seven regions.

*Dissemination.* The Safe Motherhood Working Group (SMWG) received core funds to prepare a series of briefs discussing the outcomes of POLICY’s work in maternal health and to create a database of POLICY’s SM activities. During this period, the database became operational and can be accessed through the POLICY Project website. Three draft briefs were written on (1) Operational Barriers to the Provision of Essential Safe Motherhood Services, (2) The Role of Family Planning in Promoting Safe Motherhood, and (3) Affecting Safe Motherhood through Midwife Training and Advocacy Workshops. The briefs are being revised based on comments from USAID. A fourth brief is being prepared on Lessons Learned from Applications of the Safe Motherhood Model.

*Collaboration with the WRA Global Secretariat.* In addition to the collaboration in Bangladesh, POLICY continues to provide TA to the global and national secretariats of the WRA upon request. During this period, the SMWG provided TA in planning for the August WRA meeting in Bali, Indonesia.

*Mobilizing for Behavior and Social Change for Improved Maternal and Neonatal Health Forum—Collaboration with WRA in Hareg, Ethiopia.* In collaboration with the SMWG and the Global WRA Secretariat, POLICY funded a consultant in March to undertake a one-week study in Hareg District on operational barriers to community participation and mobilization in rural PMTCT programs. The consultant submitted a report to POLICY on future steps to consider to address the barriers and provided examples of successful and sustainable community activities that address individual, family, and PMTCT issues and initiatives.

### ***White Ribbon Alliance for Safe Motherhood (WRA)***

***Manager: Theresa Shaver***

The WRA is a grassroots organization formed in 1999 by a group of 35 international NGOs, UN agencies, and USAID. They recognized the need for a multisectoral effort to ensure that no woman dies in childbirth from preventable causes and agreed to work together to make or keep safe motherhood a priority for international organizations and governments. The WRA’s goals are to raise awareness of safe motherhood in developing countries, build alliances to save women’s lives, and act as a catalyst for action to address the tragedy of maternal deaths and expand safe motherhood efforts.

### **Summary of WRA’s Major Activities:**

*Decisionmaking committee meeting.* The Global Secretariat conducted two successful meetings during this reporting period. The first meeting was held in Washington, D.C., on January 28–29, 2005. This meeting focused on the final review and approval of the Articles of Incorporation and review of the bylaws for the White Ribbon Alliance. The second meeting was conducted via teleconference on June 8. The Decisionmaking Committee was transitioned and voted upon to become the WRA’s interim Board of Directors until the end of WRA’s funding cycle under the POLICY Project. This board will serve until elections take place and voting is completed in December 2005. The bylaws were also approved at the meeting. The Global Secretariat is completing the IRS forms for final registration in compliance with the 501c3 requirements. Pro bono legal assistance was provided by Morrison & Foerster, LLP.

*Child Survival Collaboration and Resources (CORE) Group.* The Global Secretariat staff are members of the CORE Group's Safe Motherhood and Reproductive Health Working Group and have taken the lead in organizing and hosting technical updates on various SM and RH topics for CORE Group members and others within the wider international health and development community. Planning is underway for a new series of technical updates for fall 2005.

The Global Secretariat staff is also collaborating with the ACCESS Program and CORE to plan a one-day forum on community/social mobilization with members of private voluntary organizations (PVOs). It will highlight successful examples of community/social mobilization and discuss lessons learned to scaling up.

*WRA National Working Group.* The WRA National Working Group for Safe Motherhood launched a campaign for Mother's Day. More than 18 organizational partners collaborated to host two simultaneous press conferences on May 6, 2005. The press events were held at Mary's Center for Maternal and Child Health, in Washington, D.C., and at the Mount Vernon Neighborhood Health Center in Mount Vernon, NY. These two clinics were selected for the role that they play in providing access to healthcare and promoting safe motherhood. Both health clinics reach the underserved in meaningful and innovative ways.

The press conferences had several objectives:

- Raise awareness of safe motherhood issues in the United States, particularly regarding access/barriers to care
- Recognize and honor safe motherhood champions including community and political leaders, community clinics, spiritual leaders, nurses/midwives, individuals
- Launch the 2005 Safe Motherhood Campaign and raise awareness about WRA domestic activities
- Call to action

The press events resulted in national coverage of the launch, including two TV broadcasts, news articles in both the Spanish and English press, and online coverage.

*Global Health Council Conference.* The WRA Global Secretariat and the Global Health Council wanted to acknowledge and honor those individuals, local NGOs, and international organizations that have provided assistance to pregnant women and newborns during and after the tsunami and earthquake tragedies. The acknowledgement consisted of a small monetary award and commemorative plaque. The co-winners of the *2005 Safe Motherhood Champions in Times of Crisis Award* were the Ikatan Bidan Indonesia (IBI)/Indonesian Midwives Association and Erni Munir, a midwife from Aceh. They will also be honored during the WRA's Asia-Pacific regional conference in Bali, Indonesia.

*Ongoing support to 11 national secretariats, emerging secretariats, and membership in 71 countries.* The WRA Global Secretariat serves as an important vehicle for mobilization of members and resources; provides the critical mass needed for policy and program advocacy; shares technical information, materials, best practices, and lessons learned; and helps to leverage resources and cooperation from government, donors, and private sector entities. The following bullets summarize key activities in several countries.

- **Afghanistan:** The Global Secretariat has provided TA to WRA members in Afghanistan who are establishing a WRA Secretariat. Through close collaboration with the ACCESS Project and Afghani midwives, a workshop is being planned for the fall.
- **Bangladesh:** A two-day stakeholders' workshop was held in Dhaka, Bangladesh, in March. The workshop was a collaborative effort of the WRA Global Secretariat and POLICY Project staff.

Participants were motivated about starting a WRA Secretariat in Bangladesh. Two active core committees have since developed a strategic plan for the alliance and initiated a transparent hiring process for a coordinator. The Global Secretariat and the WRA India Coordinator provided TA to the new coordinator. An advocacy workshop is planned for August 2005.

- **Dominican Republic:** WRA members in the Dominican Republic requested TA in launching the alliance through a stakeholders' workshop, which will result in a concrete action plan to complement government efforts in maternal health. In a country where 99 percent of women deliver in a healthcare facility, the maternal mortality rate is staggering. The Global Secretariat provided TA in June 2005 to a planning committee. A larger stakeholders' workshop will be held in August 2005.
- **Ethiopia:** WRA has completed its work with the *Hareg Project: Preventing Mother-to-Child Transmission (PMTCT) of HIV/AIDS* in advocacy and community mobilization. The Ethiopian WRA Secretariat was housed in the POLICY office and has been transferred to the Ethiopian Nurse-Midwives Association for both sustainability and closer collaboration with the midwives association. A final closeout report and reports on completed WRA activities are available on request. The American College of Nurse Midwives, the WRA Global Secretariat, and WRA/Ethiopia are soliciting a proposal to expand the work undertaken in the Hareg Project and to strengthen the WRA Secretariat in Ethiopia.
- **Indonesia:** The WRA Global Secretariat and the Indonesia WRA (APPI) are organizing the WRA's first Asia-Pacific regional conference focusing on strengthening and building the capacity and skills of the WRA members and national secretariats in Asia on August 1–5, 2005. The WRA Global Secretariat has provided considerable technical support for over one year to assist the APPI Secretariat in hosting this conference.

Technical updates will be shared by leading experts in the MH field on such topics as maternal morbidity, emergency obstetric care, antenatal and postpartum care, newborn care, postpartum hemorrhage, skilled birth attendance, and other relevant topics to the Asia-Pacific region. These updates are offered to inform participants of the latest research, practices, and lessons learned. Promising and innovative programmatic examples will also be shared by individuals and organizations from throughout the region.

- **Tanzania:** The WRA Tanzania (WRATZ) completed a three-year strategic plan and has been seeking resources to sustain itself in Tanzania. The WRA led the World Health Day events in Moshi, which included a rally, provision of antenatal services, awareness materials, and messaging through dramas. Through the ACCESS Project, the WRATZ secured funding for the coordinator position, and the core committee selected a key committee member, Rose Mlay, as coordinator. The WRATZ worked with Nancy Russell of Futures Group to organize a five-day workshop on advocacy and community mobilization around the issue of skilled attendants. The WRATZ has expanded its reach to truly encompass grassroots members from throughout the country.
- **Yemen:** The Global Secretariat has been providing TA to the CATALYST Consortium staff to help establish a WRA in Yemen. A stakeholder workshop is being planned for August/September 2005.

*Partnerships.* The global WRA continues its role on the steering committee of the Partnership for Safe Motherhood and Newborn Health and has been part of several teleconferences and a recent global meeting, titled *Lives in the Balance: The Partnership Meeting on Maternal, Newborn, and Child Health*, held in New Delhi, India, from April 7–9, 2005. The global WRA is an active member in efforts to merge the three large global partnerships (the Partnership for Safe Motherhood and Newborn Health, Saving Newborn Lives Partnership, and the Child Survival Partnership) into one. WRA will continue to support this transition and remain active in the country and advocacy working groups.

The partnership and collaboration between ICM and the Global Secretariat continues to grow. A joint concept paper has been proposed to DFID and will also be submitted to AusAid in July 2005. WRA is committed to strengthening the linkages between the midwifery associations and the WRA national secretariats as well as their organizational structures and community outreach. WRA was invited to conduct a workshop at the 27<sup>th</sup> ICM Congress in Brisbane, Australia, in July 2005.

*Fundraising.* The WRA continues to diversify its funding, including the submission of letters of inquiry to private foundations and the continued receipt of private donations. On May 9, the WRA organized and hosted its second successful fundraising dinner in Washington, D.C., and Dr. France Donnay of UNFPA and representatives from the Indonesian Embassy were the keynote speakers and honored guests. Representatives from Futures Group and CEDPA were also speakers.

## **Core Packages/Targets of Opportunity (TOO)**

***Bangladesh: Strengthening Postpartum Family Planning Programs in Bangladesh to Reduce Maternal Mortality: Building Coalitions and Alliances for Advocating Change*** (Manager: Michelle Prosser). This TOO was originally developed to start a new National WRA Secretariat with a focus on developing advocacy messages and activities to increase the uptake of FP services by women in the postpartum period in Bangladesh. In January 2005, a study on barriers to accessing FP services was undertaken; the findings indicated that the resources for this TOO could be better used on other maternal health and FP issues. POLICY/Bangladesh, a representative from the SMWG, and the WRA Coordinator from India held a three-day stakeholder workshop in February 2005 in Dhaka to determine interest in starting a WRA in Bangladesh. The vote was unanimous, and a WRA core group was formed. Their work resulted in identifying a new focus for the TOO on linkages among safe motherhood, family planning, and adolescent RH issues, as well as helping the government of Bangladesh to operationalize its Maternal Health Strategy. In June 2005, interviews for a national coordinator began, and the selected candidate will take up her position on September 1, 2005.

## **HIV/AIDS CORE-FUNDED ACTIVITIES**

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

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

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

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

### **IRs**

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

***Director: Anne Eckman***

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

#### **Summary of Major Activities:**

*Strengthening the operational policy environment for orphans and vulnerable children (OVCs)* (Managers: Shetal Upadhyay and Kai Spratt). This activity aims to articulate the core elements needed to create an enabling policy environment for the protection of OVCs and to increase the advocacy capacity of stakeholders in Cambodia and India. In addition to the field-level activities, this activity will document policy and programmatic lessons learned from Cambodia and India and make recommendations for the development of strategic plans to address the OVCs in low prevalence countries. Dr. Linda Sussman is compiling the documentation, with an anticipated completion date of fall 2005. Key field activities between January and June 2005 follow:

- **Cambodia.** In March 2005, POLICY issued a subcontract to Save the Children Australia (SCA) to manage the establishment of a multisectoral OVC Task Force to contribute to the development and implementation of policy, legislation, strategies, and guidelines for children infected and affected by HIV. On May 5–6, the task force held a national consultation meeting to launch its work and define its areas of focus for the coming six months. During the meeting, several policy issues were reviewed, including clarification of the term “orphans and vulnerable children”; identification of key issues confronting OVCs; review of existing OVC policies; and assessment of the Policy Environment Index (PEI) as a potential framework to determine how the task force can best contribute to ongoing development of an Alternative Care Policy. The first official OVC Task Force meeting was held on June 7 to establish its objectives and indicators and to plan for follow-up meetings scheduled for July and August. A legislative review will be conducted by the end of August to inform the development of an advocacy plan.
- **India.** During spring 2005, POLICY/India agreed to provide TA to the National AIDS Control Program as an input to the development of India’s third national HIV strategy. This strategy will include a national response to the issue of OVCs. POLICY’s TA will include the documentation of the OVC programs currently being undertaken by government and NGOs; conduct of an OVC situational assessment in selected states; use of the SPECTRUM system to estimate the number of OVCs; and estimation of resource requirements for a comprehensive OVC program.

*Strengthening capacity of the Global Network of People Living with HIV/AIDS (GNP+)* (Manager: Shetal Upadhyay). This activity aims to strengthen GNP+’s ability to foster the meaningful participation of PLHAs. In partnership with POLICY, GNP+ has provided capacity building and training to PLHA advocates to augment the capacity of GNP+’s regional secretariat. GNP+ also provided technical support to POLICY’s work in strengthening PLHA participation on the Global Fund to Fight HIV/AIDS, Tuberculosis (TB) and Malaria (GFATM) Country Coordinating Mechanisms (CCMs). In May 2005, GNP+ prepared and submitted two final reports: a policy guidance document on the Global Fund, treatment guidelines, and indicators related to the PEPFAR initiative; and a progress report on the advocacy advances and challenges from each GNP+ region in relationship to the global agenda. This activity has been completed.

- **Strengthening PLHA involvement: principles and practices** (Manager: Philippa Lawson). This activity focuses on increasing capacity of the GFATM CCMs to meaningfully engage with PLHAs and to provide guidance on how CCMs can be improved. This activity is linked to POLICY support to GNP+ (as discussed above). Specifically, the coordination of the translation and dissemination of the two products developed through this activity (the “Guidelines for Improving CCMs through Greater PLHA Involvement” and the handbook *Challenging, Changing, and Mobilizing: A Guide to PLHA Involvement in Country Coordinating Mechanisms*.)
- **Extensive dissemination and utilization of the two tools in countries, regions, and worldwide.** Between January and June 2005, more than 3,000 hard copies of the handbook and 8,000 hard copies of the guidelines were distributed to POLICY and other country offices (i.e., UN, USAID, GTZ) and at regional and national launches and events, including the South Asia Treatment Preparedness and Advocacy Workshop (Nepal, January); Network of African Positive People (NAP+) board meeting and Kenya National AIDS Coordinating Council (Kenya, February); the Ukrainian Network of Positive People and meeting to discuss forming the new Ukrainian CCM (Russian guidelines, February); the launch of the Vietnamese CCM guidelines with *Act Now* with POLICY/Viet Nam, Vietnamese Women’s Union, and UNAIDS (Viet Nam, March); the West African Treatment Preparedness and Advocacy Workshop (Cameroon, March); Nigeria PLHA network meeting (Nigeria, March); the VSO regional meeting looking at needs of PLHAs (Ghana, March); the APN+,

Thai Treatment Activist Network and HDNET (Thailand, April); the Latin American Network of Positive People (REDLA+) (May); the Central American Network of Positive People (May); Eastern European treatment and HIV networks (May) Malawi Network of PLHAs (MANET+) handbook training and Malawi National AIDS Council sponsored launch of the guidelines and handbook (Malawi, June); the Nepal Network of PLHAs (NAP+N) and CCM inauguration of Nepali version of the handbook and guidelines (Nepal, June); and the UNAIDS “3 Ones and Involving Civil Society” working group meeting (Geneva, June). In addition, the guidelines and handbook were distributed electronically by GTZ, POLICY, GNP+, ICW, Global Fund, UNAIDS, Health and Development Networks, REDLA+, APN+, International Treatment Preparedness Coalition, i-base, and numerous other groups. The guidelines and handbook are also available on the Global Fund, UNAIDS, GTZ, POLICY, GNP+, and other websites. In July, the Russian and Vietnamese versions of the handbook will be launched.

- **Changes achieved in coordinating body guidelines and increased PLHA representation.** These two resources have also contributed to changes in international and national policies and operational guidelines, as well as increased representation of PLHAs in the Global Fund and national bodies. The Global Fund board delegation of communities living with the three diseases used the PLHA CCM guidelines to advocate for changes in the Global Fund’s CCM guidelines. The board adopted two of the recommendations to make them requirements for Global Fund CCMs and, in November 2004, revised their official CCM guidelines with the stated requirements from the guidelines for CCMs to use in 2005. In Nepal, an additional PLHA, a HIV-positive woman, was appointed to the CCM and observers and press were allowed to attend meetings beginning in December 2004. In Viet Nam, in May 2005, the MOH requested the names of the two positive people, to be selected by their peers, to be the representatives on the CCM, after nine months of silence. The Ukraine PLHA Network used the guidelines to advocate, along with POLICY Project and others, for a new and improved CCM. As of May 16, 2005, the newly formed Cabinet of Ministers of the Ukraine government adopted No. 352 Resolution “On establishment of National Coordination Council” and approved the “Terms of Reference” for the National Coordination Council (NCC) that states that “the chair of the Council has two deputies, one of which represents people living with HIV,” and an additional PLHA representative, and NGO, INGO, bilateral, UN, multilateral, and private sector representatives are each selected by their constituency (upon consent), and sit on each of the Oblast (regional) AIDS Coordination Councils. In June 2005, the UNAIDS, ICASO, and International HIV/AIDS Alliance decided to adopt and disseminate the PLHA guidelines and handbook to all their country offices as a tool to implement the “Three Ones.” In addition, UNAIDS decided to translate the two tools (i.e., into Portuguese) and to adapt the tools to relate specifically to the Three Ones.

*Policy reform to meet access to treatment goals*<sup>†</sup> (Managers: Chipso Mbanje and Anne Eckman). This activity aims to promote strategies that will ensure scale-up of antiretrovirals (ARVs) reaches both women and men living with HIV. To accomplish this, POLICY established a partnership with the International Community of Women Living with HIV/AIDS (ICW) in Swaziland. This collaboration will identify policy and programmatic gaps and barriers that hinder HIV-positive women from accessing treatment, care, and support at local and national levels. The activity further aims to address the identified gaps by building the advocacy capacity of ICW members to employ the relevant interventions at the different levels. ICW developed a set of guiding questions for a rapid assessment of women’s barriers to treatment and conducted a desk review to consolidate existing research and an assessment of current policy and program documents related to women’s access to treatment. The desk review assessed women’s personal experiences; current legislation, regulations, policies and program guidelines or lack

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<sup>†</sup> This activity is being carried out in conjunction with the reproductive health needs TOO in order to take advantage of the synergies between the two projects and their shared goals of capacity building for HIV-positive women in ICW’s Southern Africa region.

of; and key policy and program arenas/openings for advocacy change. A three-day validation meeting with 45 ICW members (20 women from Swaziland and 25 from South Africa) was held June 13–15 in Durban, South Africa. The meeting provided an opportunity for HIV-positive women to review the rapid assessment findings and to set priorities, which will inform the development of the advocacy curriculum for the upcoming 5-day advocacy workshop August 15–19 with the same 45 women.

*Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF)* (Manager: David Lowe). The objective of this activity is to support the APLF in its work to build a dynamic leadership response to HIV/AIDS in Asia and the Pacific. Key activities between January and June 2005 include:

- **Expanded dissemination of *Act Now*.** POLICY has supported the translation of *Act Now*, an advocacy publication targeting senior leaders, into Chinese and Vietnamese. A provincial-level launch of *Act Now* was organized in Yunnan in January 2005 by POLICY/China. The Vietnamese version of *Act Now* was launched in Hanoi in February 2005. Both launches attracted extensive print and electronic media coverage. The Bahasa Indonesian version of *Act Now* will be launched in August 2005.
- **Media leadership work planned.** With support from POLICY, the APLF is planning to undertake leadership development work with the mass media sector in south Asia. This will be undertaken as a two-part process beginning with an initial one-day meeting for senior media executives in selected countries (India, Bangladesh, Sri Lanka, Pakistan, and possibly Nepal) followed by a subregional meeting. The objectives of the media work are to sensitize senior media executives to the current HIV situation in their respective countries and the subregion and to engage their active response; examine best practice examples of how the media has constructively contributed to the problems posed by HIV/AIDS; and develop a plan of action for media leadership in the response to HIV/AIDS.
- **UNAIDS funds earmarked to support Viet Nam A<sup>2</sup> advocacy activities.** Agreement has been reached between POLICY, the UNAIDS Regional Support Team (RST) in Bangkok, and UNAIDS Viet Nam for \$50,000 of APLF funds to be spent on advocacy activities in Viet Nam under the auspices of the A<sup>2</sup> Project). The activities will address the media and HIV/AIDS and educate key stakeholders about the new national HIV/AIDS legislation.

*Women and inheritance: A framework for action* (Manager: Anne Eckman). POLICY conducted a pilot project in Kenya to support advocacy and policy change efforts needed to promote and protect women's inheritance and ownership rights to property. To meet this goal, this activity supported Kenyan NGOs to strengthen advocacy skills by sharpening their analysis of barriers to women's inheritance rights at the policy and grassroots levels. In particular, this activity sought to support a participatory advocacy analysis and planning process with key stakeholders in Kenya to design an advocacy strategy. Between January and July 2005, this activity has focused on documenting lessons learned and key tools in an easy-to-use guide for use by other organizations. To hone the lessons learned, follow-up evaluations were conducted with Kenyan NGOs who participated in the process. Core planning team members also participated in a series of guided assessment phone calls. The final document should be completed in August 2005.

*Confidentiality and strengthening counseling and testing policies* (Manager: Kai Spratt). This activity focuses on assessing the current laws and guidelines protecting confidentiality of HIV test results, primarily in Botswana. The Botswana situation will be contrasted by an examination of South African policies and a literature review to better understand (1) the adequacy of these policies and guidelines from a human rights perspective and (2) if and why counselors and healthcare providers breach confidentiality. Elucidating the conditions around which confidentiality is breached may better inform the recommendations made at the end of this activity. This activity has five components: a review of the national confidentiality policies in South Africa and Botswana, a review of the literature concerning

issues of confidentiality and stigma and discrimination in the southern African region, interviews with HIV counselors and healthcare staff in Botswana, a review of commonly used HIV testing and counseling curriculum to assess how confidentiality is addressed, and a stakeholders meeting in Botswana to share the findings of the analyses.

In April 2005, POLICY received endorsement from the U.S. Emergency Plan Interagency Team and the MOH in Botswana to conduct these activities in Botswana. A subcontract was executed with the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) in May 2005 to conduct the policy, literature, and curricula review, and collect the interview data. The policy and literature review are underway. A protocol detailing the methodology for selection of healthcare sites and staff to interview, along with the survey, were submitted to the Committee for Approval of Human Research, MOH, on June 10; a review will be conducted on July 7. Survey data collection via interviews is planned for August. A December 7 stakeholders meeting is scheduled in Gabarone.

Because of delays in obtaining official approval from the Department of Health, Sub-directorate for VCT or the health departments of the provinces to collect survey data, it was decided that the survey and stakeholders meeting in South Africa would not be continued at this time.

*Women and AIDS* (Manager: Kai Spratt). Significant progress was made on the women and HIV/AIDS initiative this reporting period. The women and HIV/AIDS team prepared detailed conceptual models and evidence tables on four topics: inheritance and property rights, access and adherence to treatment, gender-based violence, and young women and girls. For two of these topics, inheritance rights and treatment, the team convened two meetings in Washington, D.C., in April with gender and HIV/AIDS experts to review the evidence and conceptual models, and develop program suggestions for implementation by U.S. government partners in the field. The meetings were attended by representatives of O/GAC, the Department of Defense, Center for Disease Control (CDC), Health Resources and Services Administration (HRSA), and Peace Corps. The models, evidence, and program suggestions were subsequently summarized and presented to O/GAC and field staff at the Emergency Plan annual meeting held in May in Addis Ababa. Using this data, POLICY/Kenya Country Director, Angeline Siparo, gave the plenary presentation on gender, titled "Hasten the Pace: Making Programs Work for Women." The presentation received praise from meeting attendees. For example, the Minister of Health from Guyana noted, "The issues you presented are the same ones we struggle with. I cannot explain it as you have just done ... your presentation shows there is hope."

The team is finalizing the information on GBV and young women and girls and will incorporate that information into a PowerPoint presentation, amending what was presented at the Addis meeting. This presentation can be used to advocate to a variety of audiences including policymakers and is adaptable depending on need; the full presentation will be available in fall 2005.

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

***Director: Steven Forsythe***

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

### **Summary of Major Activities:**

*Resource allocation* (Manager: Steven Forsythe). In the area of resource allocation modeling, a number of revisions have been made to the Goals Model over the past six months. There has been a particular focus on reorienting the Goals Model to the Asian epidemic, which has included reviewing the existing literature on the effectiveness of IDU interventions in the Asia region (this work has been undertaken with Mekong HIV Regional Funds).

With core funds, POLICY conducted TA visits to Mozambique and Namibia to begin the data collection process for a Goals application. In Mozambique, the data collection process has begun and the training is planned.

Using resources from REDSO, POLICY was able to follow up with Goals applications in several countries. In Rwanda, a TA visit was made to initiate data collection and to explain the usefulness of the model. In Zambia, a TA visit in May included reviewing the data collected and making plans for Goals training.

*Workplace policies* (Manager: Courtney Bickert). POLICY has continued to make significant progress in promoting the development of HIV/AIDS workplace policies. Workplace Policy Builder (WPB version 2.0) has been significantly revised, including additional policies. Policy development exercises using WPB have been successfully conducted in Kenya and Namibia.

In Mexico, POLICY formed a business council (CONAES), comprising more than 20 companies. The first annual conference of CONAES was held in Mexico City. All CONAES member companies made presentations regarding their workplace policies and practices related to HIV/AIDS. In addition, POLICY completed a Spanish version of WPB in June, which is being used by CONAES to design workplace policies in Mexico. POLICY has also initiated activities in Beijing, China. Following an extensive search, POLICY has identified a consultant in China who will work with Chinese businesses to develop HIV/AIDS workplace policies and programs. POLICY has now developed specific plans for conducting activities with workplaces in China using core funds.

*AIDS and economics/reference groups* (Manager: John Stover). In April 2005, POLICY and the International AIDS and Economics Network sponsored two sessions timed to coincide with the annual meetings of the Human Sciences Research Council (HSRC). Planning for the meetings began with a request for abstracts posted in fall 2004 at [www.iaen.org](http://www.iaen.org). POLICY emphasized scholarships for young researchers, particularly those from sub-Saharan Africa. From the many excellent proposed abstracts, a committee selected papers to be presented in the Cape Town meetings. With UNAIDS support arranged by UNAIDS and HEARD, three young scholars joined POLICY in the meeting sponsored by the International AIDS and Economics Network (IAEN). These scholars were from France, Cameroon, and Kenya, and they presented the following papers:

- Chrystelle Tsafack, “What is important in determining the evolution of HIV in SSA”
- John Wasonga, “Willingness to pay for ARV in Nairobi”
- Max Memfih, “Assessing household socio-economic effects in Cameroon”

The same session included a fourth paper by a University of Cape Town graduate student:

- Sebastian Kevany, “An Economic analysis of the secondary hospital treatment of patients receiving highly active antiretroviral therapy (HAART) in South Africa”

There was an ample and well-informed discussion that focused on next steps to assure proper balance among prevention, care, and treatment and best practice for future research opportunities.

At the close of the three-day HSRC meeting, IAEN was offered the opportunity to use the hall set aside for plenary meetings at the Cape Town Conference Center. In a three-hour program, seven more senior scholars and practitioners presented summaries of their work.

Ishrat Z. Husain of USAID's Africa Bureau, and formerly a senior manager of the health sector at the World Bank, presented a keynote address on health and development interactions with special reference to how AIDS may develop as a consequence of selected aspects of the development process. Her talk was followed by several presentations on development and HIV/AIDS issues, as well as analyses of the costs of providing ARV therapy in sub-Saharan Africa.

POLICY also made presentations at various meetings and conferences, including the following:

- HIV/AIDS and the Goals Model in Namibia, Windhoek, Namibia, May 2005
- HIV/AIDS and the Goals Model in Zambia, Lusaka, Zambia, May 2005

### ***IR3/IR4: Research, Tools, and Capacity Development***

*Stigma Index* (Manager: Lori Bollinger). The Stigma Index will measure HIV-related stigma and discrimination. Without a consistent methodology to measure stigma, it is difficult to monitor and evaluate interventions to reduce it. POLICY has been working with the Interagency Working Group (IWG) on Stigma and Discrimination Indicators to design such an index. The methodology consists of gathering available studies and matching reported indicators with the indicators recommended by the IWG. During the past six months, the questionnaire was designed and field-tested in Mexico and South Africa. Initial results of the index were also calculated, based on the field test results. Both the methodology and results were presented at the IWG meeting of June 7, 2005.

The results of the field tests were disappointing. Few studies with measured indicators existed, and existing indicators were difficult to map to the indicators recommended by the IWG. As a result, it was suggested that the scope of the survey be scaled back and the remaining budget be used to organize the overall results of the IWG into one concise document, as well as efforts to encourage cooperation and dissemination with UNAIDS, IPPF, and other organizations working in this area.

*Why policy matters?* (Manager: Lou McCallum). A framework for the monograph has been developed. Research identifying examples of the impact of policies and of a policy framework on HIV/AIDS outcomes is well underway. It is intended that the document will focus primarily on the various ways that policy is expressed, the forces at play in policy development and change, and on the effect that changes in policies in other areas have on HIV/AIDS outcomes. A draft will be available for comment by the end of October.

## **Working Groups**

### ***Human Rights Working Group***

***Chair: Lane Porter***

The purpose of the HRWG is to create a shared understanding of critical issues in human rights as applied to HIV/AIDS and to promote a rights-based approach in core and field activities. Components of a rights-based approach include advocacy and activism, information services, participation, capacity development, alliance building, community mobilization, and collaboration and coordination. POLICY's human rights

activities for HIV/AIDS focus on empowerment and protection of those infected with HIV/AIDS, with particular attention devoted to prevention among those populations most vulnerable to HIV/AIDS.

### **Summary of Major Activities:**

*Support for Human Rights (HR) advisor.* POLICY's HR advisor continued to serve as co-chair of the IWG for Stigma and Discrimination Indicators. The working group hosted a workshop to review progress on related work, including the POLICY Stigma Index, the POLICY/Mexico stigma and discrimination indicators, and those of other CAs. This review will lead to planned preparation for USAID of a situational analysis document on stigma and discrimination indicators for USAID. (See Stigma Index write-up under IR3.)

*Materials development.* The HR advisor and staff prepared informational briefs on topics linking HIV/AIDS and human rights. The briefs highlight the links between human rights and POLICY's work in selected HIV/AIDS topic areas and are intended to have application for PEPFAR themes and countries, with a focus on program areas found in the guidance document for country operational plans (COPs). The briefs concern human rights in relation to PMTCT and protection of the mother; palliative care, basic healthcare, and TB; OVCs; HIV/AIDS treatment and ARV drugs and services; and property and inheritance rights.

In collaboration with IR1, POLICY HR staff provided substantial technical advice in the design and completed text of the HR supplement to POLICY's advocacy training manual; and supported applying the supplement in Nigeria as part of POLICY/Nigeria's integrated advocacy, networking, and human rights workshop for NEPWHAN, the Nigerian network for persons living with HIV/AIDS.

*Dissemination.* HRWG hosted or participated in dissemination events highlighting POLICY's human rights work. For example, POLICY hosted a presentation on human rights and law development in Asia by Chris Ward, POLICY's Regional Advocacy and Policy Specialist to A<sup>2</sup>. Lane Porter presented, as part of a World Bank conference, POLICY-supported recommendations of the Tanzania Women Lawyers Association for law development and reform in relation to legal protection of OVCs.

The HRWG also conducted events to disseminate human rights knowledge among staff, through brown-bag lunches on human rights issues, a newsletter, and a bulletin board. For example, POLICY staff (Marcela Huaita, Anne Eckman, Michelle Dobson) and consultants (Mande Limbu, Carole Vidal-Naquet) participated in an Emory University Conference, titled *Health and Human Rights: Lessons Learned From Rights-Based Approaches to Health*, and subsequently presented conference highlights in a "report back" roundtable.

### **Core Packages/Targets of Opportunity**

***Nepal: A Pathway to Stopping the Rapid Spread of HIV/AIDS in Nepal: Increasing the Participation of Affected Groups in Designing Effective Policies and Programs*** (Manager: Philippa Lawson) The purpose of this core package is to increase the meaningful participation of injection drug users (IDUs) in the HIV/AIDS policymaking environment and, thereby, increase the effectiveness of HIV/AIDS prevention, support, and care for IDUs. Despite the difficult political situation, between January and June 2005, Recovering Nepal (RN) expanded and strengthened the organizational, leadership, and advocacy capacity of IDUs as detailed below. Although all major activities of this core package are complete, implementation will continue this fall. The anticipated completion date of this activity is November 2005.

RN held four regional consultation meetings, three regional advisory meetings, and several advocacy events with a total of 238 participants. As a result of its advocacy activities, RN continues to receive media coverage in newspapers and television. RN coordinators and an executive member participated in a TV debate program—two episodes will be aired—discussing issues such as a holistic approach to treatment and substitution programs, along with stigma and discrimination from media and medical professionals. On June 3, a one-hour radio program focused on RN and the movement. On June 18, RN launched a one-hour weekly radio program focusing on issues and needs of drug users and PLHAs. In addition, RN also produced the 5<sup>th</sup> edition of its bi-monthly advocacy newsletter, presented an abstract on its work at an international HIV-related conference in Belfast (March 2005), and had one of its members selected as an Asian representative in the newly developed International Network of Users Group.

In May, the network was formally registered with the government of Nepal as Recovering Nepal (RN), receiving a certificate as proof of registration. RN drafted by-laws and a structure, with the advisory group being renamed as the executive committee. Currently, there are 64 members, representing five regions.

RN succeeded in effectively participating in policy dialogue and achieved results in influencing policy formulation with IDU representation. Beginning in November 2004, a RN member has been participating in the committee to draft the national strategy on methadone in Nepal, leading to the adoption of suggestions to change the strategy. The Methadone Maintenance Program will start in five different regions through five centers beginning July 1. RN will participate in social support, counseling, and program implementation. As a result of advocacy, one representative of RN will be on the Steering Committee of Substitution Therapy in Nepal, which will be responsible for developing, monitoring, and supporting the ongoing program. In addition, RN made specific suggestions that were included in the HIV and AIDS (Prevention, Control and Treatment) Bill/Ordinance, 2061 on January 12, 2005. RN also achieved membership and participation in several government and/or donor steering committees, such as the Revision of the National Workplan committee and its newly formed vulnerable groups' consortium, the task force to form a Coalition of AIDS Network, and a PMTCT workshop. RN also served as a co-sponsor with MOH of the Drug Awareness Program. The RN regional board is currently working with the government to have Pokhara as one of the focal points for ARV distribution.

In May 2005, RN and other “vulnerable groups” advocated that the Nepal Global Fund and DFID-funded process was unfair to vulnerable groups since the donors were requiring NGOs be registered for at least four years before being able to apply for funds. After much advocacy, the Global Fund secretariat in Geneva wrote a letter (dated May 27) for Nepal to change its policies to include eligibility of the vulnerable groups. Also, DFID/Nepal changed its policies so that vulnerable groups were eligible to apply in Nepal. In addition, on June 27, RN organized its first peaceful protest demonstration, with over 70 drug users with various banners outside of the UN building in Katmandu. RN leaders were invited inside by the UN and presented their position paper on policy and program changes needed to address the needs of drug users. As a result, the UN agreed to facilitate the development of a comprehensive program for drug users, including the right for RN to submit a proposal to the UN (the drug user groups were previously excluded from the process.) A RN contact person was designated to coordinate the follow-up between RN and the UN.

***Meeting the RH Needs of HIV-positive Women: Swaziland Core Package  
Manager: Anne Eckman***

This activity seeks to identify and address prioritized operational policy barriers to improve the RH needs of HIV-positive women in RH programs, including VCT, PMTCT, and antenatal care (ANC). Between January and June 2005, global dissemination of lessons learned continued. In April, a POLICY staff member presented the Sikanyekanye Project at a roundtable discussion at the international conference on

Health and Human Rights, “Lessons Learned from Rights-based Approaches to Health.” To further share the project’s design and lessons learned, the documentation process of Sikanyekanye has begun. The final report for this core package has been drafted and will be completed in September 2005. In addition, a binder is being compiled to assist others seeking to replicate this project. The binder consists of relevant materials, such as meeting minutes, research protocols, and training reports.

***Meeting the RH Needs of HIV-Positive Women: Using Evidence to Advocate for Change (co-funded with POP core)***

***Managers: Chipo Mbanje and Anne Eckman***

This target of opportunity (TOO) aims to build advocacy capacity of women living with HIV to address their reproductive needs by identifying and reducing related policy and operational barriers at the community, facility, and national levels and to facilitate greater access to services. The activity is being implemented in South Africa and Swaziland through a subcontract with ICW. Capacity building for leadership by and for HIV-positive women remains an integral part of this advocacy effort. At the beginning of 2005, ICW and POLICY finalized a comprehensive scope of work, a capacity-building plan, and a project management structure to ensure monitoring throughout the project process.

To provide strategic guidance and build support for the overall process, POLICY formed a reference group with 15 members from Swaziland and South Africa in April 2005. The first consultation was held on June 4 in Durban to familiarize members with the activity, mobilize their expertise, and review the planned rapid assessment methodology. Another meeting is scheduled for July 21, 2005.

ICW conducted a desk review in Swaziland and South Africa, supplemented by interviews with women living with HIV/AIDS in South Africa, to identify key barriers and support to meeting HIV-positive women’s reproductive health needs as well as current policy opportunities and barriers for responding to these needs. ICW held focus group discussions with 23 HIV-positive women from rural and urban cities, each of whom, to expand the findings, conducted interviews with three other HIV-positive women within their community.

A three-day validation meeting with 45 ICW members (20 women from Swaziland and 25 from South Africa) was held June 13–15 in Durban, South Africa. The meeting validated the findings from the rapid assessment and facilitated a process for participants to prioritize of their advocacy issues. The findings and prioritized issues will inform the development of the advocacy curriculum for the upcoming 5-day advocacy workshop (August 15–19, 2005) with the same 45 women.

***Aligning HIV Policy: Addressing Stigma and Discrimination***  
***Manager: Anita Bhuyan***

This target of opportunity (TOO) seeks to compile and disseminate POLICY's lessons learned for assessing and reducing stigma and discrimination. During this time period, drafts of three policy briefs were completed and are currently under internal review. The briefs cover stigma and treatment, internal stigma, and breaking the cycle of stigma and discrimination. Consultants and POLICY staff were also commissioned to write profiles of individuals who have benefited from POLICY TA and are now working to combat stigma and promote human rights in their countries. Nine profiles on eight countries have been completed and are currently under internal review. The countries profiled include Cambodia, Kenya, Mexico, Nepal, South Africa (2 profiles), Thailand, Ukraine, and Viet Nam. POLICY has also developed a comprehensive matrix that tracks all of the project's stigma, discrimination, and human rights-related activities. This information will be used to show how USAID/POLICY has contributed to an enabling environment for HIV/AIDS policies and programs. The anticipated completion date of this TOO is September 2005.

## REGIONAL/BUREAU ACTIVITIES

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### FP/RH

#### *Africa Bureau*

*Manager: Carol Shepherd*

*RAPID Models.* Two countries, Ghana and Rwanda, were selected to use RAPID models to reposition family planning. In Rwanda, POLICY staff applied the RAPID Model at the request of the MOH as part of the Repositioning Family Planning Program. Working with a local consultant, POLICY staff collected indicators from five sectors: economy, education, health, urbanization, and agriculture. Stakeholders, including the Minister of Health, finalized a presentation on the model and made presentations to 30 members of Parliament; the U.S. Country Team, including the Ambassador and the Deputy Chief of Mission (DCM); and members of the Capacity Project. POLICY trained two local counterparts as RAPID presenters and will work with IntraHealth in identifying future opportunities to present the model. In Ghana, POLICY hired consultants to collect data. Local staff are inputting the data and working on the application.

*Repositioning family planning conference.* POLICY staff and consultants had a major role in the Regional Conference on Repositioning Family Planning held in Accra, Ghana, in February 2005. POLICY provided TA in analyzing and presenting data on unmet need for family planning and its impact on health and development. Local counterparts prepared and delivered presentations on legislative reform and family planning, unmet need, and the role of civil society in advocating for family planning.

*Repositioning family planning through legislative reform in Francophone Africa.* POLICY prepared a concept paper that proposes a continued collaboration with AWARE RH in advancing legal-regulatory reform and strengthening the role of parliamentarians. The Africa Bureau approved the paper and in the next reporting period the following three activities will be implemented: (1) expand legal-regulatory reform to additional countries using the “*Guide on Legal-Regulatory Reform in Francophone Africa*,” (2) expand input into and complete the regional guide on translating laws into action, and (3) respond to AWARE RH requests to assist in conference follow-up in selected countries. The first conference to expand legal-regulatory reform to new countries will be held in August in Dakar, Senegal.

*Regional alliances among faith-based organizations (FBOs).* POLICY and the Africa Bureau met to discuss and agree on a strategy for working with FBOs in supporting FP/RH programs. A concept paper was written that builds on POLICY’s work in Mali, Uganda, and Senegal, and the momentum from the First Conference for the Network of African Islamic Faith-based Organizations held in Abuja, Nigeria. Over the next six months, the POLICY Project will convene a regional meeting in Mali, bringing together Islamic FBOs from selected African countries to share innovative advocacy strategies leading to the formulation and adoption of favorable FP/RH policies. This forum will provide the various institutions with an opportunity to discuss best approaches, identify challenges, and help each other embark on their own advocacy efforts in addressing FP/RH within their religious institutions.

*Studies on family planning status and trends in countries hard hit by the AIDS epidemic.* POLICY completed a synthesis paper based on studies of family planning in the context of HIV in Cambodia, Ethiopia, Kenya, and Zambia. The paper is currently being reorganized.

**LAC Bureau****Regional Manager: Varuni Dayaratna**

As a follow-up to the LAC regional contraceptive security conference held in Lima, Peru, last October, POLICY continues to collaborate with DELIVER on a regional CS workplan. POLICY is completing market segmentation analyses in three countries—El Salvador, Peru, and the Dominican Republic—and will present the results to the country-based CS committees during the next few months, at which time the committees will identify the optimal market structure for their countries. At a subsequent meeting, the committees will begin to identify policies and other mechanisms that will move toward the optimal market structure.

Also related to improving the knowledge base necessary for effect CS planning in LAC, POLICY is undertaking a five-country study of the legal and regulatory environment surrounding options for commodity procurement. In the Dominican Republic, El Salvador, Nicaragua, Paraguay, and Peru, a local consultant and a regional consultant are studying policies and meeting with policymakers in an attempt to better understand the options available for procuring contraceptives after donors have phased out. The consultants will complete the study later this year, and the results will be used with those from a regional costing study being conducted by DELIVER to identify the costs of contraceptive supplies under different procurement scenarios.

**HIV/AIDS****Africa Bureau****Regional Manager: Brenda Rakama**

*Interactions of health and development* (Manager: William McGreevey). POLICY is providing support for preparation of a major paper on “Interactions of Health and Development: Is Africa Different?” The paper will examine how economic and development affect health status indicators and possible policy responses to mitigate the impacts of development on health, especially in an environment where HIV/AIDS is having a major impact on the health status of the population in Africa.

**Southern Africa Regional HIV/AIDS Program (RHAP)****Manager: Nomhle Nkumbi-Ndopu**

**Program Objectives:** Using a coordinated strategy for dealing with HIV/AIDS, the POLICY Project, through the Regional HIV/AIDS Program of Southern Africa (RHAP), is working with the Southern African Development Commission (SADC) and individual countries to improve HIV/AIDS policies in the region and create an enabling environment to mitigate the spread and impact of HIV/AIDS. In particular, POLICY supports and provides assistance in the following areas: regional policy activities, networking and information sharing, and improved consistency and comparability of data. Since RHAP’s inception in 2000, POLICY, in close collaboration with U.S. embassies, has provided TA in planning and implementing the U.S. Ambassador’s Initiative Program in Botswana, Lesotho, and Swaziland. Through a series of capacity-building and skill-building workshops, institutions and networks in the three countries are able to advocate or increase their involvement in HIV/AIDS programs, form local partnerships, and facilitate the development of HIV/AIDS activities. The program’s implementation is determined by the U.S. Ambassador and staff and guided by current HIV/AIDS strategic plans, activities, and identified priority areas in the three countries.

### **Summary of Major HIV/AIDS Activities:**

*University of Swaziland (UNISWA) peer counselors and educators.* As part of the U.S. Ambassador's Initiative, POLICY provides TA and financial support to 60 peer counselors and educators (PCE's) of the University of Swaziland as part of the Live Life Consciously program. This program provides HIV/AIDS information, counseling, HIV/AIDS testing, training, and outreach services to the UNISWA population. In the last period, UNISWA held a commemoration for World AIDS Day on February 18, 2005. This commemoration had been postponed from December 1, 2005, due to the campus's closure. The main objectives of this event were to commemorate World AIDS Day, to raise awareness on HIV/AIDS on campus, and to launch the HIV/AIDS PCEs' website. Approximately 60 students and academic staff attended the event. A Live Life Consciously Concert was held on February 19 to raise awareness about VCT. The artists' performances and their messages were in line with the Live Life Consciously Campaign. The concert also featured guest speakers who spoke about the importance of knowing one's HIV status. One hundred students attended the concert.

*Society Against HIV/AIDS (SAHA), University of Botswana.* POLICY continues to provide TA and financial support to SAHA through the U.S. Ambassador's Initiative. The society is responsible for raising awareness about HIV/AIDS, especially among new students entering the university. Since implementation, there has been a higher uptake of VCT services at the university and the organization has grown its membership. SAHA actively promotes and encourages students to be tested for HIV at the VCT sites available on campus. SAHA also interacts with partner universities in the region.

*Strategic planning and HIV/AIDS policy for the Evangelical Lutheran Church of Lesotho (ELCL).* Prior to this reporting period, the WPB software was used to assist ELCL to develop an HIV/AIDS policy. In January 2005, the policy was revised, adopted, and launched successfully. There has since been interest shown by other faith-based groupings in Lesotho to develop HIV/AIDS policies.

*RHAP website.* POLICY continues to support Into the Limelight for its maintenance of the RHAP website and development of RHAP presentations, publications, and workshop reports. POLICY provided TA in reviewing information briefs for the website on the U.S. Ambassador's Initiative in Lesotho, Swaziland, and Botswana. Recently, 16 new materials, which include reports and HIV/AIDS articles and publications, have been added to the site.

*Capacity building for the community and traditional leaders in Swaziland.* POLICY staff visited The AIDS Information Center (TASC) in February 2005 to discuss strategies for the future sustainability of the projects.

*Sikanyekanye: Meeting the sexual and reproductive health needs of HIV-positive women in Swaziland.* Following the second meeting of the Mental Health and HIV/AIDS Initiative on November 29, 2004, another meeting was held with Ministry of Health and Social Welfare (MOHSW) representative Dr. Kanye in February 2005. At the meeting, the MOHSW showed renewed interest in ensuring policy gaps are addressed and policies are effectively implemented. MOHSW renewed its commitment to ensure the current draft of the National Mental Health Policy is adopted by Parliament. The minister has shown commitment to this process. Sikanyekanye held a planning session in January 2005 to reflect on project accomplishments and plan the way forward, resulting in a draft project plan. POLICY met with the Sikanyekanye project team in March and has facilitated further discussion on the future work of the project and on issues relating to the sustainability of Sikanyekanye.

As a result of this consultation, POLICY has agreed to provide ongoing support to the Sikanyekanye Project until December 31, 2005. During the next six months, the Sikanyekanye Project will identify and address specific policy issues relating to the reproductive health needs of HIV-positive women in

Swaziland. At a meeting scheduled in July, specific policy issues will be identified and prioritized for action.

Sikanyekanye prepared a presentation of its work for a conference hosted by the Emory Institute for Human Rights, Emory University, Atlanta, from April 14–16.

*Sexual and reproductive health of women living with HIV.* POLICY has partnered with ICW to identify policy and programmatic gaps related to access to care, treatment, and support (ACTS) for women living with HIV/AIDS in Swaziland. The project also aims to address the identified gaps by employing relevant advocacy interventions.

During April and May, ICW completed an assessment of the needs of women living with HIV in relation to sexual and reproductive health and ACTS. A 3-day meeting was then held in June in Durban, South Africa, to validate the assessment reports for sexual and reproductive health and ACTS. Twenty members of ICW/Swaziland and 23 members of ICW/SA attended. At the meeting, key advocacy issues were identified and will be expanded upon at the August meeting.

A reference group for the activity has been formed and meets on a quarterly basis. The first meeting was held on May 4 and another meeting is scheduled for July. The reference group is composed of stakeholders who provide the project with expertise, guidance, and experience. Core management meetings were held by teleconference in May.

*OVC Psychosocial Support Project, “Marang” in Botswana.* This project, an initiative of the U.S. Ambassador’s Initiative, aims to expand community-based support for OVCs in Botswana. The POLICY Project implements it in partnership with the Regional Psychosocial Support Initiative (REPSSI). Since the advocacy workshop on OVCs, facilitated by POLICY from September 27–October 1, 2004, the 10 network partners have been applying their advocacy skills to place OVC issues on their communities’ agenda. POLICY staff attended a board meeting held on March 31, 2005, in which an annual report was presented and adopted. This board meeting also concluded the initial pilot phase of the Marang Child Care Project. A follow-up meeting between POLICY and Marang was held on April 1 to focus on the project’s progress and highlight and discuss challenges.

A strategic planning session was held from May 9–11, and 41 people attended. POLICY facilitated the strategic planning for the future of the Marang Project. The 10 network partners made a decision at the meeting to begin the process of registering the Marang Network as a legal entity. The participants resolved to continue to push for future work to focus on OVC policy. The network has developed a commendable reputation in Botswana and its work is starting to be recognized in the policy arena. POLICY continues to play a key role in providing support and is helping to develop a monitoring and evaluation system for the network.

*Ensuring confidential testing for HIV in Botswana.* In March 2005, POLICY made a proposal to the U.S. Embassy in Botswana to undertake an activity focused on confidential HIV testing. This activity will involve a policy review, literature review, site visits, and a stakeholders meeting with a view to gathering and sharing information regarding policy and program gaps related to maintaining confidentiality. The U.S. Embassy has given their support for the project to proceed. The Botswana Network on Ethics, Law, and HIV/AIDS (BONELA) will implement the project. BONELA and POLICY have been jointly preparing the documentation for the Ethics and Review Meeting to be held in July. Project implementation will commence once clearance has been achieved at this meeting.

**ANE Bureau****Regional Coordinator: Nadia Carvalho**

POLICY's ANE/Mekong HIV/AIDS Program commenced in FY02 and falls under USAID's interim Mekong Regional HIV/AIDS Strategy with the SO of "increased use of effective responses to HIV/AIDS in the Greater Mekong Region." In the Mekong Region, POLICY works to strengthen political commitment and leadership, increase participation of civil society in policy development and advocacy, and strengthen capacity in policy development and advocacy. The Mekong Regional Program supports policy and advocacy efforts in the public and private sectors as a means of increasing commitment, resource allocation, and participation at the local/community, subnational, and national levels. POLICY's Mekong HIV/AIDS activities also include activities in the Association of Southeast Asian Nations (ASEAN)-USAID HIV/AIDS Workplan.

*Building Political Commitment* (Manager: Anita Bhuyan). In mid-2003, POLICY pilot-tested a new assessment guide designed to analyze national political commitment for confronting HIV/AIDS. The political commitment reports for Bangladesh, India, Nepal, and Viet Nam were distributed in January 2005. The synthesis of these reports will be printed in July 2005.

*Treatments* (Manager: Brad Otto). In January, Otto visited Viet Nam and Thailand to explore options for a regional or country roundtable meeting, following on previous meetings in Canberra (2002) and Yogyakarta (2003). Subsequent internal POLICY discussions suggested that regional treatments issues were likely to be high on the agenda of the International Conference on AIDS in Asia and the Pacific (ICAAP 7) to be held in Kobe, Japan, in July 2005. As a result, POLICY decided it can provide more valuable assistance by helping to coordinate a national treatments meeting in Viet Nam in conjunction with the National HIV/AIDS Conference in Viet Nam, scheduled for November 24–26. POLICY will help link treatment activities in Viet Nam with regional treatments initiatives including the ASEAN Task Force on HIV/AIDS, the Asian Pacific Leadership Forum, and APN+. POLICY will hold discussions with USAID, WHO, and other key stakeholders to prepare for the treatments track.

*Lao People's Democratic Republic (PDR) Policy Assessment* (Manager: Felicity Young). At the end of March, David Lowe conducted follow-up interviews with officials identified during the HIV policy assessment in December 2004. After the assessment document is finalized, it will be sent to USAID for review and will then be disseminated in September 2005. It will be used to inform future activities in Lao PDR.

*A<sup>2</sup> - Integrated Advocacy and Analysis* (Manager: Felicity Young). This joint activity with POLICY, FHI, and the East West Center (EWC) aims to mobilize effective HIV/AIDS responses in Asia through the improved analysis of epidemic dynamics, greater understanding of the limitations of current responses, and innovative advocacy. POLICY-funded activities will take place in Viet Nam (Ho Chi Minh City and Hai Phong) and China (Yunnan and Guangxi provinces). POLICY recruited Chris Ward as the Advocacy and Policy Specialist for the A<sup>2</sup> activity to manage the advocacy and leadership track and support A<sup>2</sup> activities in Viet Nam and China. Ward started work full time in January 2005 and is based in Hanoi.

A technical meeting of the A<sup>2</sup> activity took place on January 24 in Bangkok. The meeting served to explore how the Goals Model and the AIDS Epidemic Model (AEM) could be used together to determine optimal resource allocation, and to discuss ways to calculate infections averted. The technical meeting was followed by a meeting of the Core Management Team on January 25. Several regional management issues were discussed, including the A<sup>2</sup> logo, the ICAAP in Kobe, technical assistance, workplan revisions, and resource mobilization. The meeting also served to update USAID and UNAIDS officials on progress on A<sup>2</sup> activities and to discuss a resource mobilization strategy. A regional A<sup>2</sup> meeting was held in Bangkok from April 28–29. During the meeting, the integration of the AEM and Goals Model for A<sup>2</sup>

and implications of the integration at the country level were discussed, as well as progress made on A<sup>2</sup>, and challenges and TA needs. From June 6–10, 2005, Dr. Gayle Martin held consultations with Dr. Tim Brown, EWC, on how to operationalize the link between the Goals and AEM models.

POLICY staff are designing an advocacy curriculum for A<sup>2</sup>. Chris Ward and Brad Otto traveled to Washington, D.C., in March to begin work on the curriculum with POLICY's Washington-based staff. The curriculum was drafted and then pilot-tested in Bangkok from May 2–6 with participants involved on the A<sup>2</sup> project from Bangladesh, China, Nepal, Thailand, and Viet Nam. The curriculum is currently being revised according to evaluations from the pilot workshop, and the next A<sup>2</sup> advocacy training will take place in China from September 5–9.

- **Viet Nam.** Chris Ward has met with members of the Ho Chi Minh City Provincial AIDS Committee to discuss progress to date on data collection and the development of the synthesis report. A subcontract for A<sup>2</sup> advocacy activities has been discussed, and a draft subcontract and scope of work have been sent to proposed consultants in Ho Chi Minh City for their consideration. Ward met with officials of the Hai Phong Health Department, the second implementation site of the A<sup>2</sup> project in Viet Nam. Following the meeting, department officials agreed to collaborative work with POLICY on A<sup>2</sup> advocacy activities, which will entail a separate subcontract. Ward later met with the Technical Working Group in Hanoi to prepare for Tobi Saidel's visit to Viet Nam (March 15–25) and to follow up on progress with data collection and analysis. Several Viet Nam A<sup>2</sup> country team meetings have been held to work on finalizing the synthesis report and to prepare for the A<sup>2</sup> regional meeting in August.
- **China.** The Yunnan workplan has been received, and the draft Guangxi workplan was discussed at an A<sup>2</sup> meeting in April 2005. An MOU for A<sup>2</sup> activities was signed by POLICY, the Office of Provincial Working Committee for HIV/AIDS Control, and the CDC in both Yunnan and Guangxi provinces. The MOU will form the basis of collaborative A<sup>2</sup> work by these institutions in both provinces.

*IDU Modeling* (Manager: Gayle Martin). This activity's purpose is to create greater awareness among decisionmakers of the need to comprehensively address the HIV epidemic among injection drug users (IDUs). Baseline data and projected scenarios (economic and HIV/AIDS impact) on institutional and community-based drug rehabilitation approaches in Viet Nam will be obtained. Specifically, this activity will estimate long-term (5–10 years) resource implications on institution-based responses in the 06 centers, and link them to HIV/AIDS epidemic impact scenarios. It will also assess the policy environment governing the 06 centers and summarize innovative theory and practice on regional and global institutions and community-based IDU-related interventions. The project outputs will be used to guide and engage policymakers in discussions on improved HIV-related services for IDUs. Activities have just begun and will be reported on further in the next few months.

*PLHA and APN+: Phase 1 and 2* (Manager: David Lowe). POLICY began supporting APN+ in October 2003. Initial support was to strengthen APN+'s organizational capacity and to position it to be an effective regional PLHA advocacy network.

Under Phase I, POLICY supported APN+ to expand advocacy skills in the areas of stigma and discrimination. Based on findings and recommendations from the APN+ stigma and discrimination research, APN+ has been designing an advocacy tool for training PLHA advocates in Viet Nam, India (Chennai), and the Philippines. The tool will be translated and used in in-country training by PLHAs and local-level advocates. It will also be distributed to key decisionmakers in a range of government agencies, NGOs and CBOs working in HIV/AIDS in the region, and APN+ affiliates to highlight human rights issues that need to be addressed. The tool is expected to be used to develop links with regional human rights organizations, such as the Asia Pacific Forum of National Human Rights Institutions, to encourage

action. The Chennai and Manila workshops took place in January, and the Hanoi workshop is planned for August 2005.

Under Phase II, USAID approved a second subcontract with APN+ in mid-March, and activities are well underway. APN+ provides capacity-building and organizational development support to three regional PLHA organizations (AIDS Care China–Yunnan Province; Cambodia Network of PLHAs; Lao Network of PLHAs), to improve their capacity to undertake core advocacy and education activities in the areas of stigma and discrimination, human rights, and treatment preparedness. APN+ will conduct a needs assessment with the three PLHA organizations. APN+ and the three national networks have already begun writing the organizational development manual, which will be translated into the three local languages. Training workshops for each PLHA network will be conducted in September.

APN+ is also assessing stigma and discrimination adherence to the greater involvement of people living with HIV/AIDS (GIPA) principle in the Mekong Region as part of the USAID RDM/A Performance Management Plan (PMP) under the Greater Mekong HIV/AIDS Strategy. Starting in January 2005 (under a Letter of Authorization), APN+ conducted a baseline assessment of stigma and discrimination and GIPA in four countries: China (Yunnan and Guangxi provinces), Lao PDR, Thailand, and Viet Nam. The reports will be available in late July 2005. This is the first time that a PLHA organization has joined together with POLICY to monitor progress on key indicators on a regional basis. It is anticipated that the instrument will be used elsewhere in the region, or globally. The results, even if negative, will provide powerful evidence for advocacy by both POLICY and APN+, including APN+ affiliates.

*Advocacy and sex work* (Manager: Carol Jenkins). Research with Cambodian sex workers to examine the level of exposure to HIV infection that might be emanating from forced sex has been completed. Peer researchers performed admirably after adequate training. Findings were disseminated in January 2005 in Phnom Penh, Cambodia.

*Men who have sex with men (MSM)* (Manager: Brad Otto). This activity builds on POLICY's support in Phase I, with TA to the Thai Ministry of Public Health, to strengthen HIV/STI prevention, care, and support responses for MSM.

Brad Otto, Chris Ward, and Kha Sovannara (POLICY/Cambodia consultant) attended the CDC-GAP/USAID-RDM/FHI-APD workshop on "Strategizing Interventions Among MSM in the Greater Mekong Region" in Bangkok from February 28 to March 2. At the workshop, participants produced a draft package of minimum interventions, prioritizing activities within the program areas of HIV prevention, care, support, and treatment. Participants also agreed on a two-year vision, listing a variety of concrete outcomes that they felt were critical to overcoming key issues in providing HIV prevention services to MSM.

In January, Brad Otto visited MSM organizations in Viet Nam and Thailand in January to assess issues they face regarding HIV prevention, care, and treatment and access to these services. The need for an advocacy module to help MSM advocate for male sexual health was identified, and in March, Otto traveled to Washington, D.C., to design the advocacy module. A follow-on workshop will be held in Bangkok from August 17–19 to further develop the module.

*Civil society and UNGASS* (Managers: Nadia Carvalho and David Stephens). Civil society in many countries in the Asia and Pacific region has yet to fully realize the significance of the UN General Assembly Special Session (UNGASS) Declaration on HIV/AIDS. Many countries lack concrete plans on how to use the declaration to engage their respective governments in implementing national HIV/AIDS programs. The Asia Pacific Council of AIDS Service Organizations (APCASO) has begun to respond to

this need through workshops aimed at mobilizing civil society groups to make the declaration an active document and a dynamic part of national responses to HIV/AIDS.

- **Nepal.** POLICY identified a local point person in Nepal to help APCASO coordinate of the UNGASS workshop. The first UNGASS Steering Committee meeting was held in February and was attended by the APCASO Coordinator, Susan Chong. She met with various officials from the Nepal government, USAID, and UNAIDS to explain the concept and importance of the workshop. Membership of the steering committee was finalized in late February, and their second took place on March 14. Attendees agreed on several preparatory steps for the May workshop, and the date for the next steering committee meeting in mid-April to draft the workshop’s agenda and participant list. The “Making UNGASS Work” workshop was conducted from May 16–18. The workshop served to introduce and familiarize participants to commitments made by the government of Nepal, and to help them develop their advocacy skills to identify relevant issues and strategies needed for effective responses toward HIV/AIDS. The workshop also provided support to the government to prepare Nepal UNGASS report at the end of 2005. Forty-one participants from the HIV/AIDS field, including PLHAs and government officials, attended the workshop, which brought all the major players together. After the workshop, participants felt they had gained a greater understanding of how they can use the UNGASS declaration to monitor Nepal’s commitment, and they prepared a timeline and action plan for completing Nepal’s 2005 UNGASS report. Participants found the workshop useful and were excited to have civil society involved in the UNGASS reporting process.
- **Viet Nam.** APCASO identified the Viet Nam Women’s Union to serve as local coordinator for the UNGASS workshop. In May, APCASO met with UNAIDS and POLICY/Viet Nam to discuss preparations for the June workshop in Hanoi. The first steering committee meeting was held in mid-May, and workshop participants were identified. The workshop “Promoting the Involvement of Communities in the Implementation of the National HIV/AIDS Strategy of Viet Nam” was conducted from June 17–18. Participants included representatives from local NGOs, the PLHA community, government, the Communist Party, mass organizations, mass media, and international NGOs. Dignitaries at the opening were Madam Ha Thi Kiet, President of the Viet Nam Women’s Union and member of the Party Central Committee, and Mr. Jordan Ryan, Chair of the UN Theme Group on HIV/AIDS. The workshop provided input on HIV/AIDS in Viet Nam and the National HIV/AIDS Strategy. Participants agreed to work together and be part of the AIDS strategy implementation group. There were talks of establishing a network among NGOs and PLHAs, and to engage government, particularly the Ministry of Health, as part of implementation. Participants were inspired by the workshop and saw it as a platform for collaboration on the use of the UNGASS declaration.

*Gender-based violence and HIV* (Managers: Nadia Carvalho and Britt Herstad). Several studies have indicated the role of violence in the lives of women and its association with the increased risk of acquiring STIs, including HIV. POLICY is conducting a literature review, which will pull together research and evidence in the Mekong Region on the linkage between women, violence, and HIV/AIDS. POLICY will also conduct key informant interviews with community organizations and NGOs in Cambodia, China, and Viet Nam to identify gaps in the response and recommendations for policy action. The outcome will be an advocacy paper that analyzes the linkages between violence, women, and HIV and proposes ways to prevent and mitigate the impact of violence. POLICY will share advocacy paper with USAID in October.

*Males especially at risk for HIV* (Manager: Carol Jenkins). Certain males have historically and culturally been recognized as semi-sacred in Asian and Pacific societies, yet in modern life they are considerably marginalized, making them vulnerable to HIV and STIs. POLICY will identify the policy, social, medical, and other barriers to an improved HIV prevention and care environment for males especially at risk for HIV in Thailand. Secondary data sources on *katoey* will be collected, including primary qualitative data on HIV prevention and care needs and the nature and extent of barriers to meeting these

needs. POLICY is conducting key informant interviews with *katoey* and those providing them with services. A report will be disseminated in October 2005.

*Establishing the Goals Model in Asia* (Manager: Gayle Martin). The Goals Model is being refined to address key issues that make the Asian epidemic and the AIDS response in Asia unique. Modifications to are being made to (1) technical aspects—to more closely address issues relevant to Asia’s epidemic (e.g., impact and cost of IDU-related interventions); (2) the approach—to encourage greater participation and advocacy in the resource allocation process; (3) human capacity requirements—to address a significantly “scaled-up” response; and (4) ARV therapy plans in developing countries.

- **IDU matrix.** The work to enhance the Goals Model for Asia by improving the way the model deals with IDU-related interventions is almost completed. A Thai consultant has completed an excellent review of the recent literature on the effectiveness of IDU-related interventions. The findings were presented at the April regional A<sup>2</sup> meeting. The review is being circulated to the “Virtual Team of IDU Experts” for a second round of input, and their feedback will be incorporated in the final report. Based on the literature review, Gayle Martin and John Stover will develop a revised impact matrix.
- **Center of excellence in Asia.** Martin and Dr. Viroj Tangcharoensathien, Director of the International Health Policy Program (IHPP), began discussions in late 2004 to explore options for setting up an institutional relationship with a Thai institute to serve as a regional resource for Goals Model training in Southeast Asia. Follow-up discussions were held in January 2005 with both Martin and Stover to discuss steps toward finalizing an agreement, which will also include preliminary Goals training for IHPP staff involved in the larger Goals training. An MOU between POLICY and IHPP was signed in April, and a subcontract is being finalized to finance the collaboration of POLICY and IHPP on implementing the Goals Model in Thailand. As is the case in other A<sup>2</sup> countries, the Goals Model will be linked to the AEM, and data collection will be initiated in July.
- **Goals in China.** Goals Model applications in Yunnan and Guangxi provinces are being cost-shared between the Mekong Regional Program and POLICY/China country funds. MOUs were signed between POLICY, the CDC, and Office of Provincial AIDS Working Committee for AIDS Control in both Yunnan and Guangxi provinces in June. These MOUs will govern the collaboration between the various institutions in implementing the Goals Model in the two provinces. Data collection consultants have been hired to assist with the collation of relevant data, especially expenditure and costing information of AIDS interventions that are being implemented in Yunnan and Guangxi.
- **Goals in Viet Nam.** The Goals application in Ho Chi Minh City is being cost-shared between the Mekong Regional Program and POLICY/Viet Nam country funds. The application will begin in Ho Chi Minh City and will then expand to the national level. Martin and Stover traveled to Viet Nam in January to move forward on consultations for a more in-depth Goals application in the country. A data collection consultant and a partner institute (the National Institute for Hygiene and Tropical Medicine) were identified, and an activity program was drafted for discussion with Vietnamese counterparts. In March, Martin and Dr. Naline Sangrujee traveled to Hanoi and Ho Chi Minh City to assist the Ho Chi Minh City AIDS Committee in costing its AIDS Action Plan using the Resource Needs Model, and to initiate data collection for the Ho Chi Minh City Goals application. They set up a preliminary version of the Resource Needs component for Ho Chi Minh City. In April, consultations were held with the Ho Chi Minh City AIDS Committee on inputs into the model, which was further adjusted to reflect feedback. From June 27–July 1, POLICY convened a training workshop with technical staff from the Ho Chi Minh AIDS Committee, the National Institute for Hygiene and Epidemiology, the Pasteur Institute in Ho Chi Minh City, and partners involved in the Ho Chi Minh City A<sup>2</sup> project.

*Opiate IDUs* (Manager: Gayle Martin). In this activity, useful estimates of costs for each prevention option as well as estimates of their varying degrees of effectiveness at reducing new HIV infections will be conducted. A consultant will review the IDU costing literature together with IDU cost information that has been collected in Viet Nam by another consultant. This information will then be incorporated into an adapted Resource Needs component of the Goals Model. The final document is expected to be used as a guide to policymakers grappling with the dual epidemics of drug injection and HIV.

*Middle East activities* (Managers: Kai Spratt, Suneeta Sharma, and Shetal Upadhyay). With a generally low overall HIV prevalence in most countries in the Middle East, few people have publicly revealed their HIV status, are actively engaged in the policymaking process, or act as advocates for the rights of PLHAs. As neither national nor regional networks of advocates for PLHA issues exist, one of the greatest challenges in the region is the lack of capacity of individuals and groups to engage in the political and legislative process.

Activities have not yet begun, but POLICY plans to collaborate with UNDP in Egypt to conduct the first advocacy training for people living with and affected by HIV and AIDS in the Middle East. Since many of the issues that face PLHAs are best understood by other PLHAs, POLICY will subcontract with the Global Network of People Living with HIV/AIDS (GNP+) to conduct the advocacy training sometime during September–October 2005. The training is expected to achieve the following results: increased advocacy skills among religious leaders and PLHAs; increased networking among participants; linking of PLHAs to worldwide networks of PLHAs; strengthened confidence and self-efficacy of participants; and recommendations for future advocacy training.

*ASEAN activities.* POLICY and FHI jointly developed and submitted the ASEAN-USAID HIV/AIDS Workplan (2002–2005) to ASEAN for approval in September 2004. The joint workplan has not yet been approved, and therefore, activities under the workplan have not officially begun. However, the joint workplan was submitted to ASEAN Task Force on HIV/AIDS (ATFOA) member countries for their approval and was received in February 2005. The workplan has been endorsed by the ASEAN Standing Committee (ASC) based on minor revisions, and it is now in the stage of obtaining ad-referendum approval from the ASC, which is a formality. Following approval, a letter of exchange between USAID and ASEAN will be signed.

Felicity Young, Nadia Carvalho, and Lois Bradshaw traveled to Jakarta, Indonesia, from May 9–11 to discuss the workplan situation with the ASEAN Secretariat in an attempt to move the approval process along. The team worked with the ASEAN Secretariat to draft a letter introducing POLICY and FHI to ASEAN coordinating countries, so that each organization could follow up with the required coordinating countries. POLICY agreed to support one representative from each of the five coordinating countries in the workplan to attend the 7<sup>th</sup> ICAAP in Kobe. POLICY is sponsoring Dr. Ratna Mardiati, Head of the Sub-Directorate for Health Technology Assessment at the Ministry of Health in Indonesia, and Dr. Bounkhoang Phichit, Vice Minister of Health from Lao PDR to attend ICAAP. POLICY and FHI activity managers under the joint workplan have initiated conversations with ASEAN coordinating countries to further develop activities and timelines. A coordination meeting between POLICY, FHI, the ASEAN Secretariat, and ASEAN coordinating country focal points will be held on July 3 to further discuss each of the activities below.

- **Activity 1 - Increasing access to affordable drugs and reagents** (Managers: Felicity Young and Nadia Carvalho). POLICY will support coalition building to strengthen ASEAN's leadership for increasing regional and country-level negotiating capacity for treatment access and for removing operational barriers to access. POLICY has identified a consultant based in Indonesia to work on this activity. Carvalho will present the consultant to the ASEAN Secretariat during her trip to Jakarta in

July. Once the consultant is recruited, this activity will be further developed, and a timeline and budget will be prepared in consultation with the ASEAN Coordinating Country, Indonesia.

- **Activity 2 - Regional policy study on the socioeconomic impact of HIV/AIDS in the ASEAN region** (Manager: Dr. Bill McGreevey). This activity aims to increase awareness of political and other leaders about the socioeconomic impact of HIV/AIDS in the region and to increase political commitment and leadership. Bill McGreevey traveled to the Philippines and Bangkok to meet with focal points from the Philippines Coordinating Country (Philippines National AIDS Council) and other potential partners in this activity (UNAIDS and Asian Development Bank). Discussion about a regional workshop for policymakers and others on the socioeconomic impact of HIV/AIDS in ASEAN countries took place, as did discussion about follow-on network building.
- **Activity 3 - Training workshops on improving HIV/AIDS/STI surveillance systems and behavioral surveillance surveys (BSS)** (Manager: Lou McCallum). This is a joint POLICY and FHI activity to provide high-quality training and resources to national AIDS programs and their partners. Lou McCallum recently held discussions with FHI and focal points of the Lao PDR Coordinating Country to discuss the two proposed workshops (advocacy for policymakers and understanding data use for policy change). A regional leadership roundtable to bring senior leaders to discuss issues identified at the workshops (evidence-based decisionmaking/advocacy, improved data systems, etc.) was also discussed.
- **Activity 4 - Capacity-building workshops for treatment, care, and support** (Manager: Kai Spratt). This is a joint POLICY and FHI activity. Dr. Kai Spratt, FHI, and focal points of the ASEAN coordinating country (Thailand) have begun discussions on designing a stigma and discrimination module for the healthcare workers training curriculum. A regional training course (in Bangkok) and several tailored, in-country courses will be held collaboratively for all three parties involved.
- **Activity 5 - Organizational support to the ASEAN Secretariat** (Manager: Nadia Carvalho). Under this activity, POLICY will support the ASEAN Secretariat to increase its internal capacity to better implement and monitor its program of work. POLICY and the ASEAN Secretariat have identified the staff needed for the Secretariat and have finalized job descriptions. Both continue to work to identify possible POLICY consultants who can be seconded to the ASEAN Secretariat to assist with implementation of the joint workplan.

## COUNTRY ACTIVITIES

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# Africa



## ETHIOPIA

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

### Summary of Major Activities:

POLICY/Ethiopia was notified in April that no additional field support funding would be allocated after June 30. POLICY staff concentrated on closeout activities during the latter half of this reporting period.

### FP/RH

*Regional consultative forums on barriers to modern contraceptive use.* Activities pertaining to identifying barriers to modern contraceptive use started in 2004 and continued during this reporting period. The barriers are being classified in three categories: sociocultural, economic, and political. Participants from public, community, and religious organizations as well as NGOs and members of professional associations attended two consultative forums in Harar and Awassa in January and March, respectively. The information generated will help to feed the implementation plan for the national RH strategy.

On June 15 and 16, the sixth and final consultative meeting was conducted in the Gambella region. Twenty participants contributed their views and knowledge about the problems associated with FP use in the region. A unique finding was the complete rejection of contraceptive use by indigenous population groups (e.g., the Nuer and Anyuak). They believe they have been outnumbered by migrants from the highlands and reduced to minority status in their own land, and that this injustice can only be corrected by rapidly multiplying their numbers. POLICY also learned that there is no single NGO working on FP/RH in the region. Although it is difficult to explain the population issue in a region where land and other natural resources are plenty, NGOs working in the region on maternal and child health issues could promote the use of FP.

Dr. Assefa Amenu, POLICY's RH advisor, has written draft reports on the consultative forums previously conducted in Harar and Southern Nations, Nationalities, and People's Region (SNNPR), and they have been sent to the relevant regional health bureaus, the USAID/Ethiopia mission, and the MOH for review.

A synthesis paper including findings from all six meetings and recommendations for addressing key barriers will be written in July and presented to the mission. It may serve as a tool for developing the plan to implement the new National Reproductive Health Strategy.

*Implementing Best Practice (IBP) Initiative.* Dr. Amenu has contributed significantly to the initiative as a member of the national coordinating team. The team conducted a national orientation workshop earlier in the year and has been meeting every fortnight, coordinating the initiative's implementation in the country. A regional orientation workshop is planned for September to integrate FP into HIV/AIDS services such as VCT and PMTCT, with subsequent training of professionals on the integration strategies. In addition to attending two weekly meetings, Dr. Amenu was actively engaged in preparing a detailed workplan with a

small subgroup. With another group, he contacted donors to solicit funds to implement the integration. During the final meeting with Dr. Amenu on June 24, the IBP coordinating team expressed their appreciation of POLICY's contribution in the past and regret that POLICY/Ethiopia is closing.

*Family Planning Program Effort Study.* The sixth Family Planning Program Effort Study was conducted; POLICY/Ethiopia assisted in administering the questionnaire and submitting it to POLICY/W at the end of February.

*FP/RH advocacy networking.* POLICY continued to support the Consortium of RH Associations (CORHA); Dr. Amenu attended the advocacy meetings regularly, and along with other network members, put significant effort into developing FP/RH advocacy tools.

*National Population Policy.* Discussion continued with high-level government officials, including the speaker and deputy speaker of the House of Representatives, on matters related to the use of the National Population Policy in attaining the Millennium Development Goals (MDGs). Tom Goliber and Professor Seyoum Selassie met with Mary Ann Abeyta-Behnke, Senior Program Officer in the USAID Population/Health/Nutrition Unit, and John Graham, Senior Policy Advisor with USAID/Ethiopia, to discuss the proposed workplan for implementing the population policy. Goliber also met with the joint UNFPA and World Bank group to discuss a plan for using the policy as a tool for implementing the MDG program. It was agreed that the goal of accelerating fertility decline should be aggressively pursued.

However, later in the reporting period, nearly all POLICY advocacy efforts with high-level policymakers in Ethiopia, including Parliament, ceased due to the impending Parliamentary election in May and to the difficulty associated with getting members to focus attention on issues like population and development when their continued membership in Parliament was shrouded with uncertainty.

Furthermore, the proposal POLICY/Ethiopia had submitted in February to the mission (outlining activities to implement the National Population Policy and reduce unmet need for contraception), was ultimately not funded. Judith McCord stated that the mission did not have a clear strategy to address policy-related issues, so they decided to wait until they were clear in their understanding before funding any related activities.

*Population and food security.* The UN Office for the Coordination of Humanitarian Affairs (UNOCHA) concerned with emergency matters in Ethiopia created a collaborative mechanism with UNFPA, CIDA, Save the Children, and USAID through POLICY. The group proposed that a consultant be obtained to write a paper on the relationships among gender, population, and food security. After much negotiation, it was decided that Professor Seyoum and Dr. Amenu would complete this paper under a consultant agreement in July/August.

*Safe Motherhood Model application for MOH/Family Health Department.* POLICY's Eleni Seyoum continued her work to apply POLICY's Safe Motherhood Model in conjunction with WHO's Mother-Baby Package. The model covers areas such as the determinants of high maternal mortality, maternal and neonatal health in the context of the MDGs, the use of the Maternal and Neonatal Program Index (MNPI), and the resources necessary for goal attainment. The application was completed and the draft analysis document was prepared and submitted to the MOH/FHD in May. The document was officially reviewed by Dr. Kidane, W/ro Hiwot, and Dr. Ayele of the MOH/Maternal Child Health (MCH) Unit and submitted as a final draft to the State Minister of Health in May. Seyoum will incorporate the minister's revisions and comments and then submit it to the African Union Safe Motherhood Group to inform their roadmap for maternal and newborn health strategic planning. If the roadmap is adopted, the safe motherhood model analysis and recommendations will serve as an advocacy tool to help inform strategic planning to meet the MOH/FHD's maternal and newborn health goals. Seyoum helped the MOH/MCH

Unit produce regional presentations, based on the model's analysis, to advocate for the resources necessary to reach their outlined goals.

## **HIV/AIDS**

*Goals application.* POLICY will use remaining HIV field support together with REDSO funds available for a Goals application in Ethiopia. John Stover will represent Futures Group on this effort, as the POLICY office will be closing on June 30. Thus far, the national team has been established, and Jimma University, identified as the lead implementer of the Goals Model, is currently preparing a proposal for implementation. The next steps will be as follows:

- When the proposal has been agreed upon, Futures Group and Jimma University will draw up a memorandum of understanding.
- University staff and students will conduct data collection at the regional level.
- A training workshop to work through the data, set up the model, and consider various scenarios will be conducted (one trip for John Stover).
- The university will present the workshop results to its regional counterparts and continue discussing various scenarios based on the model.
- There will be a final workshop to establish a plan to advocate and use the model results as a planning tool (one trip for John Stover).

Stover will work with the university to identify a lead technical advisor in-country.

*SPECTRUM training.* An update of SPECTRUM and a new version of the Estimation and Projection Package (EPP) Model was conducted from March 16–18 in Addis Ababa under the joint auspices of UNAIDS, POLICY Project, and the East West Center of the University of Hawaii. Eleni Seyoum attended.

## **White Ribbon Alliance**

*The "How To's" Workshop.* The White Ribbon Alliance for Safe Motherhood and Newborn Health (WRA)/Ethiopia, in cooperation with the Hareg Project, has committed resources to integrate PMTCT into safe motherhood in Ethiopia through advocacy and community mobilization at Hareg Project sites.

The “How To’s” Workshop on community mobilization, positive deviance,<sup>3</sup> and mother-to-mother support groups was held from March 7–11 in Bahir Dar, Ethiopia. The workshop’s goal was to provide those present with community mobilization skills that link community efforts with larger advocacy planning. Twenty-six Regional and Community Core Team (CCT) members participated in the training from six regions across Ethiopia. There were three women participants, and all the participants developed specific action plans incorporating some or all of the presented approaches on PMTCT and safe motherhood in their communities and regions.

*Axum/Wukeromaray implementation program.* The program was held, March 14–18, at Axum and Wukeromaray and was a follow-up to the “How To’s” Workshop. The purpose was to provide follow-up TA to the CCT members in Axum and Wukeromaray. The expected outcomes were learning-by-doing capacity building; development of partnerships among community members, traditional birth attendants, and CCTs; and data collection to begin advocacy strategies.

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<sup>3</sup> The positive deviance approach builds on successful but different practices and strategies that are identified from within the community or institution by the very people whose behavior needs to change, and thus are, by definition, accessible by those sharing the same cultural context.

*MOH PMTCT National Consensus Building Workshop.* Dr. Seblewongel Abate participated in a two-day MOH PMTCT National Consensus Building Workshop held on January 17–18. Its purpose was to bring clear understanding of the U.S. government’s Ethiopia Emergency HIV/AIDS Program (ETEAP) PMTCT goals and indicators and to assist the regions in developing action plans for PMTCT site readiness to ensure successful PMTCT implementation.

*Basic life-saving skills training assessment trip.* Fekrete Bekele, WRA/Ethiopia consultant, and Dr. Abate visited Axum and Wukeromaray from March 9–13. Eleven trainees were selected from three health facilities and other basic assessments necessary for conducting training were completed.

*UbuMama Birthing Stories Garment Project.* POLICY is working in cooperation with Addis Ababa Fistula Hospital–Joy Village on this project. The birthing stories garment is in production at Joy Village.

*Transfer of USAID properties.* A request to officially transfer the Ethiopian WRA’s office furniture and computer equipment was submitted to the mission for approval. The Ethiopian Nurse Midwives Association (ENMA) has agreed to serve as an interim host organization for the WRA while additional funding is identified and secured to ensure the sustainability of its activities. WRA moved its offices to ENMA on June 30.

## **Other**

*Closure-related activities.* Much of June was devoted to closing POLICY/Ethiopia. Elizabeth Neason visited Addis Ababa from May 29–June 14 to preside over closeout preparation, including reaching an agreement with the USAID mission on the procedures to be followed and disposal of equipment and furniture, and to also discuss severance issues.

Neason, along with Selassie and Dr. Amenu, visited the MOH/FHD, the National Office of Population, CDC, and partner NGOs to formally inform them about the closure and to thank them for their cooperation.

*Finishing major pending tasks.* The first task to complete is the draft report on the last forum conducted in Gambella to identify barriers to effectively using modern contraceptives. Reports on the Amhara, Oromiya, and SNNPR forums have been completed. Once the last report is done, all the reports will be consolidated, edited, and produced in one volume. Neason and POLICY staff agreed the synthesis paper should continue in July. The second pending task is the paper on population and food security—also to be done in July. These two activities should take 15 working days each.

## KENYA

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

Against the background of the changes in the government and policy environment, POLICY/Kenya's objectives are to increase and renew political and public support for high-quality FP/RH and HIV/AIDS services and improve the planning and financing of them while the strategic objective (SO) is to improve the enabling environment for the provision of FP/RH and HIV/AIDS services. POLICY/Kenya's four intermediate results (IRs) are (1) policies and programs improved; (2) efficiency in the management of health sector resources for FP/RH and 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 government, NGOs, and civil society stakeholders and interest groups in four areas, namely, policy development and implementation, advocacy and networking, capacity development and institutional strengthening, and systems management and strengthening. POLICY support is provided in three program areas (HIV/AIDS, FP/RH, and health finance and policy) and varies depending on the objectives of each component.

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

### **Summary of Major Activities:**

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

### ***FP/RH and Health Finance and Policy***

*Development of the new National Health Sector Strategic Plan (NHSSP) (2005–2010).* POLICY finalized the field work to collect cost data at 78 health facilities in February–March 2005 and facilitated consultative meetings and discussions with the Kenya Essential Package for Health (KEPH) thematic group to build consensus on the interventions to be costed. The finance and costing group, led by A.K. Nandakumar and G. Mwabu, developed a costing tool to analyze the cost data and presented the preliminary findings to the Ministry of Health (March 17) and stakeholders (March 21–22). The costing

tool was later modified, additional data on costing were obtained, and the draft report on the costing and financing framework was written, finalized, and forwarded to the MOH for review and approval on April 29. The report was presented to the stakeholders on May 9, and after several reviews, the final draft was approved by the MOH in June 24 and incorporated as Chapter 7 of the NHSSP II. POLICY also supported the technical editing of the NHSSP II.

*Dialogue on the Second National Health Accounts (NHA).* MOH's Department of Policy Planning and Development (DPPD) jointly with PHR+ finalized and published the National Health Accounts (NHA) Final Report. POLICY facilitated a dissemination workshop for the report in March 29 at a function presided over by the Minister of Health, Hon. Charity Ngilu.

*Development of the Five-Year Strategic Plan for the Moi Teaching and Referral Hospital (MTRH) (2005–2010).* As a result of POLICY's leadership, the Five-Year Strategic Plan for the Moi Teaching and Referral Hospital (MTRH) (2005–2010) was formally submitted to the MTRH Board of Management for approval in mid-December 2004. After a three-month review process, the strategic plan was finally endorsed for adoption by the board and hospital management staff on February 24. POLICY undertook further technical reviews of the plan before engaging the services of a technical editor, who finalized it in June. The plan is in print and is due to be launched in August 2005.

*National RH Policy development.* At the request of the Division of Reproductive Health (DRH) and the Reproductive Health Interagency Coordinative Committee (RHICC), POLICY jointly with the RHICC task force on RH policy development is taking the lead in the development of the National RH Policy to guide the implementation of the national RH program by addressing emerging RH issues and providing information to assist in reviewing, updating, and implementing the RH Strategic Plan (1997–2010). POLICY consultants (Prof. Mati and Dr. K'oyugi) carried out a consultative process to develop the policy and presented its first draft at a Stakeholders' Technical Review Workshop facilitated by POLICY at the Safari Park Hotel on May 18. The consultants are currently reviewing the policy based on the recommendations of the workshop and are due to produce a subsequent draft for review and approval by the RHICC before submission to the MOH for final endorsement on behalf on the government.

*FP/RH core packages on "Improving Access to FP Services in Public Sector Facilities for Poor/Underserved Populations in Kenya" and "Maternal User Fee Study."* Based on the study recommendations, the MOH, with TA from POLICY, is leading the drafting and review of the Guidelines for Pricing FP Services and Commodities in Public Sector Health Facilities to be implemented on a pilot basis in five hospitals, namely, Coast, Mbagathi, and New Nyanza provincial general hospitals (PGHs) and Thika and Bungoma district hospitals (DHs). On June 15–18, POLICY, jointly with the DHCF and DRH, convened and facilitated a workshop in Kisumu for the facilities that participated in the study, medical superintendents from PGHs and DHs, RH coordinators, and the pilot hospitals. At the meeting, the conveners shared the findings of the study and took steps to finalize the guidelines. A further revision of the guidelines was undertaken based on the workshop recommendations. The revised version will be submitted to the MOH for approval by the end of June 2005. In spite of the success of these activities, the implementation process may be adversely affected by the regular public pronouncements by the Minister of Health in favor of free medical services in public facilities.

*The Adolescent Reproductive Health and Development Policy (ARH/D).* POLICY is spearheading the development of the National Plan of Action 2005–2015 for the ARH/D Policy. The plan spells out priority interventions to be implemented within a clearly defined log frame and is to be used in mobilizing resources for scaling-up adolescent health-related interventions and strengthening the coordinative roles of the DRH and National Coordinating Agency for Population and Development (NCAPD) during implementation. POLICY facilitated the development of a Plan of Action, including its costing. The

document was submitted to the government through the NCAPD and the DRH for approval and adoption and was endorsed in June 2005.

*Contraceptive Commodities Policy and Strategy for 2003–2006.* POLICY and the RHICC Contraceptive Task Force facilitated a review of the second draft of the Contraceptive Commodities Policy and Strategy before its submission to the DRH for adoption and approval on behalf of the government.

*Revised cost-sharing documents/policies.* POLICY completed final revisions and began printing 4,000 copies of the *Facility Improvement Fund (FIF) Operational Manual Part 2: Fees Collections, Target Setting, and Accounting Procedures*, to provide best accounting and management practices for cost-sharing funds. It is expected to be officially adopted by all public health facilities and become one of the key reference documents for improving the management of the cost-sharing program

*Strengthening the MOH decentralization process.* During the MOH Decentralization Implementation Support Mission from March 3–14, 2003, POLICY agreed to lead the process of harmonizing the existing health information and management systems in the public sector. The leadership of the MOH has, however, not provided guidance nor convened forums for joint programs review and to assess progress with respect to the intervention. Future progress in this area will depend on the strategic direction articulated in the NHSSP II.

*National Social Health Insurance (NSHI) Scheme implementation.* The implementation of the NSHI Scheme was scheduled for July 1, 2004, but was halted due to growing opposition, particularly from the HMOs, for-profit private sector clinics, and the Ministry of Finance. The NSHI bill went through the second and third readings in Parliament in early December 2004. However, the president declined to legalize its operation. The bill has been amended to address the key concerns by stakeholders and, in a surprise move in March 2005, the president asked the ministry to resubmit the bill to Parliament for consideration. The government nonetheless appears to be keen on improving the health infrastructure and establishing institutions and systems to effectively manage the NSHI before the scheme is implemented in two years.

### ***Advocacy***

*The Kenpop News Newsletter.* POLICY, jointly with the NCAPD and senior MOH officials, held consultations and agreed on the process for the publication of *Kenpop News* (3<sup>rd</sup> issue) focusing on “Youth Health and Development.” The second issue on “Safe Motherhood” was printed in February 2005 and distributed to various stakeholders including the RH program implementers, researchers, policymakers, and development partners.

*Advocacy strategy to reposition FP/RH.* At the recommendation of the Implementing Best Practices (IBP) Task Force, led by the DRH and NCAPD, POLICY is taking leadership in implementing the advocacy component and has put in place an advocacy strategy to reposition FP and increase support for the FP/RH programs in the country. The IBP Task Force has approved the strategy. POLICY has put in place processes for reviewing and developing related advocacy materials to reach key policymakers and identified RH champions to lead the process. The efforts have led to the creation of a parliamentary committee to spearhead high-level advocacy with the government on FP/RH repositioning.

### ***Improved Resource Mobilization***

*Cost-sharing monitoring.* Through a prioritization process, POLICY reduced its support for the DHCF’s monitoring and supervision of the cost-sharing program. A supervisory trip to Coast, Nyanza, and Western provinces was carried out May 15–21 to assess and address system problems.

*Efficient functioning of the Financial Information System (FIS) and the Hospital Management Information System (HMIS).* POLICY provides technical support to ensure the efficient functioning of the FIS, including its use in the planning and management of the cost-sharing program. POLICY postponed the FIS/HMIS training scheduled for the FIS operators and systems analysts/programmers in March 2005. The DHCF, however, facilitated a meeting for the FIS operators from May 24–26 to restore the provincial FIS data captured in the last six months and to report any FIS system malfunctions. POLICY's Health Finance Information System specialist (Francis Kangwana) backstopped the meeting.

*Computerization of five hospitals to be supported by POLICY (Coast, Mbagathi, and New Nyanza PGHs, and Thika and Bungoma DHs).* To enhance operational management efficiency of the above facilities, POLICY and the DHCF supported the structured cabling and development of a local area networking (LAN) in each of the sites and installed the new computer equipment bought by POLICY. POLICY was scheduled to train the systems analysts/programmers on effective use and maintenance of the new equipment and purchase the HMIS software for installation in the hospitals. Out of the targeted five hospitals, POLICY has so far installed FIS in one hospital (Mbagathi DH) and trained staff in its operation at the facility level. POLICY is closely monitoring the functionality of the computer equipment and has fixed problems reported from the Western/Coast provincial medical offices (PMOs).

*Field visits.* POLICY supported special monitoring and supervisory field visits by staff (Francis Kangwana and Wasunna Owino) and DHCF to the five hospitals and the PMOs countrywide.

### **Capacity Building**

*Capacity building for NCPAD, DRH, CBS, and UON on RH advocacy.* Against the need for a stronger RH advocacy base in the government, POLICY supported key government staff from the NCPAD, DRH, and the Central Bureau of Statistics (CBS) to participate in the Policy Communications Workshop in April. The workshop was organized by the Population Reference Bureau (PRB) in collaboration with NCPAD and Population Studies and Research Institute (PSRI) of the University of Nairobi. Already, the participants are preparing FP/RH advocacy and communication materials and other presentations for use in various high-level advocacy forums. This core team is expected to support POLICY's key role in the implementation of the repositioning FP/RH advocacy strategy.

*Strengthening the MOH's human resources tracking system.* At the MOH's request, a POLICY consultant (Lanbase Systems) finalized the development of a computerized personnel information system to track staff location, posting, payments, retirement, and records at the headquarters. There is evidence of increased usage of the system by MOH to address human resources inefficiency issues. POLICY still plans to install the multi-user system once issues relating to computerization and LAN development at the MOH headquarters are resolved.

## **HIV/AIDS**

### **Advocacy**

*Kenya's Joint HIV/AIDS Program Review (JAPR).* POLICY continued to provide TA to the National AIDS Control Council (NACC) in estimating the total resource requirements for implementing the Kenya National HIV/AIDS Strategic Plan, 2005–2010. The plan has been finalized, printed, and forwarded to the Office of the President for endorsement on behalf of the government.

*Seventh Day Adventists (SDA) workshop in the battle against HIV/AIDS.* As a result of significant POLICY leadership and assistance, the SDA Church East Africa Union now has an HIV/AIDS policy to

inform program development and implementation within the church communities. The policy document has been used by the church to develop a five-year strategic plan with support from MAP International. POLICY/Kenya supported the technical editing of the HIV/AIDS policy and five-year strategic plan and is printing 2,000 copies of each. Plans were drawn to disseminate the two documents to the policymakers and senior-level managers of SDA programs for adoption and use in the development of detailed implementation plans for each region.

*Strengthening the Network of People Living With AIDS (NEPHAK).* POLICY continued to support the strengthening of NEPHAK to create an organization that clearly outlines its needs, strengths, and challenges. POLICY supported the editing and finalization of the NEPHAK Strategic Plan, which was approved for adoption by the NEPHAK board members in January 2005. The plan will be disseminated to the regional offices for use in drawing action plans at the grassroots level. POLICY also provided TA to NEPHAK and NAP+ in planning, organizing, and launching the PLHA Manual/Guidelines for Greater Involvement and Participation of PLHAs in the Country Coordinating Mechanisms (CCMs) and strengthened the capacity of NEPHAK in proposal writing and resource mobilization in May 2005. The network continues to strengthen its base as evidenced by the aggressive recruitment drive; the development and submission of sound funding proposals to Action Aid Kenya, UNICEF, PEPFAR, and the Global Fund; initiative of seeking legal redress to fight for the rights of the PLHAs; and active participation in the development of the National HIV/AIDS Strategic Plan (2005–2010).

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

- **Strengthening the Kenya Network of Religious Leaders Living with and Affected by HIV/AIDS (KENERELA).** POLICY convened and facilitated consultative meetings for KENERELA members to review their constitution and the draft HIV/AIDS detailed one-year plan. An implementation plan was also written. POLICY further sponsored five KENERELA members to a post-Bangkok meeting organized by the African Network of Religious Leaders Affected and Infected with HIV/AIDS (ANERELLA). The objective of this meeting was to explore ways to strengthen networks and acquire skills in fundraising. Cumulatively, the support accorded to KENERELA since its inception in February 2004 has allowed the network to make significant breakthroughs in stigma reduction campaigns. This is signified by the growth in membership and the number of top clergy and laity who have come out publicly to declare their HIV+ status.
- **Kenya Treatment Access Movement (KETAM) advocacy on access to comprehensive HIV/AIDS treatment.** POLICY supported KETAM to carry out a survey on literacy and access to comprehensive HIV/AIDS treatment in Kenya. Data analysis is now complete, and the report is being finalized. POLICY has also facilitated the participation of KETAM in two workshops: Analysis, Tracking, and Approaches to National Budgets from an HIV/AIDS Perspective (January 31–February 11) and an advocacy forum hosted by the East Africa Treatment Access movement to strategize on implementing the Dar-es-Salaam action plan in Arusha (May 2005).
- **National Muslim Council of Kenya Women Network (NMCK-NUR).** POLICY continued to mentor NMCK in drawing its implementation plans, which included setting up the national office and devising an effective mobilization and advocacy strategy. NMCK undertook a national sensitization and planning forum for the network leadership (February 12–16), which attracted 55 women from all the provinces. The occasion was highly publicized in both electronic and print media and, for the first time, nine Muslim women infected and affected by HIV/AIDS declared their status and shared their experiences of stigma and discrimination facing the camera. POLICY facilitated the session on stigma and discrimination, using the stigma reduction toolkit. To mobilize resources to support the NMCK-NUR Strategic Plan, POLICY facilitated the launch of

the network and invited potential funding agencies to the event. POLICY also presented a video entitled “Breaking the Silence,” capturing the voices of HIV-positive Muslim women as they courageously fight stigma and discrimination in public. This won the heart of the British High Commission, which pledged US\$300,000 in support of NMCK-NUR’s “Behind the Veil” project. The funds were officially committed to the network on June 16.

- **United Disabled Persons of Kenya (UDPK).** The focus of this emerging network is on tackling stigma faced by people who are HIV positive and/or disabled. POLICY convened and facilitated a three-day consultative meeting where the UDPK, with the support of its partners, passed a declaration to form PLHA support groups around the country whose task would be to educate people with disabilities about HIV/AIDS and break the silence of PLHAs in the disabled community. This is the first project on HIV/AIDS and people with disabilities to take place in Kenya. Out of significant POLICY leadership in collaboration with NACC and NASCOP, HIV/AIDS activities have been integrated into the core activities of the UDPK, and the association has started strengthening access to HIV/AIDS information among disabled persons and advocacy against stigma and discrimination and for the rights of the disabled.
- **Kenya Network of Positive Teachers (KENEPOTE).** POLICY/Kenya provided technical and financial assistance to the Kenya Network of Positive Teachers (KENEPOTE) to form a strong network that will address the unique needs of the teachers living with HIV, particularly those relating to disclosure, mobilization strategies for new members, and the inherent stigma and discrimination by the Teachers Service Commission (TSC), the largest teacher employer agency within the government. Through POLICY’s support, KENEPOTE’s membership has increased from 40 to 500 in the past few months, more significantly, attracting the participation of institutions that had no representation earlier, notably, universities, polytechnics, and teacher training colleges. The network’s impact is already being felt given its recent intervention in a case that led to the unconditional reinstatement of a secondary school principal who had previously been fired by the TSC on the basis of being HIV positive.

*Advocacy on women’s property ownership and inheritance rights.* POLICY in collaboration with the Kenya Human Rights Commission and the Jaramogi Oginga Odinga Foundation (local CBO), convened and facilitated a series of consultative forums that resolved to promote women’s right to inherit and access family property in the Nyanza region. POLICY convened and facilitated follow-up planning and capacity building meetings with the *Ker* and the Council of Elders in Luo Nyanza to plan and strategize for further outreach advocacy activities to be supported by selected NGOs/CBOs in the region. The forums included A Symposium for Luo Widows in Nairobi’s Informal Settlement (Nairobi, June 14); Luo Council of Elders consultative meeting (Kisumu, June 18–19); and Women’s Forum (Kisumu, June 28–29). An oversight committee has already been established with assistance from POLICY to provide technical support and link with the appropriate development partners for further resource mobilization.

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

*Development of a comprehensive OVC National Workplan.* POLICY continues to provide TA to the OVC Task Force, Ministry of Home Affairs (MOHA), to develop an OVC policy for Kenya. At its regular meetings, the task force helped to establish the situation with respect to OVC access to basic needs and human rights in the country using the RAAAPP report, setting the stage for writing the policy. POLICY consultants began a series of consultative meetings, starting with the PS and Minister, MOHA, to obtain inputs into drafting the OVC policy.

*Gender and HIV/AIDS.* Last year, POLICY co-led and provided technical and financial support to the Gender and HIV/AIDS Task Force in the finalization and publication of the “Gender Toolkit for

Policymakers” to sensitize and educate senior-level policymakers on key HIV/AIDS and related gender issues. POLICY printed 5,000 copies of the toolkit, and plans are underway to support NACC in facilitating a dissemination workshop on use of the toolkit, targeting the policy and senior-level decisionmakers and supervisors faced with the challenges of making difficult decisions that link HIV/AIDS and gender.

*AIDS in Kenya.* Jointly with the NASCOP and CDC, POLICY is taking the lead in drafting *AIDS in Kenya* (7<sup>th</sup> edition) to provide the most updated reference document on HIV/AIDS in Kenya. POLICY, together with CDC and NASCOP, continued to coordinate the writing of various chapters. In June 2005, the MOH, NASCOP, and CDC used information from POLICY analyses—Estimates of the Resources Required to Achieve the Goals of the New Kenya National HIV/AIDS Strategic Plan, 2005–2010 and Costing and Financing of the NHSSP II—to draft, review, and finalize Chapter 8: “Impact and Costs of AIDS” of the latest edition of *AIDS in Kenya*. A final draft of the document is expected in July 2005.

### ***Tools/Research***

*Application of National HIV/AIDS Resource Allocation Model.* John Stover led the POLICY/Kenya team in the training and provided NACC with TA to implement and use the GOALS and Resource Needs models, which were used in the preparation and finalization of the Kenya National HIV/AIDS Strategic Plan (2005–2010), which is currently in print. On the basis of the sound costing framework, the World Bank has already committed US\$30 million in new funding to implement the strategic plan. Additional pledges have also been received from UNDP, DFID, and USAID (PEPFAR).

*Application of new OVC costing model.* Stover led the national OVC Task Force and UNICEF to use the new OVC costing model to estimate the resources requirements required for the implementation of the National OVC Action Plan. In June 2005, the National Council for Children Affairs (MOHA) received Ksh. 48m (about US\$640,000) in new funding on the basis of the costed action plan, which supported accompanying budgets to the government.

*Using the Workplace Policy Builder in the Kenya private sector.* POLICY conducted a needs assessment for corporate companies (18) and public sector institutions (2) to establish the capacity building needs toward strengthening private sector organization (PSO) partnerships and development and implementation of comprehensive care, support, and treatment programs in the workplace. The process led to the development of a concept paper on the response to comprehensive care and support in the workplace by the PSO and identification of best practices including the criteria for documentation. Jointly with NACC and the Business Sector Coalition, POLICY will hold a forum in the next quarter to disseminate the findings and reach consensus on the developed criteria for documenting the best practices.

## MALAWI

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

### Summary of Major HIV/AIDS Activities:

#### *Advocacy*

*Advocacy support to Capacity Building for Quality (CBQ) HIV/AIDS Services Project.* Robert White started work with POLICY on April 11 as an advocacy officer seconded to the Save the Children/Umoyo Network CBQ Project in a joint initiative between POLICY and Save/Umoyo Network. The objective was to build the capacity of 15 partner HIV/AIDS service NGOs subcontracted under the project to plan and conduct HIV/AIDS-related advocacy. Prior to his joining the project, POLICY contracted his services in February to incorporate advocacy-related activities in the Save/Umoyo project's annual plan and budget. In late April, POLICY surveyed Umoyo partner NGOs concerning their advocacy knowledge and experience and in May conducted three regional advocacy awareness and issues identification workshops for them. The workshops developed a common understanding of advocacy among the NGOs and elicited advocacy issues for consideration in developing the advocacy strategy for the CBQ Project. Forty-seven participants from 12 of the NGOs took part in the workshops. Participant issues included lack of quality VCT services, lack of appropriate guidelines regarding beneficial disclosure by HIV counselors, and stigma and discrimination connected with VCT and ARV treatment services. At the end of June, POLICY conducted a similar workshop with 14 of the CBQ Project staff. In July, POLICY will compile the input from the two workshops and share the findings among the project staff and partner NGOs. The priority advocacy issue identified by staff was the inadequate supply of STI medications and VCT test kits for partner NGO operations. Later in July, POLICY will bring together representatives from the NGOs and Save/Umoyo Network for the development of an advocacy strategy for the CBQ Project, building on the findings from the workshops. Once the strategy is complete, POLICY will assist the Save/Umoyo Network and partner NGOs in applying the strategy to develop several issue-specific advocacy implementation plans and provide TA to carry them out.

#### *Tools/Research*

*National HIV/AIDS policy dissemination.* POLICY serves on the NAC policy dissemination task force to assist in planning and conducting dissemination activities. With the goals of speeding up policy dissemination to all sectors throughout the country and involving more stakeholders in dissemination activities, NAC and the task force designed a decentralized dissemination process. At the end of March, POLICY assisted NAC in training a cadre of facilitators to disseminate the policy to various sectors and stakeholder groups. The 30 participants came from government, civil society organizations, the private sector, and private voluntary organizations. On June 3, 6, and 10, three trained facilitators from MANASO co-conducted with NAC three policy orientation sessions (one in each region of the country) for their member organizations. Ninety staff from 75 MANASO member CBOs took part in the policy orientations supported with NAC funds.

*Legislative review for implementation of the National HIV/AIDS Policy.* Building on the POLICY-supported legislative review assessment, NAC and POLICY consulted with several key organizations between January and April, including various ministries, the Malawi Pharmacy and Poisons Board, the Nurses and Midwives Council of Malawi, the Public Service Steering Committee, and the Law Commission to discuss how the specific legislation review processes in which they are engaged might also incorporate review and revision of HIV/AIDS-related legislation. The Law Commission advised NAC that it should develop concept papers for each proposed piece of legislation after which the commission would undertake the review through its established process. The disadvantages to this approach are that NAC does not have the legal expertise on staff to develop the concept papers and the commission's review schedule is already full over the coming months, delaying the timely implementation of the HIV/AIDS policy as called for in the new National HIV/AIDS Action Framework (NAF). POLICY has discussed with NAC and the USAID mission possible approaches for fast tracking the process, which include NAC recruiting a legal expert to draft the concept papers or subcontracting a firm to undertake the whole legislative review plan. This would kick start the process and allow for TA groups such as POLICY and others to provide backup support as needed to assure a comprehensive approach and timely results. NAC is interested in exploring this approach. POLICY anticipates that NAC will devote more attention to this area once the NAF is finalized sometime in July. POLICY will continue work with NAC to help move the process forward.

*National HIV/AIDS coordination assessment.* In January, NAC convened coordination task force members—from the ministries of health, defense, and home affairs; POLICY; the Save/Umoyo Network; FHI; USAID; DFID; and the World Bank—to review recommendations from the POLICY-supported national coordination assessment. The task force advised that the recommendations should first be endorsed by the NAC Board of Commissioners before proceeding with implementation efforts. NAC staff, with POLICY assistance, developed a presentation for the board, but in April, NAC management decided that since the recommendations were technical, a board review was unnecessary and implementation could start immediately. This management decision coincided with NAC's need to legitimize the membership of the Malawi GF Country Coordinating Mechanism (CCM) body as part of its second round proposal to the GF, and so NAC used the recommendations from the assessment as an entry point for discussion with stakeholders to be represented on the CCM. Representatives of one stakeholder group, the international NGOs and implementing agencies (INGOs), requested that NAC hold a larger forum with them so they could review the full findings and recommendations from the coordination assessment and be better able to select INGO representation to the CCM. In April, NAC convened a meeting with 20 INGOs to present the results of the assessment and provide a CCM overview. POLICY provided backup assessment information and clarification to the group. Based on this meeting, INGOs not only selected a representative to the CCM but also decided to establish an INGO forum to help address the weak coordination among international NGOs—one of the findings from the assessment. The forum established an interim committee that drafted terms of reference (TORs) for the wider group. The TORs were adopted in June. POLICY serves on the committee and is providing input on improving coordination among the membership.

On a related note, POLICY gave a presentation at the annual Malawi National Research Dissemination and Best Practice Conference in April on the coordination assessment. Approximately 60 organizations and individuals attended the presentation. POLICY disseminated electronic copies of the assessment to the numerous attendees that requested the report.

*Goals Model application.* POLICY is supporting NAC in applying the Goals Model and other approaches for refining and costing the NAF. Arnab Acharya traveled to Malawi, March 10–19, to assist NAC and stakeholders in NAF intervention refinements and costing, including ARV treatment delivery. Between April and June, POLICY continued to provide TA in costing ARV treatment delivery and provided comments on drafts of the NAF budget. Completing the NAF budget is taking longer than expected but it

should be finalized in July. POLICY then will assist NAC in using Goals to project the overall impact of the strategy over its five-year duration.

*Orphans and Vulnerable Children Policy Environment Assessment (OVC PEA).* The Ministry of Gender, Children, and Community Services (MOGCCS) launched its 2004–2009 National Plan of Action for Orphans and Other Vulnerable Children (NPA-OVC) on June 16, 2005, with the president and first lady presiding. POLICY had a display booth at the event and distributed copies of the OVC PEA, sharing the document with, among others, the president, first lady, and MOGCCS permanent secretary. The OVC PEA was a key background document in formulating the NPA-OVC. POLICY has disseminated most of the 1,000 copies of the assessment to OVC stakeholders around the country, including district assemblies. In addition to the assessment, POLICY was involved at various steps in developing the national OVC strategy. In early March, POLICY participated in an MOGCCS-sponsored NPA-OVC stakeholder review/input session and provided recommendations on strengthening OVC coordination structures and reporting mechanisms. Now that the NPA-OVC has been launched, the MOGCCS will convene an OVC Technical Working Group to address plan implementation, including dissemination activities. On a related note, POLICY gave a presentation at the annual Malawi National Research Dissemination and Best Practice Conference in April on the findings and recommendations from the OVC PEA and its linkage with the MOGCCS' national OVC and early childhood development policies and the NPA-OVC.

### ***Other***

In addition to supporting NAC in applying the Goals Model to inform NAF resource allocation decisions, POLICY, through its involvement in NAF pillar technical working groups, has contributed to the development and refinement of three pillars: (1) Mainstreaming, Capacity Building and Partnership, (2) Coordination and Program Management, and (3) National Policy and Program Planning. In addition, the recommendations from the POLICY-supported national HIV/AIDS coordination and the HIV/AIDS legislative review assessments have been incorporated in the latest draft of the five-year strategy. In May and June, various sectors analyzed the draft NAF to inform sectoral HIV plans. In May, the MOH convened a session for health stakeholders to identify how the health sector will contribute to the nationwide response. POLICY participated in this meeting, focusing on the NAF topics of coordination, program planning and management, and national HIV/AIDS policy implementation. Similarly, the USAID mission and its funded implementing agencies and projects, including POLICY, provided input to NAC on how their upcoming activities will contribute to the national strategy.

PLHA groups in Malawi participated in some of the consultations that resulted in the training handbook, *Challenging, Changing and Mobilizing: A Guide to PLHIV Involvement in Country Coordinating Mechanisms*, a joint activity by POLICY, the GF, and the Global Network of People Living with HIV/AIDS to increase the meaningful involvement of PLHAs in GF CCMs. The Malawi Network of People Living with HIV/AIDS (MANET) and NAPHAM conducted several activities to promote the handbook's release and the need for greater involvement of HIV-positive Malawians in the country's CCM and other policy, planning, and program activities. POLICY provided TA, handbooks, and limited core-funded support in their planning and implementation of activities. After consultations with NAC, the two organizations conducted an initial briefing session with the Malawi CCM in May to press upon the body the needs of PLHAs and to advocate their use of the PLHA CCM involvement guidelines and handbook in carrying out their duties. On June 15, MANET and NAPHAM held a handbook orientation for PLHAs that was attended by approximately 45 participants. The orientation described the handbook development process, provided an overview of the GF CCM, and took participants through the contents of the handbook. PLHA support group representatives stressed the importance of having the handbook translated into local languages to promote understanding and use among members. MANET and NAPHAM are next planning a launch of the handbook and guidelines for the wider audience of

stakeholders. Participation of CCM members is anticipated and NAC is to provide financial support for the event.

Malawi's second National HIV/AIDS Research Dissemination and Best Practice Conference was held April 18–22. POLICY LTA, Rita Chilongozi, served on the organizing committee, reviewed abstracts for the conference presentation, and gave two oral presentations on the POLICY-supported OVC PEA and the national HIV/AIDS coordination assessment.

The MOH, through the Reproductive Health Unit, has drafted a national condom strategy. A consultant carried out a rapid desk review, conducted stakeholder consultations, and produced the draft strategy. In February, the MOH invited stakeholders, including POLICY, to review and provide comments on the document. The MOH is now considering the stakeholder input in reworking the strategy. The MOH has not provided a timeframe for completing the next draft.

POLICY participated in a UNFPA-supported conference of the NGO Network for Sexual and Reproductive Health (SRH) in February. The network was formed in 2002 with support from UNFPA to encourage coordination and collaboration and undertake SRH advocacy and capacity building but has largely been inactive due to a lack of leadership and TA. The purpose of the conference was to revamp the body. Conference participants, including POLICY, reviewed the network memorandum of understanding and elected new officers. The Family Planning Association of Malawi (FPAM) serves as its secretariat.

## MALI

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

### Summary of Major Activities:

#### FP/RH

*Launch of the national family planning campaign.* The national FP campaign was officially launched March 14. POLICY's specific contribution has been to participate with the MOH, the bilateral project ATN, PSI, Kenya Ciwara/Care Project, DELIVER, and Group Pivot/Health Population (GP/SP) in planning and implementing the campaign and in producing the logo and many materials and tools. Some specific activities included facilitating one-day FP awareness-raising meetings in some communes of the district of Bamako in collaboration with the MOH and GP/SP.

*Production of advocacy tools.* POLICY helped the HCI launch its PowerPoint (PPT) presentation on family planning on March 10. Two hundred imams and scholars and members of the National Unions of Muslim Women's Association (UNAFEM) (Union Nationales des Associations de Femmes Musulmanes) attended the launch. POLICY also developed a consultant agreement to initiate work on producing a brochure based on the presentation.

POLICY also provided financing to translate the film on family planning in several local languages, and it is now available in Fulani, Bambara, Sarakole, Sonhrai and Tamasheq.

*Dissemination/awareness-raising based on the Islamic advocacy tool in FP.* POLICY organized, in collaboration with the Islamic Network for Population and Development (RIPOD), one-day meetings to raise awareness of FP. The meetings were held for UNAFEM at the Islamic Cultural Center of Hamdallaye on March 10, Muslim religious leaders of Segou on June 2, and Muslim religious leaders of Sikasso on June 11.

*Organization of advocacy days in partnership with the Association de Soutien au Développement des Activités de Population (ASDAP).* To advocate for integrating a FP module into the curricula of the Malian educational system, ASDAP, a national NGO, in partnership with POLICY Project/USAID, organized a series of FP advocacy days aimed at school managers, leaders, and partners of the Pedagogical Centers of Animation of both academies of education in Bamako. In total, five advocacy days were organized involving 400 leaders, managers, and partners of the Malian school. At the end of each workshop, participants presented recommended actions to integrate a FP module into the curricula. These recommendations will be presented to the Minister of Education. Activities were carried out following the schedule below:

- Académie d'Enseignement Rive Droite
  - May 7: CAP of Faladiè, Banankabougou
  - May 12: CAP of Torokorobougou, Kalabancoura
- Académie d'Enseignement Rive Gauche
  - May 14: CAP of Sébéninkoro, Lafiabougou, Centre Commercial, Bamako-Coura
  - May 19: CAP of Bozola, Hippodrome, Banconi, Djélibougou
- For both académies
  - May 28: Parents and Teachers Associations, School Management Committees and the RIPOD.

*Capacity building and institutional development.* POLICY enhanced the capacities of HCI members through the following activities:

From February 8–11, a training session on presentation techniques of Islamic advocacy tools for population issues (23 attendants from religious organizations).

Presentation of the Islamic tool of FP advocacy by RIPOD members during advocacy days aimed at religious leaders, following the aforementioned training.

Support for a workshop to publicize the RIPOD's policy statement on May 25, during which the HCI officially designated RIPOD as their technical group responsible for population issues and particularly those related to birth spacing.

*Accra Conference on Repositioning of Family Planning, Ghana, February 15–18.* POLICY worked closely with the MOH, USAID, and other key partners to organize and prepare for the conference and supported the Mali country delegation attending the conference. Specifically, POLICY helped the HCI to prepare a poster session in three languages regarding Islam and population/FP; supported meetings with delegation members to discuss the agenda and its importance for Mali; participated with the delegation throughout the conference; made presentations at the plenary session on advocacy and on the experience of Mali with both parliamentarians and religious leaders; and provided financing for some of the country delegation. POLICY later facilitated a briefing on the conference to partners and stakeholders on May 12 at the National Division of Health (DNS).

*Participation in other advocacy or awareness-raising activities (meetings and workshop).*

- On March 11, a meeting was held in collaboration with the Project Keneya/Ciwara (Care) and USAID in the commune of Kati for 40 leaders. The objective was to encourage local leaders to take actions, such as increasing their commitment for FP activities that will increase support for FP.
- On March 17, a workshop on birth spacing organized by the Ministry of Plan for 80 technical staff and collaborating agencies and groups as the UNFPA and Director of CERPOD (the research center of the Sahel Institute). Religious leaders, in partnership with the National

Planning Office within the Ministry of Plan, facilitated the workshop. The Minister of Plan attended to discuss with the religious leaders the position of Islam on FP.

- On March 29, a workshop was held, using the RAPID-based model, to disseminate and promote the revised National Policy on Population (NPP). There were 50 participants.
- On March 31, at the request of the National Population Office, a workshop using the RAPID-based model was held for 40 stakeholders to inform them about the revised NPP.
- On June 8, POLICY participated in the first National Day of Safe Motherhood under the chairmanship of the prime minister and with the sponsorship of the chairperson of the Fondation pour l'Enfance, the First Lady of Mali.

## HIV/AIDS

### *Awareness raising and advocacy.*

- POLICY prepared a consultant agreement to produce the HCI brochure on HIV/AIDS.
- On February 28, POLICY participated in an advocacy day at the national assembly with the parliamentarians on the “Loi Type sur le VIH/SIDA” (35 participants).
- On April 30, POLICY participated in advocacy activities in Diré for decisionmakers and local leaders to increase their commitment in the fight against HIV/AIDS (52 participants).

*Policy and planning.* POLICY held meetings with the HCNLS to discuss strategic planning and policy development. At USAID's request, POLICY hired a consultant, Mme Bénédicte Moulin, to develop strategies to strengthen the CCM (Global Fund).

*Training in presentation techniques.* During this period, there were over 15 training workshops in presentation techniques. The purpose is to help participants use the presentation on HIV/AIDS that was developed by the National AIDS Control Program (NACP) and POLICY based on the AIM application, as well as the presentation adapted by Islamic religious leaders from the NACP PowerPoint. Trainees are expected to use the presentations when they organize meetings to sensitize their members and affiliates regarding the problem of AIDS and the need to support prevention and care programs. The training is 3–4 days and provides an introduction to the HIV/AIDS problem in Mali, its impact, and future trends. Participants include leaders and groups of women and youth and NGOs from the Muslim, Catholic, and Protestant religions; elected officials; the alliance of mayors; associations of people living with AIDS, and other associations. POLICY's specific role is to finance the training and to organize and co-facilitate the workshops with counterparts who have previously received training.

*Meetings.* During the first part of this period, POLICY actively participated in over a dozen substantive meetings to plan and organize activities related to HIV/AIDS advocacy, policy, and training development. Meeting participants included Islamic and Christian leaders, PSI, the planning and statistics unit of the MOH, associations of PLHA, a local NGO in Diré, USAID, the HCNLS, an education professional association, the regional forum of parliamentarians (FAAPPD), and Mali parliamentarians. The specific purpose of the meetings ranged from helping the Islamic Network on AIDS to develop their advocacy action plan, assisting counterparts to organize advocacy and awareness-raising events, and preparing a national strategy of nutritional care and support of PLHA. POLICY's role in the activities included financial support, technical assistance, and input into planning and development as a member of a working group.

*Nutrition.* POLICY's primary contributions have been updating the presentation on nutrition based on the “PROFILES” model, training in presentation techniques, and financial support for advocacy and awareness raising activities on nutrition (using PROFILES). POLICY worked with the bilateral project ATN to assume increasing responsibility as POLICY withdraws its participation in this activity.

Specifically, POLICY collaborated with ATN on a workshop to help stakeholders in the nutrition field reach consensus on changes in the PROFILES presentation and on a workshop to train participants to use PROFILES.

## MOZAMBIQUE

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

### Summary of Major HIV/AIDS Activities:

POLICY's principal counterpart is the MTG, which consists of representatives from the National Statistics Institute (NSI); the ministries of health, plan and finance, and agriculture and education; NAC; and the faculties of medicine and economics as well as the Center for Population Studies (CEP) at Eduardo Mondlane University. Activities carried out at the central and provincial levels during the period are outlined below.

*Sentinel surveillance.* In April, POLICY project assistants Amancio Oliveira and Sérgio Salvador entered 2004 sentinel surveillance survey data for the four missed sentinel sites, introduced and cleaned the 2004 new surveillance data for the delayed information received by the MOH, and adapted and disaggregated the data. During April and May, all POLICY staff and MTG members completed and submitted to the MOH for approval the final report and recommendations for the 2004 sentinel survey. Comments from the MOH were received and addressed. The report will be presented at a MOH-requested consensus workshop in August. UNICEF and DfID will finance the translation to English and the production of 2000 Portuguese and 500 English copies of the report.

Carlos Arnaldo, POLICY Technical Advisor, continued to coordinate with the MTG members on further analysis of the MTG database on pregnant women and supervised data entry for the study (in progress) of geographic coverage of the sentinel posts in the national surveillance system.

*Workplace policy.* On May 25, Workplace POLICY Advisor, Márcia Monjane, in coordination with the Department of Labor's HIV/AIDS in the Workplace team, attended a workshop organized by World Vision (WV) on HIV/AIDS and the transport sector. The transport sector is now working on developing the first draft of an HIV/AIDS workplace policy. At the request of WV, Monjane gave a presentation on the methodology of the HIV/AIDS policy design to the workshop participants. POLICY Technical Advisor, Isabel Nhatave, also gave a presentation on the HIV and STI (treatment and diagnostic) situation in Mozambique. Twenty people attended the workshop.

On June 6, Márcia Monjane participated in the Consultative Forum/Workshop on the Impact of HIV/AIDS on Industrial Production, Consumption, Patterns and Sustainable Livelihood conducted by Austral and organized by the United Nations Industrial Development Organization and the Ministry of Industry and Commerce. She gave a presentation on the methodology used to develop the HIV/AIDS policy through the Workplace Policy Builder software. The workshop took place in Maputo Rovuma Hotel and approximately 25 people attended.

On June 10, during a full-day workshop at World Vision's office, Monjane provided TA to the Ministry of Transport and Communication (MTC) to finalize the draft HIV/AIDS workplace policy for the transport sector in Mozambique (an initiative of the SADC region for prevention and mitigation of

HIV/AIDS among transport sectors companies). A presentation was given on the issues that the HIV/AIDS workplace policy must cover and on an in-depth analysis of the draft MTC policy. Approximately 15 people attended the meeting, including representatives from the labor union; the Ministry of Labor; World Vision; MTC; the Mozambican federation of the transports; customers; and some private companies' transports.

POLICY Resident Technical Advisor, Cristiano Matsinhe, provided assistance to the HIV/AIDS Workplace Project on the ongoing legal review study.

*Work with provincial MTGs.* Isabel Nhatave and Country Director, Henriqueta Tojais, continued the follow-up and technical support for the Niassa provincial MTG (PMTG) through a field trip and constant communication to assure the best implementation of the designed workplan. Staff also facilitated the exchange of experiences between the Niassa and Manica PMTGs to reactivate Manica's MTG and to assist in gaining its official recognition by the local government. Subsequently, the Manica MTG reorganized itself, conducted refresher training for the core and expanded groups, drafted an activity plan for the next six months, and established working groups for specific activities.

The Niassa MTG carried out a full schedule of activities to disseminate the HIV/AIDS impact projections. In addition, on June 22, Niassa's group coordinator, Vasco Sualé, was invited by the national NGO MONASO to participate in a seminar discussing MONASO's five-year plan. The plan's objective is to implement an effective network of national civil society organizations to improve the quality and coverage of HIV/AIDS services in Mozambique and contribute to the second National Strategic Plan for HIV/AIDS (2004–2009) and the Health Sector National Strategic Plan (2004–2009). The Niassa chapter of MONASO is concerned that its members do not have broad access to information and materials concerning HIV/AIDS. All of this work is carried out in close coordination with local administrations and has the support of the provincial directorates of the NSI, Ministry of Plan and Finance, and MOH.

*Goals Model.* Preparations for a Goals application to be conducted with IR2 core funds are in progress. Nhatave and Duce continued to collect data for the core-funded GOALS modeling exercise. Cristiano Matsinhe reached an agreement between the international technical advisory team and the Mozambique MTG regarding the approaches and follow-up to accomplish the Goals modeling for Mozambique. The follow-up tasks accomplished include review of the Health Sector STI/HIV-AIDS Strategic Plan and disaggregation, which includes reformatting the strategic plan in Excel to feed the Goals Model (objectives, strategies, and budget lines were indicated).

*Special Studies.* Under a subcontract, the Department of Sociology of Eduardo Mondlane University is developing bilingual glossaries (in Portuguese and three local languages) of basic concepts relating to HIV/AIDS that are suitable for use by provincial and district leaders.

Cristiano Matsinhe provided assistance and advice to the National AIDS Council on a planned, public sector study. The study aims to review literature of the existing policies and HIV/AIDS prevention strategies in the public sector and to assess the HIV/AIDS impact on the sector. Several public institutions are involved in this effort, and the POLICY Project was invited to assist with the drafting of the terms of reference and to suggest data inputs for impact studies. As an expected outcome, the National AIDS Council envisages a framework to guide public sector interventions.

*Meetings, training, and presentations.* POLICY staff participated in various meetings, conducted training, and gave presentations on a variety of topics:

- From April 18–21, Pedro Duce, a representative of NSI and a POLICY project associate, attended the training organized by UNICEF on OVC costing.

- On June 12, WV invited Isabel Nhatave to do a presentation for the WV program coordinators on the HIV and STI (treatment and diagnostic) situation in Mozambique. Twenty people attended.
- On June 20, at the request of the MOH and Faculty of Medicine, during the second course for in-service physician training on control and follow-up of HIV infection, Nhatave presented a session on the epidemiology of HIV/AIDS in the world and in Mozambique. Thirty-five doctors attended.
- In June, at the MOH's request, Amancio Oliveira trained a new MOH statistics staff member from the National STD/HIV/AIDS Program on statistics programs, including Epiinfo 6.04 and Microsoft Access.
- Oliveira also continued entering into the MOH DTS/HIV/AIDS national program database the 2005 first quarter of STI and HIV/AIDS notification data received from the provincial directorates of health.
- Isabel Nhatave continued to participate in MOH-organized monitoring and evaluation (M&E) meetings to finalize data collection instruments and implement the M&E plan, as well as meetings to evaluate the MOH 2005 Action Operational Plan progress. She also attended the meetings to revise and produce the first draft of the STD program norms, as well as the first draft guide for STI control and treatment.

## NIGERIA

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

### Summary of Major Activities:

#### FP/RH

*Consensus building for the Repositioning Family Planning Conference in Accra, Ghana.* POLICY convened and coordinated two meetings of FP/RH partners on January 17 and February 3 to build a consensus group that would represent Nigeria at the Repositioning FP Conference in Accra, Ghana, February 15–18. The meetings enabled Nigeria's delegates to the conference to have a common understanding of the critical issues in Nigeria and develop a brief on the FP situation.

*The West African Regional Conference on Repositioning Family Planning, February 15–18.* POLICY funded Mrs. Charity Ibeawuchi, legislator; Honorable Hajia Saudatu Sani, chairperson of the House of Representatives Committee on Women; Dr. Adebola Akinsanya, the director general of the National Population Commission; and Mrs. A. Salako, the FP coordinator in the department of Community Development and Population Activities (CDPA) of the Federal Ministry of Health (FMOH), to attend the conference in Accra, Ghana. One major output of the conference was the development and adoption of a Nigerian follow-up action plan for repositioning family planning. An ENHANSE Senior Program Officer facilitated the working group that developed and adopted the Nigeria Country Action Plan. POLICY's funds and ENHANSE's time and human resources were used to support these activities.

*National Population Policy launched by the president.* The National Population Policy for Sustainable Development was launched on February 22 by the president of Nigeria, Chief Olusegun Obasanjo, at the Banquet Hall of the Presidential Villa. The president noted that the population was growing at a rapid rate and used the opportunity to advocate for and reiterate his administration's commitment to effective management of Nigeria's population. The launch was planned and packaged by all relevant stakeholders and representatives of the sectoral ministries, including the National Population Commission, ENHANSE, FMOH, the Federal Ministry of the Interior (FMOI), COMPASS Project, and relevant NGOs. The launch was attended by many stakeholders, including the chief economic advisor to the president, the Honorable Minister of State for Health, legislators, multinational donor agencies, and USAID's mission director, who made a presentation. The launch of the population policy and publication of the policy booklet and fact sheets were supported with funds from POLICY Project, and several copies of the publications were distributed at the launch. ENHANSE's time was used for the planning and launch of the National Population Policy.

*Proposed visit of the Speaker of the House of Representatives to Egypt.* A follow-up discussion was held with the chairman of the House of Representatives Committee on Population to ascertain the level of preparedness of the Speaker and his team to embark on the visit. The purpose of the advocacy visit is to experience firsthand the dynamics of population management in an Islamic country. The knowledge

gained from such a visit will further build the capacity of the legislators to give legislative support to a strategic policy and guidelines for successful implementation of FP/RH programs in northern Nigeria. The chairman indicated that the visit would hopefully be confirmed as soon as the budget to cover travel costs is available. POLICY is committed to facilitating the visit of the Speaker's entourage to Egypt.

*Adolescent reproductive health (ARH) in Borno State.* A team of POLICY staff traveled to Maiduguri, Borno State, to present the draft findings of the Borno State situation analysis for ARH to stakeholders. A one-day workshop was convened, and members of local government, the university, and a lead NGO attended. Advocacy messages and policy conclusions were also extracted from the analysis.

*Launch of the Handbook on "Reproductive Health in Nigeria: Islamic Perspective."* POLICY, in collaboration with Pathfinder International, produced and printed 6,000 copies of a handbook that will serve as a reference document for Muslims to increase awareness and support of RH issues that affect their health. The handbook will also promote use of available health services. The handbook was launched by the Honourable Minister of State for Health, Princess Olufunke Adedoyin, at the opening of the National Consultative Forum on Maternal Mortality Reduction for Religious Leaders, held June 16–17 at the Rockview Hotel, Abuja. The document will be disseminated nationwide for use at all levels by Islamic clerics and scholars, health personnel, government, CSOs, and development partners.

## **Child Survival**

Work continued on the finalization of the Child Survival Model for Nigeria. Draft scenarios were developed, and a report is being drafted. It is expected that the model will be discussed and completed during a Technical Advisory Group meeting next quarter.

## **HIV/AIDS**

### *Advocacy*

*Closing out advocacy activities of PLHA support group networks with POLICY.* The Advocacy Program Officer (APO) and the Senior M&E Advisor have been working with the Organization for Positive Productivity (OPP), the AIDS Alliance of Nigeria (AAN), and the Network of PLHAs in Nigeria (NEPWHAN) to modify the final deliverable dates and indicators with the aim of helping them to complete their outstanding activities contracted with the POLICY Project.

For several reasons, including logistics, project activities under these contracts/agreements could not be completed at the initial expected closeout date of the POLICY Project in September 2004. Futures Group, already committed to these agreements, decided to carry on with the project activities, charging all costs for coordinating the activities (except staff time) to the POLICY Project pipeline.

*Lane Porter's visit on HIV/AIDS advocacy and human rights.* Lane Porter, POLICY's International Health Law and Human Rights Advisor, visited Nigeria from February 13–16. Porter has been providing TA on HIV/AIDS advocacy and human rights for NEPWHAN members (an outstanding activity in the sub-agreement with NEPWHAN). The purpose of Porter's visit was to get firsthand information from NEPWHAN, NGOs, and public partners on HIV/AIDS human rights issues in Nigeria. Information from this visit is being used by POLICY/W staff to develop a training curriculum and agenda for NEPWHAN on networking and advocacy for HIV/AIDS human rights and gender issues. The curriculum and agenda was pilot-tested in late April.

### ***Planning/Finance/Policy Formulation***

*Health sector plan development.* POLICY supported the FMOH in organizing the National Health Sector Strategic Plan (HSSP) Consensus Workshop on February 1–3. The Minister of State for Health, Princess Olufunke Adedoyin, gave the opening address. Commissioners from every state, directors of public health, key government officials, and representatives of NGOs, development partners, and civil society attended the workshop. The workshop was called to discuss, fine-tune, and adopt the HSSP document. The agenda of the workshop included a situation analysis report on the status of HIV/AIDS and a peer review of the implementation of HIV/AIDS programs in the six geopolitical zones of the Federation. The draft HSSP was also presented and discussed, and comments from all stakeholders were integrated before adoption of the document. The HSSP is the federal government’s strategic document guiding the implementation of the health sector’s response in Nigeria. Following the adoption of the document, a draft implementation plan was developed with support from POLICY. The draft HSSP is being finalized for possible launch by next month, and POLICY is providing assistance with editing and printing the final document.

### ***Capacity Building***

*Workshop on Networking and Advocacy for PLHA Human Rights and Gender Issues.* In line with the POLICY/NEPWHAN letter of agreement, a skills building training workshop on “Networking and Advocacy for PLHA Human Rights and Gender Issues” was organized for 30 members of NEPWHAN at Top-Rank Hotel from May 10–14. NEPWHAN is a key “multiplier” network of NGOs working in support of PLHAs in Nigeria. The purpose of the workshop was to provide NEPWHAN members with skills to effectively coordinate and lead advocacy efforts to influence policy and strategies on HIV/AIDS at national and state levels to protect the human rights of PLHAs and reduce stigma and discrimination. The workshop was facilitated by the Advocacy Advisor and the M&E Senior Advisor of the ENHANSE Project, as well as consultants from HIV/AIDS rights-focused NGOs and resource persons from Action Aid and the International Federation of Women Lawyers. The workshop drew strongly on the Futures/POLICY human rights advocacy supplement manual. At the end of the workshop, a draft plan for human rights advocacy was developed by the participants with a strong promise by NEPWHAN officials to see that the plans are finalized and implemented.

A similar workshop was also organized for OPP, a support group of PLHAs in Abuja, in line with the POLICY–OPP subcontract. Twenty-four members of OPP were trained in advocacy for PLHA human rights and gender issues using the same methodology and training materials as the NEPWHAN workshop. The workshop took place from June 30 to July 1.

### ***Crosscutting Issues***

*SPECTRUM modeling workshop in Kaduna.* The POLICY Project and the bilateral ENHANSE Project, in collaboration with the Federal Ministry of Health, held a joint training workshop at the National Air Force (NAF) Club in Kaduna from June 21–24. The first half of the workshop was conducted with a large group of 65 participants from NGOs, the Federal Ministry of Health, NACA, the National Population Commission, Society for Family Health, and the University of Ibadan. It was designed to improve participants’ understanding of how models can be used to guide program and policy decisionmaking for RH and HIV/AIDS planning. Although this part of the training was an overview, all participants received hands-on training in three SPECTRUM models: DemProj, FamPlan, and AIM. The second half of the workshop was conducted with a subset of participants to provide training that would enable them to create family planning and HIV/AIDS projections. This subset of participants are those most likely to use the models for program planning and policy dialogue in their current work and need to be familiar with the details of the models’ inputs, assumptions, and uses.

Next steps that may be followed up on under the ENHANSE Project include:

- Increased collaboration of stakeholders to update the model and standardize projections;
- A follow-up workshop, training, and/or technical assistance;
- A follow-up training for FMOH–NASCP surveillance officers;
- Trainings at the state level;
- Training-of-trainers workshop; and
- Establishing partnerships for model applications.

## REDSO/ESA

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**Program Objectives:** POLICY activities support REDSO's regional program to build the capacity of institutions working on FP/RH, maternal and child health (MCH), nutrition, HIV/AIDS, infectious diseases, nutrition and food security, and health financing and reform. One of the three principal African partners receiving REDSO support is the East, Central, and South African (ECSA) Secretariat, 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 the provision of health-related services in the region. POLICY works to enhance the capabilities of ECSA staff and selected country counterparts to strengthen policy analysis, formulation, dialogue, and advocacy activities within the secretariat itself and across the 14 member countries. POLICY's objectives are, therefore, to assist ECSA in identifying, strengthening, promoting, and advocating for policies that underpin and permit efficient and relevant health interventions and services in the region.

### Summary of Major Activities:

#### FP/RH

RH funding from REDSO has been programmed for two main activities: (1) POLICY/REDSO will organize and conduct a conference in East Africa on repositioning family planning with Africa Bureau funds and Repositioning FP GLP funds. Five or six fragile/failing countries will be invited to the conference. The conference is tentatively scheduled for January 2006; and (2) POLICY/REDSO will conduct a gender-based violence (GBV) study 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. These activities were planned during May–June 2005.

#### HIV/AIDS

Follow-up activities related to the Goals Model training conducted in Tanzania last June have been ongoing in four countries: Ethiopia, Malawi, Rwanda, and Zambia.

***Ethiopia.*** Three participants from Ethiopia attended the Goals training in Tanzania. POLICY's John Stover conducted a two-day workshop in March for about 20 participants from the HIV/AIDS Prevention and Control Office (HAPCO), the MOH, universities, regions, USAID, UNAIDS, and WHO. The first day was spent on the Resource Needs Model and the Modes of Transmission Model and the second day on Goals. In May, POLICY staff hosted a meeting with delegates from seven universities regarding the implementation of the Goals Model. It was determined that Ethiopia will continue with a full application of Goals. Jimma University will take the lead role. In May and June, POLICY initiated planning for the next steps for an application of Goals in Ethiopia.

***Malawi.*** POLICY worked with the Malawi team that was trained last summer in Tanzania and relevant institutions. In-country experts were identified to collect needed data and build the Malawi Goals application so that it will be ready in time for the National HIV/AIDS Strategic Framework (NSF) costing. The data collection was completed in November 2004. A POLICY consultant traveled to Malawi in November and assisted in constructing a preliminary Goals Model. Although a preliminary report was written on Malawi Goals modeling, further work is being carried out with the National AIDS Commission (NAC) to examine the implication of the current budget.

POLICY's Arnab Acharya traveled to Malawi in March to assist in costing elements of the NSF. His assistance involved calculation of unit costs for different items in the national framework. Following up on the visit to Malawi in March, Acharya further examined the budget that finances the NSF and helped

cost the ARV program for the next three years. The final budget to carry out the NSF is now costed, and its impact can be deduced from the use of the Goals Model.

POLICY/Malawi drafted a workplan for mission review and funding for October 2004 to September 2005, and included an informed request for follow-up field support that can build on the REDSO-supported Goals TA for completion of the NSF costing and Global Fund reprogramming work. Follow-up activities during January–June were funded through field support funds.

**Rwanda.** Four participants attended the Goals training in Tanzania. The Minister of State for HIV/AIDS requested follow-up activities related to the Goals training. In March 2005, POLICY hired a consultant to compile data for an application of the Resource Needs Model and the Goals Model. A POLICY French-speaking consultant, Eric Gaillard, traveled to Rwanda in April to initiate Resource Needs and Goals applications. The National AIDS Control Commission (CNLS) is particularly interested in the Resource Needs Model as it can be used to assist in the development of the National Strategic Plan.

**Zambia.** POLICY staff went to Zambia in November 2004 to follow up on the original Goals Model training. During this trip, it was agreed that the Central Statistics Office would take the lead in the data collection process, along with the National AIDS Council. The data collection process began in early 2005. POLICY's Steven Forsythe visited in May to provide TA in reviewing the collected data and planning a Goals training.

## **SOUTH AFRICA**

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

### **Summary of Major HIV/AIDS Activities:**

#### *Advocacy*

*Support to Government AIDS Action Program (GAAP), Department of Health, and Men in Partnership Against HIV/AIDS (MIPAA).* The men's sector has been identified by the Chief Directorate as a critical partner in the fight against HIV/AIDS. In support of GAAP, the POLICY Project contributed to a two-day planning meeting for the men's sector hosted by the National Department of Health (NDOH) June 22–23. The purpose of the meeting was to map out activities for the men's sector in strengthening the government's response to HIV/AIDS. The meeting was attended by the executive members of Men in Partnership Against HIV/AIDS (MIPAA), provincial representatives of MIPAA, and the two deputy directors of GAAP. The director of GAAP requested permission of the HIV/AIDS Chief Directorate to implement the planned activities.

*Support to the National Traditional Leaders' HIV/AIDS Forum.* POLICY has provided ongoing assistance to the National Traditional Leaders' HIV/AIDS Forum, in partnership with the NDOH and the Nelson Mandela Foundation, in the implementation of the traditional leaders' HIV/AIDS capacity-building program. Following the completion of six provincial consultative meetings and 13 training workshops for traditional leaders in six provinces, POLICY, in collaboration with the local research agency Southern Hemisphere, embarked on a comprehensive evaluation process of the traditional leaders HIV/AIDS program. The primary objective of the evaluation was to assess the effectiveness of the HIV/AIDS advocacy and human rights program with traditional leaders. The evaluation is complete, and the evaluation report will be disseminated to the NDOH, the National Traditional Leaders HIV/AIDS Forum, and the provincial HIV/AIDS coordinators of the provincial health departments.

#### *Planning/Finance/Policy Formulation*

*National Baptist Church of South Africa (NBCSA).* From February 24–26, POLICY facilitated a strategic planning workshop for the National Baptist Church of South Africa (NBCSA). The purpose of the workshop was to assist the NBCSA in developing a national HIV/AIDS program, which will be implemented at the local diocesan level. Thirty-five representatives of different dioceses throughout South Africa were in attendance. Following the workshop, POLICY compiled a workshop report for the NBCSA. As a result of the workshop, the National Baptist Convention of the USA, Inc. (NBCUSA) has agreed to sponsor a delegate for three months as part of an exchange program. Additionally, the NBCUSA has allocated US\$16,000 toward the implementation of the programs designed at the POLICY-facilitated workshop.

*Southern African Catholic Bishops Conference (SACBC).* POLICY is in the process of finalizing a partnership agreement with the Southern African Catholic Bishops Conference (SACBC) to provide TA

to the conference through the implementation of a capacity-building program to strengthen the HIV/AIDS structures of 29 dioceses. A planning meeting to finalize the strategy will be held on July 6.

*Development of HIV/AIDS-related guidelines for the Chief Directorate: HIV/AIDS and TB.* POLICY provided TA to the NDOH in the preparation of “Guidelines for the Development and Maintenance of Support Groups for People Living with and/or Affected by HIV/AIDS.” The Minister of Health formally adopted these national guidelines on March 16, 2005. The NDOH has circulated the second draft of the “Guidelines for the Continuum of Care for HIV/AIDS and Related Diseases” to all levels, including primary healthcare facilities and tertiary healthcare facilities on the advice of the nine provincial health ministers structure (MINMEC). In the next period, POLICY will receive and collate that feedback and develop a revised draft of the guidelines for submission to the NDOH. POLICY has received feedback from the NDOH, following the submission of the “Guidelines for the Care and Support of Health Care Workers in Relation to HIV/AIDS.” The guidelines have been submitted to the Human Resource Directorate of the NDOH for review and adoption.

*Support to Chief Directorate: HIV/AIDS and TB, on Voluntary Counseling and Testing (VCT).* On September 28–30, 2004, POLICY provided technical support through facilitation and reporting of the 3<sup>rd</sup> Annual VCT Technical Meeting held in Bloemfontein. The meeting was attended by 120 representatives from the health departments in all nine provinces, including representatives of various sectors such as BMW South Africa and the universities of Pretoria and South Africa. The focus of the meeting was to launch the accreditation system of VCT facilities and consider the progress of the integration of VCT into existing health programs. A report for this meeting was submitted to the Chief Directorate: HIV/AIDS and TB, in November 2004 for approval and finalization. Following sign-off, the Chief Directorate will print and disseminate the report.

*Support for the development of higher education institutional operational plans.* In collaboration with the Committee of Technikon Principals and the National Department of Education, POLICY facilitated a planning workshop on August 25–27, 2004, for 14 HIV/AIDS officers of higher education institutions. The workshop focused on developing one-year operational plans for higher education institutions, ensuring that these plans link with the national strategic plan for the higher education sector. The operational plans will allow institutions to access the Infrastructure Finance Corporation Limited (INCA) funds. An INCA board meeting was held at the end of February 2005 to consider the submitted funding proposal by different Technikons. The proposals received were unsuccessful. The board of INCA is due to meet in July 2005 to formulate the way forward.

### ***Tools/Research/Dissemination***

*Design and facilitation of a toolkit for PLHAs.* The Minister of Health approved the PLHA toolkit on March 16. The NDOH and POLICY are currently planning a final consultation process, from July 19–21, with key stakeholders who have been involved in the toolkit development process. Once the NDOH and POLICY have final approval from key stakeholders, the toolkit will be printed and disseminated.

### ***Human Capacity Building***

*Department of Public Service and Administration (DPSA).* As part of POLICY’s ongoing support to the DPSA Impact and Action Project, POLICY has undertaken an HIV/AIDS-related capacity audit of the Public Service. This audit was subcontracted to KMS Research Consultants. The finalization of this report is being monitored.

In May 2004, the POLICY-supported post of Project Assistant to the DPSA Impact and Action Project commenced. The Project Assistant provided assistance in strengthening the coordination of the National

Inter-Departmental Committee on HIV and AIDS (IDC) and the DPSA Impact and Action Project and provided support for the implementation of HIV/AIDS programs across all 140 government departments. POLICY's support for this post officially came to an end on May 9, 2005.

*University of Stellenbosch Postgraduate Diploma.* POLICY conducted an in-house evaluation survey, sampling 10 percent of the 230 students that attended the 2004 Postgraduate Diploma, to assess whether the students had designed HIV/AIDS workplace policies following the course's completion. The survey found that a large percentage of the students had found the POLICY-developed module extremely helpful and used it to develop or revise the HIV/AIDS workplace policies of their respective companies.

For the fifth consecutive year, POLICY supported the development of a course curriculum for the Postgraduate Diploma in HIV/AIDS Management in the World of Work. In April and May 2004, POLICY reviewed and updated the module it contributes to this course: "HIV/AIDS Policy Development: Content, Function, Process, and Challenges." The 2005 module was accompanied by a CD-ROM containing key reference documents for all students. In addition, POLICY facilitated the training of 350 students on this module at the annual Winter School session, held on June 21, 2005. The proceedings involved lectures, panel discussions, and POLICY-facilitated small group tutorials. The panelists included representatives from Goldfields, South Africa's biggest mining company; Absolute Return for Kids (ARK); the Institute for Democracy in South Africa; the Center for the Study of AIDS at the University of Pretoria; and a past student in the course, the Chief ARV Pharmacist at the Prince Mshiyeni Memorial Hospital in KwaZulu-Natal. During the Winter School, a baseline measurement of the HIV/AIDS policy environment in the students' organizations was surveyed and will be used to measure the progress of students in developing workplace policies (as a result of their involvement in the course).

### ***Other***

*Siyam'kela: HIV/AIDS-related stigma and discrimination research.* In the past three years, POLICY has been facilitating the implementation of a core-funded package focused on HIV/AIDS-related stigma and discrimination (the Siyam'kela Project). During the last year, POLICY field-tested and refined indicators of stigma and developed and conducted training interventions in both faith-based and healthcare settings in Gauteng Province. On May 11, the project team hosted a dissemination workshop for members of the Eersterus community. The workshop was attended by 45 people and created an opportunity to give feedback regarding the baseline research as well as look at how the Eersterus community can work more closely together to mitigate stigma. Presently, the researchers are preparing to go back to the sites to conduct a follow-up assessment of whether, as a result of the implementation training and awareness programs, there has been a reduction in HIV/AIDS stigma.

Siyam'kela commissioned the development of a Stigma Resource Pack. The project team is busy reviewing and testing the draft. The resource pack will be a set of materials, drawing all the information developed by Siyam'kela to date, and will be useful to trainers and program managers interested in addressing stigma. The resource pack was the basis of a master training program that was conducted from March 28–April 1, for 18 health promoters in the DramAide program. The health promoters represent seven provinces across South Africa, based at institutions of higher learning. The resource pack was also used as the basis for training for PLHAs from across South Africa, representing different civil society organizations including the Treatment Action Campaign (TAC), the National Association of People Living with HIV/AIDS (NAPWA), DramAide, and Hope Worldwide. The training specifically targeted PLHAs working with the media to provide them with skills to ensure that the stories being told were non-stigmatizing. The workshop took place in Pretoria from May 25–27. The resource pack will be completed by August 2005.

Representatives from the University of Pretoria, SACBC, IDC, DPSA, the NDOH, and POLICY shared and discussed the progress of the Siyam’kela Project at reference group meetings on February 4 and April 26.

On May 5–6, the Siyam’kela team had a successful strategic planning session in Cape Town, where key future plans for the project were developed. On May 13, the Centre for the Study of AIDS hosted a Think Tank Meeting. This meeting, attended by POLICY, Centre for the Study of AIDS, and Jo Stein, revisited key aspects of the theories of stigma, in light of the progress the project has made in researching HIV/AIDS stigma. As a result of the meeting, participants have developed a concise document highlighting key information in respect to understanding stigma, its effects, and how to address it.

The Siyam’kela Project provided TA on behalf of POLICY at the following educational events: a workshop for 15 participants of a Human Sciences Research Council Postgraduate Research Program (January 11); a strategic planning workshop on HIV/AIDS for 30 resource persons of the National NBCSA (February 25–27); and a workshop for 370 students of the University of Stellenbosch Postgraduate Diploma in HIV/AIDS (June 21).

The USAID-funded Synergy Project recently published a briefing document, “Big Issues in Brief: Scaling Up Responses to HIV/AIDS—Stigma and HIV/AIDS, A Pervasive Issue,” which was distributed to an international audience. The brief made extensive use of the publications produced by Siyam’kela.

*Study on the impact of HIV/AIDS and men’s sexual health.* The report is currently under review.

*Support for the National TB Control Program (NTCP)—NGO Mentorship Program.* POLICY is providing support and mentorship to the VUKA TB/AIDS Project and has established a partnership with Wits University Volunteer Service Centre (VSO). Wits VSO has assigned a postgraduate student to assist VUKA in report writing, project management, and the development of funding proposals. POLICY received two comprehensive project reports, on February 7 and March 31. POLICY visited VUKA on May 20.

*Sexual and reproductive health of women living with HIV.* POLICY recently entered into a partnership with the International Community for Women Living with HIV (ICW). The purpose of the collaboration is to identify policy and programmatic gaps regarding sexual and reproductive health for women living with HIV/AIDS in South Africa. The project also aims to address the identified gaps by employing the relevant advocacy interventions. During April and May, ICW completed an assessment of the needs of women living with HIV in relation to sexual and reproductive health and access to care, treatment and support (ACTS). A three-day meeting was then held in June in Durban to validate the assessment reports. The meeting was attended by 20 members of ICW/Swaziland and 23 members of ICW/SA. Participants at the meeting identified priority advocacy issues, which will be expanded upon at the next meeting in August 2005. A reference group has been formed and meets on a quarterly basis. The first meeting was May 4, and a further reference group meeting is scheduled for July. The reference group is composed of a representative group of stakeholders who provide the project with expertise, guidance, and experience. Core management meetings were held by teleconference in May.

*The 2<sup>nd</sup> South Africa AIDS Conference.* The POLICY Project had an abstract accepted for showcasing the achievement of the traditional leaders’ capacity-building program through a poster presentation at the 2<sup>nd</sup> South Africa AIDS Conference, from June 6–10. The abstract, titled “HIV/AIDS Advocacy and Human Rights: Community Capacity-building Workshops for Traditional Leaders Implemented at the Local Level,” was presented as part of Track 4, Best Practices and Programs. The poster illustrated POLICY’s intervention, the process and partners, as well as results achieved through this intervention. The poster was on display throughout the conference and drew a lot of attention and interest from many conference

delegates. Most of the delegates were particularly impressed by POLICY's partnership with the NDOH, the Nelson Mandela Foundation, and the National Traditional Leaders HIV/AIDS Forum. The Siyam'kela Project provided TA at the conference and hosted a skills-building session on June 8 for 150 people representing FBOs, NGOs, CBOs, research institutions, universities, government, donor organizations, the private sector, and media.

## TANZANIA

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

### Summary of Major Activities:

#### FP/RH

*Condom study.* In February, the Permanent Secretary of the Ministry of Health approved the "Inventory and Review of Policies and Regulations Affecting Condoms in Tanzania," which was compiled under POLICY technical and financial support.

*Depo-Provera study.* Upon recommendation by the Ministry of Health and approval by the mission, POLICY/Tanzania will not undertake the Depo-Provera study.

#### HIV/AIDS

##### Advocacy

##### *Support to faith-based organizations (FBOs)*

- **Christian Council of Tanzania (CCT).** On January 26–27, the CCT, with POLICY technical and financial support, held a two-day workshop for CCT staff, church leaders, and their spouses. The objective was to build the capacity of CCT leadership to respond positively to the National Care and Treatment Plan and the Emergency Plan by providing them with advocacy skills to encourage congregations to access VCT, ARVs, and care and treatment services with their spouses. It was the first advocacy training for staff, as well as the first workshop for CCT to advocate for active male and married couple involvement. Action plans were developed for implementation.

In June, CCT sponsored a workshop for developing guidelines for integrating HIV/AIDS education into Sunday school programs for children. A workshop was held for church leaders to determine key topics and target age groups. In addition, scripture was researched and appropriate quotations were incorporated. A follow-up workshop is scheduled for August.

- **The National Islamic Council of Tanzania (BAKWATA).** In January, with POLICY's technical and financial support and in collaboration with the National AIDS Control Program, BAKWATA developed an insert to the Safina Newsletter that provided technical updates and advocacy messages for Muslim leadership and communities on reducing barriers to HIV/AIDS to increase uptake of ARVs and care and treatment services. The technical updates respond to the National Care and Treatment Plan as well as the Emergency Plan. The Safina Newsletter HIV/AIDS technical updates have been approved and widely disseminated in all parts of Tanzania.

*World Religious Conference for Peace (WCRP).* In mid-January, POLICY supported WCRP to continue with the development of the “HIV/AIDS Inventory of Best Practices by Faith-based Organizations,” which started in 2004. The compilation of FBOs’ best practices was divided into two phases—a literature review and a workshop. Plans were under way to host the workshop in early February, but it has been postponed.

*The Tanzania Parliamentarians’ AIDS Coalition (TAPAC).* POLICY held consultative meetings with TAPAC to discuss some of the issues to be addressed during consultations with selected parliamentary committees to identify key advocacy issues on an HIV/AIDS government budgetary increase. The two-day consultative process with the parliamentary committees took place in April 2005 in Dar es Salaam.

POLICY and TAPAC continued to disseminate the policy briefs developed last summer/fall. These updates include the Tanzania HIV/AIDS Care and Treatment Plan, 2003–2008; Prevention of Mother-to-Child Transmission (PMTCT) of HIV in Tanzania; Virology of Human Immunodeficiency Virus: What is HIV and How Does It Work?; Tanzania Multisectoral AIDS Project (TMAP); and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in Tanzania.

*Support to the National PLHA Council.* POLICY held consultative meetings with the Tanzania Commission for AIDS (TACAIDS) and the National PLHA Council to support the National PLHA Council Stakeholders Meeting from March 30–April 1. Chipu Mbanje of POLICY/W provided TA.

*Support to the Ministry of Justice and Constitutional Affairs (MOJCA).* On January 25, the Ministry of Justice and Constitutional Affairs (MOJCA), with technical and financial support from POLICY, launched the Tanzania Women Lawyers’ Association (TAWLA) report. Fifty-seven people attended, representing MOJCA, government institutions, and the private sector.

On January 27, Lane Porter and Maria Tungaraza held a meeting with the draft bill team to discuss the objectives of the study tour to Philippines and Viet Nam and the way forward with other activities stipulated in the action plan. Objectives for the study tour and a draft list of organizations, institutions, and individuals to meet with were drawn up. The tour, which took place in April, affirmed the fact that implementation of any bill or law hinges heavily on the political will of governments and that the respect of human rights in the implementation of the laws remains a key obstacle. The drafting team also learned the importance of involving PLHAs in the drafting process to make it relevant and appropriate for those infected and affected. As follow-up to the tour, MOJCA convened a three-day workshop in Bagamoyo in June. At the workshop, the team reviewed the study tour report and prepared the first draft cabinet paper.

*National AIDS Control Program (NACP).* Even though the National Care and Treatment Plan was announced in 2003 by the President of the United Republic of Tanzania, His Excellency Benjamin William Mkapa, Tanzania continues to face the challenge of improper use of ARVs. In March, the NACP, with POLICY technical and financial assistance, printed and disseminated ARV leaflets throughout Tanzania that contain information on the proper use of ARVs.

*The Tanzania Commission for AIDS (TACAIDS).* Tungaraza continued to provide TA to the TACAIDS National IEC and Advocacy Strategy as a task force committee member. She also provided TA for the development of the user-friendly popular version of the National Policy on HIV/AIDS 2001, which TACAIDS commissioned CONCERN to prepare. The popular version of the policy is in booklet form and was printed and disseminated throughout the country in early 2005.

*Zonal training centers workshop.* On March 21–23, POLICY provided technical and financial support to the Ministry of Health (MOH) to strengthen zonal training centers (ZTCs) to play a more active role in implementing some of the demands brought about by the decentralization process, particularly in

implementing the health sector reform process. The action plans developed in the session will be forwarded to USAID as part of input into the USAID 10-year strategy under development.

### ***Tools/Research***

*Goals/Resource Needs Model.* Lilian Wambura, POLICY/Tanzania Quantitative Analyst, provided TA in preparation of the Goals Model through numerous consultations with NACP and TACAIDS. In mid-June, POLICY began working with TACAIDS to apply the Resource Needs Model to help carry out the activity analysis for the proposed budget exercise in July–September. POLICY has been asked by the TACAIDS director of finance to carry out an activity analysis from the proposed budget submitted by various ministries, departments, and agencies. POLICY further conducted seminars with members of Parliament to inform them of the budgetary process, methods for linking expenditures to outcome, the importance of PER, and monitoring and tracking financial outflows.

*AIM.* POLICY assisted in completion of an initial draft of the AIDS Impact Model (AIM) and briefing book, incorporating results from the Tanzania HIV/AIDS Indicator Survey (THIS). Thomas Goliber visited Tanzania at the end of June to consult with TACAIDS, National AIDS Control Program, National Bureau of Statistics, USAID, and others on model inputs and next steps to complete the application. TACAIDS remains an enthusiastic sponsor of the activity, and POLICY and TACAIDS have a clear, agreed-upon set of steps to finish the activity. The next steps are to incorporate findings from the Tanzania Demographic and Health Survey and organize an August meeting for Tanzania stakeholders to review the draft briefing book.

*Policy Index study.* Consultant Berrington Shayo submitted the second draft of the study, which is under review by POLICY’s Senior Advisor, John Ross. The objective of the study was to conduct HIV/AIDS and RH policy effort indexes at the national level for use by USAID in its program monitoring. Berrington is working in collaboration with Wambura.

### ***Capacity Building***

On March 23–25, POLICY local staff and Alphonse Bigirimana attended a workshop organized by the U.S. government on “Developing the Strategic Information Operational Manual for USG/Tanzania for the President’s Emergency Plan for AIDS Relief.” The workshop built POLICY staff’s capacity on the requirements for Emergency Plan strategic planning and reporting.

*TB/HIV advocacy TOT.* From March 13–18, Georgia Baguma and Theresia Hakili traveled to Tanga and Kilimanjaro to conduct TOT on advocacy for management of TB/HIV.

In June, POLICY staff met with the National Council of People Living with HIV/AIDS (NACOPHA) and planned a strategic planning workshop and mapping exercise in collaboration with the National Association of People Living with HIV/AIDS (NAPWA). The planning exercise will strengthen NACOPHA to build more collaboration among PLHA groups.

### ***Other***

From March 8–11, Tungaraza participated in and presented a paper at the Strategic Information and Monitoring and Evaluation Field Officer Regional Meeting, East and West Africa. The paper was on “Use of Data by Parliamentarians: TAPAC Experience.”

## UGANDA

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

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

### Summary of Major Activities:

#### FP/RH

During the June 2004 Implementing Best Practices conference held in Entebbe, Uganda, POLICY/Uganda was asked to assist in developing an FP advocacy strategy to be implemented by the MOH and key public and private sector stakeholders. This was aimed at supporting the MOH and POPSEC in their efforts to reposition FP high on the national agenda. POLICY and the MOH/RH Division facilitated a workshop from January 10–12 to develop an advocacy strategy. The workshop was attended by representatives from USAID, POPSEC, MOH, DELIVER Project, Population Services International (PSI), Family Planning Association in Uganda (FPAU), URHAN, UNFPA, and local organizations involved in FP/RH activities. Several consultative meetings were held with stakeholders, and the final version of the advocacy strategy was launched April 27 by the local council chairperson of Wakiso District, who represented the Minister of State for Health General Duties.

The MOH/RH Division attributes the poor RH situation in the country to inadequate promotion and support for FP by all levels of leadership, for example, MPs and local council leaders. Many leaders do not promote FP among their communities because they have very little or inaccurate information on FP. Other leaders would like to encourage use of FP where it exists and improve quality and access where FP is weak or participate in influencing policy decisions, but they have no support messages on FP. One of the issues identified in the Family Planning Advocacy Strategy was inadequate promotion and support for family planning by all levels of leadership. POLICY is supporting the development of FP advocacy

messages for leaders as a way of providing them with accurate information on FP and smaller family size and what their role in supporting FP should be. POLICY organized a meeting to develop FP advocacy message concepts. This meeting was attended by representatives from the MOH/RH Division, MOH/Health Promotion and Education Division, FPAU, PSI, POPSEC, and URHAN.

POLICY reported in the last semi-annual report that it would support the MGLSD to build capacity of their Community Development Officers and Assistants (CDO/As) in four districts of Kisoro, Nebbi, Hoima, and Kumi to promote and advocate for FP in their districts. This would be done through Nsamizi Training Institute, which is responsible for training the CDO/As. With technical and financial assistance from POLICY, the Institute has produced two draft documents: the Extension Workers User's Guide in Family Planning and the revised FP module. Two meetings with stakeholders from POPSEC, FPAU, USAID, WHO, MOH, and MGLSD were held to provide inputs for the documents. Nsamizi is revising the two documents to incorporate the inputs from the meetings. The module will be used as a tool at the institute while the guide will be used by community development assistants during community mobilization activities and sessions. Nsamizi has trained its staff in the use of the Extension Workers User's Guide and the revised FP module. The staff have in turn trained CDOs from the four districts in FP methods, advocacy for FP, and the role of local leaders in promoting the use of FP. The CDOs were trained using the draft Extension Workers User's Guide.

During August 2004, POLICY collaborated with the MOH and POPSEC to organize a Safe Motherhood Model workshop. The purposes of the workshop were to inform participants how the SM Model can be used at the district level for planning and advocacy and to train district teams in collection of the SM Model data from their districts. Participants expressed a need to have district-specific information for the SM Model to be used for planning, prioritization, and resource allocation at the district level. POLICY hired two consultants to collect costing information and another consultant to collect data on the Maternal and Neonatal Program Effort Index (MNPI) in Luwero and Mbale districts. In April 2005, the consultants finalized data collection and the data are being used to develop a district-specific SM Model.

In Sironko District, the acting Population Officer who was trained by POLICY in the use of RAPID and CSPro made presentations to the District Technical Planning Committee and District Council on the impact of the rapid population growth rate on socioeconomic development in the district. As a result, the councilors and technical staff have begun advocating for small family sizes and promoting the use of modern FP methods.

During the Joint Review Meeting in which POLICY participated from October 25–27, 2004, participants recommended that the MOH convene district conventions that would sensitize leaders on the key issues in FP/RH; inform them of their role in mobilizing communities to access these services and oversee resource allocation to these programs; and jointly plan and budget for FP/RH services in the districts. A total of 27 districts were selected for the district convention. POLICY supported the regional conventions which took place March 17–18 in Mityana and Mbale for the Central and Eastern regions; March 23–24 in Lira and Jinja districts for the Northern and Southeastern regions; and March 29–30 in Arua and Fortporta for the North and Western regions.

POLICY/W organized a training-of-trainers workshop on “Repositioning Family Planning and Promoting Contraceptive Security: An Advocacy Training-of-Trainers (TOT) Workshop.” The workshop took place in Dakar, Bangladesh, from May 17–26. Dr. Ismail Ndifuna from Uganda, along with Laurette Cucuzza and Anne Jorgensen from POLICY/W facilitated the workshop. The trainees included URHAN members Resty Musonge and Reverend Moses Buschindich.

URHAN held a meeting on January 25 at Mosa Courts Apartments to present a final draft of the strategic plan to members and seek approval. USAID and POLICY staff attended the meeting.

As part of repositioning family planning efforts, small grants were awarded to the Uganda Muslim Supreme Council Population Program (UMSC) and the Church of Uganda. UMSC will focus on drafting FP/RH policy guidelines, disseminating them to Muslim religious leaders at the national and district levels, and securing commitment of religious leaders in one Muslim district, specifically Iganga. The Church of Uganda will focus on expanding adolescent FP/RH efforts in three of the nine dioceses, including archdeaconries and parishes, to gain commitment for the church leadership to integrate and fund adolescent RH in church programs.

POPSEC developed the first National Population Policy in 1993; the policy was launched in March 1995. Since then, a number of population events that have influenced population dynamics have taken place at the national and international level. At the international level, several conferences and declarations have been held, for example, the International Conference on Population and Development (ICPD) in 1994, Women's Conference in Beijing in 1995, and development of the Millennium Development Goals. At the national level, we have had two Demographic and Health Surveys, in 1995 and 2000, which have provided more information on population dynamics. Against that background, POPSEC is in the process of revising the National Population Policy. POLICY is supporting POPSEC in conducting regional consultative meetings. The first regional meeting was held at Hotel Brovad in Masaka on June 23. The meeting was attended by representatives from the following districts: Kalangala, Rakai, Masaka, Mpigi, and Sembabule. Each district was represented by a team of 10 participants, including district executive members, district technical planning committee members, and representatives from NGOs, FBOs, and subcounties.

Grace Nagendi attended a five-day strategic planning and budgeting workshop in Cairo. The workshop was facilitated by Jay Gribble and Margaret Rowan from POLICY/W and participants included representatives from POLICY offices in Kenya, Ethiopia, Egypt, and Uganda; other participants were from the Egyptian Family Planning Association, Cairo Demographic Center, and Population Council. The workshop had several objectives, including building comprehensive knowledge about fundamental principles, concepts, and analytic techniques of strategic planning. The workshop took place at the Cairo Demographic Center from May 8–12.

## **HIV/AIDS**

POLICY conducted an advocacy workshop for NAFOPHANU from January 17–21, at Tal Cottages in Kampala. The advocacy skills workshop was aimed at contributing to the third goal, “care and support,” of the 2-7-10 Emergency Plan goals by training 40 PLHAs in advocacy skills. These skills will enable them to advocate for the rights of PLHAs to access care and support services. During the workshop, the PLHAs prioritized four issues that can be addressed through advocacy: (1) inadequate representation of PLHAs on technical and coordinating committees at all levels; (2) poor access to ARVs due to high cost; (3) inadequate care and support services, including nutrition and income-generating activities; and (4) poor youth-friendly HIV/AIDS services. The workshop was facilitated by Danielle Grant and Laurette Cucuzza from POLICY/W and Dr. Ismail Ndifuna, who has been trained by POLICY as a trainer in advocacy for family planning.

POLICY supported NAFOPHANU in developing a user-friendly booklet as a guide to the types of services needed by PLHAs and where to find these services by district. NAFOPHANU hired two consultants who developed the first draft through a consultative process. Organizations consulted included Uganda AIDS Commission; USAID; the MOH; and nutrition, PMTCT, VCT, and ARV programs. The guide was pre-tested with advice from the MOH/Health Education Promotion Department. On March 9, the guide was launched in a workshop in which Hon. Kintu Musoke was the guest of honor.

Kintu Musoke (MP) is a former prime minister and is currently Deputy Chairperson of the Uganda Emergency Plan Country Operational Plan Team.

POLICY supported Uganda women lawyers (FIDA-U) in developing two user-friendly guides for NAFOPHANU: a human rights information pamphlet and a simple guide to on how to make a will. The process of developing the two guides was participatory; many organizations including POLICY, USAID, POPSEC, FIDA, human rights groups, Uganda AIDS Commission, NAFOPHANU, UNAIDS, and the Ministry of Justice were consulted. On June 16, the two guides were launched at a function in which the Attorney General and Minister of Justice and Constitutional Affairs, Hon. Kiddu Makubuya, was the chief guest.

POLICY and NAFOPHANU organized a workshop for PLHA leaders from June 13–17; the purpose of the workshop was to disseminate the contents of the three guides (guide to access services, human rights information pamphlet, and guide on will-making) to PLHAs. Fifty-eight participants from 28 districts in the Central, Southwestern, and Eastern regions and two representatives from the Uganda People's Defense Forces (UPDF) were trained in the contents of the guides. Each district was represented by two people. The trained PLHA leaders are expected to disseminate the information in the guides to their fellow PLHA leaders in the districts and at the community level. This will be done through various channels, such as meetings, media, music, dance, and drama. In addition to dissemination of the contents of the guides to PLHAs, the workshop was designed to equip the PLHAs with skills in effective approaches in communication and community mobilization.

The participants developed and costed out district-specific plans for dissemination of the information in the guides. The workshop was facilitated by the two consultants from FIDA who developed the will-making guide and one consultant from NAFOPHANU who developed the guide on access to services. The workshop had the following guest facilitators: (1) Dr. Namangala from the MOH discussed key issues in ARVs and nutrition; (2) Lilian Nakato from the Uganda AIDS Control Project/MOH discussed approaches to effective communication; and (3) Cassette Wamundu from NAFOPHANU discussed approaches to community mobilization. A second workshop for the remaining 28 districts will be conducted in July 2005.

POLICY received \$500,000 for FY05 EP activities to build on activities initiated in FY04. These activities include dissemination of information in the three guides developed in FY04 through various channels of communication; community mobilization; strengthening the local capacity and organization development of NAFOPHANU; improving its management information system; and developing training manuals on memory books/succession planning. POLICY received forward funding of \$100,000 to train PLHA network leaders in the contents of the three guides.

## WARP

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

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

### Summary of Major FP/RH Activities:

*Strengthened legal-regulatory reform and the role of parliamentarians.* During 2004, AWARE RH agreed to provide financing for two major POLICY technical consultative meetings in collaboration with FAAPPD, parliamentarians, and other counterparts from seven countries in the region<sup>4</sup> that are actively involved in legal-regulatory reform and expanding Parliament's role in improving access to family planning. The purpose of the meetings was to produce guides that can help all countries in the region to undertake reform and to translate laws into action. The first meeting was held in Bamako, Mali in October 2004 to analyze and document the process and content of legislative and regulatory actions that have already taken place in the region. During this period, POLICY staff and consultants worked on and completed a final draft of a guide to legal-regulatory reform based on the proceedings from the meeting. The final draft will be proofed and reproduced and shared in a workshop scheduled to take place in Dakar, Senegal in August.

The second meeting was held in Niamey, Niger, March 1–3, with parliamentarians and RH professionals in public and private sectors in the same seven countries. The purpose of the meeting was to help countries in the region pursue a systematic process for translating laws into actions in the field. The goal was to initiate work on a guide to effectively implement laws. Participants identified and described each critical step in the process of applying the RH law and regulations to achieve improvement in access to and quality of FP services and reached agreement on the guide's content. In preparing for the meeting, POLICY staff (Norine Jewell, Dr. Kadidiatou Maikibi, and Modibo Maiga) and consultants (Badara Diop, Moustapha Ka, Aissatou Poreko Diallo, and Bachir Sow) created the program and methodology; coordinated with AWARE RH and FAAPPD to invite parliamentarians and other key stakeholders from the seven countries; and mobilized needed administrative and logistical support, which was financed by AWARE RH (which also financed participation of all country delegations). POLICY used field support and core IR1 funds to finance the team of staff and consultants who facilitated the meeting and who are currently working on the guide that will be drafted and circulated for comment.

POLICY developed and submitted a proposal for collaboration with AWARE RH for the remainder of POLICY II. AWARE RH approved the proposal that calls for two workshops for which AWARE has

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<sup>4</sup> Benin, Burkina Faso, Chad, Guinea, Mali, Niger, and Senegal

agreed to finance participants—one to be held in August in Dakar, Senegal to introduce legal-regulatory reform to five countries that have not yet undertaken such activities and another to be held in November in Accra, Ghana to expand input into the guide being drafted on translating laws into action.

POLICY provided back up materials and consultation to organizers of a conference in Ndjamena, Chad, May 16–19, which was attended by presidents of national assemblies in Africa as well as their health committee chairs and the presidents of national parliamentary networks on population and development. The purpose of the conference was to assess progress on the Cairo Plan of Action, define the role of parliamentarians, and agree on actions that regional parliamentarians should take to further the plan's goals. Organizers sent to POLICY a copy of the declaration that was issued by the conference participants and expressed their intention to follow up with POLICY on next steps.

*Co-organized the repositioning FP conference.* POLICY was a co-organizer with Advance Africa, USAID/WARP, AWARE RH, and WHO of the repositioning FP conference held in Accra, Ghana, February 15–18, which was attended by 280 stakeholders from 15 countries. Using WARP field support funds and POLICY core funds with contributions from POLICY/Nigeria and POLICY/Mali, POLICY's contributions ranged from program agenda development to data analysis and presentations in plenary and smaller sessions. In preparation for the conference, POLICY staff served on a steering committee with Advance Africa to elaborate the technical program, and POLICY prepared the first drafts of various guidelines aimed at preparing and supporting country teams, facilitating breakout groups tasked with identifying key factors in unmet need, facilitating country teams to prepare conference follow-up plans, and helping facilitators in their task of supporting the break-out group sessions and country team meetings. POLICY conducted an 11-country DHS secondary analysis of unmet FP need and used the FamPlan Model to project the impact of unmet need on the Millennium Development Goals. POLICY staff, consultants, and colleagues from the region developed 10 presentations related to each of the conference themes; supported three country teams (Mali, Nigeria, and Ghana); provided TA to the host country ministry and the keynote speaker; participated in developing press releases and opening ceremony speeches; and facilitated the post conference organizers' meeting. Based on the information produced for the conference, the country delegations prepared follow-up plans aimed at advancing repositioning efforts in their countries. POLICY subsequently assisted USAID/W to plan and conduct a conference debriefing that took place on March 22 for USAID and CA staff.

## ZIMBABWE

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**Program Objectives:** The goal of POLICY Project assistance in Zimbabwe is to contribute to HIV/AIDS policy dialogue, implementation planning, and advocacy in an extremely challenging political and economic environment. POLICY will carry out its activities by providing TA for an update of the AIDS Impact Model (AIM) and preparation of some complementary policy briefs.

### Summary of HIV/AIDS Activities:

The working environment in Zimbabwe continues to deteriorate, and no one knows when the downward spiral will stop. Regardless, POLICY staff in Harare have shown considerable persistence and resilience in carrying out project activities.

Most important, Dr. Ityai Muvandi, AIM Project Consultant, and Mr. Godfrey Tinarwo, ZAPA Senior HIV and AIDS Policy Specialist, carried out an AIDS Impact Model Presenter Training Workshop January 24–28 for National AIDS Council (NAC) and Ministry of Health and Child Welfare (MOHCW) provincial and national staff. Twenty-five participants took part, including health promotion officers from each province and representatives from NAC and each of the provincial AIDS councils. Full provincial participation was a major accomplishment of the workshop.

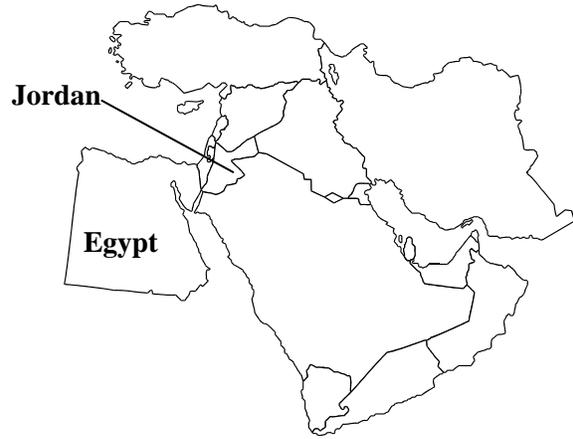
As part of the workshop, participants developed dissemination strategies:

- Participants would like to hold briefing meetings with provincial heads such as governors, provincial medical directors, provincial administrators, chairpersons of the provincial AIDS action committees, and NGOs.
- Participants planned to hold dissemination meetings at the provincial level with members of the provincial development committees (PDCs) and provincial health teams (PHTs).
- Participants would also like to conduct a presenter training workshop for members of the district AIDS action committees and district health promotion officers. Once these persons have undergone training, they will have the responsibility to make presentations to groups at the district level that include district medical officers (DMOs); district chief executive officers; district administrators; district health teams; rural district development committees; full council; and an NGO forum.
- The teams trained at the district level are also expected to make presentations to ward AIDS action committees, village AIDS action committees, and community-based extension workers, as well as to conduct presentations to audiences at mines, estates, and colleges/universities.
- Workshop participants also wanted to continue conducting dissemination workshops at the national level.
- Participants stressed the importance of the provincial and NAC teams developing explicit dissemination plans and budgets.

Also, after considerable time and effort, POLICY staff managed to obtain MOHCW approval of the voluntary counseling and testing policy brief and to print several thousand copies. These have been turned over to the Zimbabwe AIDS Policy and Advocacy (ZAPA) Project for dissemination.

This concludes POLICY Project activities for Zimbabwe.

**ANE**



## BANGLADESH

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

### Summary of Major FP/RH Activities:

*Barriers to postpartum care (PPC) family planning programs.* Koki Agarwal, deputy director, FP/RH/MH, POLICY Project, visited Dhaka January 3–13 to carry out the study titled “Barriers to Postpartum Care (PPC) Family Planning Programs in Bangladesh.” Agarwal and POLICY Coordinator Areba Panni visited many individuals who could provide meaningful inputs to the study.

The purpose of the study was to find out why PPC is so poorly conducted in Bangladesh. Individuals were asked questions about the postnatal period, the extent of newborn care together with PPC, what kind of programs their institutions were running, how to support traditional birth attendants, how to involve male members of the family, whether there are financial barriers, what percentage of deliveries are carried out at home, and whether there are additional definitions for PPC in the Bangladesh government’s guidelines. Also discussed was the White Ribbon Alliance (WRA) and how it works in other countries.

*Post-test of the HIV/AIDS mass media campaign.* The Social Marketing Company (SMC) invited the POLICY Project and its other partners to the post-test of the HIV/AIDS mass media campaign on February 10. Panni attended the meeting.

*White Ribbon Alliance for Safe Motherhood (March 16–17).* Panni met with many individuals prior to sending out invitations for the initiation of the WRA workshop. The WRA workshop was held at the Lakeshore Hotel in Dhaka on March 16 and 17. Michelle Prosser, Senior Reproductive Health Advisor for Safe Motherhood from POLICY/W, and Aparajita Gogoi, National Coordinator for the White Ribbon Alliance/India, were in Dhaka to facilitate the workshop. The Director General of Health Services (DGHS) inaugurated the workshop, and the DGFP and the Health Secretary closed the session the next day. Participants were from all over the country and included partners, donors, USAID, local NGOs, international NGOs, pharmaceutical companies, and individuals from the Ministry of Health and Family Welfare (MOHFW). Some organizations volunteered to form a core group and agreed to meet at NSDP premises on March 23. All participants gave their consent to move the WRA forward in the country; a strong commitment was also achieved from the Bangladesh government on the last day. Finally, Areba Panni and Taher Qader prepared the workshop minutes and distributed them to participants by the first week of April.

*Meeting with Edward Olney (March 22).* Michelle Prosser and Areba Panni met with the country representative of Save the Children/USA, Edward Olney, who expressed his interest in housing the coordinator for WRA/Bangladesh.

*Core group meeting of the WRA (March 23).* The members of the core group include representatives from ICDDR/B, BRAC, EngenderHealth, Population Services and Training Center (PSTC), Concerned Women for Family Development (CWFD), OGSB, SMC, NSDP, CARE, SAVE, DGFP, Concern, Lamb

Hospital, and Addin Hospital. The core group met and discussed some of the key issues that came up in the previous workshop. They decided to split into two groups. Group A was to review the key issues from the workshop and come up with a one-year strategy and strategic framework for the core group. Group B was tasked with recruiting and interviewing a coordinator and finding an institutional home for him or her.

*Hire of coordinator.* The WRA Core Group met a number of times in April and May to review and finalize the WRA strategy, discuss possibilities of holding a rally around Safe Motherhood Day or Breastfeeding Day, and discuss the hire of a WRA coordinator. The WRA strategy is still in draft form as more time has been devoted to recruiting a coordinator. Areba Panni and Michelle Prosser, POLICY Project; Jahangir Hossain, CARE; Hasina Chaklader, Bangladesh Women's Health Coalition (BWHC); Rezaul Haque, Addin; and S.M. Shahidullah, EngenderHealth interviewed the candidates on June 1. Approximately 80 applications were received and four candidates were shortlisted for an interview. Dr. Farhana Ahmed was offered the position and after some negotiation she accepted it. On May 26, the NGO Service Delivery Program (NSDP) had offered to provide institutional space for the Coordinator and Areba Panni will follow up with Rob Timmons of NSDP.

*World Population Day Rally.* The WRA is taking part in World Population Day in a rally hosted by DGFP. An article is being published in the *Souvenir* that day and 30 core members will participate in the rally, while two members will attend the program inaugurated by the prime minister at Osmani Hall. The WRA is printing T-shirts, caps, a banner, and flyers for distribution.

*Repositioning Family Planning and Promoting Contraceptive Security: An Advocacy Training of Trainers.* Using IR1 core and field support funding, IR1 technical staff designed and conducted a workshop in Dhaka May 8-17 at the BRAC Centre Inn. IR1 technical staff include Anne Jorgensen and Laurette Cucuzza, Senior Advocacy Advisors CEDPA/ POLICY Project; and Dr. Ismail Ndifuna, National Program Manager, Family Planning Association of Uganda (consultant). The workshop focused on the policy environment for family planning (FP) and contraceptive security (CS) and expert presenters in these key technical areas were Suneeta Sharma, Regional Manager, POLICY/W; and guests Dr. Timothee Gandaho, Partners in Population & Development, and Mr. Nurul Hossain, DELIVER/Dhaka. There were 14 participants from Bangladesh, Jordan, Nepal, Cambodia, Ethiopia, and Uganda.

The workshop's main goal was to build critical training competencies for participants to train and lead others in advocacy efforts to reassert the crucial role of FP policies and programs and promote CS initiatives in their countries.

*Meeting with representatives from Catalyst/Yemen.* Dr. Hamouda Hanafi and Dr. Mai Al Moaid from Catalyst/Yemen met with Panni on April 27 to discuss possibilities of having a WRA in Yemen. Panni gave them some suggestions and also referred them to the WRA global secretariat.

*Meetings with Charles Llewellyn.* Panni and Prosser met with Charles Llewellyn on May 30 at USAID. He mentioned that NSDP and EngenderHealth have policy advisors in their office. If POLICY Project is considering recruiting an advisor/consultant, it should make sure that some of the issues do not coincide with theirs. Suneeta Sharma and Courtney Bickert met with Llewellyn, Belayat and Cliff on May 10 to discuss several policy issues that need POLICY's involvement: cost-recovery restrictions for NGOs, the government's program regarding promotion of sterilization, and targets for long-term family planning methods. Sharma and Qader organized a meeting with Dr. Jahir Uddin Ahmed, Line Director of DGFP, to discuss these issues.

*Meeting with Dr. Jahir Uddin Ahmed.* Michelle Prosser and Areba Panni met with Dr. Jahir on May 31.

We discussed the following:

- A history of safe motherhood and maternal health programs and trends in Bangladesh.
- New financing schemes through UNFPA for skilled birth attendants (SBAs), with a goal of training 28,000 new female welfare assistants (FWAs) in safe motherhood skills and FP services. These FWAs work on a volunteer basis (no user fees are charged). We also discussed the findings of POLICY's Maternal Health User Fee Study. Dr. Jahir mentioned that the government is investigating cost-recovery mechanisms.
- A door-step delivery of family planning commodities.
- Pros and cons of providing sarees, lunghis, and cash for sterilization.
- How the new WRA national secretariat in Bangladesh could be involved in advocacy to increase awareness about the WRA and their activities. It was decided that Dr. Jahir would extend an invitation to the WRA Core Group to participate in a rally in Dhaka on World Population Day, July 11. The WRA developed a flyer in Bangla and English on the links between FP and safe motherhood. Several core group members were also invited to attend the prime minister's press conference on World Population Day.

## CAMBODIA

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**Program Objectives:** The strategic objective of POLICY/Cambodia is to improve the policy environment by using a human rights approach for HIV/AIDS, family planning, and safe motherhood. POLICY/Cambodia addresses HIV/AIDS-related stigma and discrimination; the protection of human rights and documentation of HIV/AIDS-related human rights violations; the support of principles of the Greater Involvement of People Living with HIV/AIDS (GIPA); the empowerment of communities infected and affected by HIV/AIDS; the development of policies and guidelines for issues relating to OVC and reproductive health (RH); and the strengthening of collaboration and partnerships between government and civil society, particularly with the National AIDS Authority (NAA).

### Summary of Major Activities:

#### FP/RH

*Reproductive Health Promotion Working Group (RHPWG).* The MEDiCAM small grant was completed on February 24. Ms. Naomi Walston, a POLICY consultant, and the working group gathered information and conducted research on the impact of male involvement (MI) projects. The research was used to develop RH-related policies and plans, including RH guidelines for the new five-year strategic plan to be prepared in July. The research was presented May 5–6 during a workshop that involved key stakeholders from the Ministry of Health (MOH), Ministry of Women’s Affairs, and RHPWG. In launching the workshop, the minister of health declared his commitment to increasing male involvement in RH in Cambodia.

*Reproductive health resource mobilization booklet.* In February, two thousand copies of the RH booklet were printed. The launching ceremony took place on June 21, facilitated by the National Reproductive Health Project (NRHP) and National Maternal and Child Health Centre (NMCHC).

*Adolescent reproductive health (ARH).* Meetings were held between the ARH working group and government members, donors, and civil society. The maternal and child health (MCH) subcommittee heard a presentation February 10 at NMCHC on the ARH policy process. The process was delayed after the UNFPA rejected funding for the ARH working group. POLICY/Cambodia provided funds for Mr. Soth Nimol (youth ambassador) to attend a youth camp on “Youth Sexual Health, Responsibility, and Rights.” POLICY/Cambodia has become a member of the technical working group convened by the NRHP to prepare guidelines on providing RH care services to adolescents. POLICY/Cambodia has also been advocating for the inclusion of male involvement guidelines within this process.

*MEDiNEWS.* Mr. Peter Starr provided technical assistance (TA) to three information officers at MEDiCAM to develop their writing skills, focusing on HIV/AIDS/RH-related advocacy. H.E. Dr. Mam Bun Heng, Secretary of State for Health, led the launch ceremony for MEDiNEWS, which has gone through long delays and a redesign. POLICY/Cambodia elected not to extend its subcontract agreement with MEDiCAM.

*Country analysis of family planning (FP) and HIV/AIDS programs in Cambodia.* For POLICY/W, Ms. Walston completed the analysis on integrating HIV/AIDS and FP healthcare services in Cambodia.

## HIV/AIDS

### *Promoting and Protecting Human Rights*

*Implementing guidelines for the law on prevention and control of HIV/AIDS.* H.E. Hong Sun Huot, Senior Minister and Chairman of the National AIDS Authority (NAA), approved finalized guidelines for the law on prevention and control of HIV/AIDS after they were edited and translated in English and Khmer by POLICY/Cambodia. The official launch took place on April 22. In collaboration with the NAA, POLICY/Cambodia produced a draft of the training-of-trainers (TOT) curriculum. It plans to conduct the TOT in July to assist the dissemination of the guidelines to provincial police, judges, and lawyers, and it helped the Ministry of Justice develop its own guidelines to implement the HIV/AIDS law.

*Legislative audit and law reform.* A summary briefing paper prioritizing key issues was produced for senior government officers, including the Chairman of the Human Rights Commission of the National Assembly.

*Country report on human rights and HIV/AIDS.* The report was updated using the latest behavior surveillance survey (BSS) figures released by the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS); translated into Khmer; and published in collaboration with UNAIDS in June.

*Cambodian Human Rights and HIV/AIDS Network (CHRHAN) (subcontract).* A workshop was conducted January 14 to evaluate the progress of subcontract activities, which ended in February, and to collect ideas and experiences for developing the new 2005 workplan. New activities build on previous work to strengthen the identification, documentation, referral, and follow-up of HIV/AIDS-related violations; increased human rights awareness; and provided training on human rights and the HIV/AIDS law. CHRHAN will encourage mainstream human rights agencies to include HIV/AIDS in their scope of work, with the hope that more HIV/AIDS-related human rights violations can be identified, documented, and followed up to resolution.

CHRHAN submitted a report for some aspects of the Royal Government of Cambodia's submission to the United Nations General Assembly Special Session (focusing on human rights and the legal framework) and continues to document HIV/AIDS-related human rights violations throughout Cambodia in collaboration with its partners. As of June 30, CHRHAN documented 142 cases of HIV/AIDS-related human rights violations, of which 78 cases have been resolved. POLICY has identified that many violations occur in the private healthcare sector, largely out of reach for government regulations. POLICY/Cambodia intends to incorporate this information into future advocacy work.

CHRHAN continues to train volunteers and staff. The Cambodian Organization for the Development of Human Rights, a CHRHAN member in Pursat Province, conducted two workshops with community trainers regarding HIV/AIDS and human rights in the family, workplace, and health sector.

CHRHAN completed the training curriculum for the staff of mainstream human rights organizations and conducted a two-day workshop May 26–27 for 27 staff members from LICARDHO. CHRHAN produced a new advocacy video following the success of the video “Turbulent Lives,” which looked at the real-life situation of persons living with HIV/AIDS (PLHAs). The new 15-minute video, entitled “I must live in hope,” includes positive images of PLHAs in order to reduce stereotypes that reinforce stigma and discrimination.

CHRHAN conducted a two-day training workshop May 19–20 on implementing guidelines for the HIV/AIDS law and on applied advocacy skills for 44 of its members; a public forum May 24 for 64 participants in Sihanoukville to promote treatment, care, and support for PLHAs and their families; and a

two-day exchange workshop June 28–29 for mainstream human rights NGOs and CHRHAN members to share experiences, ideas, and lessons learned.

*Community education (subcontract).* Cambodian Red Cross (CRC) trainers, using curriculum developed with POLICY technical and financial assistance, trained 247 youth peer supporters and CRC volunteers through 11 three-day training workshops in Siem Reap Province. The workshops' objectives were to provide basic information on HIV/AIDS prevention and support; create a common understanding on HIV/AIDS-related vulnerability, stigma, and discrimination; and develop strategies that CRC youth and volunteers can use to address these issues in their respective communities and villages. Workshop participants intend to mobilize community care and support services for PLHAs, and reduce the shame, stigma, and discrimination associated with HIV/AIDS. As a result of their training, peer educators have conducted more than 4,000 individual sessions of peer education in schools.

CRC volunteers conducted training in Siem Reap Province, including two sensitization workshops involving 50 community leaders; seven two-day sensitization workshops involving 125 school teachers; and three student-parent meetings with more than 80 attendees. CRC also established stigma and discrimination committees in four communes with PLHAs on each committee. The sensitization workshop objectives were to provide basic information on HIV/AIDS prevention and support and to create a common understanding on HIV/AIDS-related vulnerability, stigma, and discrimination. Workshop participants will support the activities of the youth peer supporters and CRC volunteers who were trained by CRC trainers in the previous reporting period. These activities are being conducted in a pilot project developed with POLICY/Cambodia technical and financial support.

POLICY/Cambodia visited the CRC field sites and provided TA at training sessions regarding stigma, discrimination, and human rights. CRC successfully completed its subcontract at the end of June.

### ***Faith-Based Leadership***

*The Ministry of Cults and Religion (MOCR).* The documentation and mapping exercise of faith-based institutions coordinated by POLICY and MOCR began in February and finished in May, with a presentation for MOCR and USAID/Cambodia. Thirty-six interviews were conducted with Buddhist, Islamic, and Christian faith-based organizations in Cambodia. According to exercise findings, FBOs are conducting community-based, small-scale activities to increase compassion for PLHAs, and providing prevention, care, and support activities for generalized populations. USAID/Cambodia recommended that this study extend to assess the HIV/AIDS-related activities being conducted at pagodas across Cambodia. Michael Guzman, a consultant, has been recruited to work in July with MOCR and key stakeholders to prepare operational guidelines for the policy on religious response to the HIV/AIDS epidemic and to develop the workplan for disseminating them in the provinces.

*Wat Norea Peaceful Children's Home (NPC) (subcontract).* On February 2–3, NPC conducted an interfaith workshop with 35 participants from Buddhist, Christian, and Muslim institutions, government organizations, and NGOs to establish interfaith principles for HIV/AIDS community education and awareness. This activity relates to POLICY/Cambodia and MOCR efforts to document and analyze faith-based activity and aims to develop guidelines for faith-based work related to HIV/AIDS.

POLICY/Cambodia trained NPC network members on advocacy, human rights, and the HIV/AIDS law March 28–31. NPC received a TA field visit from the POLICY Project finance manager. A consultant will work with NPC in August to document its faith-based work and assess the impact of its activities.

### *Greater Involvement of People Living with AIDS*

*Capacity building.* As part of a partnership between POLICY and La Trobe University in Australia, two training workshops were conducted from March 1–9, which were facilitated by Dr. Susan Paxton, an advisor to the Asia Pacific Network of People living with HIV. Training on proposal-writing techniques was provided to 20 members of the Positive Women of Hope Club (PWHC). Vithey Chivit received training on advocacy and presentation skills. Pen Moni, a POLICY junior program officer, helped submit eight applications to the TIDE Foundation, promoting better access to treatment for PLHA—two were successful in receiving funds (Khannha and Vithey Chivit).

*Cambodian Positive People’s Network (CPN+) (subcontract).* A press conference to strengthen PLHA access to treatment was conducted on February 24 with support from CPN+, NCHADS, and NAA. A written statement advocated for changes to promote increased access to treatment for opportunistic infections and ARVs. More than 60 people attended this press conference, with coverage by TV, radio, and newspapers, including MEDiNEWS. CPN+ also began its second subcontract in February, which will build on PLHA rights advocacy activities conducted during the initial pilot project in 2004. Collaborative meetings were conducted with CPN+, Vithey Chivit, APN+, CHRHAN, and POLICY/Cambodia to share ideas on documenting PLHA rights violations relating to access to treatment.

CPN+ conducted a three-day training workshop on the documentation of HIV/AIDS-related human rights violations for members of the PLHA rights working group. This subcontract is currently experiencing difficulties because key members of CPN+ have not had the time or capacity to implement the activities. To resolve these issues, CPN+ will reduce its activities and focus on strengthening the management structure of CPN+ and its ability to facilitate a national network, rather than acting as an NGO that implements programs. POLICY may recruit a management consultant to conduct a review of the CPN+ structure and provide guidance and recommendations for how CPN+ can work toward its objectives. This review will be conducted in collaboration with APN+, which will also conduct capacity-building activities with POLICY Project regional funding.

*Vithey Chivit (VC) (subcontract).* VC began its second subcontract, receiving approval from NAA and NCHADS to conduct advocacy workshops on access to treatment in five national and provincial hospitals. VC conducted advocacy workshops in Kosamak hospital, CENAT (TB), Kandal, Takeo, and Kampong Cham provincial hospitals. More than 160 medical staff and 60 PLHAs attended. Ongoing analysis of the feedback from each workshop has allowed VC to review and strengthen its activities. The informants network established in the pilot project in 2004 has now been extended to include the new hospitals included in this project. The network has received training on using the documentation system of HIV/AIDS-related human rights violations in collaboration with CHRHAN.

*“Steps to Empowerment: a Report on the Challenges to the Meaningful Involvement of People Living with HIV in the Response to HIV & AIDS in Cambodia.”* This report, written by Dr. Susan Paxton, was published in June 2005.

### *Affected Communities*

*Orphans and vulnerable children (subcontract).* Four hundred copies of the report from the OVC dialogue meeting, which preceded the development of this subcontract, were disseminated in collaboration with CARE/Cambodia. The report of the Social and Economic Impact of HIV/AIDS on Orphans and Vulnerable Children in Cambodia was published in June.

Ms. Linda Sussman conducted a brief field visit to help prepare the OVC subcontract SOW with Save the Children/Australia (SCA). Activities that began March 20 will contribute to policy development and

implementation efforts for orphans and vulnerable children, focusing on children infected and affected by HIV/AIDS and on the creation of an OVC taskforce to improve coordination among OVC agencies/government departments.

SCA conducted a national consultative workshop, May 5–6, to promote establishment of a multisectoral OVC taskforce and to discuss priority issues. An OVC taskforce was established with 17 members, and its first meeting on June 7 focused on clarifying the definition of OVCs and prioritizing the activities of the taskforce through the end of September. Selected activities included a legislative and policy review, the mapping of existing OVC coordinating bodies, and the identification of indicators for HIV/AIDS and OVC interventions. The second OVC taskforce meeting will be July 14.

Ongoing discussions have taken place between POLICY/Cambodia and POLICY/W to record the process of this subcontract and produce a policy-related document of use to agencies working on HIV/AIDS-related OVC programs.

*Illicit drug use and HIV vulnerability.* Several attempts to organize the adapting of an advocacy guide on effective approaches to HIV/AIDS and injection drug use were unsuccessful due to overlapping schedules of the National Authority for Combating Drugs (NACD), the United Nations Office on Drugs and Crime (UNODC), and the POLICY Project consultant. This component is currently on hold.

*Study on violence and exposure to HIV among sex workers in Phnom Penh.* Dr. Carol Jenkins visited January 17–21 to conduct the closed door dissemination of findings from this study with participants from NAA, NCHADS, USAID, UNAIDS, and POLICY. Dr. Jenkins trained two sex workers to present study findings at a meeting held January 20. Further discussions have been conducted and more are planned with government and nongovernmental partners to decide how to use the research results and organize next steps toward a response to violence against sex workers and increased HIV vulnerability. A workshop on January 18 with 40 sex workers and 21 transgender individuals discussed the implications of the research findings and identified actions to reduce HIV vulnerability among sex workers. The research draft report is pending publication.

#### Crosscutting Issues

*Review of the NAA national strategic plan 2001–2005.* Mr. Paul Janssen, a POLICY/Cambodia-funded consultant, visited from February 22–March 11 to follow up on progress by the seven technical working groups focusing on prevention, care, and support; treatment; human rights and legislation; impact mitigation; multisectoral response; monitoring and evaluation; and resource mobilization. Each working group is supported by key partners such as DFID, UNDP, UNAIDS, FHI, PSI, and KHANA. POLICY led the groups working on legislation and human rights and resource mobilization, and it led the WTO review required for developing the new national strategic plan (NSP) 2006–2010. Each group submitted a 15-page report detailing the progress and lessons learned from the past five years and outlining recommendations for the next five-year plan. Paul Janssen returned to Cambodia, April 25–May 13, to facilitate the national review meeting held April 29; to develop the zero draft of the strategic plan at a retreat on May 3; and to facilitate the national consultation meeting on the new five-year strategic plan on May 9.

The NSP has been through several reviews and is in its final draft for approval by the NAA policy board in July.

*Goals.* Ms. Gayle Martin visited from January 31–February 8 to follow up on the data collection for the Goals modeling exercise. The Goals Model was introduced to the resources mobilization working group members, and individual meetings were conducted with key stakeholders to get information regarding resource allocation for the national response during the NSP 2001–2005; expenditures for HIV/AIDS;

absorptive capacities across implementing partners; allocation of resources/expenditures across strategies, sectors, and geographical regions; fund sources for the national response during the NSP 2001–2005; and resource mobilization strategies applied by NAA and others and their effectiveness. This process was completed in March and more than 35 organizations had submitted financial data.

Ms. Martin visited from May 1–10 to present the results of the Goals modeling exercise at the national consultation meeting of the new NSP 2006–2010. She networked with key government and nongovernmental stakeholders to advocate the adoption of the Goals Model in consecutive years to track budget expenditure and allocations.

*HIV/AIDS media resource guide.* This guide was updated using data from the latest HIV surveillance survey and will be published in July in collaboration with NAA and UNESCO.

*Influencing policy change through behavior change communication (BCC) on gender and HIV/AIDS.* The Ministry of Women's Affairs conducted a workshop in Koh Kong Province from January 4–5 with more than 48 representatives from governmental and nongovernmental sectors to discuss results from the provincial workshops and to provide recommendations on issues like domestic violence and gang rape that relate to women's vulnerability to HIV.

Workshop participants, impressed by the videos highlighting true stories of married couples and sexual violations committed by youth gangs on women and girls, made recommendations to policymakers and program planners on the effective development and implementation of the ministry's policy and strategies promoting gender equality, equity, and the respect of human rights of women and girls vulnerable to HIV.

The Ministry of Women's Affairs conducted a national workshop on February 15 in Phnom Penh to discuss results from the provincial workshops and to provide recommendations on issues such as domestic violence and gang rape that relate to women's vulnerability to HIV. The national workshop discussed current gaps in policy and formed 11 key recommendations on how to improve the implementation of gender-related HIV/AIDS activities at the national and provincial levels. The workshop was the final activity implemented as part of efforts by POLICY/Cambodia and the Ministry of Women's Affairs to influence the policy environment on gender and HIV/AIDS/STIs.

## CHINA

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**Program Objectives:** POLICY/China collaborates with the Yunnan Provincial Working Committee for HIV/AIDS Control and the Guangxi CDC to create a constructive policy environment for HIV/AIDS programs in these two provinces. POLICY's work falls under the China/USAID Integrated Workplan for HIV/AIDS and in both provinces POLICY's activities are linked through integrated workplans to those of the other USAID CAs, including Family Health International (FHI), the International HIV/AIDS Alliance, and Population Services International (PSI). Key priorities for POLICY/China are to strengthen the policy and legislative framework for an effective response to HIV/AIDS at the national and provincial levels; strengthen the policy capacity of leaders; improve resource allocation by applying the Goals Model; and reduce the stigma and discrimination associated with HIV/AIDS.

### Summary of Major HIV/AIDS Activities:

#### *Advocacy*

*Launch of POLICY/China and "Act Now" booklet.* The launch of POLICY/China and the publication "Act Now: Asia Pacific Leaders Respond to HIV/AIDS" in Kunming, Yunnan Province, took place on January 20. Senior officials from the USAID Regional Development Mission (RDM/A), the U.S. Embassy in Beijing, UNAIDS, dozens of governmental/nongovernmental agencies, and research institutes attended the launch. Dr. Zhang Chang-an, Director of Yunnan Provincial HIV/AIDS Office, chaired the meeting. Mr. Wu Gui-rong, Deputy Director of the Propaganda Bureau of Yunnan Communist Party Committee, gave the closing remarks. Xinhua News Agency, Yunnan TV, and other media agencies attended and reported on the event.

*Translation and production of POLICY Project pamphlet.* The POLICY Project pamphlet was translated into Chinese and featured Chinese photos befitting of the local situation. It was distributed to several organizations and at functions and events in Yunnan to introduce and highlight the project's activities worldwide.

*Yunnan NGO Forum.* On March 9, POLICY/China organized and hosted the Yunnan NGO Forum at the POLICY/China office. Twenty-seven participants representing 12 NGOs from Yunnan attended the meeting, and POLICY introduced its office, staff, and activities. Each NGO has access to a forum listserv that is a great resource to continue the dialogue, share information, and raise awareness about their work in various fields (environment, health, poverty reduction, education).

*A<sup>2</sup> activities in Yunnan and Guangxi.* In March, POLICY participated in a meeting with FHI and the Yunnan CDC to review the Yunnan A<sup>2</sup> project workplan. It was revised, with POLICY's advocacy role clarified and strengthened. FHI, Guangxi CDC, and POLICY also discussed Guangxi's workplan. Dr. Gao Yuan, POLICY Country Director, attended the A<sup>2</sup> regional meeting in Bangkok from April 28–29 to talk about the project's progress in Yunnan and Guangxi provinces to date.

*Yunnan policy recommendations.* At the request of Dr. Zhang Chang-an, Director, Yunnan HIV/AIDS Office, POLICY was selected to address contradictions in international, national, and provincial laws and regulations related to specific issues, including the protection of vulnerable populations, PLHA partner notification, and registration of IDUs. POLICY has begun the initial research and will discuss its findings and recommendations with Yunnan Working Committee members for HIV/AIDS prevention and control.

*HIV/AIDS conference June 6–7.* Dr. Gao Yuan, Dr. Min Liu, Mr. Tang Yi, and Mr. Chris Ward participated in the Beijing conference that highlighted the role of the President's Emergency Plan for

AIDS Relief, revised U.S. government-funded HIV/AIDS programs in China, and facilitated information sharing and coordination of activities among U.S. government-funded agencies. A discussion was also held on surveillance, prevention, counseling, treatment, care, and advocacy, including a brief description of the A<sup>2</sup> project by Chris Ward.

On June 7 at the MOH, Dr. Gao Yuan participated in a State Council Leading Group meeting in Beijing on HIV/AIDS with Ambassador Randall Tobias, Global AIDS Coordinator, and officials from the USAID mission. The meeting served to identify possible means of support from the U.S. government for China's fight against HIV/AIDS and demonstrated the coordination and monitoring of HIV/AIDS activities in China by the State Council. From June 8–10, Mr. Tang Yi served as a backup interpreter for Peter Piot, Executive Director of UNAIDS, and Ambassador Tobias during their visits to Kunming and Gejiu.

#### Planning/Finance/Policy Formulation

*Goals Model.* For participants of the December 2004 Goals workshop to gain a better understanding of the Goals and Resource Needs models, POLICY produced a CD-ROM with all of the training material, resources, relevant articles, operating instructions, and required software to use the Goals Model. The CD-ROM was sent to everyone who attended the workshop and is expected to facilitate effective implementation. During January–June, POLICY/China prepared for several TDYs by Dr. Gayle Martin and Dr. Naline Sangrujee. Dr. Martin and Dr. Sangrujee visited agencies implementing the Goals Model in Yunnan and Guangxi from April 4–8 and discussed key issues of the model application with the officials in charge—Dr. Zhang, Dr. Lu Lin, Dr. Gong Xue-lin, and Dr. Cheng Jie, and their staff.

Dr. Martin visited Kunming from May 17–20. After discussions with POLICY staff, she completed the Memorandum of Understanding (MOU) to be signed between POLICY and implementing agencies of the Goals Model in Yunnan (Yunnan Provincial HIV/AIDS Office and Yunnan CDC), and a separate MOU in Guangxi (Project Office of the Guangxi Health Bureau and Guangxi CDC). Signing ceremonies were held at the Yunnan CDC on April 20 and the Guangxi Health Bureau's office on May 25. The MOUs outline the relationship between each of the three organizations in the A<sup>2</sup> project's data collection process.

Activities commenced in Yunnan and Guangxi immediately after signing the MOUs. Dr. Martin developed a workplan for the first phase of the Goals Model application, clarifying issues regarding data collection with Ms. Hehe Cheng and Ms. Li Ling, two consultants contracted for data collection in Yunnan. Two teams were formed, each responsible for data collection in Yunnan and Guangxi, respectively, consisting of staff from provincial/regional implementing agencies and POLICY/China. The first round of data collection, which focused on demographic and financial data, is expected to be completed by June 30.

*PPCC meeting.* A meeting of the Yunnan Provincial Program Coordinating Committee (PPCC), which oversees the China/USAID Integrated Workplan, was held in January 2005 at the Yunnan Provincial CDC. Dr. Zhang Chang-an, Director of Yunnan HIV/AIDS Office, and Dr. Lois Bradshaw, Senior Health Officer/Regional HIV/AIDS Health Office of USAID, co-chaired. Dr. Zhang expressed his satisfaction with the project's progress and encouraged more communication between the collaborating parties of the U.S. and China. Dr. Bradshaw also expressed her satisfaction with the project's progress, believing it would become the best of all the country projects in the Greater Mekong region in six months time, despite starting two years later. She promised to find more funds for the project.

The next PPCC meeting will be held in July, possibly in a project prefecture rather than in Kunming. CAs, however, will meet once every one to two months and relay the outcomes of these meetings to Dr. Zhang's office.

Dr. Bradshaw and Ms. Deborah Seligsohn, Counselor for Environment, Science, Technology, and Health, U.S. Embassy in Beijing, also met with the heads of the four CAs. Dr. Bradshaw asked the CAs to meet regularly, work together more effectively, and find ways of engaging other departments/organizations.

Tools/Research

*National HIV/AIDS policy/law scan.* The scan of national policies and laws for HIV/AIDS has been completed, with a final report in both English and Chinese. The report presented areas in which national policies and laws had HIV/AIDS-related inclusions. It also identified areas in need of further development, with findings from interviews with key stakeholders and suggestions from international best practices guiding recommendations for action. The report will be used as an internal working document for POLICY to determine the focus areas for policy work. A byproduct of the policy scan was the creation of an Excel database, in which the identified national HIV/AIDS-related policies and laws were entered.

*Stigma and discrimination assessment.* POLICY has begun initial steps to undertake a needs assessment to identify best points of entry to reduce stigma and discrimination in China. Initial discussions have begun with the International HIV/AIDS Alliance and other local organizations.

*Stigma and discrimination reduction forum.* On April 26, POLICY held a one-day forum to illicit different views of HIV/AIDS-related stigma and discrimination in Yunnan. Twenty representatives from government organizations, academic institutes, NGOs, two APN+ consultants involved in the Mekong stigma and discrimination assessment, and three PLHAs attended. The forum had two themes: the preliminary findings and recommendations from the previous assessment on stigma and discrimination, and effective policy processes or recommendations based on international best practice. At the end of the forum, the participants agreed to focus on the following priorities:

- Support to PLHA groups
- Advocacy among relevant government officials
- Education of the media on HIV/AIDS-related stigma and discrimination

### ***Capacity Building***

*TA for APN+ GIPA/stigma and discrimination assessments.* POLICY/China has provided a great deal of technical assistance to APN+ to conduct the baseline assessment of GIPA/stigma and discrimination in the Yunnan and Guangxi provinces. The assessment, funded by Mekong Regional HIV/AIDS resources, is part of USAID's Mekong Performance Management Plan. POLICY/China staff have helped translate questionnaires into Chinese, identify the Guangxi local consultant, and coordinate on the assessments' status.

*Advocacy training.* Dr. Gao Juan, Mr. Tang Yi, and Dr. Liang Hui-ting (Project Officer of the Guangxi Health Bureau) attended the A<sup>2</sup> advocacy training workshop in Bangkok from May 2–6. The workshop was a joint effort by POLICY and FHI for those involved with the A<sup>2</sup> project and included participants from Bangladesh, China, Nepal, Thailand, and Vietnam. The workshop improved participants' understanding of the role of advocacy in data collection, analysis, and policy development process and built practical skills for participants to carry out advocacy as part of the A<sup>2</sup> project.

*POLICY/China staff retreat.* From June 16–17, POLICY/China held a staff retreat in Lijiang, Yunnan Province. All POLICY/China staff, including two consultants, attended the retreat, as well as David Lowe and Chris Ward, who provide technical guidance to POLICY/China’s activities. Seven sessions were conducted on the following topics during the retreat:

- Introductions
- Team building
- Interpersonal relationships and communication (office communication, one-on-one conversations, telephone conversations)
- Roles and work relationships
- POLICY/China in the context of the four CAs
- Development of shared values and clear mission
- Workplan for the remaining year

The workshop clarified specific tasks and responsibilities of POLICY/China staff for the remainder of the year and was also a great way for staff to come together as a team to build their own skills.

## EGYPT

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**Program Objectives:** USAID’s current FP/RH program in Egypt (TAHSEEN) aims to ensure that a high-quality, sustainable FP program remains once USAID has phased out its support (2009). The stated goal of TAHSEEN is “to provide the kind of assistance that will solidify USAID’s FP/RH investments of the last three decades, leave a sustainable FP/RH program that provides quality services to all who want and need them, and help Egypt take its final steps in reaching replacement level fertility by 2015.” To achieve this goal, TAHSEEN has been designed around four interlocking themes: focused attention to priority groups; improved quality for the customer; stronger institutional capacity and systems; and sustainable sectoral shares (expanded roles for both the NGO and commercial sectors). In general, POLICY’s primary role in supporting the TAHSEEN strategy is to help foster specific policy reforms that will achieve the program’s goals. Specifically, POLICY/Egypt focuses on three primary areas: (1) working with counterparts to develop and advocate for CS strategies and policies, (2) working with youth to strengthen their capacity to advocate for FP/RH issues, (3) mobilizing religious institutions (specifically Al-Ahzar University) to train advocates for FP/RH issues. In addition, as necessary, POLICY assists in the initiation, development, and adoption of policy reforms related to achieving national goals (e.g., age at first marriage) that will directly affect TAHSEEN’s goal.

### Summary of Major FP/RH Activities:

#### *Support for a national health insurance system*

POLICY/Egypt continued to provide national decisionmaking bodies with reliable, timely, and analytical indicators. This included working with the National Council for Women (NCFW) to present health and population indicators at the annual conference and to work with the National Democratic Party (NDP) to develop a system for national health insurance, including FP/RH care services. The draft proposed system was presented to the Health and Population Committee with the participation of the Minister of Health and Population. The proposal will be presented at the annual conference in August 2005.

#### *Support for the policy youth champion advocacy program*

*Youth advocacy events.* Policy youth champions in three governorates (Beni Suef, Fayoum, and Giza) successfully conducted 18 advocacy events (using the data and information kit prepared and updated by POLICY) among their peers at youth centers at the district level. During April–June, the number of events significantly increased, amounting to 59 advocacy events attended by 3,269 youth (1,643 females and 1,626 males) at youth centers in Fayoum, Giza, Beni Suef, Qena, Souhag, and Aswan. This was in accordance with their advocacy workplans developed in collaboration with Ministry of Youth (MOY) staff at the governorates’ level.

*Advocacy Task Force for Youth FP/RH Issues.* In collaboration with the MOY, the task force’s activities began on February 20. The First Under-Secretary for the MOY opened the initiation meeting, which was attended by representatives from six ministries (health and population, interior affairs, social affairs, higher education, awqaf [endowment], and labor force), the MOY, NGOs, and youth champion groups. Two meetings were conducted on March 6 and March 27 to develop and finalize the task force’s vision, goal, and objectives and to prepare its workplan. On April 17 and May 15, another two meetings were conducted to strengthen the role of youth and integrate their priority issues within the work of various task force ministry members. This effort aimed to

- Ensure the support of religious leaders (imams) to youth advocacy activities in the area of POP/FP/RH issues (the Minister of Awqaf endorsed the task force’s recommendations and initiated their implementation. On June 12, POLICY, the MOHP, and the Ministry of Awqaf

successfully conducted an orientation meeting for approximately 100 imams from the Fayoum governorate. The organizer's speakers elaborated on the population situation and its dimensions, FP/RH concepts, and services as well as the supportive religious position); and

- Strengthen the coordination and collaboration among women's club activities sponsored by the Ministry of Social Affairs, MOHP, and MOY, and open a window of opportunity to further involve policy youth champions (the three ministries, with POLICY assistance, prepared a draft protocol for collaboration and it is currently being processed for approval).

*Ensuring the sustainability of youth champion activities and strengthening their role.* In collaboration with the MOY, POLICY Project organized a meeting on January 26 for youth champions and MOY directors in three governorates (Beni Suef, Fayoum, and Giza) to ensure their support and the sustainability of the activities. Overall, there were 17 participants, including 11 youth policy champions (six females and five males). The meeting focused on the required plans to conduct youth events at the district level. As a result, a special session on population/FP/RH is being included in the youth centers' culture program in the three governorates to advocate for the small family size concept.

To strengthen the role of policy champions, POLICY and the MOY conducted a joint workshop for 30 youth camp directors and policy champions on February 7–8. The meeting aimed to establish consensus on the population dimensions/FP/RH issues and the role of youth in advocacy.

To further ensure sustainability and ownership of youth policy champion activities, the MOY and POLICY organized a meeting for June 8 that brought together qualified youth policy champions from Upper Egypt governorates, the directors' general of youth directorates, and the coordinators of volunteer activities from these governorates. Youth advocacy task force members were also invited. The meeting aimed to (1) institutionalize the youth policy champions program within the MOY activities to ensure sustainability, (2) in collaboration with the youth directors at various governorates, develop workplans to organize policy champions' activities to advocate for POP/FP/RH issues in all youth events, (3) create a supportive environment for youth policy champions and strengthen their role, adopting a youth-to-youth approach and solving any problems that might face them, and (4) define indicators to assess the success of the specified workplans. The First Under-Secretary for MOY and Head of the Youth Sector chaired the meeting, which was attended by 60 participants (33 males, 27 females) and POLICY staff. The objectives were fully met and sustainability was ensured.

*Qualifying youth policy champions.* In collaboration with the MOY, POLICY continued to qualify policy champions in six locations in Upper Egypt (Assuit, Aswan, Luxor, Menya, Qena, and Souhag). Meetings to assess the communication skills of the primary selected youth took place during this period. Based on their performance evaluations, 55 candidates were selected (28 males, 27 females).

POLICY continued to qualify selected candidates from Upper Egypt governorates by conducting two training workshops titled "Acquiring Youth Champions Advocacy Skills on POP/RH/FP," on April 9–11 and 17–20. Thirty-four selected youth champions (19 males and 15 females) from Aswan, Luxor, Qena, Menya, Assuit, and Souhag attended, as well as youth advocacy task force members.

POLICY also initiated the process for qualifying youth champions from Lower Egypt governorates. Eight orientation events, attended by 218 youth (136 males, 82 females), took place at various locations. The presentations were followed by a highly active discussion about their role as advocates for the small family size concept.

Based on the evaluation of youth champions' papers, POLICY/Egypt held four meetings to assess the communication skills of 73 primary selected youth from Lower Egypt governorates (Menoufia, Behera, Dakahlia, Gharbia, Damietta, Kafr-El-Sheikh, Qualiobia, and Sharkia).

Finally, POLICY initiated cooperation with Save the Children to integrate some leadership components in the process of qualifying youth policy champions on advocacy skills. POLICY reviewed the relevant materials and identified recommended topics.

***Support for the MOHP/Population Sector (PS)***

*Development of the MOHP/PS five-year strategic plan and annual 2005 workplan.* POLICY continued to collaborate with the MOHP/PS to establish a clear mission, vision, and objectives for the sector within the context of its strategic planning framework, which is essential to ensure the sustainability of the population and FP program in Egypt. POLICY provided TA to MOHP/PS to prepare a five-year strategic plan. This work included

- Building the ministry's capacity by forming a strategic planning team to carry out the process (this core team held a series of meetings to establish consensus on the requirements for the strategic plan process and to review relevant materials); and
- Holding two workshops on May 4–5 and June 1–2 for all MOHP/PS technical staff. The first workshop successfully developed a mission and vision and identified critical issues. During the second workshop, participants developed relevant strategic goals for each critical issue, identified strategies, and specified objectives. The full participation of PS staff in the process was successful and led to high-level support for the process and its outcomes. The MOHP/PS management staff acknowledged and appreciated the participatory model adopted by POLICY.

POLICY also provided TA to the MOHP/PS to finalize its annual 2005 workplan and identify areas for required TA.

*Implementation of a pilot system in North Sinai and support for the RR Unit.* As part of the process to activate and sustain a system to identify issues that affect women's access to FP/RH through Raidat Riffiat (RR), POLICY developed relevant databases for obtaining detailed information about outreach workers and the identified issues. POLICY conducted a training session on January 6 to familiarize management information systems (MIS) staff with the software and its full use. Fifteen participants attended. Based on the observations obtained through the pilot exercise, the system was revisited and modified accordingly. On April 18, the system's latest version was installed at the Ministry of Health and Population (MOHP)/MIS. In parallel, POLICY followed up on the expansion process to apply the registration form at all governorates. MOHP/PS/MIS staff, trained by POLICY, are currently feeding data into the systems.

After the system was previously tested in five governorates (Alexandria, Fayoum, Menoufia, Sharkia, and Souhag), POLICY helped the MOHP/PS implement the system's pilot in one of the frontier governorates (North Sinai). POLICY, with the MOHP/PS/RR Unit, organized a dissemination meeting to discuss the pilot's outcomes. Participants recommended preparing a booklet to document the experience and to provide RRs with much needed information and messages to cope with emerging issues in the field. The booklet is currently being prepared.

Assessment of the RR system led the MOHP/PS, on April 20, to adopt and scale up its implementation. POLICY, with the PS/RR Unit, introduced the system to all RR supervisors attending their regular second-quarter meeting. Preliminary feedback was positive and RR participants from various governorates expressed their appreciation of the design that will assist them in identifying barriers at the village level and in sharing experiences of solving these problems with their colleagues.

POLICY provided training manuals and TA to the MOHP/PS/RRs Unit to undertake the final training sessions at Port Said and Aswan on January 16 and 29, respectively. RR supervisors previously trained by POLICY carried out the training sessions. This brings the overall number of training workshops to 26, covering 25 governorates during 2003, 2004, and early 2005. A total of 563 female RRs participated in such training to gain advocacy skills.

To ensure the efficiency of the RRs advocacy training and the relevancy of the training materials used at the governorate level, POLICY conducted an assessment workshop on April 6 to collect the lessons learned. Twenty-seven female RRs' supervisors, who carried out the advocacy training at their governorates, attended the workshop. It successfully highlighted areas for revisiting and updating the training materials to guarantee their effectiveness.

Capitalizing on an advocacy TOT program conducted by the MOHP/PS/Information, Education, and Communication (IEC) Unit for the health team (FP Director, IEC specialist, male/female RR, and squatter area specialist), the team then carried out a series of training workshops for advocacy skills, using tailored POLICY materials, in Alexandria, Fayoum, Menya, and Qena. The team successfully transferred advocacy skills to their colleagues at the district level of these governorates.

POLICY developed tailored materials and conducted a TOT workshop on advocacy for male RRs from June 14–16. Twenty-two male and two female RRs attended the workshop from the central level. The developed materials included adding new topics such as leadership skills and characteristics and providing further information about advocacy objectives, message preparation, building support, and advocacy plans. Training approaches were manipulated to suit the target audiences.

*Strengthening the role of the National Population Council.* To ensure the consistency of the strategic plan at both national and governorate levels, POLICY provided TA to the NPC/Technical Secretariat (TS) to discuss and establish the technical operational guidelines. The assistance fully involved TS staff to ensure sustainability.

POLICY is assisting the NPC/TS to strengthen its role and mobilize resources from the Egyptian government and donors. This effort will help achieve the national goals and ensure sustainability through the developing a framework, which is one USAID priority area. To this end, POLICY provided TA to NPC/TS to develop and finance a two-year plan to strengthen its role—based on various presidential decrees establishing NPC/TS and specifying its scope of work. A proposal, including detailed activities and a budget, was developed and discussed with the Ministry of International Cooperation after the approval of the Minister of Health and Population and Chairman of the National Population Council. A total of LE 3 million is being committed to the proposal.

POLICY is providing TA to NPC/TS to develop a five-year strategic plan and to elaborate on the main critical issues and activities and estimating their potential cost in order to guarantee the availability of required funds to support the perceived role. Preparatory meetings with NPC/TS/Planning Department took place during May–June.

To strengthen the national FP service statistics and upgrade the decisionmaking process, POLICY provided TA to the NPC/TS/Statistical Department to improve and simplify the main data collection form. Changes reflected the decisionmakers' needs and increased coverage and reliability.

*Drafting a Contraceptive Security Strategic Plan (CSSP).* POLICY continued its follow-up and advocacy for implementing the recommendations of the October 2004 CS workshop—specifically the required financial resources to compensate for phasing out USAID support and various stakeholder support to the CS strategic plan workshop.

POLICY and the MOHP/PS conducted a three-day workshop titled “Contraceptive Security Strategic Plan (CSSP).” The workshop, held March 31–April 2, aimed to develop a CS strategic plan based on the priority topics that evolved from the October 2004 workshop and the careful reconsideration of the CS Working Group (CSWG). Twenty-eight participants from different sectors attended. A draft CSSP was prepared, identifying the main activities, subactivities, responsible partners (stakeholders), timeframe, and indicators to measure success.

POLICY and members of the CSWG, MOHP/PS, MOHP/Financial Department, the Ministry of Finance (MOF), NGOs, and Health Sector Reform (HSR) participated in four meetings on May 15, 21, 28, and June 15 to further finalize and consolidate the draft CSSP by identifying information and action gaps.

Advocacy efforts by POLICY to secure funds for contraceptive commodities culminated when the Minister of Health and Population, emphasized the importance of having proper types and quantities of contraceptives and of maintaining current adequate strategic stocks. The minister also capitalized on the prime minister’s previous approval of allocating national funds for contraceptives by requesting an additional fund of LE 51 million. In response, the MOF approved the allocation of additional funds for contraceptives to the MOHP/PS. This amounts to LE 8.5 million for 2004/2005 and LE 16 million for 2005/2006.

Regarding CS activities, and in accordance with recommendations of the logistics’ mission carried out in 2004 to assess the logistics chain, POLICY facilitated and provided the required funds to enroll two MOHP/Logistics Management Unit staff in the Supply Chain Logistics for Commodity Security course that was conducted in Accra, Ghana, from April 17–May 6.

To further the experience of the MOHP/PS in CS, POLICY organized an observation study tour to Morocco from June 20–26 for a group of five members, including the head of the PS, from the sector representing various dimensions of the SPARCHS framework. They visited Morocco to familiarize themselves with its successful experience in achieving full national responsibility for securing contraceptive commodities since 2000 after a complete phasing out of USAID FP program support. Lessons learned and observations will enhance CSSP’s development and implementation.

### *Other activities*

POLICY’s Country Director presented a one-day seminar during the CEDPA workshop to qualify NCFW offices in the governorates of Beni Suef and Qena. The February 28 seminar elaborated on the policy process in health and population areas.

On March 14–16, the Country Director participated in the fifth annual conference for NCFW under the chairmanship of Ms. Mubarak. President Mubarak addressed the conference and emphasized the role of women at various levels.

On March 28, the Country Director attended the first meeting of the Population Section, newly formed this year under the Academy of Scientific Research and Technology. The section will consider the population situation, identify research topics, and follow up on research activities.

In collaboration with the Cairo University faculty of economics and political science, POLICY organized a session on Egypt Population Indicators According to National and International Sources. The March 29 meeting discussed reliability, availability, and harmonization aspects.

POLICY is working toward strengthening the strategic planning capabilities at various organizations in Egypt. On May 8–12, with support from core funds, POLICY contributed to a training on strategic planning, which was conducted at the Cairo Demographic Center (CDC). Participants were from MOHP/PS, NPC/TS, the Egypt Family Planning Association (EFPA), the Clinical Services Improvement (CSI) project, the Information and Decision Support Center (IDSC), the Central Agency for Public Mobilization and Statistics (CAPMAS), and CDC. Furthermore, POLICY/Ethiopia, POLICY/Ghana, and POLICY/Uganda participated.

POLICY/Egypt continued its support to the PS/NGO Unit to build its capacity in partnership with NGOs at the central and governorate levels. The PS/NGO Unit conducted a workshop for the population sector and NGO staff at the central and governorate levels on June 8–9 to build consensus among MOHP/PS/NGOs and NGOs about the necessity of formulating an agreement to document partnership and identify different parties' roles. The workshop aimed to identify the purpose and activities of different types of agreements. In addition to using POLICY's materials during the workshop, POLICY carried out a session on the type of agreements, definition, components, success stories, elements of success, and sustainability.

As part of an organized study tour, a Nigerian group visited POLICY/Egypt's premises on June 14. Besides being familiarized with the project activities and POLICY's role within the population FP/RH program in Egypt, they were given a presentation on the policy process, the development of the Egypt Population Policy, and the role of various stakeholders.

From June 28–29, the POLICY Country Director participated in the conference of the Cairo University/Center for Economic and Financial Studies, under the theme "facing the challenges of economic reforms." In the session devoted to the challenges of population growth and its implications, he presented a package of policies that need to be adopted to cope with such challenges and to link progress within the context of population, human development, and supportive labor market policies to benefit from the demographic window. The papers presented in this session used the revised population projections prepared by POLICY Project in 2004.

POLICY/Egypt is finalizing the report on the Egypt FP cost studies for 2000/2001 and 2001/2002.

## INDIA

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

### Summary of Major Activities:

#### FP/RH

*Preparation of project implementation plan for Jammu and Kashmir (J&K) RCH II Program.* The government of India asked POLICY to provide assistance to the J&K government on its RCH II Program Implementation Plan (PIP). POLICY staff visited J&K, collected background information, identified state-specific strategies in collaboration with health officers, and prepared a draft PIP. The state government forwarded the copy to the government of India. The appraisal committee reviewed the document and suggested a few modifications to proposed activities and budget estimates. POLICY has redrafted the document and sent it to the J&K government for review and resubmission to the government of India.

*Public-private partnerships (PPP).* POLICY is providing assistance to the government of India in defining and selecting PPP mechanisms. POLICY conducted a series of studies covering contracting, social marketing, and involvement of professional health associations in PPP mechanisms. POLICY staff shared findings of these studies with the MOHFW, government of India, and development partners. The government of India constituted a task group to prepare guidelines for PPP mechanisms as part of the National Rural Health Mission (NRHM). POLICY's Country Director is a member of the task group, and POLICY has taken a lead role in preparing the guidelines for various PPP mechanisms. The MOHFW approved the guidelines and shared them with state governments.

*District action plans in Uttaranchal.* The Uttaranchal government asked for POLICY's assistance with preparation of district action plans (DAPs) as part of the RCH II Program. POLICY has collected information, held a series of consultative meetings with different stakeholders at various levels, conducted workshops, and prepared district action plans for six districts. The data collection work is in progress in the remaining seven districts; DAP preparation for these seven districts will be completed by the end of August 2005.

#### HIV/AIDS

#### *Policy Formulation*

*Catholic Church HIV/AIDS Policy and Catholic Church Health Policy.* POLICY conducted 11 regional workshops for Catholic organizations to share draft HIV/AIDS and health policy documents. Based on comments given in these workshops, POLICY prepared a note and presented it to the Bishops of Doctrinal Commission and the Catholic Bishops Conference of India (CBCI) Health Commission. After careful consideration of various comments, bishops suggested a few changes to the documents. POLICY incorporated these changes and resubmitted the document to the Health Commission. The Standing Committee of CBCI, in its 100th session held April 26–29 in Delhi, approved the documents and at the same time asked the chairman of the Doctrinal Commission to review the documents once again before

printing. The chairman reviewed and approved the documents. The Chairman of the CBCI will release both policies in a major function to be held in Delhi on August 18, 2005. POLICY also plans to produce two audio-visual films of 20 minutes duration each for dissemination of the Health Policy and HIV/AIDS Policy.

*Maharashtra HIV/AIDS strategy.* Maharashtra Health Directorate and Maharashtra State AIDS Control Society (MSACS) asked USAID to provide assistance to develop a state-specific HIV/AIDS strategy. POLICY prepared a note on processes to be followed to develop a state-specific strategy and shared it with MSACS, the Health Directorate, and USAID. Based on this, Maharashtra has decided to constitute four working committees under the Research Advisory Group to work on distinct themes: epidemiology; prevention; treatment, care, and support; and program management. POLICY will coordinate these working committees, conduct a series of workshops to identify issues and strategies, and help MSACS prepare a state-specific strategy. Working groups will consider various aspects of HIV/AIDS and facilitate preparation of a series of resolutions directed toward developing the strategic plan. The working groups will address a range of issues across these key sectors including suggesting possible mechanisms to ensure wider coordination and collaboration of the most appropriate strategies.

*Tamil Nadu HIV/AIDS plan.* Tamil Nadu asked USAID to provide assistance to prepare a state-specific HIV/AIDS plan. POLICY and USAID met with Tamil Nadu State AIDS Control Society (TNSACS) officers and worked out a plan of action. POLICY will first prepare 30 district-specific action plans covering all districts in Tamil Nadu and integrate these plans to prepare a state-specific plan. POLICY has prepared the instruments to collect information and shared them with TNSACS and USAID.

*OVC strategy.* One of the glaring omissions in India's National AIDS Control Program is the lack of coverage of orphans and vulnerable children. POLICY identified this gap and advocated to donor agencies and the National AIDS Control Organization (NACO) to address the gap in the NACP III now being drafted. POLICY is in the process of preparing estimates of OVC in the country, documenting best practices of OVC interventions, conducting situation analyses in Maharashtra and Tamil Nadu, and helping the taskforce constituted under the Ministry of Women and Child Development to formulate a strategy to deal with OVC issues.

## JORDAN

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

### Summary of Major FP/RH Activities:

*Support the development of a Contraceptive Security Strategic Plan.* POLICY provides technical assistance and facilitates the development of the Contraceptive Security Strategy. POLICY organized the second CS Strategic Plan Workshop in Aqaba, March 25–27, 2005. Forty-seven participants representing commercial organizations, NGOs, ministries, and members of the Contraceptive Security Working Group (CSWG) worked on drafting the Contraceptive Security Strategic Plan 2005–2009 for Jordan. DELIVER’s consultant facilitated the logistics and procurement pieces of the plan, while POLICY consultants facilitated the component related to the Strategic Pathway to Achieving Reproductive Health Commodities Security (SPARHCS) framework. POLICY assisted Higher Population Council (HPC) in facilitating CS follow-up activities during April–June. These activities included meetings for CSWG and the CS Steering and Sub/Component Committees to incorporate the CS plan under RHAP and to complete the draft CS strategy document in English and Arabic. A follow-up meeting was held June 23–25 in Aqaba to revise the draft CS strategy components for 2006–2008. Forty-two participants participated in the session and made changes in the strategy’s objectives, issues, and activities. They also agreed on the next steps required to finalize the CS strategy before the end of 2005.

POLICY, in collaboration with DELIVER, HPC, and MOH, conducted meetings with CSWG members to identify the strengths and limitations of the current logistics system in managing the range of contraceptive commodities required to support the various programs in operation throughout Jordan—toward laying a foundation to ensure the long-term availability of products by highlighting the policy, financing, and management issues that affect commodity procurement, distribution, and use.

*Support the implementation of RHAP.* POLICY provides continual guidance and support to HPC on the practical implementation of the 2005 RHAP. POLICY organized a meeting with the Secretary General of the HPC, Dr. Zuhair Al-Kayed, and with HPC’s Reproductive Health Unit Manager, Dr. Ahmad Qtaitat, to reach final agreement on POLICY/Jordan funding needs associated with the 2005 RHAP implementation plan.

*Build an enabling policy environment to support Jordan’s National HIV/AIDS Strategy.* POLICY provided technical assistance to the National AIDS Committee to conduct a review of current policies that relate to or may directly impact the implementation of the National AIDS Strategy. POLICY participated in the National HIV/AIDS Strategy Consensus workshop, held in Amman on May 9, and received mission approval for several identified policy interventions under the strategy. POLICY met with Dr. Ali As’ad, Deputy Secretary General for Primary Health Care, and Dr. Basma Khraisat, Program Director FHI/IMPACT, to review and reach consensus on POLICY’s proposed approach to assisting the MOH in addressing policy issues under the HIV/AIDS strategy.

*Continued support for policy reform activities.* As part of high-level advocacy activities, POLICY's senior researcher provided TA for organizing a live television debate on fertility, population growth, and FP in Jordan (June 12). He also participated in the debate by addressing the economic impact of high fertility (labor force participation and taxation). The debate is part of a weekly show titled "The Political Salon" and focuses on national issues of high priority. Representatives of the HPC and MOH participated in the debate that was facilitated by a prominent former minister of health.

*Other activities.* POLICY reviewed the POLICY/Jordan program of activities for July 2005–March 6, 2006, and developed a TDY timeline and revised budget in support of POLICY/Jordan's end-of-project workplan.

### ***Information and Research***

POLICY carried out the fifth round of the FP Effort Survey for 2005. The survey was conducted in 100 countries. For Jordan, 14 key respondents representing various ministries, NGOs, CAs, and donors were interviewed for the survey. The fieldwork took place between January 25 and February 15. POLICY's senior researcher drafted an analysis of messages and slogans of candidates to the 2003 Parliamentary Election.

At the request of HPC, POLICY's senior researcher translated the booklet titled "Reproductive Health in Jordan: Needs and Barriers—An Evidence-based Review." The booklet draws on POLICY research as well as other sources and is an evidence-based desk review of almost all RH-related studies carried out in Jordan in the last ten years. The Arabic version of the booklet was disseminated earlier during National Population Week.

### ***Capacity Building***

- POLICY conducted a financial costing training on CORE (a software tool that can be used to analyze and compare costs and revenues across all services provided by a health facility and can be used by managers for program planning) for the RHAP financial group. The training was conducted from March 6–10 in Cairo, Egypt.
- On April 18, POLICY delivered a presentation and facilitated discussion on RH Status in Jordan at a graduate students' seminar at the Jordanian University for Science and Technology. Sixteen graduate students in the maternal and child health (MCH) program participated.
- POLICY worked with HPC to introduce a gender and population and development module into the compulsory undergraduate course on national education. Students in all public and private universities have to take the class regardless of their college. The Council for Higher Education decided to include population and development in the course content. The Ministry of Higher Education asked HPC to write up this module and HPC has requested assistance from POLICY to draft the relevant chapter in the course.
- POLICY provided training June 12–16 for the HPC staff on using SPECTRUM policy models by projecting population and RH and development needs.
- POLICY provided TA to the HPC to respond to an extensive U.N. inquiry to assess Jordan's progress toward implementing the 1994 International Conference on Population and Development/Program of Action.
- POLICY initiated work with the National Training Institute (NTI) to provide TA for a series of TOT sessions on the policy development process for their staff. NTI is the agency charged with training governmental employees.
- POLICY nominated one participant from the NTI to attend the workshop on "Repositioning Family Planning and Promoting Contraceptive Security: An Advocacy Training of Trainers" held in Dhaka, Bangladesh from May 8–17. The workshop aimed to build participants' capacity to train and lead

others in advocacy efforts to reassert the crucial role of family planning policies and programs and promote contraceptive security initiatives in different countries.

- POLICY met with NTI to discuss the capacity-building needs of policymakers and advocates in Jordan in RH policy development and advocacy.

## NEPAL

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

### Summary of Major HIV/AIDS Activities:

#### *Advocacy*

*Recovering Nepal.* Members of Recovering Nepal (a network of IDUs) met with the Minister of Health and the NCASC director on February 2 and 15 to express their concerns regarding the lack of consultation with vulnerable groups in developing protocols to address the issues of vulnerable groups.

*CCM.* Bhojraj Pokharel attended the country coordinating mechanism (CCM) meetings on February 22, April 22, and June 7. He informed the members about the publication of "Guidelines for Improving CCMs through Greater PLHIV Involvement," and a summary of the "Guide to PLHIV Involvement in Country Coordinating Mechanisms" was distributed. Pokharel also made a presentation on "Brief Highlights on Recommendations for CCM Reform."

*Nepal Police.* An interaction meeting was held during the Training-of-Trainers (TOT) on Advocacy for Change (January 21–25) between sex workers and the focal person of the Nepal Police HIV/AIDS Advisory Team, Deputy Inspector General Mr. Kumar Koirala, to discuss issues of sexual violence and barriers sex workers (SWs) face from the police in accessing HIV/AIDS services. A half-day advocacy/interaction program was conducted for Nepal Police officers and vulnerable groups on April 5 in Kathmandu. About 25 newly recruited Nepal Police officers had an interaction session with the PLHAs, SWs, MSM, and IDUs during this program. Further interaction sessions were held on April 21, May 27, and June 9 between Nepal Police and vulnerable groups, during which the groups presented their particular issues and needs to the police officials. Sex worker support groups in Itahari (June 10), Damak (June 11), Rupandehi (June 25), Nawalparasi (June 24), and Hetauda (June 27) also presented their issues and advocated for change with the Nepal Police officers in each area.

A dissemination program was organized by Nepal Police to disseminate its HIV/AIDS Strategy/Workplan and Curricula on April 28. Mr. S. B. Thapa, Chief of Nepal Police, disseminated the documents and expressed his commitment to prioritize HIV/AIDS during his deliberations. Mrs. Elizabeth Millard, U.S. Embassy Charge d'Affaires, and the director of NCASC delivered remarks. About 200 people representing the government, development partners, uniformed services, civil society, and vulnerable groups attended the program.

*HIV/AIDS curriculum.* A consultation meeting was held with vulnerable groups (IDUs, PLHAs, and BDS) on March 1 to develop the HIV/AIDS curriculum targeting government officers and policymakers that will be integrated into the training program of the Nepal Administrative Staff College (NASC). Further consultation meetings were held by NASC on March 16 with 40 government officers and on March 28 with 12 NGO partners working in HIV/AIDS to collect their feedback on the curriculum.

*Media-monitoring tool.* Consultation meetings were held with vulnerable populations and media experts on March 22 to finalize the media-monitoring tool to be used by PLHAs to monitor HIV/AIDS reporting in the media.

*“Making UNGASS Work.”* A three-day workshop on “Making UNGASS Work” was conducted May 16–18 in Nepal. This program was organized by the Ministry of Health and Population and the Asia Pacific Council of AIDS Service Organizations (APCASO) and sponsored by the POLICY Project.

*Bhaktapur District small grant.* Bhaktapur District Development Committee and District AIDS Coordination Committee (DACC) jointly disseminated a five-year HIV/AIDS plan to concerned stakeholders and donors on February 12. The plan was developed with the funding and technical support of POLICY Project under a small grant. Sensitization programs were organized by Bhaktapur DACC for 136 teachers in five schools on May 14, 21, and 28 and June 4 and 11. Sessions were also held on May 19 with 35 key stakeholders and on June 7 and 9 with 60 Nepal Police personnel.

*Sensitization and advocacy program.* A half-day sensitization and advocacy program on stigma, discrimination, and legal reform was conducted on June 14 in Kathmandu. About 76 persons representing various NGOs participated in the program from several different parts of Nepal.

*National Association of PLHAs in Nepal (NAP+N).* On May 15, POLICY supported NAP+N to observe International AIDS Candle Light Memorial Day. Approximately 84 persons participated in the program, representing PLHAs and their friends and family, vulnerable groups, government, and NGOs.

### ***Planning/Finance/Policy Formulation***

POLICY continued to track the advancement of policy formulation initiatives that have been in progress for the last several months. In January, a draft of the HIV/AIDS (Prevention, Control, and Treatment) Bill/Ordinance 2061 was submitted to NCASC for further action for enactment and legislation. The HIV/AIDS Strategy and Workplan for the Nepal Police has been finalized and officially endorsed. Also, the draft of the amendment proposal on existing laws from the perspective of HIV/AIDS and human rights is being finalized.

### ***Tools/Research***

POLICY continued activities for the completion of HIV/AIDS tools, curricula, and guidelines. Focus group discussions and interviews were held with media experts from February 1–10 to develop the media-monitoring tool, and focus group discussions were held on June 19 with journalists and vulnerable groups to develop specific guidelines for the media on HIV/AIDS reporting. Nepal Police finalized its five sets of curricula on HIV/AIDS, each targeting different sets of officers. NASC is also finalizing its draft HIV/AIDS curriculum. A draft of Guidelines to Develop the District AIDS Plan is being finalized based on the feedback from the key stakeholders.

### ***Capacity building***

POLICY continued to provide training and conduct capacity-building activities with several groups. POLICY supported the following workshops and training activities:

- Recovering Nepal conducted training workshops on leadership development and stigma and discrimination in Butawal, Dharan, and Pokhara from January 9–23 for 96 participants.
- Computer/email training was provided to 10 female PLHAs of SNEHA, a support group for women and children infected and affected by HIV/AIDS, from January 20–25.

- Fundraising training was provided to eight female PLHAs of SNEHA from January 26–28.

**Finance reporting training was provided to PLHA members of Navakiran Plus on February 16.**

- TOT on “Advocacy for Change” was provided to 35 sex workers and ally NGOs from various districts from February 21–25.
- TOT on HIV/AIDS was provided to 13 Nepal Police officers from March 20–24.
- A two-day facilitators’ training was provided to police officers in Pokhara (April 20–21), Biratnagar (May 27–28), and Chitwan (June 9–10). Altogether 79 officers were trained.
- TOT on the media monitoring tool was provided to 10 PLHAs, two from each of the five regions of Nepal, from March 29–31.
- Media training was provided to 10 female PLHAs from March 27–31.
- Computer training was provided to the Bhaktapur District’s HIV/AIDS point person (DACC officer).
- Replication of the five-day “Advocacy for Change Training” for sex workers of the nine support groups has been completed (Bhaktapur, March 28–April 1; Itahari, April 4–8; Damak, April 9–13; Butawal, April 18–22; Nawalparasi, April 24–28; Hetauda, April 25–29; Pokhara, April 18–22; Nepalgunj, April 29–May 3; and Kathmandu, May 9–13). About 270 sex workers participated in the training.
- Accounting training was provided to five members of Recovering Nepal on May 1.
- Sumi Devkota and Bina Pokharel attended the UNGASS workshop held May 16–18.
- A half-day sensitization session on HIV/AIDS was held for 35 NASC officials on May 20.

## UKRAINE

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**Program Objectives:** POLICY's goal in Ukraine is to strengthen the ability of the Ministry of Health (MOH) and local partners to implement the National Reproductive Health Program 2001–2005 (NRHP) and policies that improve RH care. This is accomplished largely by providing technical and financial assistance to two groups:

- The Policy Development Group (PDG), which identifies and makes recommendations to remove operational policy barriers that impede successful program implementation; and
- The Ukrainian Reproductive Health Network (URHN), which advocates for adoption and funding of the NRHP at regional levels and the creation of and financing for youth clinics to ensure better access to RH services for youth.

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

To enhance the enabling environment to improve policymaking, planning, management, assessment, monitoring, and evaluation for strategic and effective delivery of HIV/AIDS information and services, POLICY will provide technical assistance to the Ministry of Health (MOH) at the national level and to oblast health administrations/coordination committees in the four selected oblasts: Dnipropetrovs'k, Kherson, Mykolayiv, and Odesa, in addition to Kiev City.

POLICY activities engage a range of partners, including national and local governments and leaders in the private and public sectors. POLICY is strengthening those partners' capacity to plan, manage, assess, monitor, and evaluate HIV/AIDS interventions. POLICY is providing capacity-building support and assistance, primarily at the local level. The crosscutting theme for POLICY's results framework is that multisectoral approaches will emphasize engaging NGOs, PLHAs, and other groups in all policy processes, both at the local and national levels. POLICY proposes to undertake an approach to strengthen Ukraine's national response that will:

- Improve government policy and policy implementation;
- Strengthen strategic planning and management; and
- Strengthen assessment and monitoring and evaluation (M&E) of the HIV epidemic and available services.

### **Summary of Major FP/RH Activities:**

*PDG and URHN.* On February 10–12, POLICY held the Strategic Pathways to Reproductive Health Contraceptive Security (SPARHCS) workshop for the Policy Development Group (PDG), URHN members, and RH stakeholders. The objectives of the workshop were to:

- Generate a common understanding of contraceptive security;
- Understand how to use SPARHCS as a tool in the strategic planning process;
- Identify contraceptive security issues in Ukraine;
- Identify next steps for contraceptive security planning and advocacy; and

- Understand the components included in the Allocate Model and the opportunities for using the model as a planning tool for the NRHP.

Dr. Nadiya Zhylyka, a department head in the MOH, conducted the assessment of RH commodity security in Ukraine before the SPARHCS workshop. At the workshop, Dr. Zhylyka presented a report outlining the strengths and weaknesses of RH contraceptive security issues in Ukraine. Her presentation formed the basis for discussions by 70 workshop participants. After that, the participants worked in the groups on these key topics—finance, policies, leadership, logistics, services, and demand problems in SPARHCS in Ukraine—and prioritized CS problems. The seven key problems are:

- **Awareness raising.** How can Ukraine raise awareness about family planning at all levels?
- **Collection and use of information.** How can Ukraine ensure availability of reliable information for decisionmaking and evidence-based planning?
- **Service delivery.** How can Ukraine improve technical and interpersonal skills and professionalism among health/family planning providers?
- **Financing.** How can Ukraine fund family planning programs and contraceptive requirements?
- **Targeting.** How can Ukraine develop an efficient system of client segmentation and subsidies for target groups?
- **Policy and advocacy.** How can Ukraine improve the policy environment for achieving contraceptive security?
- **Collaboration.** How can Ukraine improve multisectoral collaboration?

To address these problems, participants identified these next steps: in the fall of 2005, form a working group to develop the CS strategy in Ukraine and build support for CS issues at the local and national levels through advocacy.

After holding the workshop, POLICY provided support to follow-up activities, including ongoing URHN advocacy campaigns to ensure access to contraceptive commodities at the local level. The campaigns, using POLICY financial support, involved:

- Raising awareness among adolescents and youth on RH interventions such as abstinence, family planning, counseling, and contraception to reduce the level of unintended pregnancies and STIs (the URHN members in three cities—Makeevka, Kharkov, Zaporozhie—advocate a budget line item for NGOs to hold information, education, and communication (IEC) campaigns on RH interventions for youth);
- Raising awareness among doctors providing RH care on FP, counseling, and CS (the objective is to hold annual courses for physicians in Popasnaya city, Lugansk oblast); and
- Ensuring access to RH care for youth in Kremenchug to reduce the number of abortions, unintended pregnancies, and STIs (operationalizing the national policy to provide free contraception to vulnerable groups including youth).

With POLICY support, URHN and the MOH held a national public hearing on March 25 as part of a campaign to help develop a new NRHP. The current program (2001–2005) is ending and a new one is needed because official statistics and research findings show an unsatisfactory RH situation in the country—despite progress made in reducing abortion and infant and maternal mortality. The hearing covered current program implementation, steps to develop the next program, and issues to be addressed; and as a result, the level of awareness among policymakers on the need for a new NRHP was raised. Expressing her commitment to addressing RH problems, President Yuschenko’s wife sent a support letter to the hearing’s 100 participants (national policymakers, URHN members, Verhovna Rada deputies,

representatives of local administrations, community representatives, scientific facilities, donors, and agencies working in RH).

Furthermore, a resolution to develop a new NRHP by 2015 was passed, accelerating the creation of a related taskforce. On April 18, Ukraine cabinet ministers issued instructions to the MOH to create a working group for developing a 10-year RH strategy and the next NRHP. On May 16, the MOH ordered the PDG, including two URHN members, to develop this strategy. With POLICY's support, the group has since prepared and submitted it to the MOH.

*PDG.* With POLICY TA, the PDG prepared its strategic plan for 2005–2009, and after five PDG subgroup meetings during January–May, it was adopted by PDG members on May 27. The plan defines the PDG's status; its functions and mission; the principles of their activity; and priority RH issues, strategic goals, and objectives. The PDG's mission, through multisectoral partnership, is to develop policies, programs, standards, and regulations that preserve and improve the RH of Ukraine's population. The main priority issues for PDG work in FP/RH for 2005–2009 are:

- **Issue #1: Imperfection of strategic approaches to the RH system**

*Goal 1: Improve the regulatory framework in RH*

Objectives:

- Analyze barriers and make recommendations to overcome them through the improvement of RH regulatory documents
- Analyze the regulatory framework in the RH sphere
- Develop a concept for the new NRHP 2006–2015

*Goal 2: Develop strategic approaches to CS in Ukraine*

Objectives:

- Revise and improve the regulatory framework on CS
- Improve access to FP services in primary healthcare
- Ensure access to CS, focusing on needs, health level, and per-capita income of target groups based on demand, commodities and services in FP/RH, policy, finance, logistics, commitment/coordination from public, NGO, and private sector sources
- Raise FP/RH awareness among users
- Ensure an adequate skill level among FP/RH providers

- **Problem #2: Unsatisfactory status of adolescent and youth RH**

*Goal: Improve RH service quality for adolescents and youth*

Objectives:

- Establish the age of the target group and change the respective regulations
- Promote a healthy lifestyle and sexual education to prevent STIs and HIV/AIDS, avoid unintended pregnancy, and enhance CS awareness with an emphasis on counseling and legal protection of child and adolescent concerns in the new NRHP
- Develop standards of RH care for adolescents and youth to ensure access to youth-friendly FP/RH services
- Revise and update training curricula on FP/RH issues for high schools and other educational institutions
- Prepare well-grounded proposals to the State Committee for Television and Radio Broadcasting regarding creating television and radio programs for children and youth on RH topics
- Create a website for children and adolescents on sexual education

- Set up a service hotline to address the problems of adolescents and their parents with one multichannel and round-the-clock number for the whole country
- **Problem #3: Unsatisfactory RH, high maternal and infant mortality, and high abortion rates in Ukraine**  
*Goal: Improve the RH of women as a basis for preserving the nation*  
 Objectives:
  - Revise existing and develop new national standards and protocols for mother and child healthcare
  - Develop pocket guides for health providers (Ob/Gyns, GPs, internists, family physicians, feldshers, midwives, and nurses) on “Emergency Obstetrics” and “Contraception”
- **Problem #4: Unsatisfactory RH among the male population as a cause of low fertility rates**  
*Goal: Ensure RH protection for the male population*  
 Objectives:
  - Develop a system of male disease prevention to preserve and protect RH, standards of examination, and medical care provision
  - Develop protocols of treatment for urogenital diseases and STIs among male groups of various ages
  - Develop the male infertility management protocol

*NRHP monitoring and evaluation.* POLICY and representatives of the MOH, Ministry of Economy and European Integration (MOEEI), Academy of Pedagogical Sciences, Academy of Medical Sciences, Center for Ukrainian Reform Education (CURE) Project, POLICY, the URHN, and the FP Association provide ongoing support to the NRHP M&E Board to evaluate progress and achievements in RH issues. In the spring, the board reviewed indicators and targets and evaluated the NRHP’s progress according to the 2003–2004 M&E plan adopted by the MOH. Based on this evaluation, the indicators and targets (indicators of the health level, lifestyle, and program and services) for 2004 were achieved and on April 1, the MOH developed new indicators and targets for up to 2006. The latest dates of goals and objectives, proposed by the WHO European Bureau, for implementation from 2005–2010 were used to create the M&E plan.

*Concept of a national goal-oriented program.* The new NRHP’s goal is to improve the RH of the Ukrainian population as an important component to assuring Ukraine’s social and economic capacity. Facing the need to develop a national goal-oriented program according to Ukrainian law and using up-to-date information, there are specific conditions for developing, adopting, and implementing it. A final draft concept for the new NRHP program was prepared as a result of PDG discussions on priority RH issues. The concept reflects these priorities and the latest recommendations of the WHO Regional Strategy in Reproductive and Sexual Health Protection. The document also describes the general properties of RH issues; an analysis of the causes of an unsatisfactory RH status with a focus on the social and economic components; the understanding of RH formation; RH indicators; and the quality of FP/RH services. From the comparative analysis of possible solutions, the main and optimal variants were identified. Ways and means to solve FP/RH problems, the new NRHP implementation timeline, and the main expected results were determined. Also, the financial, material, and technical infrastructure and workforce potential needed for program implementation was evaluated. Community organizations and various ministries responsible for implementation are now discussing the concept through mass media outlets, and following the discussions, the concept will be sent to the Cabinet of Ministers for approval. PDG will begin developing the new RH program in July and should finish the process by October 2005.

*Romanian conference on access to FP (lessons learned).* On April 11–15, PDG and URHN representatives, as well as POLICY Project staff members, participated in the Europe and Eurasia regional conference workshop “Ensuring Access to Family Planning” in Bucharest, Romania. The Ukrainian participation was funded by the local USAID mission and POLICY/W. In support of the conference, POLICY staff conducted training on the policy development process for the MOH, URHN, and PDG’s multisectoral partners. In addition, based on the Strategic Pathway to Achieve Reproductive Health Contraceptive Security (SPARHCS) approach, MOH and POLICY gave a presentation on the status and next steps of FP in Ukraine and guided the Ukrainian team in understanding the main CS access issues for the population. Workshop participants identified what works and what does not work (relevant to client access, policy, finance, service delivery, contraceptive supply, and public/private/NGO roles) in ensuring access to FP. Priority issues (in order) for achieving CS highlighted the need for:

- A primary health care package integrating FP
- A national contraceptive strategy to ensure access to contraceptives
- NGO involvement in ensuring CS
- Formal financial incentives for providers
- Market segmentation
- A social insurance system
- More attention to FP by the government (at any level) and policymakers

In reflection, the following policy steps to ensure access to FP were identified:

- Develop a CS strategic framework/concept
- Prepare an action plan
  - Role of NGOs and other stakeholders (legal base, norms, financing)
  - Public financing (budget line item in central and local budgets)
  - Feasibility of mobilizing external resources
  - Market segmentation
    - Targeting of subsidized services
    - Role of public, private, and NGO sectors
- Include a CS component in the NRHP

The lessons learned in Romania were:

- NGOs play a critical role in the Romanian context.
- Without a program focused on the supply problem, results are limited.
- Methodology is important—how to look at what works, what does not work, and what to do.
- Witnessing how expanding the pool of providers impacts access to FP is important.
- Postabortion and postpartum counseling for ensuring access to FP is important.
- It was useful to have private sector representatives at the conference.

The lessons learned and results of the team work on FP issues in Romania are being used to develop the RH concept, new NRHP, and CS strategy for Ukraine.

*RH/HIV Initiative.* The qualitative research analytical report, *Access of HIV-Positive Women to Quality Reproductive Health and Maternity Services*, was published. This was the result of a qualitative survey and collaborative work by the Ukrainian Institute for Social Research; Ukrainian AIDS Center; MOH; a youth NGO, Life Plus; and the POLICY Project. POLICY consultants also finalized the draft legal and regulatory (L&R) review report based on final comments from local and Washington, D.C.-based consultants. Both reports will be presented at the policy dialogue roundtable scheduled for July 14.

*The Willingness and Ability to Pay for Contraception Methods (WAPS) Survey.* To receive the data necessary for developing and implementing the state policy on FP and further developing RH policy, StatInformConsulting arranged and conducted the sociological survey, WAPS, with organizational assistance from the State Statistics Committee, methodological support from the MOH and the U.S. Census Bureau, and funding from POLICY.

Overall, the survey was conducted according to the timeframe; while collecting primary data, minor delays occurred because of rapid civil and political events connected with the presidential elections in Ukraine in autumn 2004.

Consultations, when needed, were conducted with project implementers and representatives from the MOH (*Nadia Zhylyka*), the U.S. Census Bureau (*Mr. Donahue, Mr. Megill*) and the POLICY Project (*Andriy Huk, Irina Reshevskaya*).

### **Summary of Major HIV/AIDS Activities:**

*Field-support activities.* POLICY continues to assist the MOH in designing a new multisectoral prevention of mother-to-child transmission (PMTCT) program and the voluntary counseling and testing (VCT) protocol. Also, POLICY continued TA to the coalition of HIV-service NGOs (the HIV NGO Coalition) and continues to participate in activities to establish the HIV M&E system at the national and oblast levels. POLICY continues to provide TA to the oblast AIDS coordination councils (OACCs) in Dnipropetrovs'k, Kherson, Mykolayiv, and Odesa oblasts. In addition, POLICY supports the daily work of the National AIDS Coordination Council (NCC) by supporting the creation and activities of the NCC's Secretariat. On May 15, POLICY began supporting the multisectoral Policy Development Group on Tuberculosis (TB PDG) as well.

*Support for regular planning and working group meetings to help the MOH create its new PMTCT strategy.* The draft PMTCT strategy 2005–2011, along with the draft Budget Requirement Analysis (BRA), was submitted to the Cabinet of Ministers of Ukraine (COM) for discussion and approval. The final discussion, taking into account feedback including that of the World Health Organization (WHO), and further approval are postponed tentatively until late July 2005 because the newly formed NCC proposes to discuss the possibility of approving the PMTCT strategy as an additional activity within the existing HIV/AIDS Program.

*Status of the National HIV M&E Plan and related activities.* On December 13, 2004, the Cabinet of Ministers of Ukraine issued Decree #890-p: "On monitoring and evaluation of effectiveness of activities ensuring control over the HIV/AIDS epidemic according to the national indicators." Since December 2004, due to a number of major political changes in Ukraine, there has not been any change in the status of the draft M&E plan. After the Orange Revolution, the new government declared a principle of "Three Ones," meaning one HIV/AIDS program, one coordination body, and one M&E system.

The national M&E indicators have been developed and collected, the M&E Plan has been developed, and M&E capacity building training workshops have been conducted. As the next step, the national M&E indicators and plan should be approved by the government and a national M&E unit should be created to coordinate the M&E activities. All necessary resources to support the M&E unit are in place, but lack of political will to make a decision is putting the brakes on the process. Nevertheless, because the first two of the "three ones" have already been achieved, it gives hope that the third will be accomplished soon as well.

*Support for regular working group meetings to help the MOH design a national VCT protocol.* POLICY continues to support the MOH effort on developing the national VCT protocol. Upon the MOH's request, the draft protocol developed by the MOH working group (WG) was translated into English and sent to the WHO Copenhagen regional office for review on December 27, 2004. WHO experts' comments were received in mid-February and reviewed at the fourth MOH WG meeting held in the POLICY office on February 22. Based on the WHO comments and the WG discussion, the necessary edits, changes, and amendments were made to the draft protocol.

Not all WHO and WG members' recommendations were included in the draft protocol because of contradictions with the existing norms described in laws. For example, Law of Ukraine #1972-XII "On AIDS prevention and social protection of the population" of December 12, 1991, says, "Medical examination (HIV test) of persons under the age of 18 shall be carried out upon request/consent of their legal representatives who have a right to be present at this medical examination...if HIV infection is detected in a person under age 18, workers of the health facility where the medical examination was done shall inform parents or other legal representatives." Such norms may pose serious obstructions to the scaling up of VCT and reaching those especially vulnerable adolescents.

Since such norms or obstacles in laws could not be repealed by protocol (sub-legislative act), the WG started to draft a list of barriers to efficient implementation of the VCT protocol and scaling up VCT services for those needing them. As the next step of the VCT protocol implementation, the list of VCT barriers will be used to reach agreement among the WG members and policy decisionmakers on the existing barriers and ways to overcome them. To analyze VCT operational policy barriers, POLICY hired a local consultant, Yuriy Kruglov. During the next quarter, the consultant will analyze VCT service provision in Ukraine, operational policy barriers, and existing VCT policies and regulations and prepare an analytical report including recommendations on how to overcome the identified barriers.

The draft VCT Protocol submitted to the MOH on March 30, 2005, was reviewed and approved by the Minister of Health on June 25, 2005. Taking into account the close connection of VCT services with HR issues and the working group recommendations, the MOH decided to send the protocol to the Ministry of Justice (MOJ) for review and approval. The MOJ procedures require that all documents be submitted for review in both the Ukrainian and Russian languages. After the protocol is translated into Russian, it will be submitted to the MOJ, tentatively in early July.

To ensure that oblast healthcare providers are adequately familiarized with and understand the VCT Protocol, POLICY is planning to present it in eight priority oblasts. The protocol was already presented in Kherson (June 23) and Dnipropetrovsk (June 22) oblasts and, in the next quarter, it will be presented in the remaining six priority oblasts.

In addition, the VCT Protocol was presented to head physicians and disease specialists of AIDS Centers. From June 1–4, POLICY, in cooperation with the International HIV/AIDS Alliance and Abbot Laboratories, supported the Ukrainian AIDS Centers' coordination meeting organized by the MOH and National AIDS Center. The meeting was aimed at scaling up access to ARV therapy in Ukraine. Taking into account the important role VCT services play in scaling up access to ARV, the third day of the meeting was dedicated to VCT issues. Tamara Treetskaya, Strategic Planning Advisor, and Oleg Semerik, HIV Deputy Director, presented the VCT Protocol to head physicians and disease specialists of 27 AIDS Centers from all 27 oblasts of Ukraine. The meeting participants appreciated the quality of the document and suggested that the MOH pilot the VCT Protocol and review AIDS Centers' staff norms to ensure there is enough staff to provide comprehensive VCT services. Following the above recommendations, POLICY met with Ariele Braye and David Rivett (WHO/Ukraine) and discussed the idea of piloting the VCT Protocol. WHO experts expressed their interest in piloting the protocol, and they are going to look

into this possibility. Also, POLICY supported the MOH WG meeting to review AIDS Centers' staff norms. The meeting was organized by the MOH and held in the POLICY office on June 16.

To ensure consistency and coordination of the VCT Protocol implementation, POLICY works in close collaboration with the International HIV/AIDS Alliance, the Program for Appropriate Technology in Health (PATH), WHO, and other partner organizations. On May 25, Tamara Tretskaya attended the MOH WG meeting on developing a VCT training module to be used in postgraduate training for Ob/Gyns. The training module is based on the VCT Protocol and focuses on issues related to counseling pregnant women. The WG is supported by PATH.

Oleg Semerik, HIV Deputy Director, and Tamara Tretskaya participated in four meetings of the technical working group aimed at developing a three-year workplan and budget for the GFATM Project in Ukraine, coordinated by the International HIV/AIDS Alliance. As a result of active involvement of the POLICY Project, 86,000 UAH (US\$17,000) was allocated in the 2005–2006 budget for procurement of HIV test kits for high-risk communities.

*HIV NGO Coalition.* The POLICY Project is still providing both technical and financial assistance to the Coalition. The subcontract between POLICY and the Coalition was signed in January 2005. On February 4–5, a general meeting of the Coalition took place in Kyiv with POLICY Project support. The main objectives included introducing the advocacy concept to Coalition members because the Coalition's work is directly connected to policymakers; adopting the Coalition's strategic plan until 2007; approving the membership of the Coalition's program committees (program committee, committee on work with policymakers, committee on protection of the rights of the HIV service NGOs, fundraising committee); and approving the board regulations.

The main goals of the Coalition's work include ensuring equal participation of NGOs in the state HIV/AIDS policy development process; ensuring the efficient participation of NGOs in the planning, management, and implementation processes and in monitoring HIV/AIDS programs, including the GFATM and World Bank projects; and creating an efficient mechanism of licensing NGOs to provide social services.

On March 11, the POLICY supported a meeting of the Coalition board to discuss objectives and relevant strategies to achieve these objectives. The meeting took place in the new office rented with USAID/POLICY Project financial support. An important next step for the Coalition is to be a member of the National Board on HIV/AIDS, which is responsible for the coordination of efforts to fight the HIV epidemic in Ukraine. The mission of the Coalition is to strengthen and broaden the participation of NGOs, their associations, and networks working in the area of RH, HIV, TB, and STI prevention, and to strengthen PLHA support (this mission was adopted at the Coalition general meeting in March 2004). The board wrote a letter to the Minister of Health of Ukraine asking for his support on this issue.

In May 2005, the NCC was established to fight HIV and AIDS, on which PLHAs, national NGOs, and international community representatives have an equal vote. In the NCC, national NGOs are represented by the HIV NGO Coalition, which currently includes 39 NGOs from 19 oblasts of Ukraine.

The Coalition strives to coordinate the activities and develop the potential of HIV service organizations in Ukraine, advocate for the interests of HIV service NGOs, implement new programs and technologies with the use of the best practices, collaborate with international agencies and governmental structures, and contribute to the transparency and openness of the Ukraine government's activity in the area of HIV/AIDS and TB.

Persistent requests on the part of the Coalition and national NGOs played a significant role in helping the government take a decisive stance and declare its political will to give a national response to the HIV epidemic. The Coalition representatives participated in writing a proposal to the Global Fund. During the development of the community-based services component, a meeting was held jointly with the PLHA network and the Harm Reduction Association to discuss prospects for creating an integrated system of prophylaxis, care, and support services.

One of the Coalition's goals is to change the policy of allocating funds at all levels to provide prophylaxis and therapy. The current budget policy revision means that funds should be allocated not to structures but for services, and the allocation mechanism should be changed to ensure competition and monitoring of the quality and effectiveness of services and funds being used. A balance among programs and resources for prophylaxis and treatment, as well as transparency, openness, and accountability regarding the use of government funds, will contribute to the overall effectiveness of the country's response to the epidemic. The Coalition carries out this activity in partnership with the International Council of AIDS Service Organizations (ICASO). Under the subcontract that the HIV Coalition has signed with the POLICY Project, office space was rented for one year; four staff members were hired (acting director, accountant, informational manager, secretary); a three-year strategic plan was approved; regular board meetings are taking place; the Coalition website was created ([www.ngo.aids.ua](http://www.ngo.aids.ua)); a logo and a corporate style were developed; forms and business cards were designed and printed (in Ukrainian and English); and the HIV Coalition members are involved in the creation of the single national coordinating body to fight TB.

*Strategic planning, management, and M&E of HIV/AIDS programs at the local (oblast) level.* POLICY continues to provide TA to the OACCs and the newly established multisectoral working groups (MWGs) in Dnipropetrovs'k, Kherson, Mykolayiv, and Odesa oblasts, which aim to strengthen the planning, management, and M&E of oblast HIV/AIDS programs.

POLICY finalized the establishment of four regional MWGs for strategic planning/M&E under the OACCs to assist the OACCs in oblast AIDS program implementation and to create an oblast HIV M&E plan. Newly established MWGs in Dnipropetrovsk and Odesa joined groups in Kherson and Mykolayiv that were established during the previous quarter. Following this, the strategic plan and M&E team jointly visited four oblasts and conducted orientations of the MWGs (Kherson–January 26; Odesa–February 1; Mykolayiv–February 3; Dnipropetrovs'k–February 8–9), at which members of the MWGs were introduced and the functions and scope of planning activities were discussed.

To build the oblasts' capacity in M&E and set up grounds for developing an oblast M&E plan, POLICY held an M&E workshop in Kyiv, February 24–26. Thirty people (seven to eight people from each of four oblasts), oblast representatives from OACCs, MWGs, NGOs, and PLHAs were introduced to the current situation in Ukraine regarding development of the national HIV M&E system and the main principles and techniques of M&E.

The draft M&E indicators for the oblast HIV/AIDS program, developed during the workshop, are being reviewed by the MWG in each oblast. MWG meetings were held in Mykolayiv on March 16–17 (for Mykolayiv and Kherson oblasts), in Dnipropetrovs'k on March 29–30, and in Odesa on April 5–6. The meetings resulted in the common conclusion that, in each oblast, there is a lack of knowledge and gaps in the understanding of how the HIV/AIDS epidemic is driven in each region. The possibility of secondary analyses of the existing information, need for additional surveys, and necessary resources for oblast surveys were identified for all oblasts. Afterward, the MWGs applied for POLICY to support the targeted surveys. Also, the MWGs decided to conduct the "HIV/AIDS Epidemic Assessment in Oblast and Response Actions."

To build the grounds for developing an oblast selected survey, POLICY held a workshop for M&E oblast group members in Kyiv (April 12). Twenty people (three to four people from each oblast) from four oblast M&E groups were introduced to the survey strategies and research programs. As a result, a series of surveys were conducted in each oblast. A survey among secondary school students was conducted in three oblasts (Mykolaiv, Odessa, and Kherson); students of a vocational school were surveyed in Dnipropetrovs'k; university students were surveyed in Mykolaiv and Kherson; and foreign students were surveyed in Dnipropetrovs'k. In three oblasts (Dnipropetrovs'k, Mykolaiv, and Odessa), a survey was conducted among school teachers. In the oblasts, a specific survey among social workers (staff from social service institutions) was conducted in Dnipropetrovs'k. Surveys among civil servants were conducted in Kherson and Dnipropetrovs'k. Surveys among bridge populations were conducted according to the oblasts' needs: among sailors in Odessa and among long-distance drivers in Kherson. Additionally, in Dnipropetrovs'k, people with TB were surveyed. Surveys among people with high-risk behavior were conducted only in Kherson (female sex workers [FSWs] and prisoners). The three other oblasts do not need this survey, as there is the possibility for the secondary analyses of the data obtained during the 2004 national survey among IDUs, FSWs, MSM, and prisoners supported by the International HIV/AIDS Alliance. In Mykolaiv and Kherson, there is a lack of information about the needs of PLHAs, which is why they conducted an interview with representatives of this group. All surveys were conducted in May–June in close collaboration with MWGs, NGOs, PLHA groups, local authorities, and researchers. The results of the oblast surveys will be used as additional sources for the “HIV/AIDS Epidemic Assessment in Oblast and Response Actions.” The outline for the oblast assessment report was discussed at oblasts' MWG meetings and agreed upon with POLICY.

To discuss the main survey findings, share oblasts' experiences, and discuss the contents of the final analytical documents to be prepared, POLICY held a working meeting for M&E oblast group members on June 17 in Kyiv. Nineteen people (two to three from each oblast, four from the Ukrainian Institute for Social Research, and five from POLICY) attended the meeting. The progress and problems in preparing the oblast assessment report were also discussed at the meeting. During the next quarter, the preliminary findings of the collected data will be discussed with a wide range of stakeholders in each oblast to reach a consensus and develop recommendations to strengthen the HIV response in each oblast. On June 22, Tatiana Vanenkova, POLICY Coordinator in Mykolaiv oblast (MWG member), presented the preliminary M&E activities results at the regular meeting of the Mykolaiv OACC.

During the meeting, MWGs began reviewing oblast HIV/AIDS programs and inventory activities planned within the program as well as the draft M&E plan for 2005.

POLICY continues its support to the MWGs' activities on analysis of the oblast AIDS programs' implementation. The MWG meetings were held on June 21 in Mykolaiv, June 23 in Odesa, and June 30 in Kherson. The main issues addressed at the MWG were those related to oblast program implementation analysis, difficulties and problems that occur during the oblast program implementation, and issues of cooperation with NGOs and governmental institutions during oblast program implementation. A similar MWG meeting in Dnepropetrovs'k is scheduled for July.

POLICY responded to the Kyiv City health administration request to support the WG aimed at developing a city program to combat HIV/AIDS for 2006–2008. The WG held three working meetings at the POLICY office, at which the draft program was developed. The draft program identifies priorities to combat HIV/AIDS and develops a list of necessary interventions. Gennady Slabky, POLICY consultant, coordinates these activities, including data collection and analysis, and facilitates the WG meetings. The draft program and BRA will be submitted to the Kyiv City administration next quarter.

To launch these program activities, POLICY staff accomplished a significant amount of administrative/logistical work. Four regional coordinators (RCs) were hired to act as liaisons between the

POLICY office in Kyiv and regional MWGs and OACCs. An orientation meeting on the project goal, planning activities, administration, and finances was organized for all RCs and POLICY strategic planning and M&E staff on February 24.

Memorandums of Understanding (MOUs) between POLICY and the oblast administrations regarding POLICY's TA to each oblast were prepared and negotiated with oblast administrators. Three MOUs between Dnipropetrovsk, Mykolayiv, and Kherson oblast administrations and POLICY were signed. The MOU for Odesa oblast is still in development.

*Improve HIV/AIDS coordination at the national and oblast level.* In recent years, a vast majority of national and international stakeholders, including the POLICY Project, repeatedly addressed the government about the need to create a country coordination mechanism and offered relevant assistance. In April and May 2005, assisted by international organizations, the government held a number of consultations with stakeholders. As a result, the National Coordination Council to Prevent the Spread of HIV/AIDS (NCC) was created on May 16, 2005, by the Cabinet of Ministers of Ukraine Decree #352.

The NCC's goal is to ensure effective interaction and activity coordination for ministries, central and local governments, relevant international organizations and NGOs, and PLHAs to effectively realize common policy, consolidated use of funds, and improved systems for monitoring the spread of HIV/AIDS in Ukraine.

The NCC brought together representatives of government and NGOs for a dialogue. It consists of 17 members, seven of whom represent state organs, specifically the MOH, the Ministry of Education and Science, the Ministry of Youths and Sports, the Ministry of Labor and Social Policy, local government organs, and the Verkhovna Rada of Ukraine. The NCC also includes representatives of national and international HIV-service NGOs, PLHAs, UNO, and bilateral intergovernmental organizations. It is headed by the Vice Prime Minister of Ukraine, Mr. Mykola Tomenko; his two deputies; Deputy Minister of Health, Mr. Victor Rybchuk; and the Head of the Coordination Board of All-Ukrainian Network of People Living with HIV/AIDS, Mr. Volodymyr Zhovtiak. Six specialized committees were created within NCC: the Committee on Strategic Planning, Budget, Monitoring, and Evaluation; the Committee on Healthy Lifestyle; the Committee on Treatment, Care, and Support; the Committee on Work with Vulnerable Groups; the Committee on Regional Policies; and the Committee on PLHAs and Vulnerable Groups Rights Protection.

The POLICY Project was selected by international NGOs to represent them at the Regional Policies Committee. Alla Boyko, HIV Strategic Planning Advisor, will work at the committee on behalf of POLICY. Also, Oleg Semerik, HIV Deputy Director, and Tamara Tretskaya, HIV Strategic Planning Advisor, attend the meetings of the Committee on Strategic Planning, Budget, Monitoring, and Evaluation and the Committee on Treatment, Care, and Support as observers.

To ensure daily effective work of the NCC, POLICY, in partnership with the World Bank, supported the creation and activities of the NCC Secretariat, which would provide technical support to the NCC and its specialized committees. The Secretariat has seven full-time employees, who ensure collection and dissemination of information, technical support of NCC meetings, processing of the documents, decisions, and so forth.

Among the first results of NCC activities is a reviewed and approved application for Ukraine regarding continuation of financing of the GFATM program "Fighting the HIV/AIDS Epidemic in Ukraine" for the next three years, as well as the term of reference (TOR) for OACCs, developed by POLICY in consultation with the oblasts. The TOR describes the OACCs' goal, objectives, rights, and obligations as well as the recommended list of participants from all sectors of society, including NGOs and PLHAs. The

significant role of the TOR is a government's guarantee of allocation of a certain number of seats in the OACC for the nongovernmental sector; this makes a multisectoral approach possible. These activities occurred during the NCC's first meeting on May 17.

POLICY has also supported the OACCs in Mykolaiv, Dnipropetrovs'k, and Kherson oblasts by means of supporting MWGs; providing training on strategic planning issues, monitoring, and evaluation; and providing office equipment necessary for the OACCs' operation. POLICY plans to provide the same support to OACCs in Odesa, Donetsk, and Cherkasy oblasts, in the Autonomous Republic of Crimea, and Kyiv City. Similarly to the national-level council, OACCs unite stakeholders and coordinate activities to fight the spread of HIV/AIDS at the oblast level.

*USAID HIV/AIDS implementers coordination meeting.* In March 2005, USAID/Ukraine asked POLICY to help organize a two-day coordination meeting of implementers of the USAID HIV/AIDS Strategy 2003–2008. POLICY provided assistance to the mission by organizing the coordination meeting on June 1–2. Fifty-nine participants, including eight implementing agencies, USAID/Washington and USAID/Kiev office representatives, Ukrainian governmental officials, NGOs, and PLHAs actively participated in the two-day meeting. As a result, implementers conversed on the USAID HIV/AIDS Strategy; U.S. government HIV policies and regulations; and the role of each USAID/Ukraine-funded activity in achievement of the strategy goals. New opportunities for collaboration were identified, and feedback from beneficiaries was provided (both governmental and nongovernmental), which is going to be incorporated into the project implementation plans. Jeff Jordan, Chief Operating Officer, Futures Group, facilitated the coordination meeting.

*Support for the multisectoral TB PDG.* POLICY Project is providing TA to the MOH from May 15–December 31, 2005, in promoting the establishment of a multisectoral TB PDG to support decisionmaking processes for TB control in accordance with the internationally recommended cost-effective DOTS strategies. This group includes a high-level TB policy forum and working groups to address specific components of TB control.

The goal of the TB PDG is to channel political commitment and leadership at the national level to advance TB control in accordance with international standards. In addition, the TB PDG will develop its strategic plan for the next three years (2005–2007) to support the formulation and monitor the implementation of appropriate policies, laws, regulations, and plans for cost-effective TB control in Ukraine. POLICY Project is planning to carry out these activities in close collaboration with national and international partners working in the area of HIV/AIDS and TB (specifically WHO, World Bank, and PATH).

## VIET NAM

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

### Summary of Major HIV/AIDS Activities:

#### *Advocacy*

*Political commitment.* The subcontract with Harvard University/Kennedy School of Government (Harvard) to work with POLICY/Viet Nam and the Ho Chi Minh National Political Academy (HCMNPA) was approved by USAID's Office of Procurement in March. Harvard and its partners (POLICY and HCMNPA) will develop and implement an AIDS public policy training program in human rights and HIV later this year. A team from Harvard visited Ha Noi March 14–18 for follow-up meetings with the HCMNPA. As result of the meeting, a consensus was reached on the roles of each party in the project's implementation, and a schedule of activities from March to December 2005 was developed with major benchmarks.

Lisa Messersmith and Alene Tchourumoff from Harvard University visited Viet Nam from May 3–6 to work with the HCMNPA and POLICY on the monitoring and evaluation framework for the training course. The monitoring and evaluation framework has been finalized, and eight training modules have been sent to the HCMNPA for translation. The HCM Academy issued a decision to establish a project management unit for this activity and has prepared the list of Vietnamese faculty from the Academy and from outside organizations. By the end of 2005, the curriculum and training materials will be developed, the first batch of trainers will be trained, institutional capacity and needs assessments by HCMNPA and POLICY will be completed, and a high-level policy seminar will be conducted.

*PLHAs.* A group of POLICY staff traveled to Van Don Island in Quang Ninh Province to learn from two independent PLHA self-help groups to better understand some of the immediate issues affecting these groups. The findings, related to identifying and following up on the needs of PLHAs as they build their own support systems, were later applied to various public and private meetings held with government. These groups do not receive funding from any source but continue to do groundbreaking PLHA work.

Rose McCullough, USAID/W, visited Viet Nam in late January 2005. During this time, POLICY sponsored an advocacy meeting for organizations working on treatment activities, particularly on the involvement of PLHAs in the healthcare and treatment system. This meeting was attended by POLICY staff; Rose McCullough and Viet Nam-based USAID staff; FHI; CARE; Dr. Giang, head of the Provincial AIDS Committee (PAC) in Ho Chi Minh City (HCMC); and representatives from Dong Da and Bach Mai hospitals.

Program Coordinator, Dr. Nguyen Thi Minh Ngoc, and Junior Program Officer, Dong Duc Thanh, attended a two-day peer educators' gathering in Quang Ninh Province, together with more than 100 HIV-

positive people from the north of Viet Nam. This meeting provided follow-up to the CDC/LIFE Gap activities since the beginning of their project and connected the peer educators trained by them with those trained in other programs throughout northern Viet Nam. It was an opportunity to share experiences and make plans for future networking and collaboration.

On April 7, Ngoc participated in a care and treatment coordination meeting in HCMC. POLICY also funded Mr. Quoc of the Ha Noi Bright Futures group and Dr. Khanh of the Preventive Medicine Center to participate in this meeting. This participation helped to build capacity for the Bright Futures group's treatment advocacy work. Ngoc contributed to the discussion on selection criteria related to access to ARVs in new proposed programs in HCMC. As a result of this work, David Stephens and Ngoc, along with other donors, participated in the USG-convened Working Group meeting in May on the development of selection criteria and a patient-monitoring system for HCMC.

In April, Dong Duc Thanh began monitoring media reporting on HIV/AIDS and PLHAs. As a result, he has been responding to negatively written and produced reporting in print, radio, TV, or on websites in Viet Nam. With the oversight of senior POLICY/Viet Nam staff, Thanh submitted responses to several negatively written articles, and his own articles were published several times. He also began writing the stories of HIV-positive individuals, and they have also been published in newspapers and added to a counseling website for young people.

As a result of a long advocacy process, POLICY received a request from the Ministry of Health to nominate three PLHAs to be members of the Country Coordination Mechanism (CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria. POLICY asked the Bright Futures group to select the individuals, and Pham Quoc Hung of Bright Futures, Pham Thi Hue of the Red Flame Flower Group, and Nguyen Quang Trung of the Advisory Group of self-help groups in the south of Viet Nam were selected. POLICY supported the process by facilitating two meetings of the groups, one in the North and one in the South, but the self-help groups made the choices themselves, based on who they believed could best represent them.

On May 30, to show solidarity with the Bright Futures group, several POLICY/Viet Nam staff attended the Bright Futures' workshop. The workshop celebrated the last two years of the group's work with CARE, POLICY, and other organizations, and their work advocating for continued support for issues pertaining to PLHAs to be addressed by government and other groups.

In support of the Bright Futures groups of Van Don Island, in Quang Ninh Province, from June 17–18, David Stephens and Duong Truong Thuy attended the first ever Van Don children's festival for HIV-affected children and their families.

*Technical topics.* Throughout January and February, POLICY held meetings with the Viet Nam Women's Union and UNAIDS to plan the launch of three documents translated into Vietnamese: "Act Now: Asia Pacific Leaders Respond to HIV/AIDS," "Women and HIV: Facing the Crisis," and "Guidelines for Improving CCMs through Greater PLHIV Involvement and Challenging, Changing, and Mobilizing: A Guide to PLHIV Involvement in Country Coordinating Mechanisms." Although the regional POLICY program funded the translation of the CCM guidelines, POLICY/Viet Nam provided the logistical work for the press conference and the launch reception and participated in the event. The launch was held on February 23 at the Press Club. Mr. Tran Tien Duc spoke at the launch and participated in the ribbon-cutting ceremony. Nearly 120 people representing national government authorities, the National Assembly, the Communist Party, local agencies and organizations, international organizations, embassies, and PLHAs attended, as did journalists and television staff.

On April 23, at the invitation of the Lang Son Health Department, Dr. Nguyen Thi Minh Ngoc took part in a Harm Reduction Meeting in Lang Son to discuss Lang Son's experience and the future of harm reduction work in Viet Nam. The meeting was attended by members of the National Assembly, the Party Commission, and participants from many provinces working in harm reduction. Aside from looking at a model cross-border project, the meeting resulted in increased stakeholder interest in duplicating efforts.

Ngoc chaired the Care and Treatment Subworking Group of the HIV/AIDS Technical Working Group on May 18. This is an ongoing collaboration that discusses innovative projects and shares experiences among stakeholders working in the field of care and treatment.

From June 17–18, a two-day workshop on community mobilization to support the implementation of the National HIV/AIDS Strategy was jointly organized by the POLICY Project, UNAIDS, APCASO, and the Vietnam Women's Union. Representatives from many local NGOs, MOH, MPI, MOF, the Party Commission on Science and Education, and the Commission on Culture and Ideology attended this workshop. This forum allowed local NGOs to vocalize their thoughts, needs, and demands to government ministries and the National Assembly related to the national HIV/AIDS response. This is the first time that NGOs have been able to express their viewpoints to national authorities in a public forum.

### ***Planning/Finance/Policy Formulation***

*National ARV Guidelines.* The National ARV and Opportunistic Infection (OI) Guidelines were issued in March 2005 and are now being enforced. The Departments of Health and hospitals in all provinces have received them and are using them. The guidelines in English and Vietnamese have been published and distributed (in Vietnamese) to provincial-level public and private clinics across the country.

*National HIV/AIDS Strategy Action Plans.* The work on the nine action plans being prepared in HCMC continued with TA from Dr. Ngoc, Mr. Duc, and Dr. Ngo Tri Tue. On February 25, a meeting with the secretaries of the action plan groups and PACT reviewed the first drafts, and POLICY assisted in revising the plans. From March 27 to April 1, POLICY staff worked with Dr. Gayle Martin, Dr. Naline Sangrujee, consultant Vu Ngoc Uyen, Dr. Think of the HCMC PAC, and secretaries of the action plan groups to help make further revisions to the action plans. This activity extends POLICY's TA to the area of resource needs estimation, resource allocation, and resource gap analysis. Ultimately, the HCMC AIDS Committee and Vietnamese consultants will be trained in the use of analytical tools such as the Resource Needs Model and the Capacity Model to facilitate their future use.

From April 6–8, Dr. Thu and Thuy, and two outside consultants, began the action plan development in Quang Ninh and Thai Nguyen by supporting logframe training for the stakeholders in the policymaking process in those provinces in Ha Noi. Tran Tien Duc and Nguyen Thi Minh Thu provided additional support during the training and traveled to Thai Nguyen province on June 7 to start the process of developing that province's action plans.

Tran Tien Duc and Ngo Tri Tue visited Kien Giang province the week of April 1 to discuss the development of action plans. In late June it was decided that the action plan development work for Kien Giang would need to be postponed until later in the year due to the current serious illness of the provincial point person for this work. Kien Giang People's Committee and Kien Giang Department of Health were officially notified of this decision the third week of June.

*Revision of the National Ordinance on HIV/AIDS Prevention and Control.* The MOH Legislative Department has sent the final version of the National Ordinance to the National Assembly, which discussed the Ordinance in full during the last week in March. As a result of this discussion, which was featured in a front-page story of the *Viet Nam News* as well as other newspapers, the National Assembly

has become so interested in HIV/AIDS issues and the need to create stronger legal support for PLHAs that it will now set about formulating an HIV/AIDS law, rather than continuing into a decree design process after the Ordinance. This is a reflection of the seriousness with which the government currently addresses HIV in national life. The MOH has asked POLICY to provide financial and technical support to the next stage of legal framework change, the development of the law. On June 17–18, the law drafting team began discussion on the content of the proposed law. In late June, POLICY/Viet Nam hired consultant, Nguyen Tran Lam, to work with the development of the law over the next six months.

*Development of Palliative Care and Nursing Care Guidelines* (funded by O/GAC under COP I). As an offshoot of the work done on the ARV/OI Guidelines and at the request of the MOH's Therapy Department, POLICY is the lead agency in a new project to develop National Palliative Care Guidelines. POLICY invited other interested agencies (FHI, CDC, CARE, and USAID) to meetings on March 2 and March 4 (with WHO as well) to discuss this development and devise a collaborative approach to the palliative care work ahead. Another meeting took place with the Therapy Department April 1. These consensus meetings mobilized organizations toward advocacy for a process to develop the guidelines. In addition, a meeting was held with Dr. Quang of the MOH Legislative Department to discuss the palliative care work. The project development process was then undertaken, and between April and late June, additional meetings helped develop the contents of the development plan. FHI and POLICY have written basic agreements related to the plan development, including a scope of work for the project and a plan and shared budget that will support the development of the guidelines. POLICY will support a situational analysis and the development of the Palliative Care Guidelines, while FHI will support the development of the Nursing Care Guidelines and distribution of both sets of the guidelines. POLICY's subcontract with the National Institute for Clinical Research and Tropical Medicine was approved in mid-June. Work will begin in July.

### ***Research/Tools***

The final draft of the report on the reproductive health needs of HIV-positive women by the Center for Community Research and Development (CCRD) is available, and POLICY is currently editing the English version of the report. The report will not be published, but will be used internally and broken down into several small policy briefs for immediate use.

Data collection on the MSM study by the Institute for Social Development Studies (ISDS) has been completed. The anticipated completion date for the report was the second quarter of 2005; however, a staffing shortage has led to the report not yet being finished. The report is expected at the end of the third quarter.

### ***Capacity building***

POLICY/Viet Nam staff both attended and logistically supported the SPECTRUM training run by Dr. Jay Gribble and Mr. Robert Ssengonzi (January 17–21). The training was primarily aimed at individuals from the Ha Noi School of Public Health, HCMC PAC, MOH, POLICY Country Directors (Bangladesh, Nepal, and Ukraine), and several POLICY/Viet Nam Program Officers.

As part of the larger treatment literacy work overseen by long-term consultant Nguyen Quynh Trang, a group of PLHA trainers from AIDS Access in Thailand developed and carried out two week-long workshops focused on knowledge and prevention of HIV and OIs and basic knowledge of ARVs and their use. Twenty-three people attended in the North (February 14–18) and 20 in the South (February 21–25). The groups consisted of POLICY/Viet Nam staff, members of PLHA self-help groups from a variety of communities, and invited observers from USAID, MOH, WHO, and other HIV projects. This training

is the foundation for the next stage of training that will be aimed at developing skills in the trainees that lead to new roles as trainers-of-trainers.

Nina McCoy, POLICY Management Advisor, and Nguyen Nam Phuong, Office Manager, attended orientation and operations training at Futures Group headquarters in Washington, D.C. (January 30–February 4). On March 10, they facilitated a “Sharing Day” with all POLICY staff in Viet Nam to better acquaint everyone with the Futures Group/POLICY Project D.C. office and the POLICY Project work carried out by the global program, including operations support for all the program work.

Duong Truong Thuy, Program Assistant, participated in the “Inter-country Workshop on Continuum of Care for Rapid Scale-Up of HIV/AIDS Care and Treatment” (February 28–March 4). The workshop was sponsored by WHO and the Cambodian Ministry of Health, Battambang, Cambodia.

On February 17, Mr. Duc and Nguyen Thi Minh Thu traveled to Hai Phong with FHI and the National Institute for Hygiene and Epidemiology (NIHE) to reintroduce the A<sup>2</sup> Project to the Health Department and Police Authorities. On February 25, the POLICY/Viet Nam A<sup>2</sup> team visited HCMC to hold a meeting with NIHE and the HCMC PAC to introduce the A<sup>2</sup> Project. Their presentation intended to clarify the purpose and the basic framework for the project and help all parties better understand its substance. The response from the Vietnamese partners showed success in helping people understand the direction this project will take.

From March 27–April 1, Dr. Ngoc and Mr. Duc joined Dr. Tue, Dr. Martin, Dr. Sangrujee, and Vu Ngoc Uyen in HCMC for a meeting on the Goals Model and data collection, as well as briefings with USAID and partners in Ha Noi. The meetings served as training for Dr. Tue and Dr. Ngoc. Dr. Martin and Dr. Sangrujee also worked with Nguyen Thi Minh Thu, who will work with the Goals Model in the Ha Noi office, to clarify her role and the plans for the application of the model.

POLICY staff held a staff retreat in Hoi An from April 19–22. The retreat focused on team building, roles clarification, and meeting organizational challenges. Peter Kaufmann facilitated this successful, first-ever POLICY/Viet Nam staff retreat, which helped to lay the foundation for important work in the last year of POLICY II. There are plans for follow-up training in the next quarter.

From May 16–20, consultants from the Anonymous Testing Site in HCMC and two consultants from the Bright Futures group for PLHAs, ran a Ha Noi-based TOT workshop to train 23 PLHAs in treatment counseling techniques. Supported by POLICY staff and consultants, this workshop also tested materials being designed for use in treatment literacy activities. Following the successful Ha Noi workshop, another workshop was held in HCMC from May 23–27 for 20 PLHAs from the South. The work continues to feed into the ongoing development of treatment literacy training materials that are proposed for publication in the third quarter of the year.

On June 1, Dong Duc Thanh began intensive English language training to prepare him for more active participation in GIPA activities.

Dr. Ngo Tri Tue in HCMC and Dr. Nguyen Thi Thu Hang in Ha Noi attended a training course in Bangkok from June 19–25. The workshop, “Managing Community-based HIV Programs in Asia,” was sponsored by AIDS Access, MacFarland Burnet Institute, and the Australian Red Cross. The course provided current information, particularly related to treatment literacy, and was a great opportunity to exchange experiences with participants from all over Asia.

Nguyen Thi Minh Thu and Dr. Tue assisted in the preparation of and participated in the Resources Needs Model training course carried out by Dr. Gayle Martin in HCMC from June 27–30.

*Other*

Three new Program Officers completed orientation from January 10–14. Dr. Ngo Tri Tue opened the new office in HCMC in mid-January. That office space is shared with the coordinator of the fledgling HCMC network of PLHAs.

Rose McCullough spent a week in Ha Noi (January 16–22), attending segments of the SPECTRUM training, meeting with POLICY/Viet Nam staff, and discussing project developments.

On January 31, POLICY organized a reception for Mr. Joe O’Neil and the Emergency Fund delegation. The delegation met with PLHAs from Bac Ninh, Ha Noi, Hai Duong, Hai Phong, Quang Ninh, and Thai Nguyen, and the reception was highly appreciated by all participants.

Junior Program Officer Truong Jeanne D’Arc has relocated to HCMC to provide support to the HCMC POLICY office and the PLHA network.

Chris Ward, Regional Advocacy and Policy Advisor working with the A<sup>2</sup> Project in China and Viet Nam, is permanently based in Ha Noi as of January 1, 2005.

POLICY moved into new office space during the first week in January 2005.

The Call Link project, implemented by the local organization Ha Thanh Development Company, has been in operation since February 2005 with technical and financial assistance from POLICY. On March 2, an HIV hotline was set up. From the beginning of May, the counseling program on HIV/AIDS has been being broadcasted on television three times per week. Other activities of the project, such as leaflet print and articles on HIV/AIDS in newspapers, are also in process.

The Empathy Clubs Project, implemented by the Viet Nam Women’s Union (VWU) with technical and financial support from POLICY, accomplished a baseline assessment of the Empathy Clubs already existing in three project provinces as of December 2004. The findings help in the formation of new clubs and provide the basis for changes that will be made in the club model. Dr. Hang participated in the launching workshop of provincial alliances of Empathy Clubs in three provinces. Each workshop attracted the participation of about 50 people including PLHAs, their family members, and representatives of the health department, the People’s Committee, the Women’s Union, UNAIDS, and USAID. After the workshop, the Provincial Alliance Steering Board was established with representatives of PLHAs and the Women’s Union. This provincial alliance steering board has the responsibility to provide technical guidance to the clubs, conduct training sessions to the clubs, be aware of the clubs’ needs for support, conduct advocacy with the media and the community on the role of the clubs in HIV prevention and the capacities and rights of PLHAs, monitor the club activities, and report to the VWU about its performance and the performance of the Empathy Clubs in the province.

Nguyen Thi Van Khanh began work as the new Accountant/Administration Assistant on June 1 to augment the Operations Team.

On June 23, several POLICY staff attended the end-of-project workshop sponsored by Center for Health and Development (COHED) and the Ford Foundation related to the completion of a two-year project on HIV/AIDS Peer Education Prevention programming in six 05-06 Centers for the rehabilitation of drug users and sex workers. This is the only local NGO working in this field, and the workshop provided a forum for discussion on the issues related to working with the 05-06 Centers.

**LAC**



## EL SALVADOR

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**Program Objectives:** The primary objective of POLICY's work in El Salvador was to ensure that data from the 2002/2003 FESAL were widely disseminated, understood, and used by different stakeholders to inform policy decisions and better respond to national needs in the area of FP/RH. To achieve this objective, POLICY trained and worked with journalists, universities, decisionmakers, and NGOs (namely, the Asociación Demográfica Salvadoreña (ADS)). Activities took the form of training and awareness-raising workshops for journalists, decisionmakers, technical staff at relevant ministries, universities, and NGOs; contests for journalists and researchers to promote the use of data; one-on-one training; and ongoing TA. POLICY also conducted secondary analysis on topics that were particularly relevant to El Salvador's RH situation. Findings from these analyses, which included topics such as contraceptive use and market segmentation, birth spacing, adolescents, and malnutrition, were widely disseminated among decisionmakers for use in policy formulation and program planning. POLICY also provided training and TA to ADS in developing an institutional advocacy plan.

### **Summary of Major FP/RH Activities:**

POLICY continued its work with journalists in San Salvador. POLICY organized six thematic meetings for trained journalists on different reproductive health topics. An average of 14 journalists participated in the each meeting. POLICY also responded to requests for TA from reporters writing articles on RH topics.

Given the success in San Salvador, POLICY replicated its training and awareness-raising activities with journalists in two other cities—Santa Ana and San Miguel—although this was not originally in the workplan. In February, POLICY conducted a 20-hour workshop on RH and FESAL for 13 journalists in Santa Ana. In April, the workshop was conducted in San Miguel with 11 journalists. Reporters received training from the media consultant using a “hands-on” approach. During the workshop, national experts presented on topics such as reproductive health, teen pregnancy, HIV/AIDS, family violence, and FESAL; PLHAs also addressed HIV/AIDS issues. Guest speakers included representatives from the Global Fund, MOH, ADS, and the Salvadorian Institute for the Development of Women (ISDEMU). Trainees received valuable reference materials to help them report on these issues adequately.

POLICY subsequently conducted follow-up monthly meetings for trained journalists (four in Santa Ana and two in San Miguel) on topics such as men's health, responsible fatherhood, population dynamics, and safe motherhood. Journalists expressed their interest in continuing with the training. POLICY also met with UNFPA to identify how the agency could build activities into its new advocacy project to continue improving the skills of the journalists who had been trained by POLICY.

In January, POLICY put in place a listserv to facilitate information sharing and communication among journalists. To date, POLICY has posted articles and other relevant information on the listserv for journalists to use and comment on. POLICY is also encouraging journalists to use the listserv to share their own articles and information; this is a challenge because there is no tradition of information sharing among journalists through the internet. Eleven journalists are registered on the listserv to date.

POLICY also supported a journalists' competition with ADS and UNICEF to recognize those journalists who regularly wrote articles on RH an FESAL. During the awards ceremony, the first prize entries in each category were displayed and played—print media, television, and radio spots.

POLICY supported the participation of three journalists in the II Latin American and III Argentinean Reproductive Health Congress (April 21–23, 2005). These three journalists have been active participants in the different media activities POLICY has implemented. Participation in the Congress provided an

opportunity for them to learn more about the topics and be exposed to the way they are dealt with in other countries. After their return, they shared their experiences with the other journalists in the group.

In conjunction with its media activities, POLICY has been carrying out a scan of three major newspapers since May 2004 to monitor the impact of project activities on the number and content of RH publications. Three media scan reports (October–December 2004; January–February 2005; March–April 2005) have been completed. The first scan showed an important increase, probably related to the launch of the journalists' competition, but the other two showed a slight but steady decrease in publications of newspaper articles citing FESAL. Reporting on RH and FESAL has been high for many months and different topics have been covered in the media citing it, and they probably feel they need to put some of the topics to rest; on the other hand, the journalists competition ended on April 2, so there was no additional incentive to publish information citing FESAL.

Following the completion of an image appraisal study for ADS, POLICY conducted a one-day strategic planning session with the board of directors and managers, held meetings with the executive director and managers, and prepared and sent to the ADS president a proposed strategic plan to strengthen the organization's institutional image.

Under a subcontract with POLICY, ADS launched a grants program for researchers intended to promote the use of FESAL data in research. Five research proposals were selected and, during this reporting period, research was completed. Topics included the relationship between child abuse and teenage pregnancy in El Salvador; preventive and risk conditions associated with the prevalence of respiratory infections and diarrhea in Salvadorian children; factors associated with stigma and discrimination in women in El Salvador toward PLHAs; socio-demographic and socioeconomic characteristics related to knowledge of HIV/AIDS and its association with positive attitudes and preventive practices among adolescents and youth; and factors associated to infant malnutrition. After research was completed, grantees prepared PowerPoint presentations, which were reviewed by POLICY. The main findings were presented by researchers and discussed during a one-day meeting with 52 representatives from government, nongovernmental, and international agencies.

As part of the same subcontract, ADS conducted workshops on FESAL data and its use in the university context at four schools of medicine or public health in four universities: Universidad Evangélica de El Salvador (January 18 and 21); Universidad de El Salvador (February 4 and 5); Universidad Dr. José Matías Delgado (January 31, February 1 and 2); and Universidad Andrés Bello (May 26). In addition, special presentations of FESAL data for Salvadoran Social Security Institute (ISSS) beneficiaries were prepared and shared in San Salvador, Santa Ana, and San Miguel, in different sessions.

POLICY completed secondary analyses on the topics of malnutrition; market segmentation of family planning; adolescent reproductive health and school leaving; and birth spacing, malnutrition, and mortality, all based on FESAL 2002–2003 data. The nutrition analysis was presented following the presentations of the grantees on June 3. The market segmentation study was discussed with a *de facto* national contraceptive security committee, and their suggestions were included in the final version of the document, which has already been distributed. The birth spacing and mortality document was discussed with an advisory committee, and the final version is being published together with the birth spacing and nutrition study. The adolescent reproductive health and school leaving study was also translated and is being printed. Both the birth spacing and the adolescent reproductive health studies were presented by Dr. James Gribble (POLICY/Washington) in San Salvador to an audience including representatives from government, NGOs, universities, and international agencies, followed by a rich discussion about the policy implications of the findings.

POLICY, in collaboration with ADS, conducted five Data for Decisionmakers workshops using FESAL for four different groups of stakeholders: government, NGOs, international CAs, and two congressional committees—Health and the Environment and Family, Women, and Children. Congresspersons were concerned about some of the issues raised by FESAL data and presentations. One of the topics of interest to congresspersons was the issue of FP for men. The meeting with the second commission generated a lot of interest and discussion about possible policy actions. Congresspersons held a strong position on the importance of sexual education and the need to support sex education programs. “It is not possible that only the voices of those who oppose sex education are being heard,” said one of them, “and we should give our full support to the ministries of Health and Education in this matter.”

In January and February, POLICY conducted a two-week training workshop on data analysis, “Using SPSS and FESAL for Policy Purposes.” Eighteen professionals from the Ministry of Health, Technical Secretary of the Presidency, ISSS, ADS, and Universidad de El Salvador participated. On the last day of the workshop, participants made short presentations on policy implications of FESAL data analyses that were relevant to their area of work. POLICY donated SPSS software (v.13.0) to participants’ institutions that did not have it so they could use the skills acquired during the workshop in their day-to-day work.

POLICY facilitated several meetings with a national advisory committee and selected hospital personnel to reach consensus on a research protocol for a study to determine the prevalence of infections (with emphasis on hospital-based infections) during pregnancy and the neonatal period. The information-collection instruments were agreed upon and pilot-tested in five hospitals. Personnel were trained in each hospital to gather information and fill out forms and questionnaires. Data collection took place from March to May. Findings were discussed with the Minister of Health and MOH high-level officials in June with recommendations to improve the situation at hospitals at the national level.

POLICY has also provided technical support for contraceptive security issues in country. The project coordinator met with the CS committee to discuss progress since the LAC CS meeting in Lima in October 2004; in addition, meetings were held with the MOH and USAID mission representatives to share planned LAC CS activities for the coming months (regional funds). During the regional consultancy on contraceptive procurement options in June, POLICY provided logistical support and assisted with a meeting of the MOH with the CS committee to share and discuss findings.

## GUATEMALA

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**Program Objectives:** The goal of POLICY assistance in Guatemala is to help create a favorable policy environment for FP/RH and to promote linkages between population and development. To achieve this goal, POLICY will:

- Support the active participation of private and public sector organizations in public information campaigns, advocacy activities, and RH and population policy formulation;
- Provide assistance in monitoring the RH policy environment through civic surveillance, including monitoring the status of human rights and investments in RH;
- Help develop and/or strengthen policies, laws, regulations, and plans that promote and improve access to FP/RH services, including those related to resource allocation;
- Provide training in data analysis and develop information and communication tools for educating decisionmakers, professional associations, civil society organizations, and other groups in FP/RH, population, and development policy issues, and
- Provide assistance to develop, update, and transfer policy tools and methodologies to ensure that up-to-date and relevant information informs policy decisions and to strengthen human resources in FP/RH policy analysis through formal educational programs.

### Summary of Major FP/RH Activities:

POLICY staff spent much of December and January closing out the local office and transferring equipment to local NGOs in preparation for winding down activities and closing the project out in March. However, in March, the mission granted POLICY another extension through September 2005. POLICY has and will continue to provide TA to four main counterparts: the Presidential Planning Secretariat (SEGEPLAN), the Congress Health Commission, the Medical Barriers Technical Committee, and select NGOs including INSTANCIA Salud/Mujeres, Asociación Mujer Vamos Adelante (AMVA), and Women's Network for Building Peace (REMUPAZ).

*Support for law implementation.* POLICY provided TA to SEGEPLAN in promoting and monitoring implementation of the Social Development Law (SDL) and the Social Development and Population Policy (SDPP). In March, SEGEPLAN convened a meeting for various actors to review and validate the popular version of the SDL. A final version has since been completed and a TOT workshop for using and disseminating the document has been planned for next quarter, July–September 2005.

INSTANCIA Salud/Mujeres and its member NGOs, AMVA and REMUPAZ, completed collection and processing of the information necessary to monitor advances in the implementation of the SDPP and the Decentralization and Development Council laws related to reproductive health, health financing, and women's participation. In March, POLICY financed and organized a workshop with NGOs to analyze findings, which show little is known about these laws among health and education personnel and the general public, particularly at the decentralized level. In May, legislators, NGOs, RH "champions," technical leaders, and others participated in a press conference, a meeting with experts, and a public forum to present and discuss these results. Also in May, the Peace Secretariat (SEPAZ), REMUPAZ, and POLICY co-sponsored a forum on the peace accords and women's health.

POLICY also worked with the NGOs to develop an extended plan for technical and financial assistance for April–September, with the aim to disseminate and raise awareness of the laws and promote their implementation. POLICY provided TA to the INSTANCIA Salud/Mujeres to develop and install an observatory for FP/RH and population educational programs. Using this mechanism, POLICY will support activities related to public investment in FP/RH and accomplishment of FP/RH legal commitments.

POLICY developed and submitted to the mission a proposal for working with the Congressional Health Commission. The proposed work, which is being carried out between April–September 2005, aims to strengthen the development of a public health mid- and long-term policy, improve access to RH services, and increase resources allocated to RH. Within this context, POLICY provided TA to a congressional representative in developing a legislative proposal on universal access to RH services, including family planning. At present, a consensus on the proposal is being sought to enable its inclusion in the legislative agenda. POLICY is working in coordination with the PHR Project, which is also providing TA to the Congress Health Commission, on the legislative proposal.

*Presentations on recent analyses and studies.* The analysis of population and health issues carried out to provide strategic information to high-level government officials has been finalized. POLICY will issue a draft report for USAID and partners to discuss issues of particular interest, and the report will be published and distributed thereafter.

In March, POLICY provided TA to the MOH National Reproductive Health Program in developing a presentation on medical and institutional barriers to family planning services, which was used at a UNFPA workshop to train service providers. The Calidad en Salud II Project, implemented by URC, will manage future studies and activities related to medical and institutional barriers. In March, POLICY also provided technical and financial assistance to Consejo de Bienestar Social de Guatemala (COBISOGUA) to organize and implement a forum on healthy young people, which addressed RH issues among youth and adolescents.

In June, with POLICY TA, the MOH, the Guatemalan Social Security Institute (IGSS), and Asociación Pro Bienestar de la Familia Guatemalteca (APROFAM) presented the results of the study on Challenges and Progress in Reducing Medical and Institutional Barriers to Family Planning in Guatemala. They also presented the progress achieved in reducing barriers and the future activities for increasing access to FP services. Participants included representatives from the health sector, Congress, the Office of the President, and NGOs.

## HAITI

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**Program Objectives:** The goal of POLICY assistance in Haiti is to fill the policy void in population, reproductive health, and HIV/AIDS resulting from a severely weakened public sector, by strengthening civil society's role, building public-private sector partnerships, and when opportunities arise, helping the public sector to provide stronger leadership and direction. POLICY is also helping to address other RH issues, such as gender-based violence. POLICY provides technical and financial assistance in advocacy and fundraising to NGOs, faith-based organizations (FBOs), labor unions, and other civil society organizations (CSOs) that have activities focused on youth, women, and health. POLICY also gives technical assistance (TA), in collaboration with international donors, to support HIV/AIDS and RH policies and strategies currently being developed or already in place, including the National HIV/AIDS Strategy, and other policies related to prevention of mother-to-child transmission (PMTCT), care and support of persons living with HIV/AIDS (PLHAs), maternal mortality reduction, and quality assurance. POLICY collaborates with Ministry of Public Health and Population (MSPP) officials to improve operational policies that promote the quality of and access to FP/RH and HIV/AIDS services.

### Summary of Major Activities:

The political situation in Haiti has deteriorated considerably over the past few months with a marked increase in violence and kidnappings. In Port-au-Prince, where the situation is particularly bad, movement is restricted and violence erupts on a regular basis. POLICY staff attended a meeting on security held at the USAID mission on June 22. In response to recommendations, the POLICY office has increased its security measures.

### FP/RH/POPULATION

- In relaunching the reproductive health program, the MSPP invited POLICY to be an active participant of a technical committee aiming to support the National Commission for Reproductive Health (Commission Nationale de la Santé Reproductive). The committee is composed of representatives from different ministries and international organizations. The document "Plan Stratégique National de Réduction de la Mortalité Maternelle" (National Strategic Plan for Maternal Mortality Reduction), drafted by POLICY, has been retained as the principal reference guide for the relaunch. Also at the invitation of MSPP, POLICY attended a workshop to validate a new operational infrastructure for the ministry and provided technical support for the MSPP to create a documentation center.
- Since January 2005, POLICY has been part of the National Network in Population and Development (Réseau National en Population et Développement). The network's overall objective is to provide the tools necessary to facilitate the coordination of all nationwide processes regarding population and development. The network consists of the following organizations: the Ministry of Planning and External Cooperation, the Secretary of State of Population, the administration office of "Université d'Etat d'Haiti" (UEH), the Human Sciences Faculty of "Université d'Etat d'Haiti," the Haitian Institute of Statistics and Informatics, the Center for Planning and Applied Economics Techniques (Centre de Techniques de Planification et d'Économie Appliquée-CTPEA), and POLICY. The network recently published a document entitled "Répertoire de Documents sur la Population pour la Planification du Développement en Haïti" (Directory of Documents on Population and Development Planning in Haiti). POLICY participates in weekly network meetings and has worked the network in providing sector-specific information to the Country Coordinating Mechanism (CCM) for the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM).

- The USAID mission has decided to add “Repositioning of FP” to its program plan. To address this new intervention, the mission, through Management Sciences for Health (MSH), arranged for a consultant, Mr. Diallo, to prepare a proposal to start repositioning activities. POLICY provided the consultant with background information for his visit.
- In May, POLICY provided technical support to the Centre en Population et Développement (CEPODE) to prepare a protocol for operations research on distributing and using condoms in six marginal zones of Port-au-Prince. Teachers and students of CEPODE will conduct the survey.
- For many years, POLICY has supported courses offered to post-graduate students in population and development organized by the CEPODE of the State University of Haiti. On June 4 and 11, POLICY facilitated and hosted seminars on RH issues for 19 students.
- Since organizing the first Haitian Symposium on Population and Development supported by OPTIONS II, POLICY has provided annual technical and financial support to the celebration of World Population Day. This year, in conjunction with the MSPP and the Ministry of Planning and External Cooperation, POLICY provided financial support to this celebration and prepared two documents that MSPP executives will present on July 7–8 at a population and development seminar.

#### HIV/AIDS

- POLICY continues to collect data related to the mapping of voluntary counseling and testing (VCT) centers and their clients. Staff traveled to three geographical departments (South, Nippe, and North).
- POLICY performed a secondary analysis of the *serosentinel* survey results on HIV/AIDS prevalence and produced two documents: “Le VIH/SIDA en Haiti: Une Raison d’Espérer” (HIV/AIDS in Haiti: A Reason for Hope) and “Analyse Secondaire des Etudes de Surveillance Serosentinel” (Secondary Analysis of the Serosentinel Survey Studies). Following the second analysis, POLICY held, with Unité Centrale de Coordination pour la SIDA (UCC), a workshop on the interpretation of the results. UCC validated and made official the prevalence rates proposed by POLICY as per the application of the AIM software.
- POLICY assisted labor unions in designing their action plans against AIDS.
- POLICY staff attended a number of meetings, workshops, and seminars related to HIV/AIDS activities. On February 15, POLICY attended a CDC-organized workshop about PEPFAR indicators. On February 21 and 22, at the invitation of the Ministry of Women’s Affairs (Ministère à la Condition Féminine), POLICY participated in a workshop, “Prevention and Oversight of Women-Based Violence.” On February 24, POLICY attended a seminar, “The Woman Care and Nutritional Support,” giving an update within the scope of HIV/AIDS. On March 2–4, POLICY attended a workshop on communication interventions targeting men and women regarding HIV/AIDS prevention. The workshop’s goals were to conduct an analysis of current approaches and the proposal of innovative strategies to improve interventions. From May 23–June 3, POLICY participated in the workshop, “Innovative Approaches in HIV/AIDS Strategic Communication for Youth,” organized by UCC and the Health Communication Partnership (HCP).
- On April 22 at Kinam Hotel, POLICY assisted and supported the National Association of Scouts of Haiti in preparing its official presentation of the Haitian Scouts Mobilization Plan Against AIDS. Different funding agencies are being approached for financial support. POLICY later supported the association in organizing a contest spanning songs, theater, and *bans*, which promoted the themes of

abstinence and faithfulness and stigma reduction. The selection of the winners took place on June 25. The songs, theater scenes, and *bans* will also be used for promotion and advocacy during the activities organized by scouts for members and the general public.

- At the request of the MSPP and the president of CCM/Haiti, POLICY prepared a proposal for the realignment of CCM/Haiti. The proposal was accepted and the GFATM requested that the specified prerequisites be respected for Round 5 of fund allocation. In collaboration with HCP, POLICY helped UCC prepare a communication plan for PLHA outreach. Haiti is submitting a proposal to the GFTAM that includes this plan.
- In April and May, POLICY, in partnership with POZ, participated in organizing and celebrating the Candlelight AIDS Memorial Day, held on May 21. This year, thanks to the support of the churches, the event reached 135 communes of the country.

## JAMAICA

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**Program Objectives:** The goal of POLICY Project assistance in Jamaica is to foster an environment that is supportive of RH, with a specific focus on the needs of youth. POLICY has been addressing multisectoral approaches to youth development in Jamaica through development of the National Strategic Plan for Youth Development (NSPYD). POLICY is also working with the North East Regional Health Authority (NERHA) to develop an implementation plan proposing methods of integrating HIV/AIDS and FP/RH care within that health region. The feasibility study for this plan was funded through a core package and will decide the potential scope of integrating services in the other three health regions.

### Summary of Major Activities:

#### FP/RH

*Integration of FP/RH and HIV/AIDS services.* POLICY and NERHA staff are working to develop an implementation plan to support the integration model selected by NERHA as feasible for promoting integrated HIV/AIDS and FP/RH care. The proposed model was identified based on a study completed under a core package in the last quarter of 2004.

*Multisectoral youth development.* POLICY and its subcontractor, Aleph S.A., continue to assist the National Center for Youth Development (NCYD)/Ministry of Education, Youth, and Culture (MOEYC) with the development, review, and approval process for the multisectoral NSPYD. Delays in receiving MAARD funding stopped the progress of a number of proposed activities in January, leading POLICY to request and receive a no-cost extension to July 31 to complete its workplan.

POLICY engaged three consultants to analyze the economic and financial costs of implementing and not implementing the NSPYD; to review the institutional arrangements required for the NCYD to fulfill its monitoring, advocacy, coordinating, and collaborating roles under the NSPYD; and to develop a communications strategy to support the NCYD in building its profile and supporting its role in implementing the NSPYD.

The National Youth Policy (NYP) was presented in Parliament in June by the minister responsible for youth in the Ministry of Education, Youth, and Culture. In his address, the minister recognized the invaluable support provided by USAID through the POLICY Project in the development process and acknowledged an award the NYP received from the International Council on National Youth Policies for its multisectoral approach to policy development.

#### HIV/AIDS

POLICY prepared and submitted a draft proposal to introduce broad antidiscrimination legislation in Jamaica, emphasizing its impact on HIV/AIDS. The first draft was presented and is being finalized to incorporate the changes suggested by the core committee. The original request came out of discussions with the USAID mission, the National AIDS Committee, the Public Defender's Office, and UNAIDS on the impact of stigma and discrimination on HIV/AIDS programs. Ken Morrison of POLICY/Mexico traveled to Jamaica in April to interview key stakeholders and gather information for the proposal. POLICY will help finalize and examine the proposal with the core committee and key stakeholders, including the donor community, and based on new funding, will help develop the proposed legislation.

## MEXICO

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**Program Objectives:** In Mexico, the POLICY Project works to promote enhanced participation in policy and planning processes and improve the policy environment for HIV/AIDS in targeted states. It encompasses three primary elements: creating a multisectoral response to HIV/AIDS policy issues at the state level, including along the Mexican-U.S. border; developing innovative approaches to reducing HIV/AIDS-related stigma and discrimination; and fostering an improved response by business to HIV/AIDS, both in the workplace and in the broader community through public-private collaboration. Since 1998, the project has helped form multisectoral citizens groups (MCGs), composed of a broad range of state and local organizations working in HIV/AIDS and related fields. Since the project was adapted for application in the northern border states in 2004, POLICY has sought binational, multi-institutional participation in the program and now has a group of U.S. partners, including the Health Research and Services Administration (HRSA, U.S. Dept. of Health and Human Services), the National Association of State and Territorial AIDS Directors (NASTAD), the Valley AIDS Council (VAC, Harlingen, TX), the US/Mexico Border Health Association (USMBHA), and the Institute for Public Strategies (IPS, San Diego). Following the successful completion of the core package on stigma and discrimination around HIV/AIDS in Mexico in January 2004, POLICY launched a program with local NGOs and the National AIDS Program to implement innovative programs to reduce stigma and discrimination in the workplace, internally, in the community, and among those in the faith community. As a result of the stigma work, POLICY and the AIDS Responsibility Project (ARP) have joined forces to improve the business response to HIV/AIDS among U.S.-based companies operating in Mexico through the formation of the National Business Council on AIDS (CONAES), which aims to connect those companies dedicated to reducing HIV stigma and discrimination in their workplaces. Finally, POLICY responds to policy opportunities as they arise to help contribute to a better overall policy environment; POLICY provides support for national dialogue on gender and masculinity and the use of the Goals Model to improve planning and budgeting choices by state HIV/AIDS program coordinators.

### Summary of Major HIV/AIDS Activities:

*Business response to HIV/AIDS.* On February 15, POLICY and ARP presented CONAES to the public and press at an event where U.S. Ambassador Antonio O. Garza Jr., Mexican Secretary of Health Dr. Julio Frenk, and USAID Assistant Administrator for Latin America and the Caribbean Adolfo Franco gave remarks on the response to HIV/AIDS in the workplace and the issue of stigma and discrimination. POLICY's Resident Advisor, Mirka Negroni, served as the Master of Ceremonies. Three of the founding 12 companies of CONAES presented their policies on HIV/AIDS in the workplace (Pfizer, Federal Express, and GlaxoSmithKline), and Dr. Frenk presented certificates of membership to them and the other founding members, including Kraft, Ford Motor Company, Banamex (Citicorp), Eli Lilly de Mexico, Xerox, Merck Sharp & Dohme, GE International, Procter & Gamble, and Abbott Laboratories. A public relations company, DC&A, tracked media coverage after the event. In DC&A's March 2005 report, it listed total participation at 200 people, 57 of which were journalists from a variety of Mexican and international news outlets, including the Associated Press. DC&A counted more than 44 articles/interviews among print, radio, and television media and estimated the value of the coverage (value of the airtime if sold) at US\$349,122.

Following the February 15 event, POLICY and ARP arranged a lunch and informal discussion for CONAES business representatives on stigma in the workplace and specific responses in Mexico. Assistant Administrator Adolpho Franco hosted the luncheon and was joined by Mission Director Edward Kadunc, other USAID officials, and POLICY-ARP team members. The event was the first opportunity for CONAES members to discuss the challenges of addressing stigma and discrimination in their companies and to have an open exchange with USAID leaders about the issues.

Also at this time, POLICY Consultant Liz Mallas submitted an article to USAID's Frontline magazine about the creation of CONAES as an example of public-private partnerships; Moody met with Edward Kadunc and the newly appointed Executive VP of the American Chamber of Commerce Mexico City to discuss ways in which USAID and the AmCham can partner this year and to encourage their increased support of CONAES; and POLICY Long-term Advisor Yuria Rojas and Mallas did an encore presentation of the CONAES membership certificate for Merck at an information seminar for Merck employees to discuss their corporate policies for PLHAs. The Merck seminar included the human resources director of Merck; Dr. Jorge Saavedra of the National AIDS Center for Prevention and Control on HIV/AIDS (CENSIDA); and representatives of CONAPRED, Mexico's National Council for the Prevention of Discrimination.

In April, ARP's Rich Tafel, Kevin Ivers, and Abner Mason and POLICY/W's Maria Borda and Courtney Bickert traveled to Mexico City to meet with potential partners. During this visit, the team paired with POLICY local staff and consultants to meet with representatives from potential CONAES member companies—the American Harvard Alumni Club in Mexico to ask for their assistance in this endeavor and several current CONAES member companies to introduce CONAES TA and the benefits of the Workplace Policy Builder software in assisting companies to develop HIV/AIDS workplace policies. The Harvard Alumni Club will soon host a breakfast for its members to introduce CONAES and begin recruitment within this varied group of Mexican businessmen and women.

The team also held a TA workshop in POLICY's offices for IMPULSO, the network of HIV/AIDS NGOs that will offer TA in CONAES's next phase of development. With assistance from ARP, POLICY is training IMPULSO members to offer TA to CONAES member companies in providing educational programs and counseling to their employees and assisting members of human resource teams with the implementation of the Workplace Policy Builder software. The workshop included presentations by Tafel and Ivers on working in the corporate sector and a presentation on the use of Workplace Policy Builder by Borda and Bickert. On April 5, the team held a luncheon for all current CONAES members to discuss TA needs with regards to HIV/AIDS in the workplace.

POLICY Resident Advisor Mirka Negroni met with staff at the National Commission for the Prevention of Discrimination, who agreed to finance the printing of Family Health International's HIV in the Workplace Manual. Further funding was also promised from private donors. Negroni also presented the CONAES project to chiefs of party at a USAID mission breakfast hosted by Ed Kadunc on April 7. The meeting opened various opportunities to collaborate with other USAID projects in Mexico. As a result, Moody and Mallas met with USAID partner, Ben Davis, from the Solidarity Center to discuss ways in which his project can help connect the CONAES project to the labor unions.

On April 13, one of two main Mexican Chambers of Commerce (CANACO), in conjunction with ARP, POLICY, and IMPULSO, held an informative focus group with small business owners to discuss their specific needs around HIV/AIDS in the workplace and to get a better understanding of the needs of small businesses and ways to involve the small- and medium-sized enterprise market in the business coalition. Mallas, Moody, and Garcia de Leon also met with AliarSE, a national philanthropic business coalition, which subsequently promised its support to the CONAES project.

In early May, ARP's Ivers, Tafel, and Mason and POLICY/W's Mary Kincaid and Maria Borda traveled to Mexico to organize and participate in a TA event for IMPULSO; to assist with a CONAES luncheon to welcome its newest members; to co-facilitate the TA workshop; and present Workplace Policy Builder software to businesses. At the end of the two-day, intensive strategic planning meeting, IMPULSO members presented a small grants request to POLICY for core funding.

Between January and June, POLICY's Mallas, Rojas, and Garcia de Leon and ARP's Moody continued to meet with potential CONAES member companies and expanded into having meetings with Mexican-owned corporations, new multinationals, and small- and medium-sized enterprises. Mallas also traveled to Monterrey, Mexico, to attend a Bottom of the Pyramid Conference to recruit new members to CONAES. As of June 30, there are 21 member companies.

On June 29, the POLICY-ARP team held the first annual CONAES conference, with presentations from each of the 21 member companies, including its newest members 3M, AmericanExpress, Becton Dickinson, Bristol Myers Squibb, IBM, Janssen Cilag, JP Morgan, PepsiCo, and Tyco Electronics. ARP's Mason, Tafel, Ivers, and Kabel and POLICY/W's Borda, Kincaid, Bickert, and Felicity Young all arrived before the conference to attend and assist with the meetings with potential CONAES members. The keynote speakers were U.S. Ambassador Antonio O. Garza Jr. and Rincon Gallardo, President of the National Council to Prevent Discrimination (CONAPRED). DC&A is preparing a media report on the conference, which will be ready in the next quarter.

*Communications.* On April 29, the state of Mexico MCG celebrated its fifth anniversary with a special breakfast commemorating the work of key advocates in HIV. Ken Morrison gave a brief presentation on stigma and discrimination work in Mexico and Beatriz Ramirez gave an account of five years of work in HIV policy building in the state of Mexico. On May 12, Mirka Negroni presented the work of POLICY/Mexico at a graduate student seminar at the School of Postgraduate Social Studies and Administration at the Universidad Autónoma de México.

*Cross-border.* POLICY/Mexico continues to collaborate with CENSIDA, the departments of health of the states of Tamaulipas and Texas, and the Department of Nursing of the University of Tamaulipas in developing a Cross-border HIV/AIDS Multisectoral Policy Group (CHAMP) to further bi-national HIV/AIDS prevention and treatment goals, develop a more coordinated cross-border response to HIV/AIDS and related health issues, and increase the political will of elected officials and other decisionmakers through advocacy and related activities. CHAMP's first meeting was scheduled for March 3–4 in Matamoros, Mexico; however, because of an outbreak of violence along the border, the meeting was rescheduled for April 14–15 and moved to Tampico. Representatives from all local health districts located along the border, local NGOs, academic society, human rights and philanthropic sectors, as well as clinicians, PLHAs, and HIV/AIDS program directors attended the meeting. Participants prepared a draft workplan that identifies priority activities, along with corresponding responsibilities and estimated times to execute them. At the end of the meeting, in a moving ceremony, CHAMP's new members placed their name tags around their necks to confirm their commitment and responsibilities to the process of creating the cross-border MCG. Thanks to the presence of Dr. Saavedra, the closing ceremony was attended by Dr. Rodolfo Torres Cantú, Health Secretary of Tamaulipas, who publicly committed to inform the media about the creation of the cross-border MCG. Alecia Hathaway, M.D. Assistant Commissioner for DSHS Prevention and Preparedness, also committed publicly to inform the media of Texas. María Chaparro, on behalf of USMBHA, offered financial assistance to CHAMP members to attend the 63<sup>rd</sup> annual meeting on June 22, in Laredo, Texas.

On May 22–23, Morrison and Negroni traveled to Tampico to meet with Geraldo Flores, State AIDS Program Director, to discuss the upcoming meeting in Laredo, potential participation of CHAMP members in the HIV diplomado course, and next steps in building a strong CHAMP and a strong state AIDS program. Morrison and Negroni also met with colleagues at the Universidad Autonoma de Tamualipas School of Nursing to offer TA as they prepare the situational diagnosis of HIV in the border region.

On June 22 in Laredo, as part of the USMBHA annual conference, CHAMP members met with others interested in work on the U.S.-Mexico border and discussed promoting frank conversations about HIV/AIDS prevention needs for border communities. The meeting allowed members of the USMBHA to assess (1) the current issues in accessing HIV prevention services, (2) issues regarding accessing capacity building assistance services, (3) current HIV prevention efforts along the U.S.-Mexico border, including bi-national endeavors, and (4) the USMBHA membership's knowledge of the dissemination of effective behavioral interventions. The meeting resulted in a current and accurate description of priority HIV/AIDS border issues and the development of a HIV/AIDS prevention action plan for the USMBHA Comite Binacionales de Salud (COBINA) regional groups to continue dialogue, planning, and implementation efforts; and an action plan for capacity-building assistance needed for effective HIV prevention program activities along the border. After the Laredo meeting, CHAMP met to follow up on the workplan developed in Tampico. Among the more interesting developments is the establishment of a local Reynosa-McAllen MCG, a model which other border sister cities such as Matamoros/Brownsville and Nuevo Laredo/Laredo hope to adopt. POLICY received requests from all three sister city representatives to conduct stigma and discrimination reduction training for health personnel along the border.

*Stigma and discrimination project interventions.* After signing subcontracts with Colectivo Sol and Red Mexicana de Personas que Viven con VIH, local partners began their activities on pilot interventions to (1) reduce HIV/AIDS-related stigma and discrimination to improve prevention programs within the MSM community, and (2) launch a dialogue with faith-based groups about their role in fostering and preventing stigma and discrimination in their faith communities. Colectivo Sol developed interview guides and began interviews with faith community leaders as it gathered information to prepare for the national meeting in August. Red Mexicana developed a draft guide on reducing stigma and discrimination for use in self-help groups. It emphasizes strategies to reduce internal stigma, one of the main identified barriers to healthy prevention and treatment behaviors among PLHAs. Additionally, Red Mexicana proposed a list of indicators on internal stigma and is working to refine and test them. POLICY's Ken Morrison is providing TA to both partner organizations on these activities and serving as the liaison with CENSIDA and INSP to ensure quality results.

In a related activity, POLICY collaborated with EngenderHealth to develop a Spanish version of EngenderHealth's trainer's manual and participant handbook, "Reducing Stigma and Discrimination Related to HIV and AIDS: Training for Health Care Workers." POLICY's Ken Morrison and consultant Anuar Luna translated and adapted the manual to the Mexican context. POLICY and CENSIDA will pilot the manual before deciding whether it can be used nationally as part of the government's training program for public-sector health care workers.

Morrison's other stigma and discrimination activities included:

- a keynote address on the findings of MO KEXTEYA project during the launch of the Positive Action/Alliance/GlaxoSmithKline (GSK) project to decrease discrimination in Mexico;
- travel in April to Merida with USAID's Nancy Alvey to lay the groundwork for a May meeting around stigma and discrimination and to help prepare for the U.S. Ambassador's visit in May;
- travel to Merida (with Rojas) to deliver five talks from the medical school and the law school at the local hospital on stigma research results to groups including students, and to meet with members of the local MCG to discuss ongoing collaboration; and
- a trip to Washington, D.C., in June to present to USAID officials and other interested parties information on the stigma and discrimination projects in Mexico, to do a briefing for UNAIDS, and to meet with various partners, including Family Health International, Internews, AIDS Action, the International Center for Research on Women, and Whitman Walker Clinic.

*Human rights.* Morrison began negotiating the human rights projects co-funded by the Ford Foundation and the proposed workplan. He continues to research existing material and to develop and negotiate funding for a regional project. The Ford Foundation has funded the Mexico project and both Mirka Negroni and Ken Morrison are working with Letra S to prepare materials.

*Gender.* Arturo Diaz, a local consultant, evaluated the gender and HIV/AIDS advocacy work conducted in Puebla in 2004 and is developing a plan for 2005. He also co-facilitated an evaluation workshop for implementing partners on February 12 and initiated planning with CENSIDA and POLICY for the second expert group meeting on gender and HIV (2<sup>do</sup> Encuentro de Genero), to be held in December 2005 in Oaxaca just prior to the National AIDS Conference. Diaz and Negroni attended the Puebla strategic planning meeting, Puebla Enfrenta al Sida, held on May 18 and 19. Negroni presented the MCG experience in Mexico and other USAID-funded projects to government and NGO representatives. Diaz discussed the importance of including a gender perspective in HIV prevention work.

*Partnership development.* Morrison continued to develop partnerships with the Mexico City AIDS Program, the National Commission on Human Rights, MexFam, the INSP, the Ford Foundation, the Levi Strauss Foundation, the Positive Action Foundation, Internews, the International HIV/AIDS Alliance, and Alliance Mexico.

*Modeling and policy dialogue.* Mariana Lopez Ortega, a POLICY local consultant, continued her work with POLICY's Lori Bollinger and the National Center for Gender Equity and Reproductive Health in the Secretariat for Health to develop a pilot application of the Allocate Model in Mexico (with LAC regional funds). Ortega has collected data on the state level and will begin applying it to the model.

*Support to decentralized HIV/AIDS programs.* POLICY's local consultant, Jose Antonio Villarreal, continued working with Dr. Carmen Soler, director of the Federal District HIV/AIDS Program, to design a database for Clinica Condesa, the only HIV/AIDS-specialized clinic in Mexico. The database will allow the clinic and federal district program to continually monitor and analyze all aspects of the program, including treatment and patient flows, and will replace the handwritten record-keeping system that hampers efficiency and analysis. Villarreal is currently working on the final pharmacy module and the documentation manual.

*Diplomado course on HIV/AIDS.* Morrison continues to develop the 2005 program and logistical preparation to take place in July 2005.

*Summer course on human rights and sexual and reproductive health.* On June 12, Marcela Huaita of POLICY/Peru traveled to Mexico City to meet with Mirka Negroni and professors on the reproductive health and human rights course, which will be offered at the INSP as part of our ongoing collaboration with this regional renowned institution. Huaita met with Arturo Diaz, local consultant; Ricardo Hernandez from the National Human Rights Commission; and Dilys Walker, a professor and researcher at INSP—all of whom will serve as assistant professors in this two-week intensive course for policymakers to train individuals to include a human rights framework in their RH policymaking strategies.

## PERU

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**Program Objectives:** The goal of POLICY assistance in Peru is to strengthen civil society organizations (CSOs), advocate for sexual and reproductive health, including those related to HIV/AIDS, and participate in the design and surveillance of FP/RH policies and programs to ensure that they respond to the needs of both women and men. Project assistance focuses on training and TA to local partners in the area of sexual and reproductive health. POLICY supports policy dialogue and advocacy in the context of Peru's changing political climate, conducts analyses, and disseminates information on RH issues. POLICY also works closely with organizations of PLHAs and coalitions of NGOs working in the area of HIV/AIDS to build capacity and strengthen their skills to advocate for political support, as well as policies and legislation in favor of prevention, care, and treatment related to HIV/AIDS.

### Summary of Major Activities:

#### FP/RH/Safe Motherhood

POLICY supports USAID/Peru's IR1 in the task of protecting patient/user rights through different strategies, one of which is Citizen Surveillance Committees (CSCs). POLICY continued providing TA to the regional branches of the National Network for the Promotion of Women (RNPM) in activities related to the expansion of RNPM and the formation of CSCs. From January to June, RNPM and POLICY conducted the following workshops with a total of 1,036 participants: RH and advocacy workshops for members of provincial branches in Bellavista, Juanjui, Picota, and Saposo (San Martín); RH and citizen surveillance workshops for CSC members in Eslabon, Piscoyacu, Sacanche, and Bellavista (San Martín); two workshops on gender and RH for the provincial branches of Oxapampa (Pasco), Chanchamayo, and Satipo (Junin); two workshops on citizen surveillance and advocacy to CSCs in Perene, San Luis de Shuaro, Pichanaqui, and Vitoc (Junin); workshop on gender and RH to provincial network members of Huaraz (Ancash); two workshops on advocacy and citizen surveillance addressed to CSCs in Independencia, Huaraz, and Huarmey (Ancash); workshop on RH and citizen surveillance to provincial network in Leoncio Prado and Baños (Huanuco); and workshops on RH and citizen surveillance to CSCs in Rupa Rupa, Castilla Grande, and Baños (Huanuco). As a result of POLICY's training and TA, five new CSCs were formed in Perene, San Luis de Shuaro, Pichanaqui, and Vitoc (Junin); three in Rupa Rupa, Castilla Grande, and Baños (Huanuco); and three in Huaraz, Independencia, and Huarmey (Ancash). In Ancash, the RNPM signed an agreement with the Regional Health Directorate to have the regional government support RNPM's CSC.

POLICY also provided TA and financial support to the RNPM for the following activities: a nationwide workshop for 25 regional members of RNPM who are responsible for internal accountability, development of an ethics code, and internal procedural norms for regional branches of RNPM (February); a technical update meeting addressed to 12 RNPM members representing civil society at the Regional Government Councils and Local Government Councils (March); and the XIV National Meeting of the RNPM with participation of 72 members, representing 25 departments (April).

Also in the area of protecting user rights, POLICY is working with the Peruvian Association of Public Health Law (APDS) to form specialized pilot centers (CEPRECS) to promote the resolution of complaints from clients of health facilities. Between 2003 and 2005, POLICY supported the creation of five such CEPRECS, the newest of which were established in October 2004 in Pucallpa (Ucayali) and Huancayo (Junin). The new CEPRECS in Pucallpa has, to date, solved all of the 86 cases presented. It formed a multisectoral board of directors with 22 representatives from public health services, governmental and civil society organizations, and affected groups (PLHAs and tuberculosis [TB]); conducted an awareness-raising workshop with journalists in the area of human rights (HR) and health,

which resulted in the formation of a journalist network around HR and health; conducted two training workshops on human rights and complaint mechanisms for 101 health providers; and conducted 14 awareness-raising discussions with 300 men and women from grassroots organizations. The new CEPRECS of Huancayo has, to date, solved 100 out of 101 cases. It also formed a multisectoral board of directors with 26 representatives from public health services, governmental institutions, and civil society organizations; organized a seminar on human rights and health conflict resolution for participants from CSOs and the public sector; conducted 13 awareness-raising discussions with grassroots organizations; and opened temporary consultation stands in regional markets. In Tarapoto, through Directorial Resolution, the National University of San Martín (UNSM) approved the transference of the local CEPRECS to the university, appointing two professors in the organization of the new service as a mechanism for students' professional practices.

Based on the experience of creating and strengthening CEPRECS, APDS, with POLICY support, prepared a training manual on human rights and complaint resolution mechanisms for health services. The manual was printed and presented to stakeholders in Lima during the third workshop of CEPRECS agents from the five regions (Lima, Ucayali, San Martín, Junin, and Ayacucho).

POLICY produced three subnational reports—Lima and Ica, Amazonia, and South—and a national report on findings of the 2004 monitoring of the Tiahrt Amendment and national FP norms. These findings are based on 486 interviews with health providers, 1,115 FP users, and 1,052 pregnant women attending health services.

In 2004, POLICY cooperated with the MOH in the health minister's campaign to promote Citizen Rights and Responsibilities in Health. The purpose of this campaign was to raise public awareness about rights and responsibilities related to health services and promote a letter-writing campaign, directed at MOH regional offices, in which individuals and organizations stated their individual and collective health needs. POLICY provided TA to the MOH communication office in analyzing the letters to identify priority health needs. A sample of 3,900 letters was selected and analyzed from the total 63,683 letters received from Lima, Ayacucho, and Ica focus regions of the campaign. The minister will present the results of the analysis to the public in July.

In response to new MOH statistics for the period 2000–2004 showing a decline in IUD use, and at the request of the MOH Reproductive Health Committee, POLICY initiated an in-depth analysis of DHS data and conducted interviews with key informants to identify causes for this reduction. POLICY is also supporting a cost-benefit study of the inclusion of some RH care services, such as FP, in insurance packages of private health providers. Both these activities fall under the purview of contraceptive security.

In Ayacucho, POLICY is supporting the network of councilwomen through a small grant with the NGO COTMA. Specific training related to advocacy with the local governments and issuing an agenda on RH was provided to the councilwomen. An advanced training on budgeting regulations was also provided to help the women promote resource allocation for RH issues.

POLICY continued to strengthen regional health coalitions of CSOs by conducting a three-day meeting for representatives from 18 regions to train them on effective strategies for participation in the decentralization process. To date, the MOH is the only sector of the government that has defined the main functions to be transferred to regions during the next year, and it is important that CSOs be aware of this process, define their roles in it, and support it. As a result of this meeting, the health coalitions issued a public document supporting the MOH proposal to decentralize health functions.

POLICY also prepared guidelines for elaborating regional plans to promote CSO participation in decentralization. These guidelines, which are intended for both regional governments and CSOs, will be tested in workshops to be conducted by POLICY and PRODES—a USAID initiative—in Ayacucho, Ucayali, and Lambayeque. POLICY also conducted workshops on social vigilance of policy implementation, addressed to regional health coalitions in Lambayeque, La Libertad, and Ucayali; and specific TA was provided to San Martín and Ucayali for the inclusion of grassroots organizations in policy processes. In these same regions, POLICY supported the organization of public forums for the presentation of the results of the II Health Conference organized in Lima on August 2004.

POLICY continues to elaborate and electronically disseminate informational summaries of media news related to health issues in an ongoing effort to assist stakeholders in the analysis of the policy environment. POLICY is currently preparing a new series of documents on decentralization and health, four issues of which have been completed and disseminated to date. POLICY also developed a synopsis on main decentralization laws and regulations to keep regional civil society stakeholders up-to-date on decentralization processes.

At the request of the gender working group of cooperating agencies (Mesagen), POLICY conducted a comparative analysis of the new Organizational Norms of the Ministry of Woman (MIMDES) vis-à-vis the main UN covenants subscribed to by the Peruvian government and also developed an updated framework for the national report on the Beijing Action Platform.

In preparation for national and regional elections to be held during the next year, POLICY, in collaboration with PHR+ and the National Democratic Institute, organized four working breakfasts with representatives from 14 political parties, to raise awareness on the main issues of health reform. As part of this program, POLICY organized a technical workshop on health insurance and decentralization issues, with the former Minister of Health from Chile, Dr. Artaza, as the main presenter.

POLICY continued work on the Training Program in Health Management (PROGRESA), a program to develop human resources in public health management, which is being implemented jointly by Catalyst, PHR+, and POLICY. Graduates of the first four-week training course (conducted by POLICY in August–September 2004), “PROGRESA Docentes,” began training two groups of health managers at the National University Pedro Ruiz Gallo in Lambayeque. To date, both groups, composed of 30 health network directors and 30 health facility directors, have completed the four training modules. Currently, both groups are implementing their application projects in safe motherhood, which will finish in August and September. Safe motherhood was previously selected as a priority in Lambayeque by participants of PROGRESA’s training course for strategic managers, which was conducted from November 2004–February 2005; this group will conclude their application projects in July, go through the final evaluation, and receive PROGRESA certification provided by Universidad del Pacífico.

A second round of PROGRESA in three new regions—Ayacucho, San Martín, and Ucayali—will begin in July. POLICY and PHR+ will organize PROGRESA 1, addressed to strategic managers from the three regions, and POLICY will organize PROGRESA 2 and 3 in Ucayali with the second group of graduates from PROGRESA Docentes, also from National University Pedro Ruiz Gallo.

## **HIV/AIDS**

POLICY continued providing TA to the Global Fund Country Coordinating Mechanism (CONAMUSA). Following approval of the decree that recognizes the CCM, POLICY provided TA in developing the norms that will regulate the CCM organization and operations. These norms were approved by the MOH in March. POLICY also provided TA to the consortium in charge of strengthening the coordinated response of government and civil society (5th objective of the Global Fund project) in analyzing and

developing a proposal to improve the legal framework for HIV/AIDS. This proposal addresses issues related to OVC and others affected by HIV/AIDS-related deaths and health promotion in the area of HIV/AIDS; it is finished and is ready for approval by the CCM Assembly. POLICY conducted a three-day advocacy workshop to CONAMUSA members and provided TA in the elaboration of three advocacy action plans related to increasing financing for HIV/AIDS and legislative modifications.

POLICY also is supervising the evaluation of the HIV/AIDS national plan at the request of UNAIDS. POLICY is working with UNAIDS consultants to conduct stakeholders' interviews and review documents, as well as evaluate the measurable accomplishments of this plan.

POLICY is supporting the Secretariat of XII International PLHA Conference and VII International Home and Community Care Conference, to be held in October 2005, by providing equipment and furniture for the conference. Also, through its multiple activities directed at strengthening the Peruvian Coordination of People Living with HIV/AIDS (PCPLHA), POLICY is supporting the effective participation of Peruvian PLHAs in this important conference.

POLICY provided TA to the PCPLHA to organize the National Meeting of PLHAs (January), in which 102 PLHAs from 12 regions participated. During the meeting, PCPLHA prepared its 2005–2006 agenda, with the following priorities: effective involvement of PLHAs in policymaking, surveillance of HAART implementation, and promotion of PLHA human rights. POLICY also funded the attendance of two participants in the Regional Conference, "Overcoming Barriers for Universal Access in LAC," which was held in Lima in January. The conference addressed education and advocacy for ART access issues at the regional and national levels.

POLICY supported the PCPLHA in creating a Self Care Manual. TA consisted of a workshop with PLHAs and an expert meeting to validate the final version of the manual, which was presented in a public meeting to civil society representatives, the MOH, and PLHA groups. During this meeting, the MOH National Coordinator of STI/HIV/AIDS acknowledged PCPLHA for its high-quality work and proposed the use of the manual as a part of national MOH strategy.

Also as part of its TA to PCPLHA, POLICY conducted a TOT workshop in January for 37 PLHAs from 12 regions who will be responsible for conducting self care, organization, and advocacy training in their own regions. To date, PLHAs trained in the TOT workshop have conducted 10 workshops on self care and 10 workshops on organization skills, for a total of 173 PLHAs in 10 regions. Following these workshops, and based on the organizational level of PLHA groups, advocacy workshops were conducted in six regions; in the other four regions, the focus was on strengthening organization and leadership skills.

In March, in collaboration with the PCPLHA and the MOH, POLICY initiated a study on stigma and discrimination among healthcare providers. Twelve facilities providing HAART were selected for the study, and between February and March, POLICY staff and consultants interviewed 100 providers on their healthcare practices and attitudes. The results of this study were presented and discussed with PCPLHA and the MOH, and a research report is ready for publication and dissemination. Based on this information, POLICY developed a training module addressed to health providers for the reduction of stigma and discrimination; this module was piloted in June, and a TOT will be organized in July by the MOH to train facilitators from Lima and the highest prevalence regions.

POLICY started providing TA to APDS in an analysis of the international and national legal/regulatory framework surrounding human rights and HIV/AIDS. APDS used this framework to prepare curricula for workshops on human rights and HIV/AIDS for health providers, media, and CSOs. The purpose of these workshops is to analyze HIV/AIDS in the context of each specific region, the relationship with human rights, and the role of the existing CEPRECS in defending PLHA rights. To date, five workshops have

been conducted in Junin, San Martín, and Ucayali—three addressed to journalists and two addressed to health providers.

POLICY started a stakeholder mapping for HIV/AIDS in four high-prevalence regions. POLICY staff trained interviewers in February and compiled a list of stakeholders to be included in the mapping. Interviews have finished and information is being analyzed for a final report.

POLICY continued working with the Red SIDA Peru to implement a social vigilance strategy, which will be carried out by a youth network in San Juan de Lurigancho, to guarantee the implementation of a sexual and reproductive health program designed by the local government that includes prevention of HIV/AIDS. In February, POLICY presented a paper on youth participation in policy formulation in the first Meeting of Young LAC Leaders Working on HIV/AIDS.

In its efforts to develop linkages between HIV/AIDS and safe motherhood, POLICY supported two workshops on breastfeeding and HIV/AIDS for health facility counselors and providers that were organized by the Red Peruana de Lactancia Materna (CEPREN) in January.

### **TB/Malaria/Infectious Disease**

As part of POLICY TA to the Global Fund Country Coordinating Mechanism (CONAMUSA), POLICY hired a consultant to rewrite a legislative proposal on TB and multi-drug resistant TB, initially prepared by the consortium in charge of the 5th objective of the Global Fund project. This proposal is being discussed with people affected by TB, TB experts, and civil society representatives working on TB, and will be presented to the CONAMUSA Assembly for approval.

POLICY started a stakeholder mapping for TB in four high-prevalence regions. POLICY staff trained interviewers in February and compiled a list of stakeholders to be included in the mapping. Interviews have finished and information is being analyzed for final reports.

POLICY has begun to work with malaria issues, in collaboration with the MOH, Regional Health Directorates, and Regional Health Coalitions. Malaria incidence rates are very high in Loreto, San Martín, Madre de Dios, and Junin, and malaria is not a regional health priority. POLICY has mapped the key actors in malaria in these regions to help regional directorates better coordinate with civil society in the fight against malaria.

The Naval Medical Research Center (NMRC), the Epidemiology General Office, and the Regional Health Directorates, with POLICY TA in ethical and human rights aspects, organized the course “Detection of an Outbreak and Initial Response,” in Ayacucho (May 5–6) and Junín (May 17–18). The purpose of these courses was to develop basic skills for detection, identification, and initial response to outbreaks in a timely manner. It was directed to healthcare providers who work in primary services and do not have prior training in epidemiology.

In collaboration with the Institute of Health MSC Cristofóris Deneke (ISDEN), POLICY began work in awareness raising related to TB. To raise awareness among personnel from the Regional Health Directorates, ISDEN organized six public forums in commemoration of the World Day of TB in Callao, Huancayo, Lima Norte, Lima Sur, Lima Este, and Pucallpa. The focus of these forums was to introduce health rights and responsibilities in the prevention and treatment of TB patients; the importance of recognizing and reducing stigma associated with TB; and the importance of involving TB patients and ex-patients in policy formulation and implementation.

With POLICY TA, ISDEN organized four training workshops to sensitize and motivate health personnel, local authorities, promoters, community leaders, TB patients, and former patients in human rights and shared responsibilities. Eight people attended each one-day workshop in Lima-Red Villa El Salvador, Lima Este, Junin, and Ucayali. ISDEN also conducted two leadership training workshops for TB patients and former patients to strengthen their leadership skills. Also with POLICY TA, ISDEN developed a set of indicators on human rights applied to TB for the MOH to use in evaluating its TB strategy.

POLICY has begun to work for National Drug Policy implementation in Peru, in coordination with the Drugs Technical Committee of the National Health Council. DIGEMID, with POLICY TA, has organized two technical meetings to design the steps for the policy's implementation.

POLICY has a consultant at the MOH Health Promotion Directorate supervising the implementation of the USAID Health Promotion Project. In support of the project, POLICY has conducted two three-day advocacy workshops for 42 health officials from Lima and the Regional Health Directorates of San Martín, Ucayali, Pasco, Junin, Ayacucho, and Cusco. POLICY is also supervising the elaboration of an advocacy training module to be used for local training in these same regions.

## PROBLEMS AND CONSTRAINTS

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During its efforts to provide appropriate and effective services, POLICY has faced management challenges in providing overall strategic vision to core and field programs, maintaining appropriate staffing patterns, and monitoring and evaluating. Some of the continuing challenges also reflect new realities for the project in terms of funding patterns, balance among the project's core technical areas (FP/RH, Maternal Health, and HIV/AIDS), and its crosscutting issues. Specific management challenges and issues addressed during the reporting period include the following:

### FP/RH/MH

- POLICY's core population burn rate has fluctuated over the last six months. Each IR and working group must maintain expenditures to ensure successful completion of all activities. The pipeline for safe motherhood activities has improved greatly, but the burn rate must be maintained to complete all work.
- The core population budget has undergone significant readjustments and reallocations across line items. Activities not yet started or delayed have been either canceled or reduced in scope and the funds re-allocated to other activities. Wherever appropriate, necessary budget adjustments will be made to lagging core activities. It will also be important to monitor these core activities because of the difficulty in finding a country for field testing or implementation of core work.
- As the end of project approaches, staff time may need to be allocated for dissemination and documentation of project successes. Inputs and consultation from country teams is being sought.
- All core package activities are now complete and documentation is in progress. All remaining targets of opportunity, documentation activities, and the dissemination of materials and findings are being closely monitored to ensure successful and timely completion.
- Field programs are starting to close out activities and may not be able to accommodate any new activities. Project management will closely monitor country closeout plans and pipeline analyses to ensure that country programs finish on time and within budget. It will be especially important to monitor subcontracts and small grants to ensure successful wrap-up of project activities.
- It is important to monitor requests for new activities at both field and core levels to prevent undertaking activities for which there is inadequate time or funding to complete them.
- During this reporting period, staff commenced EOP documentation activities, in addition to the normal reporting requirements. Understandably, there is some reporting fatigue, which has influenced its quality. Reporting and documentation demands will be heavier in the remaining six months, and additional support is being mobilized to help with this task.

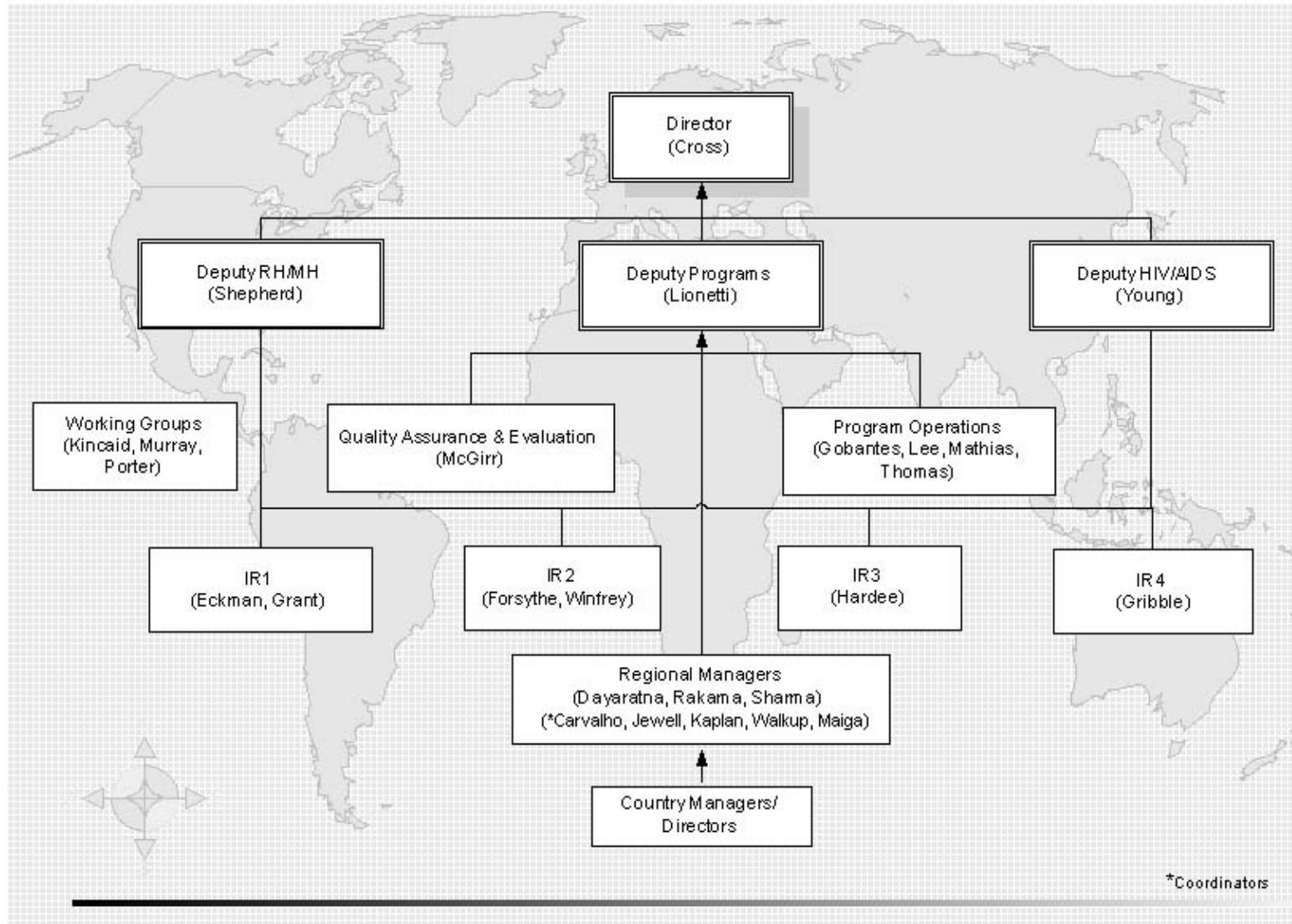
## HIV/AIDS

- The HIV portfolio has experienced many of the same budget and pipeline issues as outlined above. HIV has also had to make readjustments and reallocations in response to the feasibility and pace of activity implementation. In some cases, there have been difficulties in fielding some core activities due to competing priorities at the field level. The need for intensive financial and programmatic monitoring has been highlighted.
- As stated in the previous SAR, many new HIV activities, particularly related to PEPFAR, were implemented during this reporting period. All PEPFAR countries are in scale-up mode, which makes planning for closeout challenging and often confusing to the field staff. Countries were keen to absorb more funding but were restricted in doing so by the project's funding ceiling. PEPFAR countries had priority for accepting new funds, causing some concern among non-PEPFAR countries.

**APPENDIX: MANAGEMENT CHARTS**

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## Project Management Structure



**Table A1. Managers of Core-Funded Activities**  
(As of July 2005)

<b>Deputy Director</b>	<b>IR/Working Group</b>	<b>IR/Working Group Director</b>	<b>Administrator/ Administrative Backstop</b>
<b><i>Core Activities:</i></b>	IR1 (FP/RH/MH)	Danielle Grant	Karen Lee/Sara Rachmeler
Carol Shepherd (FP/RH/MH)	IR2 (FP/RH)	Bill Winfrey	Karen Lee/Sara Arnett
	IR3	Karen Hardee – Research Inday Feranil – Models	Rodrigo Gobantes/Morrisa Malkin
Technical Reviewer: Nancy Murray	IR4	Jay Gribble	Rodrigo Gobantes/Morrisa Malkin
	SO2 – Safe Motherhood	Michelle Prosser	Karen Lee/Sara Arnett
Felicity Young (HIV/AIDS)	IR1 (HIV/AIDS)	Anne Eckman	Manual Thomas/Gary Butterworth
Technical Reviewer: Farley Cleghorn, Michael Kaplan	IR2 (HIV/AIDS)	Steven Forsythe	Manual Thomas/Gary Butterworth
	SO4 – HN/HIV/AIDS	Felicity Young	Manual Thomas/Gary Butterworth
Denise Lionetti (Programs)	Quality Assurance	Nancy McGirr	Manual Thomas/Marissa Pine
<b><i>Working Groups:</i></b>	Adolescent RH	Nancy Murray	Jay Mathias/Zara Dang
Carol Shepherd (FP/RH/MH)	Gender	Mary Kincaid	Rodrigo Gobantes/Morrisa Malkin
Felicity Young (HIV/AIDS)	Human Rights	Lane Porter	Rodrigo Gobantes/Meghan Corroon
<b><i>Core Packages:</i></b>	Jamaica	Margaret Rowan	Karen Lee/Katie Daily
Carol Shepherd (FP/RH/MH)	Kenya	Wasunna Owino	Rodrigo Gobantes/ Meghan Corroon
	RH Allocate	Carol Shepherd	Karen Lee/Sara Arnett
	Guatemala	Varuni Dayaratna	Karen Lee/Sara Arnett
Felicity Young (HIV/AIDS)	Nepal	Philippa Lawson	Manual Thomas/Gary Butterworth
	Swaziland	Nomhle Nkumbi-Ndopu	Manual Thomas/Gary Butterworth
<b><i>Targets of Opportunity:</i></b>	Bangladesh (Postpartum FP)	Michelle Prosser	Karen Lee/Sara Arnett
Carol Shepherd (FP/RH/MH)	FP-HIV Linkages	Karen Hardee	Karen Lee/Sara Arnett
	Haiti (FOSREF)	Nancy Murray	Jay Mathias/Zara Dang
Felicity Young (HIV/AIDS)	Gender and HIV (HIV/AIDS and POP)	Anne Eckman	Manual Thomas/Gary Butterworth

<b>Deputy Director</b>	<b>IR/Working Group</b>	<b>IR/Working Group Director</b>	<b>Administrator/ Administrative Backstop</b>
	Stigma and Discrimination (HIV/AIDS)	Anita Bhuyan	Manual Thomas/Gary Butterworth

<b>Deputy Director</b>	<b>IR/Working Group</b>	<b>IR/Working Group Director</b>	<b>Administrator/ Administrative Backstop</b>
<b>Global Leadership Priorities:</b> Carol Shepherd (FP/RH/MH)	Contraceptive Security	Bill Winfrey	Karen Lee/Sara Arnett
	FP-HIV Initiatives	Carol Shepherd	Karen Lee/Sara Arnett
	FP/SM Advocacy Tools	Michelle Prosser	Karen Lee/Sara Arnett
	GBV – Haiti	Emily Sonneveldt	Karen Lee/Katie Daily
	GBV – Venture Capital	Mary Kincaid	Rodrigo Gobantes/Morrisa Malkin
	IGWG/MAQ	Mary Kincaid	Rodrigo Gobantes/Morrisa Malkin
	PAC	Emily Sonneveldt	Karen Lee/Sara Arnett
<b>Grants</b> Denise Lionetti (Programs)	Grants	Determined by funding source	Jay Mathias/Zara Dang

**Table A2. Managers of Country and Regional Programs**  
(As of July 2005)

Regional Managers & Coordinators	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Africa:</i> Backstop: Denise Lionetti Regional Manager: Brenda Rakama				Rose McCullough
Brenda Rakama	Africa Regional Funds	Carol Shepherd (FP/RH/MH) Bill McGreevey (AGOA HIV/AIDS)	Rodrigo Gobantes/ Catlin O'Shaughnessy	
Country Coordinator: Michael Kaplan	Southern Africa/RHAP	Nomhle Nkumbi-Ndopu*		
	Ethiopia Closes end July		Rodrigo Gobantes/ Meghan Corroon	
Brenda Rakama	Kenya	Angeline Siparo*		
Brenda Rakama	Malawi	Rita Chilongozi* (Effective 8/05) Shawn Aldridge (Senior Technical Advisor)	Rodrigo Gobantes/ Catlin O'Shaughnessy	
Regional Coordinator: Norine Jewell	Nigeria	Scott Moreland	Rodrigo Gobantes/ Meghan Corroon	
Brenda Rakama	REDSO/ESA	Margaret Rowan	Rodrigo Gobantes/ Catlin O'Shaughnessy	
Michael Kaplan	South Africa	Nomhle Nkumbi-Ndopu*		
Brenda Rakama	Tanzania	Nancy Russell (Acting Country Director)	Rodrigo Gobantes/ Meghan Corroon	
Norine Jewell	Uganda	John Kabera*	Rodrigo Gobantes/ Catlin O'Shaughnessy	
Country Coordinator: Ruth Walkup	Mozambique	Queta Tojais* Karen Foreit (Senior Technical Advisor)		
Regional Coordinator: Modibo Maiga*	Mali	Modibo Maiga * Norine Jewell (Senior Technical Advisor)	Rodrigo Gobantes/ Meghan Corroon	
	WARP			

\* Indicates overseas staff member

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Asia East</i> Backstop: Denise Lionetti Nadia Carvalho (Regional Coordinator) Felicity Young (Senior Technical Advisor)	Mekong/ASEAN Regional Funds	Nadia Carvalho	Manual Thomas/ Scott Friedman	Mai Hijazi
	China	Gao Yuan*		
	Viet Nam	Tran Tien Duc*		
<i>Asia West</i> Backstop: Denise Lionetti Regional Manager: Suneeta Sharma	Bangladesh	Suneeta Sharma	Manual Thomas/ Marissa Pine	Rose McCullough
	Cambodia	Candice Sainsbury (Acting Country Director)		
	Egypt	Hussein Abdel Aziz Sayed*		
	India	Gadde Narayana*		
	Jordan	Basma Ishaqat*		
	Nepal	Bhoj Raj Pokharel*		
	Ukraine	Andriy Huk*		
<i>Latin America:</i> Backstop: Denise Lionetti Regional Manager: Varuni Dayaratna <i>(Mary Kincaid, Acting Regional Manager)</i>	LAC Regional Funds	Varuni Dayaratna Carol Shepherd (Senior Technical Advisor)	Karen Lee/ Katie Daily	Diana Prieto
	El Salvador Closed 6/05			
	Guatemala	Lucia Merino*		
	Haiti	Laurent Eustache*		
	Jamaica	Kathy McClure*		
	Mexico	Mirka Negroni* Mary Kincaid (Senior Technical Advisor)		
	Peru	Patricia Mostajo*		

\* Indicates overseas staff member

**Table A3. Managers of HIV/AIDS Core-Funded Activities**  
(As of 6/30/05)

<b>Global Activities</b>	<b>Activity Manager</b>	<b>Status</b>
Strengthening Operational Policy Environment for OVC	Anne Eckman	Ongoing
Strengthening Capacity of GNP+	Shetal Upadhyay	Ongoing
Strengthening PLHA Involvement (CCM)	Philippa Lawson	Ongoing
Policy Reform to Meet Access to Treatment Goals	Anne Eckman/Chipo Mbanje	Ongoing
Asia Pacific Leadership Forum	David Lowe	Ongoing
Women and Inheritance-Kenya	Anne Eckman	Ongoing
Confidentiality and Strengthening Counseling and Testing Policies	Kai Spratt	Ongoing
Women and AIDS	Kai Spratt	Ongoing
Resource Allocation and Goals	Stephen Forsythe	Ongoing
Workplace Policies	Courtney Bickert	Ongoing
AIDS & Economics/Reference Groups	John Stover	Ongoing
Stigma Index	Lori Bollinger	Ongoing
Why Policy Matters	Lou McCallum	Ongoing
AIDS Program Effort Index/Coverage Survey	John Stover	New
Human Rights Support	Lane Porter	Ongoing
Core Package: Nepal	Philippa Lawson	Ongoing
Core Package: Swaziland	Nomhle Nkumba-Ndopu	Closed
S&D Follow-up: Mexico	Mary Kincaid	Ongoing
S&D Follow-up: South Africa	Caroline Wills	Ongoing
TOO: Meeting RH Needs of HIV+ Women	Anne Eckman	Ongoing
TOO: S&D Synthesis and Dissemination	Anita Bhuyan	Ongoing
Rapid Response and Communications	Felicity Young	Ongoing
Documentation and Dissemination	Felicity Young	New
<b>Regional Activities</b>	<b>Activity Manager</b>	<b>Status</b>
Africa Bureau	William McGreevey	Complete
Southern Africa Regional HIV/AIDS Program (RHAP)	Nomhle Nkumba-Ndopu	Ongoing
Building Political Commitment: Regional	Anita Bhuyan	Closed
Treatments	Brad Otto	Ongoing
Laos Policy Assessment	Felicity Young	Ongoing
A2 – Integrated Advocacy and Analysis	Felicity Young	Ongoing
IDU Modeling	Gayle Martin	Ongoing
PLHA and APN+	David Lowe	Ongoing
Advocacy and Sex Work	Carol Jenkins	Closed
MSM	Brad Otto	Ongoing
Civil Society and UNGASS	Nadia Carvalho/David Stephens	Ongoing
Violence and Women	Nadia Carvalho/Britt Herstad	Ongoing
Males especially at risk for HIV	Carol Jenkins	New
Goals in Asia	Gayle Martin	Ongoing
Opiate IDUs	Gayle Martin	Ongoing
Middle East Activities	Kai Spratt/Suneeta Sharma/Shetal Upadhyay	New
ASEAN	Nadia Carvalho	Ongoing

Country Program Activities	Manager	Status
Ethiopia	Elizabeth Neason	Closed
Ghana	Michelle Prosser	Closed
Kenya	Angeline Siparo	Ongoing
Malawi	Shawn Aldridge	Ongoing
Mali	Modibo Maiga	Ongoing
Mozambique	Henriqueta Tojais	Ongoing
Nigeria	Scott Moreland	Ongoing
REDSO/ESA	Margie Rowan	Ongoing
South Africa	Nomhle Nkumba-Ndopu	Ongoing
Tanzania	Nancy Russell	Ongoing
Uganda	John Kabera	Ongoing
Zimbabwe	Tom Goliber	Closed
WARP/REDSO w FHA	Modibo Maiga	Ongoing
Cambodia	Ty Chettra	Ongoing
China	Gao Yuan	Ongoing
India	Gadde Narayana	Ongoing
Nepal	Bhojraj Pokharel	Ongoing
Viet Nam	Tran Tien Duc	Ongoing
Ukraine	Philippa Lawson	Ongoing
Haiti	Laurent Eustache	Ongoing
Mexico	Mirka Negroni	Ongoing
Peru	Patricia Mostajo	Ongoing