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**HEALTH POLICY
INITIATIVE**

Semi-Annual Report, Task Order I

**April 1, 2008–September 30, 2008
Contract No. GPO-I-01-05-00040-00**

The USAID | Health Policy Initiative, Task Order I, is funded by the U.S. Agency for International Development under Contract No. GPO-I-01-05-00040-00, beginning September 30, 2005. Task Order I is implemented by Futures Group International, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), Futures Institute, and Religions for Peace.

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USAID Task Order No.	GPO-I-01-05-00040-00
Location	Washington, DC
Title	USAID Health Policy Initiative, Task Order 1
Activity Description	The purpose of this task order is to exercise global leadership and provide field-level programming in policy development and implementation. The assistance provided under this procurement is expected to improve the enabling environment for health, making it possible for men and women around the world to obtain and use information and services they need for better health, especially in the areas of family planning and reproductive health, HIV/AIDS, and maternal health.
Achievements	Task Order 1 implements a comprehensive and challenging set of core-funded activities with funding from the Office of Population and Reproductive Health, Office of HIV/AIDS, and the Office of Health, Infectious Diseases, and Nutrition. To date, the project has received field support funds from 36 country or regional programs. The bureaus for Africa, Asia and the Near East, Eastern Europe and Central Asia, and Latin America and the Caribbean also provide funds for HPI to support their regional activities in health, HIV/AIDS, family planning, and contraceptive security. For the period from April 1, 2008 to September 30, 2008, we report 72 results in 16 country and regional programs.
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ABBREVIATIONS

AFR	Africa (region)
AIDS	acquired immune deficiency syndrome
ANE	Asia/Near East (region)
AO	activity objective
ART	antiretroviral therapy
ARV	antiretroviral
BGH	Bureau for Global Health
CA	cooperating agency
CBD	community-based distribution
CBO	community-based organization
CDC	Centers for Disease Control and Prevention
CEDPA	Centre for Development and Population Activities
CIT	contextual interaction theory
CME	constructive men's engagement
CPR	contraceptive prevalence rate
CS	contraceptive security
CSO	civil society organization
CTO	cognizant technical officer
DHS	Demographic and Health Survey
DMPA	depot-medroxy progesterone acetate or Depo-Provera
ECSA	Eastern, Central, and Southern Africa
E&E	Europe and Eurasia
FBO	faith-based organization
FGC	female genital cutting
FHI	Family Health International
FP	family planning
FP/RH	family planning/reproductive health
FY	fiscal year
GBV	gender-based violence
GIPA	greater involvement of people living with HIV
GLP	global leadership priorities
GWG	Gender Working Group
HBC	home-based care
HCBC	home- and community-based care
HIV	human immunodeficiency virus
HOP	headquarters operational plan
HPI	USAID Health Policy Initiative
HSA	health service assistants
HVC	highly vulnerable children
IA	innovative approach
IDP	internally displaced persons
IEC	information, education, and communication
IGWG	Interagency Gender Working Group
IQC	indefinite quantity contract (USAID)
IR	intermediate result
LAC	Latin America and the Caribbean (region)
MARP	most-at-risk population
MC	male circumcision

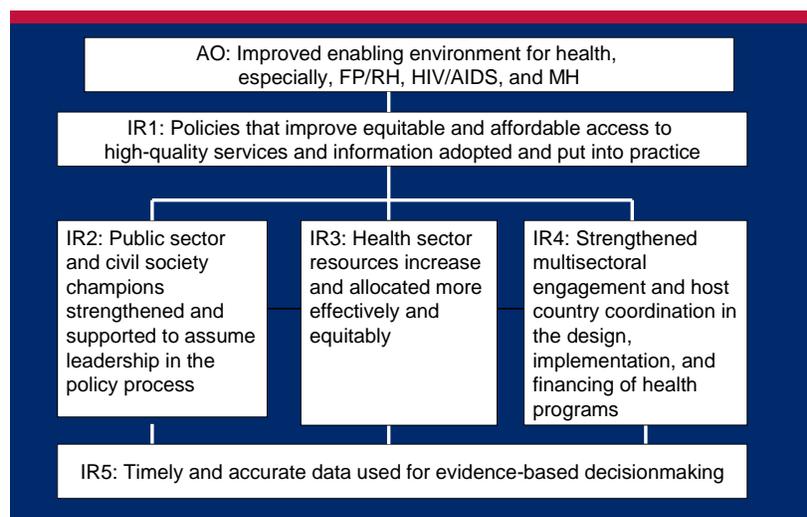
MDGs	Millennium Development Goals
M&E	monitoring and evaluation
MENA	Middle East and North Africa
MH	maternal health
MMR	maternal mortality ratio
MOH	Ministry of Health
MSH	Management Sciences for Health
MSM	men who have sex with men
NGO	nongovernmental organization
OBA	operational barriers analysis
OP	operational plan
OGAC	Office of Global AIDS Coordinator
OPRH	Office of Population and Reproductive Health
OVC	orphans and vulnerable children
PAC	postabortion care
PEP	post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PEWG	Poverty and Equity Working Group
PIAT	Policy Implementation Assessment Tool
PLHIV	people living with HIV
PMP	Performance Monitoring Plan
PMTCT	prevention of mother-to-child transmission of HIV
PRSP	poverty reduction strategy paper
PSI	Population Services International
QA	quality assurance
RFP	repositioning family planning
RH	reproductive health
RHAP	Regional HIV/AIDS Program (Southern Africa)
RCH	reproductive and child health
RHSC	Reproductive Health Supplies Coalition
RMA	Resource Mobilization and Awareness Working Group
RNM	Resource Needs Model
S&D	stigma and discrimination
STI	sexually transmitted infection
TA	technical assistance
TB	tuberculosis
TD	technical development
TO	task order
TOR	terms of reference
TOT	training-of-trainers
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
USAID	U.S. Agency for International Development
USG	U.S. government
VCT	voluntary counseling and testing
WG	working group
WHO	World Health Organization
WRA	White Ribbon Alliance

I. Project Description: Health Policy Initiative

“Unlocking the Power of Policy” was the theme for the project’s 2008 Technical Development Week in Washington, DC. This phrase also encapsulates the scope of work of Task Order 1 of the USAID | Health Policy Initiative (HPI). The project’s overarching objective is to foster an *improved enabling environment for health, especially family planning/reproductive health (FP/RH), maternal health, and HIV/AIDS*. Task Order 1 uses five primary approaches to achieve its objective:

1. Assisting countries to adopt and put into *practice* policies that improve equitable and affordable access to high-quality services and information
2. Strengthening the capacity of *people* from the public sector (e.g., national leaders, parliamentarians, ministry staff, and district officials) and new partners/civil society (e.g., faith-based organizations, women’s groups, businesses, and networks of people living with HIV) to assume leadership roles in the policy process
3. Enhancing effective and equitable allocation of *resources* of various types (e.g., human, financial) and from different sectors (e.g., public, private, civil society, donor, in-country)
4. Facilitating multisectoral engagement and in-country *coordination* in the design, implementation, and financing of health programs
5. Fostering *knowledge* by building in-country capacity to collect, analyze, and use data for evidence-based decisionmaking and monitoring of progress toward achieving results

HPI Results Framework



HPI is an indefinite quantity contract (IQC) funded by the U.S. Agency for International Development under Contract No. GPO-I-00-05-00040-00. On September 30, 2005, USAID awarded Task Order 1 (TO1) of the Health Policy Initiative IQC (GPO-I-01-05-00040-00) to a consortium led by Futures Group International that includes the Centre for Population and Development Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), and Religions for Peace. The Futures Institute and

Cultural Practices are also active subcontractors on TO1. Task Order 1 has completed three years of its expected five-year project cycle.

Task Order 1 serves as the IQC's primary mechanism for supporting new and original activities in policy dialogue and implementation that cut across countries or can be applied in several settings. Core funds are also used to monitor overall HPI progress, compile and disseminate knowledge and lessons learned across the IQC, and share data and tools produced by all IQC holders. In addition, TO1 implements activities funded by regional bureaus, USAID regional programs, and USAID Missions. Country-specific programs integrate activities across HPI's five intermediate results (IRs) to the extent possible. HIV/AIDS funds are programmed according to the priorities of the President's Emergency Plan for AIDS Relief (PEPFAR).

This report summarizes HPI-TO1's main activities and achievements for the period from April 1, 2008, to September 30, 2008. In recognition of the diverse funding streams for TO1, this semi-annual report is organized according to the source of funds. Following a presentation of the project's results during this reporting period, the remainder of the report includes a description of core-funded activities pertaining to FP/RH, maternal health (MH), and HIV; and summaries of country and regional activities carried out with field support.

II. Overview of Project Achievements and Results

A. Overview of Project Achievements

HPI Task Order 1 continues to make great strides toward achieving its aim of “improving the enabling environment for health, especially FP/RH, maternal health, and HIV/AIDS.” This will be showcased throughout this semi-annual report. A highlight of this past reporting period was the first Technical Development (TD) Week organized under HPI. The week’s theme—Unlocking the Power of Policy—echoed HPI’s mandate to use policy formulation and implementation to foster an enabling environment for health and emphasized the role of policies in helping programs to achieve their goals. More than 40 field staff from 20 countries attended TD Week and a number stayed for the follow-on training week. Together, the two weeks served to update technical skills and share lessons learned across the project. To facilitate further sharing among staff, presentations and materials from TD Week and training week are on the Intranet and have been put on CD-ROM and mailed to country offices.

For achievements this period, we present 72 results from a combination of field activities and the application of technical tools and approaches created with core funds. To date, HPI has received field support funds from 36 countries or regional programs. We continue to work in 21 country or regional programs. During this reporting period, several programs completed work under Task Order 1: G/CAP PASCA, Mekong Region, Vietnam, and the West Africa Regional Program.

On the population side of the portfolio, HPI addresses major policy concerns of the Office of Population and Reproductive Health (OPRH), such as repositioning family planning in Africa; ensuring that a full range of contraceptives continues to be available to all who need and want them; improving equitable access to and uptake of services, especially for the poor and other disadvantaged groups; and increasing gender equity. We have made considerable headway in designing new tools and approaches in support of HPI’s key areas of emphasis and are pilot-testing them in OPRH’s priority countries.

We continue to address the project’s crosscutting issues of gender; poverty and equity; and human rights, stigma, and discrimination in core and field activities. A new focus is on training service providers and community members to reduce stigma and discrimination in the provision of FP/RH care to HIV-positive women.

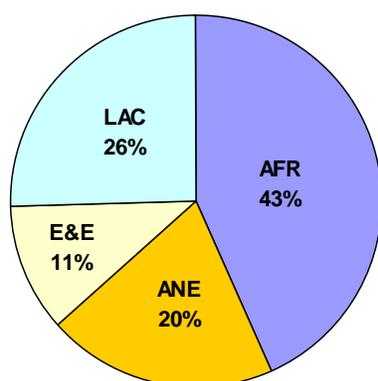
Maternal health (SO2) core funds are being used to help countries increase access to high-quality, affordable, and comprehensive maternal health services for all women. The White Ribbon Alliance (WRA) assists its country alliances in a variety of ways from regional training courses to the dissemination of technical information and the provision of direct technical assistance to partners. Increasing the number of champions for safe motherhood is an integral component of achieving significant improvements in maternal health. These champions have a crucial role to play in strengthening political will, encouraging the mobilization of resources, and monitoring accountability for improved maternal health programs.

In the HIV core portfolio, HPI responds to priorities of the Office of HIV/AIDS (OHA), the Office of the Global AIDS Coordinator (OGAC), and the OGAC technical working groups in the areas of gender, orphans and vulnerable children (OVC), models, and male circumcision. Male circumcision work focuses on two key areas: costing for policy decisionmaking and guidelines for policy development and implementation. Another focus is examining economic and other barriers for accessing antiretroviral (ARV) treatment. We continue to develop and apply new tools and approaches to address stigma and discrimination (S&D) such as the pilot-test of a citizen monitoring mechanism to help local partners identify and reduce S&D barriers to HIV services.

An ongoing challenge is to reach out across countries to improve our communications and knowledge management. To make information more accessible to field staff, we are developing multimedia virtual training modules and sharing technical information via videos posted on the Intranet. We are also sharing information and approaches with the broader IQC and cooperating agency (CA) community through our technical website and have completed a content management system for new task orders to post information, materials, and success stories.

The majority of HPI programming is implemented through field programs (field-support and core funding amounts to 58.2% and 41.8%, respectively). Figure 1 below shows the distribution of funding by field programs to date.

Figure 1. Distribution of Funding by Field Programs to Date



B. Cumulative Project Results (as of September 30, 2008)

Since the project's inception, HPI has achieved 309 results across its Activity Objective (AO) and five Intermediate Results (IRs) in the 29 countries and regions in which it has worked (see Table 1). Global results are those supported with core funds and occurred in a country that has not provided field support to Task Order 1.

Table 1. Cumulative Results by Country, 2005 through September 30, 2008

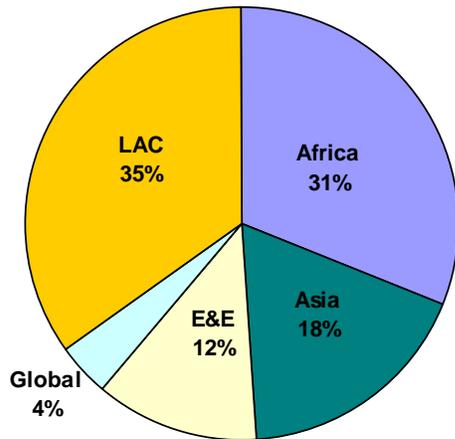
Country	AO	IR1	IR2	IR3	IR4	IR5	Total
Africa							
Africa Bureau							
Botswana			2	2		1	5
DR Congo			1		1		2
Ghana						1	1
Kenya	1	2	7	5	2	2	19
Madagascar							
Mali		5	4	1	1	2	13
Mozambique		12	1		2	1	16
Namibia							

Overview of Project Achievements and Results

RHAP						1	1
Rwanda						2	2
Senegal							
South Africa	1	3	3	2	1	3	13
Tanzania		3	11	2			16
West Africa Region		4				1	5
Asia and the Near East							
ANE Bureau			2				2
China	1	1	3	4		2	11
Egypt							
India							
Indonesia			1		1	1	3
Jordan	1	1	1	4	3	2	12
Mekong Region			1	1		3	5
Nepal			1				1
Vietnam	3	5	5	4	2	1	20
Yemen						1	1
Europe and Eurasia							
EECA Bureau							
Ukraine	1	19	5	1	6	5	37
Latin America and the Caribbean							
Dominican Rep.			1				1
G/CAP		6	3	1	4		14
Guatemala		11	14	1	1	2	29
Haiti							
Jamaica			4	3			7
LAC Bureau			1	2	2		5
Mexico	2	5	15	6	2		30
Peru	1	9	3	4	3	4	24
Global			8	5		1	14
Total Results	11	86	97	48	31	36	309
Total Countries	8	14	23	17	14	19	28

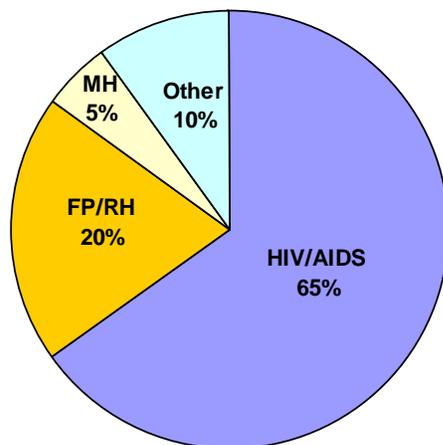
Regionally, Latin America and the Caribbean and Africa each contributed roughly one-third of the results, with 35 percent and 31 percent, respectively. Asia and the Near East contributed 18 percent of the results, 12 percent were from Europe and Eurasia (Ukraine only), and 4 percent were from global activities (see Figure 2).

Figure 2. Distribution of Results by Region, 2005–2008



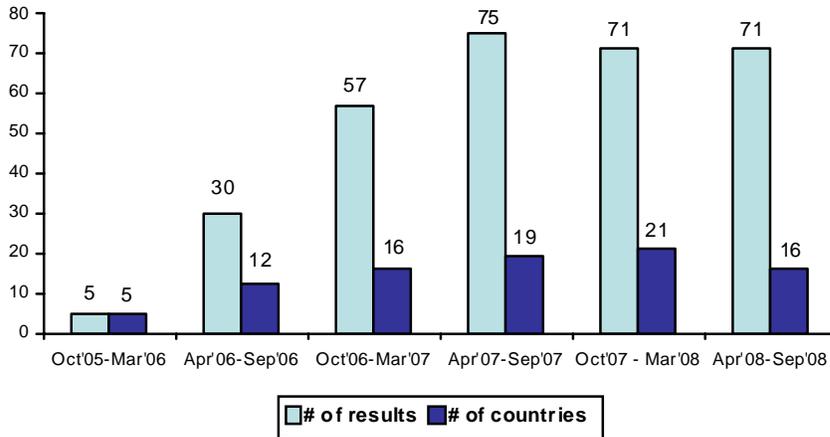
Over the past three years, HIV/AIDS activities have accounted for 65 percent of the results, FP/RH for 20 percent, maternal health for 5 percent, and 10 for other health interventions areas (see Figure 3).

Figure 3. Distribution of Results by Topic Area, 2005–2008



Over the life of the project, the number of results that have been reported has increased steadily over time (see Figure 4).

Figure 4. Results Reported per SAR, 2005–2008



Since HPI’s inception, 61 policies have been adopted: 36 in Africa, 18 in LAC, 5 in Eastern Europe (Ukraine), and 2 in Asia and the Near East. More than half of these policies (34) were workplace policies developed by the private sector, NGOs, and some governmental bodies. Governments also developed laws (11), strategic plans or guidelines (12), and decrees (4). More than three-fourths (78%) of these policies, strategic plans, or guidelines focused on HIV prevention and control; 13 percent pertained to FP/RH, and the remaining 8 percent addressed other health programs, such as MH, TB, and general health.

In support of health policy-related work, HPI and/or its local partners have leveraged more than US\$121 million from local and international development partners, including national governments, private foundations, the World Bank, and communities. Of the funds leveraged, 62 percent funds were for HIV/AIDS programs, 30 percent were for TB programs, and about 3 percent for FP/RH and maternal health programs combined.

Table 2 shows HPI’s progress toward achieving contractual targets for results. Nine of the 13 targets have already been met or surpassed. Targets for IR2, IR4, and IR5 have been exceeded, while all of IR1 targets are expected to be achieved by the next reporting period. Of the five results levels (IR1-5), IR3 remains the most challenging. Only 15 percent of all the results achieved to date involved the more effective and equitable allocation of resources (IR3). One explanation of this is that HPI’s efforts in this area focus on strengthening the country’s capacity in advocacy, policy formulation, and use of data for evidence-based decisionmaking. These efforts take time and do not immediately culminate in increased or re-allocated resources.

Table 2. Progress Toward Contract Targets for Results (as of September 30, 2008)

Level	# of Indicators Required	Target	Achieved	Target Met/Exceeded
AO	4 of 5 IRs	8 countries	7 countries	
IR1	At least 1	12 countries	14 countries	√
	At least 2	10 countries	9 countries	
	At least 3	5 countries	7 countries	√
IR2	At least 1	12 countries	24 countries	√
	At least 2	10 countries	13 countries	√
	At least 3	5 countries	8 countries	√
IR3	At least 1	12 countries	17 countries	√
	At least 2	10 countries	5 countries	
	At least 3	5 countries	0 countries	
IR4	At least 1	12 countries	14 countries	√
IR5	Data used (5.2)	12 countries	14 countries	√
	Tool applied (5.1 or 5.3)	5 countries	15 countries	√

Eight countries—China, Kenya, Jordan, Mexico, Peru, South Africa, Ukraine, and Vietnam—have improved the enabling environment for health, mainly by achieving results in four of the five IRs in the same substantive area (the requirement to achieve AO3) (see Table 3). Three countries—Kenya, Mexico, and Vietnam—were able to demonstrate contributions to an improved enabling environment through use of a documented instrument (the requirement for AO1). Vietnam is the only country that has thus far met the requirement for AO2—instances of policies implemented, resources allocated, and evidence of resources used in relation to the same policy.

Table 3. Countries Achieving AO Results

Country	AO1	AO2	A03	Total
China: HIV			1	1
Kenya: HIV	1			1
Jordan: FP/RH			1	1
Mexico: HIV	1		1	2
Peru: FP/RH			1	1
South Africa: HIV			1	1
Ukraine: HIV			1	1
Vietnam: HIV	1	1	1	3
Total	3	1	7	11

During this reporting period, three countries—Kenya, Vietnam, and Jordan—made contributions to an improved enabling environment (AO). The following section highlights their results.

ACTIVITY OBJECTIVE: Improved enabling environment for health, particularly FP/RH, HIV/AIDS, and maternal health

AO.1: # of countries that show an improvement in the policy environment using a documented instrument

- Kenya’s HIV policy environment score improved after it restructured its National AIDS Control Council, developed national guidelines for Greater Involvement of People Living with HIV, and engaged civil society organizations in policy discussions.** HIV prevalence in Kenya has declined dramatically in recent years. In 2006, sentinel surveillance data showed a 5.1 percent prevalence rate among adults—half the 1997/1998 rate of 10 percent. Kenya’s HIV policy environment was an important factor in turning the tide of the epidemic. Kenya’s 2008 UNGASS Report—submitted on May 20, 2008—showed significant (10–30%) improvement in Kenya’s HIV policy environment using the National Composite Policy Index (NCPI). (The NCPI is compiled from stakeholders’ responses to a standard questionnaire developed for reporting to UNGASS. It measures four key policy intervention areas: political support; policy support; human rights, stigma and discrimination, and civil society engagement.) Kenya’s overall rating in political support rose from a score of five out of 10 in 2005 to seven in 2007. Efforts to implement policies, laws, and regulations that promote and protect human rights in relation to HIV also rose from five to seven between 2005 and 2007. While this change is a result of numerous concerted actions involving multiple actors and stakeholders, HPI’s efforts were instrumental in bringing about this improvement in Kenya’s policy environment. For example, HPI assisted the National AIDS Control Council (NACC) with decentralizing its structures and improving its leadership and coordination capacity to help it cope with the rapidly expanding number of stakeholders. Restructuring the NACC enhanced the participation of stakeholders at all levels. The project also provided financial and technical support to civil society organizations (CSOs) and networks of people living with HIV (PLHIV), which have established additional groups and fostered increased involvement of PLHIV in the country’s HIV response. HPI developed national GIPA (Greater Involvement of People Living with HIV) guidelines to support PLHIV engagement and strengthened the capacity of CSOs to engage in central policymaking bodies and processes such as the Joint AIDS Program Review and the Inter-Agency Coordination Committee of the NACC. The project’s strengthening of PLHIV networks and CSOs has increased their visibility and enhanced recognition of the rights of PLHIV and other vulnerable populations.
- Vietnam raised its HIV policy environment scores after it adopted a national law on HIV/AIDS prevention and control, approved guidelines on treatment and palliative care, established an advisory committee, and involved CSOs and PLHIV networks in HIV/AIDS programs.** Since 2005, Vietnam’s HIV policy environment has improved significantly, as reflected in the country’s improved National Composite Policy Index score. The index, included in the country’s May 2008 UNGASS report, measures four key policy intervention areas: political support; policy support; human rights, stigma, and discrimination; and civil society engagement. Between 2005 and 2007, Vietnam improved in all categories: the NCPI score for political support increased from nine to 10; prevention efforts increased from seven to eight; civil society participation increased from seven to eight; and efforts to enforce existing policies, laws, and regulations increased from six to seven. While this change is a result of numerous concerted actions involving multiple actors and stakeholders, HPI has played a key role in improving Vietnam’s policy environment. The project helped to draft several key policies and guidelines that support equitable access to high-quality HIV services. These include the country’s first HIV law, the Law on HIV/AIDS Prevention and Control,

enacted in June 2006; detailed implementation guidelines for the law, adopted in June 2007; as well as national guidelines on antiretroviral (ARV) and OI treatment, palliative care, and methadone maintenance treatment—a critical element of prevention in a country where injecting drug use is the main route of HIV transmission. HPI also helped to establish the National Task Force on Harm Reduction, a permanent multisectoral body charged with advising on the expansion and coordination of resources and programs to address prevention and treatment gaps. HPI has fostered civil society involvement by providing technical and financial support for CSOs and PLHIV networks. HPI's support has enabled them to mobilize US\$112,800 in additional funding and actively engage in policy dialogue. HPI facilitated the formation of the first positive women's group—the Vietnam Positive Women's Network—in February 2008. The project also helped establish the first HIV legal clinic and hotline, which provide legal advice and assistance to PLHIV and others affected by HIV. As of August 2008, four additional legal clinics had been established around the country. One example of the growing strength of civil society engagement is that, in 2008, the government gave civil society representatives and NGOs the opportunity to contribute to the country's UNGASS report for the first time. As a result of changing policies and greater civil society engagement, Vietnam's HIV policy environment is now more inclusive and more responsive to stakeholders' needs.

AO.2: # of instances of policies implemented, resources allocated, and evidence of resources used in relation to the same policy

- **After passage of a national HIV/AIDS law, Vietnam allocated US\$9 million for HIV programs in 2007 and increased spending for marginalized groups.** The first case of HIV in Vietnam was detected in December 1990. In 2006, the Ministry of Health (MOH) estimated that there were 280,270 PLHIV in the country. Although the HIV epidemic has spread to all 64 provinces in the country, with 95 percent of districts and more than half of communes affected, the epidemic remains concentrated in urban settings and among most-at-risk populations (MARPs), including injecting drug users (IDUs), sex workers (SWs) and their clients, and men who have sex with men (MSM).

As a result of the focused and coordinated advocacy efforts carried out by local groups with support from HPI and other national and international stakeholders, Vietnam's HIV policy environment has become considerably more enabling over the past three years. In June 2006, the government passed the first national HIV law—the Law on HIV/AIDS Prevention and Control. The law, which came into effect on January 1, 2007, is the highest legislation addressing HIV in Vietnam. It outlines a detailed and extensive set of legal measures—including clear guidelines guaranteeing PLHIV's right to confidentiality and access to services; support for implementation of drug substitution treatment; and free access to HIV treatment for children. A governmental decree issued on June 26, 2007 (decree 108/2007 ND-CP) created the legal corridor necessary to implement the law. An inter-ministerial circular between the Ministry of Health and the Ministry of Finance allocated more than US\$9 million for HIV for 2007. This represents a 58 percent increase from the 2004–2005 period. According to the government, these resources have also been used more effectively and equitably. One example is Ho Chi Minh City (HCMC), where authorities revised the targets in their HIV/AIDS strategic action plan and increased spending for marginalized groups from over 1 billion dong (US\$59,364) in 2005 to almost 22 billion dong (US\$1,306,026) in 2007, a twenty-fold increase over a two-year period. This shift in spending better reflects the nature of the epidemic and will increase equity and effectiveness in the response to HIV in HCMC.

HPI was instrumental in providing technical and financial support to the Vietnamese Government in drafting both the Law on HIV/AIDS and the implementation decree (108/2007 ND-CP). The project helped to inform and support discussions with the Ministry of Justice and implemented activities to monitor the scope and quality of public spending on HIV.

Improved resource allocation and strategic planning through robust and coordinated data collection, analysis, and sustainable, evidence-based decisionmaking are key elements in ensuring an effective, sustained response to HIV in Vietnam. By showing leadership in implementing key policies, allocating substantial resources, and using them equitably, the Vietnamese government has shown its political commitment to combating HIV. Also, by responding to the advocacy efforts of key national and international stakeholders, the Vietnamese government has shown increased commitment to accepting feedback from communities in designing, implementing, and evaluating policies that affect their lives.

AO.3: # of countries where results are achieved in at least 4 of the 5 IRs in the same substantive area

- Jordan has improved the policy environment for HIV by reducing barriers to access to treatment, mobilizing resources, fostering multisectoral engagement, and ensuring the use of data in decisionmaking.** The government of Jordan has been attempting to develop a comprehensive approach to HIV policy formulation and implementation for some time, but its technical capacity and resources have been limited. In recent years, with HPI's assistance, the government has made significant progress in fostering an enabling HIV policy environment. The project has helped the government address barriers to treatment access for PLHIV, mobilize resources for HIV treatment, strengthen multisectoral coordination, and engage a new sector—PLHIV—in the policymaking process. HPI has also trained key government staff in the Policy Circle methodology.

Building on the work of HPI's predecessor, the POLICY Project, HPI helped the government form a multisectoral committee to identify solutions to HIV-related issues. Creation of the committee, which comprises government representatives, NGOs, and CSOs, marked a significant shift in the government's views, as it had not previously recognized multisectoral coordination as a viable strategy for addressing HIV. With support from HPI, the committee used the Policy Circle methodology to identify three priority issues—the high cost of medications, distrust of healthcare facilities among PLHIV and other vulnerable groups, and the need for policies to address HIV-related stigma and discrimination—and formed three multisectoral task forces to deal with them. These task forces then reached out to PLHIV, inviting them to attend deliberations. This was the first time that PLHIV had been engaged in the HIV policymaking process in Jordan. HPI helped PLHIV prepare for their participation and trained them in advocacy. HPI has continued to help PLHIV build their capacity to advocate on HIV issues through a series of workshops, including hosting two ANE Bureau-funded workshops at which the first regional PLHIV network was formed.

In May 2007, HPI galvanized price reduction negotiations between the Jordanian government and two pharmaceutical companies—GlaxoSmithKline and Abbott—by discovering a discrepancy between the quoted price of drugs on the companies' website and the prices being charged. As a result, the government was able to secure major reductions in the price of ARV drugs Combivir and Kaletra. In the same month, the MOH amended the national health scheme to include coverage for medications for opportunistic infections (OIs), eliminating a major barrier to treatment for PLHIV and, at the same time, illustrating the increasing commitment of policymakers to addressing HIV-related stigma and discrimination. HPI helped to facilitate this reform by conducting a legal and regulatory analysis of the National HIV/AIDS Strategy that identified the gap in insurance coverage of OI treatment as a priority for reform. The project's support has enabled the government to improve implementation of its National HIV/AIDS Strategy by fostering multisectoral coordination and has helped raise awareness of HIV-related stigma and discrimination and generate commitment to their reduction.

C. SAR Results (April 1 to September 30, 2008)

For the period from April 1, 2008 to September 30, 2008, HPI achieved 72 results in 16 country or regional programs; 48 of these results were in the area of HIV/AIDS, 20 pertain to FP/RH, three relate to maternal health, and one relates to malaria.

Table 4. SAR Results by Country, April 1, 2008 to September 30, 2008

Country	AO	IR1	IR2	IR3	IR4	IR5	Total
Africa							
Botswana				√			1
DR Congo					√		1
Kenya	√	√	√√				4
Madagascar							
Mali		√√	√√				4
Mozambique		√√√√√√	√				7
RHAP							
Rwanda							
Senegal							
Tanzania		√√	√√√√√√	√			9
Asia and Near East							
ANE Regional			√√				2
India							
Indonesia			√		√		2
Jordan	√		√	√		√	4
Mekong Region			√	√		√√	4
Vietnam	√√		√√				4
Yemen							
Latin American and the Caribbean							
LAC Bureau							
Dom. Republic			√				1
Guatemala		√√√√√√	√√√√√√	√		√	13
G/CAP		√√√√√√			√√		7
Jamaica							
Mexico		√	√√√√√√	√	√		8
Global						√	1
Total Results	4	23	29	6	5	5	72
Total Countries	3	7	12	6	4	4	16

The following pages present the results in more detail for April 1, 2008–September 30, 2008. Results are presented according to the HPI results framework and accompanying indicators. The results reflect significant achievements in improving the enabling environment for FP/RH, HIV, MH, TB, and AI programs and services.

IR1: Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice

1.1 # of national/subnational or organizational policies or strategic plans adopted that promote equitable and affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information

- **Large transnational company adopted an HIV workplace policy, provided information and free condoms, and promoted peer education.** The Companhia do Pipeline Moçambique – Zimbabwe, Lda. (CPMZ) is the company that manages the pipeline connecting Mozambique and Zimbabwe via Beira Port in Mozambique’s Sofala Province. CPMZ employs 250 people in Sofala, which has an extremely high HIV prevalence rate (23% among adults). The Industrial and Commercial Association of Sofala Province (ACIS in Portuguese) is a local affiliate of EcoSIDA, a national coalition of companies working to foster a stronger private sector HIV response in Mozambique. In March 2007, HPI trained members of ACIS, including a representative of CPMZ, on designing workplace HIV policies using HPI’s Workplace Policy Builder software. Subsequently, CPMZ used the software to design an HIV policy, which it adopted on August 22, 2007. The policy guarantees equal opportunity for applicants and employees regardless of HIV status and affirms employees’ right to privacy and confidentiality. It protects HIV-positive employees who become ill from losing their positions. In addition to facilitating the March 2007 workshop and providing technical assistance for drafting the policy, HPI helped facilitate its approval by company leadership and its endorsement by the relevant trade union. CPMZ has posted copies of the policy prominently at entrances and in common areas together with an explanation of the rights and protections provided under law 5/2002, Mozambique’s new national HIV law. CPMZ is also promoting HIV prevention by providing literature and pamphlets with basic HIV information, making free condoms available in employee restrooms, and promoting peer-to-peer education. As a result of CPMZ’s new policy, employees will have a better understanding of their rights under the new HIV law, as well as better access to prevention information and services.
- **Agro-industrial company in Mozambique adopted an HIV workplace policy and made a commitment to provide educational materials, VCT, and ART.** Grupo Madal S.A.R.L (Madal) is a large, internationally owned agro-industrial company based in Mozambique’s Zambezia Province, where HIV prevalence is 19 percent among adults. Most of Madal’s workers live around or in the plantation area. As a result, the company’s actions directly affect nearly 50,000 people in the area. Prior to HPI assistance, Madal had begun implementing HIV prevention activities without having a formal workplace policy. Madal requested HPI’s assistance in drafting a policy in February 2008, and the project subsequently held a three-day workshop for Madal representatives. Participants used HPI’s Workplace Policy Builder software to prepare a draft HIV workplace policy, which was submitted to the company for review on April 29. Madal announced the new policy to its workforce on May 1 (International Labor Day) to complement its Labor Day event, which also included VCT. The company officially approved the policy on May 5. The policy forbids discrimination on the basis of HIV status and affirms employees’ right to confidentiality—which will prevent forced testing or resignations. Because many of Madal’s employees are illiterate, the company has adapted prevention materials to meet their needs. In the future, the company plans to assist employees living with HIV by supporting the provision of food baskets and ART. Given the company’s influence in the community, the new policy and its implementation could help reduce stigma and discrimination and decrease the number of new HIV infections.

- Guatemalan Congress passed a law penalizing violence against women after spirited advocacy from women’s groups.** During 2007 and between January and April of 2008, 690 women suffered violent deaths in Guatemala. In response, women’s groups, including the Women’s Peace Building Network (REMUPAZ) have been advocating for the passage of a law that addresses murder and other forms of violence against women. On April 9, 2008, the Guatemalan Congress approved the Law Against Femicide and Other Forms of Violence Against Women. The objective of this law is to establish and enforce legal regulations designed to eradicate physical, psychological, sexual, and economic violence against women. The law also strengthens the legal framework supporting family planning because it includes a partner’s refusal to use FP methods in the definition of sexual violence. HPI and its predecessor, the POLICY Project, have supported REMUPAZ since its creation in 2000, including the provision of at least one training workshop every year. Most recently, HPI trained REMUPAZ in advocacy and political dialogue at a workshop held April 26–28, 2007. The project also assisted the organization with positioning violence against women on the public agenda, specifically providing support for the development and implementation of a media and legislator advocacy timeline. HPI, together with REMUPAZ and the Congressional Women’s Commission, also organized meetings to analyze three proposed versions of the law and to draft the final, approved version. The law demonstrates Guatemala’s commitment to preventing violence against women and provides a legal framework around which women’s health advocates can organize.
- In Tanzania, 18 mass media companies adopted workplace HIV policies to reduce stigma and discrimination and promote access to HIV information and services.** The mass media play a key role in promoting public awareness on HIV in Tanzania by sensitizing leaders and mobilizing communities to act against stigma and discrimination of PLHIV. It is therefore important that media houses provide an enabling environment for their own staff, particularly HIV-positive employees. With HPI’s assistance, 18 media houses developed and adopted workplace HIV policies in September 2008. The policies aim to reduce HIV-related stigma and discrimination in the workplace by increasing employees’ awareness and promoting access to HIV information and services. Adoption of the workplace policies occurred after HPI—in collaboration with the AIDS Business Coalition of Tanzania (ABCT) and the Association of Journalists Against AIDS in Tanzania (AJAAT)—trained 44 human resource officers and coordinators and 42 peer educators from various media houses on HIV, peer education, and workplace policy development. By strengthening journalists’ awareness and knowledge of HIV, the workplace policies launched by the media houses will enhance media professionals’ understanding of HIV issues and improve the overall quality of HIV-related reporting. They will serve as a foundation for sustainable workplace HIV programs that will benefit a growing number of employees.
- Christian and Muslim councils in Tanzania approved guidelines on stigma and discrimination and affirmed religious leaders’ role in addressing HIV-related issues.** Although many religious organizations in Tanzania have responded to the HIV epidemic by encouraging prevention and providing care and support to those affected, HIV-related stigma and discrimination persist. To address this problem within their religious communities, the Christian Council of Tanzania (CCT) and the Muslim Council of Tanzania (BAKWATA) approved guidelines on stigma and discrimination in August 2008. The guidelines cover employment issues, the needs and rights of HIV-positive individuals within their institutions, and religious leaders’ role in reducing stigma and discrimination. They emerged from a series of trainings conducted by HPI, in which about 300 religious leaders were trained in stigma and discrimination, HIV prevention, treatment, and care. HPI helped the two religious organizations form a technical committee to craft the guidelines and provided financial and technical support. The guidelines produced by the committee were subsequently adopted by both organizations and will guide the plans and actions of CCT and BAKWATA member churches and mosques. Given the importance of religion and the influence of

religious leaders in Tanzanian society, the adoption of these guidelines is a crucial step forward in reducing stigma and discrimination in Tanzanian society.

- **Major union confederation in Mozambique adopted an HIV workplace policy that mandates provision of HIV prevention services to its employees.** In 1998, Mozambique established a Confederation of Independent and Free Unions (CONSILMO) to represent workers engaged in construction, mining, transportation, and tourism. The union’s principal objectives are to organize and support actions that advance workers’ interests and to promote the organization of women workers to win specific work rights and protection. On September 10, 2008, CONSILMO approved a new workplace HIV policy, which mandates the provision of HIV prevention services to its employees. The policy calls for member trade unions to implement prevention activities and to encourage their employees to seek HIV testing and counseling services. In February 2008, HPI trained CONSILMO in the design of workplace HIV policies using the Workplace Policy Builder. The training was attended by several delegates of member trade unions. Subsequently, HPI provided technical assistance to CONSILMO to enable members to reach internal consensus for approval of the policy. The workplace policy adopted by CONSILMO enables its employees to receive prevention services and is likely to motivate affiliated trade unions and companies to develop their own workplace policies and to initiate HIV prevention activities in the workplace.
- **In Mozambique, the Ministry of Transport and Communication approved a policy providing HIV information and prevention and treatment services to all its employees.** The Ministry of Transport and Communication is a major employer in Mozambique and is responsible for expanding and maintaining the country’s road infrastructure. It also coordinates the transport portfolio of the Southern African Development Community (SADC)—of which Mozambique is a member. The ministry approved its workplace HIV workplace policy on July 31, 2008. The policy calls for the provision of HIV information and prevention and treatment services to all ministry employees. The ministry is already implementing prevention, mitigation, and mobile treatment activities for its workforce and is conducting community outreach activities. HPI’s predecessor—the POLICY Project—provided technical assistance to the ministry in 2005 to create a workplace HIV policy. Unfortunately, changes in the government delayed approval of the policy, as the new leadership had to be engaged and familiarized with the policy. The policy was finally approved and adopted three years after the first draft was developed. The workplace HIV policy adopted by the Ministry of Transport and Communication will provide HIV prevention services to its many employees. It will also motivate other ministries to develop similar policies and implement the country’s labor legislation, law 5/2002, which outlaws HIV-related discrimination in the workplace.
- **The Mexico City Chamber of Deputies passed a law to mitigate discrimination against transgendered people in order to facilitate their access to health services.** Transgendered MSM in Mexico are particularly stigmatized and discriminated against. As a result, they often delay seeking healthcare services, hide their status, and receive sub-standard services. This group is therefore highly vulnerable to HIV transmission. On August 29, 2008, the Mexico City Chamber of Deputies passed a law allowing transsexuals, transgenders, and transvestites to change the gender on their birth certificates. The law’s passage is due, in large part, to the efforts of HPI-trained and -supported activists working to eradicate discrimination against transgenders in Mexico City. Specifically, HPI provided technical assistance in advocacy and legal reform to the activists who were engaged in this process, including Jeso Davenport, transgender activist, and Carlos Garcia de Leon, former HPI consultant, who helped secure passage of the law. The new law will increase transgendered individuals’ access to healthcare services, including HIV services, and will increase their willingness to seek healthcare.

- Kenya’s Ministry of Health adopted guidelines to improve the quality of care and efficiency of services in public hospital wards in order to qualify for increased insurance reimbursements.** Public hospitals in Kenya operate three categories of wards—general, amenity, and private. Patients in private wards pay all expenses themselves, whereas patients in amenity wards either pay out-of-pocket or from the National Health Insurance Fund (NHIF). Higher quality, better-staffed, and more spacious facilities receive higher NHIF refunds. Accordingly, public hospitals try to improve their facilities to receive higher refunds. Despite this, a lack of uniform national standards for amenity wards has resulted in inconsistent quality of services, staffing levels, equipment, and capacities and has hindered amenity wards’ ability to secure NHIF refunds. In May 2006, the MOH’s Division of Health Care Financing (DHCF)—which manages funds collected by public hospitals—and the NHIF requested support from HPI in addressing these issues. They established a MOH task force led by HPI and comprising representatives from DHCF, NHIF, provincial general hospitals, and selected high-volume hospitals to design uniform national guidelines for amenity wards. HPI provided technical assistance and coordinated key actors in the review of existing guidelines and research, consultations, deliberations, formulation, and production of the guidelines. In February 2008, the MOH approved and adopted Guidelines for the Establishment and Operation of the Amenity Wards in Public Hospitals. The guidelines provide greater clarity on the establishment and operation of general and amenity wards in public hospitals and will empower hospitals to negotiate with NHIF for rebates. The guidelines will also contribute to improved efficiency, effectiveness, and quality of service in amenity wards, enabling these facilities to qualify for increased NHIF reimbursements in the future.
- Panama adopted a National HIV/AIDS Policy with a focus on HIV prevention, comprehensive care, the protection of human rights, and community participation.** Until recently, Panama did not have a public policy specifying an integrated and coordinated response to the country’s HIV epidemic, which has been concentrated primarily among the indigenous population. At a public ceremony in July 2008, the Minister of Health, Dr. Rosario Turner, and other government officials presented the National HIV/AIDS Policy, which asserts the government’s determination to provide an integrated response to the epidemic. The policy consists of regulations and directives designed to create a coherent national response from a human development perspective. It provides a framework for multisectoral coordination and respect for human rights by outlining an agenda based on national legislation and international agreements currently in force. The policy’s primary components focus on HIV prevention, comprehensive care, the protection of human rights, and community participation. HPI supported the MOH in crafting the policy by identifying key actors and mapping sectors involved in the national HIV response; holding workshops for the development, review, and validation of the policy; and organizing meetings to ensure government approval and adoption of the policy. In addition, the project funded the editing and publication of the final document. The policy will serve as a surveillance instrument for civil society, government agencies, and international organizations to monitor the implementation of actions designed to prevent the spread of HIV and mitigate its impact. It will also help ensure government budget outlays to state entities responsible for implementing these actions. [G/CAP]
- Guatemala’s Congress passed a resolution declaring maternal health to be a national emergency, demanding that the Ministry of Public Health take immediate action to reduce maternal deaths, and reaffirming the law on funding for RH programs.** The maternal mortality ratio in Guatemala is 153 deaths among pregnant women per 100,000 live births, primarily affecting indigenous women in rural areas. Twenty years ago the government declared that a reduction in this indicator was a priority. However, multiple administrations have not responded effectively or achieved the desired impact. On July 23, 2008, Guatemala’s Congress issued Resolution 17-2008, declaring maternal health to be a national emergency. In its resolution, Congress ratified all of the executive’s legal instruments, such as the social development law, the FP law, and the law on specific funding for RH programs. These laws unite and promote effective action for RH care and safe

motherhood to prevent deaths during pregnancy, delivery, and post-delivery. HPI provided Congresswoman Zury Rios Montt de Weller with information on the country's RH situation and the related policy environment. The Congresswoman subsequently collaborated with political groups to secure their approval of the safe motherhood resolution. The resolution demands that the Ministry of Public Health promote effective and immediate actions to reduce maternal mortality.

- **Guatemala's clothing and textile industry, which represents 300 assembly businesses, agreed to educate workers on HIV prevention and assist HIV-positive workers.** In Guatemala, private sector businesses lack workplace HIV policies. Addressing the issue has been a great challenge for the Foundation of Business Owners Committed to HIV (FUNDEC-VIH), which has promoted the issue among business associations. One of those associations is the Clothing and Textile Commission (VESTEX), which has approximately 300 member assembly businesses in Guatemala. On July 24, 2008, VESTEX and FUNDEC-VIH established an agreement to promote the reduction of HIV-related stigma and discrimination in the clothing and textile industry in Guatemala. This agreement states the commitment of both parties to inform and educate workers on HIV transmission, as well as to provide support and assistance to HIV-positive workers. In addition, the agreement specifies the willingness of VESTEX to promote the establishment of workplace HIV policies among affiliated businesses. HPI fostered the creation of FUNDEC-VIH and supported the group's periodic meetings to (1) motivate businesses to adopt appropriate labor policies, (2) involve business associations in the HIV response, and (3) promote key actions to reduce the impact of the epidemic in the private sector. HPI prepared the agenda and organized logistics for the meeting, during which the agreement was signed. As a result of this effort, 300 assembly businesses in Guatemala will open their doors and receive technical assistance for the adoption of workplace HIV policies.

1.2 # of instances in which a formal implementation or operational directive or plan is issued to accompany a national/subnational or organizational policy

- **Mali's Ministry of Health formed a multisectoral advisory group and developed a Guide on Constructive Engagement of Men in Reproductive Health.** In Mali, the modern contraceptive prevalence rate is low, and maternal and neonatal mortality rates are high. Despite men's central role in families' health decisionmaking, they are rarely included in RH programs. Women's RH needs are often prioritized, despite men's need for information and services related to family planning and their own reproductive health. On March 1, 2007, the Reproductive Health Division of the Ministry of Health, together with HPI, organized a multisectoral technical meeting on constructive men's engagement (CME) in reproductive health to inform and support the National Reproductive Health Strategy. The multisectoral group of stakeholders comprised executives from the Ministry of Health and other ministries, CSOs, and religious leaders. At the end of the meeting, the group created a 10-member subcommittee to draft a national guide to addressing CME. On January 8, 2008, the subcommittee completed the guide, "Constructive Engagement of Men in Reproductive Health." By collaborating to develop the national CME guide, the stakeholders have acknowledged the importance of changing gender norms by engaging men in RH programs and have made a firm commitment to implement appropriate strategies in their own programs. Together, the guide and the committee's multisectoral support will facilitate increased efforts to engage men in RH programs.
- **Mozambique's Ministry of Health approved guidelines regulating all HIV testing and counseling services in order to ensure high-quality services.** Until recently, Mozambique did not have formal regulations or guidelines governing the provision of VCT services. Given the country's high HIV prevalence rate—18 percent of adults, based on sentinel surveillance data—the availability of high-quality VCT services is a critical component of the national HIV response. On May 28, 2008, the Minister of Health approved guidelines regulating all HIV testing and counseling services provided in Mozambique. The regulations are consistent with international best practices for VCT,

protecting confidentiality, and prohibiting discriminatory practices. They clearly outline the roles of various ministries and service providers and establish criteria for the licensing and accreditation of VCT providers. The guidelines were developed by a task force including representatives from the MOH, the National AIDS Council, UNAIDS, and HPI. They will regulate all counseling and testing services—whether they are provided by public sector entities, NGOs, or international organizations. In addition to providing direct technical assistance for developing the guidelines, HPI helped draft an action plan that outlined the process for formulating regulations and recommended legal experts to assist the task force. The new regulations will contribute to the provision of high-quality VCT services in Mozambique by establishing a standard of care that protects patient confidentiality and reduces stigma and discrimination.

- **After priority-setting and consensus-building discussions, El Salvador and Panama developed detailed HIV/AIDS operational plans, based on their national HIV/AIDS strategies.** The national HIV/AIDS programs in El Salvador and Panama coordinate the actions of various sectors to facilitate an integrated and effective national response to the epidemic. Both programs are governed by national HIV/AIDS plans—the El Salvador National HIV/AIDS Strategic Plan, approved in 2005, and the Panama Strategic Multisectoral HIV/AIDS Plan, approved in 2006. Implementing these plans, however, requires detailed operational plans. With HPI support, the directors of the national HIV/AIDS programs adopted such plans on April 11 and April 22, 2008, respectively. The operational plans defined specific activities to be implemented each year by different sectors. HPI supported the development of these plans by facilitating meetings with representatives of the various sectors involved in the national HIV response. During these meetings, participants set priorities for activities based on the objectives set forth in the overarching national strategic plans. HPI helped participants draft specific plans to meet these objectives. Following the meetings, the project worked with the national HIV/AIDS programs to devise the operational plans. The approved operational plans will enable El Salvador and Panama to more effectively coordinate the efforts of various sectors, leading to a more comprehensive national HIV response in both countries. The plans will also improve monitoring and oversight by providing specific benchmarks that can be used to track progress. [G/CAP]
- **In southwest Guatemala, a network of organizations developed an operational plan to guide its educational and advocacy work to reduce stigma and discrimination against PLHIV.** The Southwestern Network comprises PLHIV, religious organizations, NGOs, and human rights organizations operating in the southwest region of Guatemala. Until recently, the network lacked an operational plan to guide its efforts. On April 1, 2008, the Southwestern Network’s Board of Directors approved an operational plan for 2008. The document outlines the network’s actions in support of achieving one of the objectives laid out in Guatemala’s 2006–2010 National HIV/AIDS Strategic Plan—to generate a favorable environment for PLHIV. The network’s operational plan identifies educational and promotional activities to help reduce stigma and discrimination against PLHIV. It also describes how the network will organize itself to coordinate members’ efforts and advocate that local authorities provide prevention information, treatment, and support services that are free of stigma and discrimination. From March 27–28, 2008, HPI held a workshop with the Southwestern Network to familiarize it with the national HIV plan and the role of civil society organizations with carrying out the plan. The network decided to define strategies for compliance using forms that HPI staff helped design based on the project’s experience assisting El Salvador and Panama in drafting operational plans for their national HIV strategies. Later, HPI reviewed the network’s final operational plan and provided feedback. The plan will help the network organize more effectively, enhance its impact, and thereby support a more comprehensive national HIV response. A comprehensive response will benefit the residents of the southwest region by improving access to high-quality HIV information and services. [G/CAP]

- Mali's Minister of Health signed administrative regulations to support the implementation of Mali's reproductive health law, paving the way for greater access to high-quality RH services.** Repositioning family planning in Francophone Africa has entailed working with parliamentarians to adopt legal-regulatory reform agendas. This work included development of a model RH law (in 1999 under the POLICY Project) and the production of two guides: Guide to Legal-Regulatory Reform in Francophone Africa and the Parliamentarians Manual for Translating RH Laws into Practice. Eight countries in Francophone Africa have already adapted and adopted the model RH law. For the RH law to be effective, however, it must be implemented. On January 14, 2008, the Minister of Health of Mali signed several *textes d'applications* (administrative regulations) that translate the RH law—which was adopted in Mali in 2002—for implementation. These regulations provide the directives on how the law will be applied (e.g., for the procurement of approved contraceptives). The regulations were passed due to the advocacy efforts of the Parliamentarian Network for Population and Development (REMAPOD), which has received both financial and technical support from HPI. HPI provided the network with a small grant and involved a former Malian parliamentarian in developing the guide and the manual. This individual, a member of REMAPOD, was instrumental in securing the approval of the regulations. Signing of the regulations is a necessary step in ensuring that the RH law in Mali is applied, thereby ensuring that Malian women will have access to high-quality RH services.

1.3 # of instances in which there is concrete evidence of implementation for new or existing national/subnational policies or strategic plans that promote equitable and affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information

- A Mozambique port company not only implemented its own workplace HIV policy but also began an advocacy initiative to persuade other companies to implement peer-to-peer education and VCT campaigns.** The Cornelder company operates the ports of Beira and Quelimane in Mozambique, employing approximately 250 people. With HPI support, the company created and adopted a workplace HIV policy in April 2007. The policy ensures affordable and equitable access to HIV/AIDS services by guaranteeing equal access to HIV treatment to all employees regardless of their position in the company. It also prohibits discrimination on the basis of HIV status and guarantees employees' right to confidentiality. As of June 2008, Cornelder has begun making free condoms available in employee restrooms and other areas where individual privacy is protected. Cornelder has also created and distributed prevention materials, including a leaflet providing information on condom use and the importance of being tested for HIV. In addition, Cornelder has begun providing VCT services for its employees. The company has not been content to merely implement its own policy. Rather, with support from the German NGO GTZ, it has launched an advocacy initiative to convince all companies based in Beira Port to adopt workplace HIV policies and begin implementing peer-to-peer education activities and VCT campaigns. HPI facilitated the March 2007 workshop that led to the creation of Cornelder's workplace HIV policy. The project also provided ongoing technical assistance to the company as it refined the policy for adoption and implementation.
- Guatemala created a National Multisectoral HIV/AIDS Commission to support and coordinate public and private sector HIV/AIDS programs.** Although the HIV/AIDS Law (Decree Number 27-2000) specifies that the MOH must create a National Multisectoral HIV/AIDS Commission, this commission has not remained active as the law requires. During a public event on July 22, 2008, the Minister of Health, Dr. Celso Cerezo, and the First Lady, Mrs. Sandra Torres de Colom, formalized the creation of the National Multisectoral HIV/AIDS Commission (CONASIDA) in compliance with Decree 27-2000. With the creation of CONASIDA, Guatemala is effectively enforcing Decree 27-2000, which serves as the legal framework governing the national HIV response. This commission is a national authority that will promote, support, and coordinate the actions of the public sector, civil society, and private businesses to prevent and control the HIV epidemic. CONASIDA will serve as

the highest authority on HIV matters in the country. HPI provided legal counsel to the National STI/HIV/AIDS Program to help interpret Decree No. 27-2000 in regard to the formation and operation of the commission. At the same time, HPI also promoted the importance of having a supreme authority in the country to coordinate HIV efforts. CONASIDA will coordinate an integrated national response to the epidemic, resulting in improved implementation of prevention and care programs and projects. [G/CAP]

1.4 # of instances in which a government or organization establishes or strengthens a system or mechanism that is responsible for monitoring policy implementation

- **Panama’s MOH endorsed a new HIV/AIDS monitoring and evaluation plan.** The Panama Inter-Institutional HIV/AIDS Monitoring and Evaluation Committee was established to advise the National HIV Committee (CONAVIH) and the National AIDS Program on the implementation of the National HIV/AIDS Monitoring and Evaluation Plan. The committee comprises representatives from the Health Promotion Office, the Primary Health Laboratory, the Epidemiology Department, and the Service Provision Department of the MOH; as well as participants from the Office of the People’s Advocate, the Social Security Institute, the Children’s Hospital, and the Strategic Alliance of PLHIV. The committee began meeting in January 2007 to provide input on the creation of the national monitoring and evaluation plan. However, until recently, the committee had not been formally recognized by the MOH. On June 10, 2008, the Deputy Minister of Public Health, Dr. Celso Cerezo, officially recognized the committee. One month later, the Minister of Health, Dr. Rosario Turner, officially endorsed the 2007–2010 National HIV/AIDS Response Monitoring and Evaluation Plan, which the committee had developed. HPI facilitated the creation of the committee and organized the meetings in which it developed the national M&E plan. The MOH’s official recognition of the committee gives it greater authority in its efforts to monitor the HIV situation, thus contributing to a stronger national HIV response. [G/CAP]
- **In Guatemala, the reproductive health group observatory was strengthened to better monitor RH policy implementation.** Maternal mortality is high in Guatemala, and the government has made improving maternal health a priority for the past two decades. However, the lack of universal access to FP services has been a barrier to achieving better maternal health outcomes. In 2007, HPI supported the creation of the Reproductive Health Observatory (OSAR) to monitor implementation of existing RH policies, mobilize additional funding for RH programs, and raise awareness about the importance of RH. Since its founding in March 2008, with HPI assistance, OSAR has already demonstrated its increasing strength as an oversight mechanism. In March and April 2008, the project produced informative pamphlets on maternal mortality, MH care, access to FP services, the RH funding situation, and the HIV epidemiological situation. Based on this information, OSAR prepared strategic guidelines that lay out priorities for action. In May 2008, OSAR held two public forums to bring attention to reproductive and maternal health issues, using information from these guidelines. On May 5, 2008, OSAR hosted a public forum at which it invited a renowned specialist, Dr. Agustín Conde Agudelo, to present scientific evidence regarding optimum child spacing and its relationship to maternal, child, and newborn health. Representatives from the MOH, international agencies, CSOs, and the media, as well as members of Congress, attended the event. HPI helped plan the event by developing the agenda, coordinating the participation of speakers, and assisting with logistics. On May 29, 2008, OSAR held a second forum and used information generated by HPI to publicly declare maternal mortality an urgent national issue, demand compliance with existing RH policies and laws, and urge greater investment in reproductive health. Both events received extensive media coverage, resulting in greater visibility of RH issues. Placing the MH and RH situation on the public agenda generates political pressure for improved implementation of existing RH laws and the passage of new ones. Through these forums, OSAR demonstrated its willingness to speak out publicly and its ability to influence public opinion—both of which are essential to fulfilling its mandate.

- **Costa Rica developed its first national HIV/AIDS monitoring and evaluation plan, which will set up a single national information system to track public and private HIV initiatives.** Until recently, Costa Rica had no mechanism to assess the national impact of HIV prevention, care, and control efforts because there was no standardized tool or single system for measuring, monitoring, and evaluating the national response to the epidemic. On July 24, 2008, during an official ceremony, the Minister of Health, Dr. María Luis Ávila, presented the 2007–2010 National HIV/AIDS Response Monitoring and Evaluation Plan. The National Monitoring and Evaluation Plan will help systematize, standardize, analyze, and disseminate information generated by different actors to improve decisionmaking at all levels and better respond to national and international commitments. The plan’s creation and official acceptance is secondary to the efforts of networks and organizations involved in the national response to the epidemic. HPI supported the MOH and these organizations by mobilizing key actors to design the plan, generating consensus, defining key indicators, specifying how information will flow, publishing the plan, and organizing the official ceremony to launch the plan on behalf of the respective national authority. The official plan will standardize and promote a single national information system that will enable the government, civil society, and cooperation agencies to make informed decisions, reducing the impact of the epidemic. [G/CAP]

1.5 # of instances in which steps are taken to address or remove identified barriers to equitable and affordable FP/RH, MH, or HIV/AIDS services and information

- **Guatemala adopted a national strategy to reduce barriers faced by indigenous women in accessing family planning services.** HPI conducted a study in 2007 in Guatemala, which highlighted the barriers encountered by indigenous women in accessing FP services. The main barriers were healthcare providers’ biases against indigenous women, unsuitable conditions in facilities providing FP/RH services, and inadequate information and materials. On August 4, 2008, the Ministry of Public Health, IGSS, and APROFAM—the three largest providers of FP services in the country—approved a national strategy to reduce the barriers to accessing FP services. For each barrier identified, the strategy outlines institutional actions to minimize it—such as the effective promotion of FP services, privacy, informed choice, and culturally adapted information. After completing the study, HPI arranged meetings with the organizations that participated in the study to identify ways to minimize the barriers. The project also drafted a document containing the national strategy, which was approved and disseminated among the organizations. Implementation of the strategy will contribute to a reduction in the institutional barriers and sociocultural obstacles faced by Guatemalan women, especially indigenous women.

IR2: Public sector and civil society champions strengthened and supported to assume leadership in the policy process

2.1 # of instances in which policy champions that were assisted by the project are actively engaged in policy dialogue, planning, and/or advocacy

- **Women’s health champions in the Dominican Republic formed a network and engaged political leaders in a dialogue about the importance of women’s health.** In February 2008, in the Dominican Republic, HPI conducted an advocacy and strategic planning workshop for women’s health advocates—from both NGO and government representatives. At the end of the training, the participants designed an advocacy plan to position women’s health as a priority topic on major parties’ political agendas for the presidential elections in May 2008. Following the training, 10 of the participating NGOs came together to champion women’s health issues. They formed an informal network, the “National Network for the Promotion and Defense of Women’s Comprehensive Health,”

to facilitate their advocacy efforts and convened a national forum to publicly engage the political parties in policy dialogue. Prior to the forum, several of the policy champions hosted two regional forums to involve the broader community and bring their opinions to the national forum. They also developed an advocacy document calling politicians' attention to the intersection of gender and health issues, such as the additional discrimination and hardship faced by women with disabilities and those living with HIV. They then used the document to engage major political parties to ensure their participation in the forum. In addition to the initial advocacy training, HPI provided follow-up technical assistance for planning and preparation of the events. The advocates helped to position women's health as a priority during the Dominican Republic's political transition period. The forums they held will provide benchmarks for accountability as politicians begin their program planning under the new administration.

- **Senior staff members of a large company in Mozambique persuaded other companies to develop workplace HIV policies.** Cornelder operates the ports of Beira and Quelimane in Mozambique through a government concession. The company acts as the primary port authority, with control over numerous subcontractors that provide services such as maintenance, security, and freight handling. Recently, Cornelder has been using its influential position to champion the adoption of workplace HIV policies by its subcontractors and clients. HPI assisted Cornelder with designing its own workplace policy, which it adopted on April 30, 2007. Since then, Cornelder has engaged the business sector to expand the adoption of workplace HIV policies. The company has taken a lead role in ACIS—the local arm of EcoSIDA, a national business coalition working to mobilize the private sector response to HIV. It has also launched a project with GTZ, a German NGO, to advocate that companies in the ports adopt workplace HIV policies, VCT campaigns, and peer-to-peer education activities. The Director of Cornelder has reached out to the leaders of other companies to gain their support, and Cornelder has drafted a workplan with 18 companies to help them design workplace policies. As part of this effort, the human resources manager of Cornelder—the staff member HPI previously trained in workplace policy development—has helped Port-Tech (a company that provides maintenance services at Beira port) design a workplace HIV policy using HPI's Workplace Policy Builder software; the policy was approved on April 2, 2008. Since the original training workshop, HPI has provided ongoing technical assistance to support Cornelder's efforts. As a large and influential company, Cornelder has significant sway over its subcontractors and clients. Its championing of workplace HIV policies will help safeguard the rights of PLHIV and others affected by HIV in the workplace and boost prevention efforts in the area.
- **In Guatemala, Congresswomen Zury Rios-Montt de Weller challenged the Ministry of Public Health on its implementation of the FP law, leading to an increase of US\$1.3 million in the 2008 allocation for RH programs.** In 2004, the Guatemalan Congress approved a law earmarking funds generated from the 15 percent alcoholic beverage tax for RH activities. In 2006, Congress passed the Guatemalan Family Planning Law. However, implementation of these laws has been limited. On April 15, 2008, Congresswomen Zury Rios-Montt de Weller championed the cause of implementation by formally requesting information from the Minister of Public Health on the government's compliance with the FP law. The congresswomen requested that the minister provide (1) the 2008 investment plan for funds generated by the 15 percent alcoholic beverage tax; (2) existing strategies and plans to reduce maternal mortality and unmet demand for family planning; and (3) publication of the FP law regulations—the lack of which is a major barrier to the law's implementation. HPI supported the congresswoman during meetings held to analyze the FP law and the beverage tax earmark. The project also helped identify priority actions the government should take to implement existing laws. The congresswoman then used this information to engage the Minister of Health, increasing pressure on the recently elected government to address the implementation failures. In response, the ministry sent the congresswoman details of the government's actions during its first four months in office as well as its future plans to address the

issue. Subsequently, the Ministry of Public Health allotted an additional US\$1,266,284 to the National Reproductive Health Program's 2008 budget. Requiring the ministry to provide information on its compliance with the RH legal framework has already had a visible impact and will continue to enable Congress and civil society organizations to advocate for and monitor future implementation efforts.

- **In Guatemala, after a network of indigenous organizations met with various government officials, government agencies expressed their support for improving indigenous women's access to FP/RH/MH services.** The need for expanded access is paramount: indigenous Guatemalan women are three times more likely to die from pregnancy and delivery complications than non-indigenous women, and their children are less likely to survive their first years of life. A year ago, a group of indigenous organizations receiving HPI support formed the Reproductive Health Network for Indigenous Women (RSRMI). The network's objective is to advocate for government compliance with public policies that facilitate access to FP/RH/MH services for indigenous women. Since its establishment, RSRMI has already become an active champion of indigenous women's FP/RH/MH needs. The group engaged the Social Cohesion Council, the Ministry of Health, the Indigenous Women's Office, the Presidential Office on Women, and the Inter-ethnic Studies Institute in three meetings at which RSRMI advocated for improved FP/RH/MH services for indigenous women. These meetings led to a public event on May 28, 2008, attended by CSOs, international agencies, and the media—at which several governmental organizations made declarations supporting improved access to FP/RH/MH services for indigenous women. The event received extensive media coverage. HPI trained RSRMI in advocacy and political dialogue and facilitated meetings between the network and governmental organizations. In support of the May 28 event, the project disseminated a poster on indigenous women's health, provided logistical support, and helped draft the agenda. The engagement of RSRMI as a champion for indigenous women is already placing pressure on the government to increase access to services for indigenous women in areas of the country typically characterized by exclusion, inequity, and poverty.
- **In Mali, parliamentarians visited rural health facilities to identify barriers to implementation of the 2002 RH law and persuaded the Ministry of Health to place a medical doctor in a facility serving an impoverished area.** Repositioning family planning in Mali has included working with parliamentarians on legislative reform. The Parliamentarian Network on Population and Development (REMAPOD) was formed to advocate for FP/RH priorities. On June 24, 2002, REMAPOD succeeded in getting the RH law—Law No. 02-044—approved by Parliament. The network subsequently focused its efforts on implementation of the law. To monitor implementation of the RH law, members of REMAPOD launched the initiative “parliamentarians on the path to health centers.” Funded by HPI through a small grant, this initiative involved conducting site visits to rural facilities with the aim of identifying potential barriers to implementation of the RH law. On one of the site visits, in the region of Koulikoro, the review team discovered that the rural health facility lacked a medical doctor because of insufficient resources. The network identified this as a barrier to the availability of RH services and lobbied the MOH to cover the salary of a medical doctor for the facility. The MOH agreed to do so in February 2008. HPI provided technical and financial support to build the capacity of parliamentarians to assume a role in improving the RH political environment. As a result of the parliamentarians' advocacy efforts, one of the poorest communities in Mali will have a chief medical doctor who can provide FP services. The experience can hopefully be duplicated in other localities, helping to fill the deficit of skilled healthcare personnel.
- **Tanzanian youth and OVC stakeholders formed a coalition and conducted a well-publicized policy debate on OVC issues.** Tanzania has a young population, with one in five of its people ages 15–24. Accordingly, youth have the potential to play an important role in the country's fight against HIV. Empowering youth to act as policy champions is a key factor in establishing an enabling policy

environment for HIV. In September 2008, the Youth Coalition conducted a policy debate on OVC, during which it called on the government to intensify its efforts to address the needs of OVC and promote children's right to education. A total of 77 youth and other OVC stakeholders participated in this event. Participants submitted several resolutions calling on the government to intensify efforts to meet the needs of OVC and promote education on children's rights in schools. They also appealed to communities to strengthen OVC care while stressing NGOs' role in advocating for OVC policy implementation. Subsequently, the youth coalition conducted a two-day mock parliament session, at which participants debated youth, HIV, stigma, and OVC issues. To strengthen the Youth Coalition's organizational capacity, HPI trained 28 youth from 10 youth organizations (members of the Youth Coalition) in leadership and management skills. The project held the trainings in response to the coalition's need for visionary leaders in each organization's advocacy work. The debate and the ensuing resolutions will help instigate a review of national OVC guidelines and focus attention on their implementation.

- **Advocates for indigenous groups in Mexico persuaded the Minister of Health to allocate funds to collect data on the need for HIV services among indigenous people.** In Mexico indigenous groups have long been excluded from public policy formulation—especially in the area of HIV. A small network of individuals and organizations developed a national agenda for HIV among indigenous peoples. Early on in this process, the network identified the lack of information regarding the number of indigenous PLHIV as one of the most important barriers to implementing effective programming and services for these groups. Amaranta Gomez, a policy champion trained by HPI, has been advocating for funding to conduct research on HIV in indigenous communities, particularly epidemiological studies to determine the magnitude of the problem. On July 29, 2008, at the 2nd Global Preconference on Indigenous Peoples, First Nations and Afrodescendants, held in Mexico City, the Minister of Health, Dr. Cordova, pledged to increase the amount of resources dedicated to the prevention of HIV among indigenous people. The resources will be used to research the HIV epidemic among the indigenous population to provide data to inform evidence-based decisionmaking and program development. HPI trained Amaranta Gomez—an indigenous transgender leader who has been advocating for funding for indigenous affairs—and other members of the National Coordinating Body for Indigenous Peoples, First Nations, and Afrodescents, in advocacy and provided them with technical and logistical support. Having accurate data will contribute to advocacy efforts for improved HIV programs for indigenous peoples throughout the country.
- **Following advocacy from human rights and HIV groups, the Yucatan State Congress in Mexico passed three laws that protect the rights of PLHIV.** In the Yucatan, levels of HIV-related discrimination are high, and several of the state's laws facilitate discrimination against PLHIV. On June 3, 2008, OASIS, a Mexican human rights organization, and the Yucatan State Multisectoral HIV POLICY group presented a bill to the Yucatan State Congress to reform several such discriminatory laws. The bill contains three important legislative changes: (1) the right of PLHIV to marry; (2) the right to provide care to individuals, and (3) the right to omit "HIV complications" as a cause of death on a death certificate. The third law will ensure that PLHIV who have died receive proper burial and funeral services and that their families will not be stigmatized. HPI provided technical assistance, including training, to OASIS. Enacting laws that protect the rights of PLHIV will help to reduce HIV-related discrimination, which in turn will encourage more people to seek prevention, care, and treatment services.
- **Policy champions in Mexico's Veracruz state collected signatures to require the State Congress to vote on a law protecting the rights of PLHIV.** Veracruz state has the highest number of HIV-related deaths in the country, and the HIV prevalence rate has increased by 140 percent annually. Until recently, the state lacked an HIV law to defend the rights of PLHIV. On June 5, 2008, the University of Veracruz and the Veracruz Multisectoral Group presented the state's first HIV law to

the Veracruz State Congress. The two groups collected 29,500 signatures to call for the passage of the law. Under Mexican law, the state congress must review and vote on any citizen-drafted laws that have been signed by 25,000 citizens or more. Presenting a bill means the local congress will have to put the topic on their agenda and discuss it on the floor. The policy champions wrote the bill and subsequently lobbied for signatures to ensure its hearing on the floor. The law contains 20 articles—including provisions for an HIV budget for prevention, harm reduction, and procurement of ARVs and other treatment materials; and establishes sanctions for those who engage in HIV-related discrimination. The members of the multisectoral group and representatives of the University of Veracruz had previously been identified as policy champions and have participated in various HPI trainings and received ongoing technical assistance from HPI staff and consultants. Enacting laws that incorporate prevention, care, and treatment, and stigma reduction into the state budget is an important element of ensuring access to services and halting the spread of the epidemic.

- **In Morelos state in Mexico, activists persuaded the State Human Rights Commission to create a special office to address homophobia, which inhibits MSM from seeking HIV prevention and treatment services.** The HIV epidemic in Morelos is mainly concentrated among MSM. Addressing HIV issues requires attention to the problem of homophobia, as such views impede access to HIV prevention and treatment services and affect the quality of these services. As a result of continuous advocacy efforts by two policy champions, Edgar Marquez and Patricia Bedolla, on May 17, 2008, the Morelos State Human Rights Commission announced the creation of a special office to fight homophobia. The announcement followed advocacy by various groups in Morelos concerned about homophobic remarks from both the ombudsman and several local congressmen. The office will be located within the Human Rights Commission and will assist with the documentation, monitoring, and resolution of human rights violations and discrimination based on sexual orientation. The president of the human rights commission also promised to design and push for passage of a state law against discrimination. He asked Congressmen to apologize for their homophobic statements and filed a complaint against the state legislature for failure to give activists the right to an audience and information. HPI has been working closely with activists in Morelos, providing training and technical assistance related to legislative and operational changes needed to ensure discrimination-free attention and treatment for PLHIV. The success of HPI-supported activists in securing an increased commitment from Morelos's Human Rights Commission to fight homophobia will lead to enhanced access and quality of services for MSM.
- **Leaders of two of the largest Muslim groups in Indonesia actively engaged in advocating for HIV prevention at the community level—writing newspaper articles and persuading the Vice Mayor of Surabaya to draft a regulation on HIV prevention.** In Indonesia, Muslim leaders are highly respected. They can be instrumental in addressing barriers to HIV prevention at the community level, including resistance to condom use. Unfortunately, many Muslim leaders have adopted narrow and moralistic views about the disease and the people affected by it. Two of the largest Muslim organizations in Indonesia are Nahdlatul Ulama (NU) and Muhammadiyah, with a combined following of more than 90 million people. The head of NU in Pasuruan District, East Java, KH Shon Haji Abdussomad, and the head of Muhammadiyah, East Java, have become policy champions and are actively engaged in advocating for HIV prevention in the Muslim community. Both leaders attended the 3rd International Muslim Leaders Conference for HIV/AIDS held in Ethiopia in July 2007. Upon his return to Indonesia, KH Shon Haji published two articles in the local newspaper describing his impressions of the meeting and his newfound knowledge and reflecting on various HIV-related problems he encountered in his district. The second Muslim leader who attended the meeting, Muhammad Syafieq Mughni, has also become engaged in advocacy. On November 5, 2007, he participated in a consultative meeting with the Vice Mayor of Surabaya, the capital of East Java, to review the findings of an operational barrier analysis conducted by HPI and to identify follow-up actions and recommendations. As a result of the discussion, the Vice Mayor agreed to support

drafting a municipality regulation on HIV prevention that includes the 100% Condom Use policy. In addition, both leaders led several group discussions at a meeting organized by HPI in July 2008 to translate Islamic directives and *fatwa* into plans of action that could be implemented at the community level (mosques, prayer groups, shelters, etc.). HPI trained both leaders in advocacy in November 2007, sponsored their participation in the Ethiopia conference, and has continued to support their efforts to improve the policy environment for HIV prevention in East Java. The active engagement of Muslim leaders in Indonesia in HIV prevention efforts will greatly enhance the country's HIV response by serving as persuasive examples for the Muslim community and by encouraging other religious leaders join the fight against HIV.

- In Guatemala, an advocacy network used data on the cost-effectiveness of FP services to press for the inclusion of family planning in the national strategy to reduce maternal mortality.** Guatemala has the highest maternal mortality rate in Central America and the fourth highest in all of Latin America. On September 2, 2008, the President of the Republic, Mr. Alvaro Colom, presented the National Maternal Mortality Reduction Strategy, which did not openly address FP issues. Subsequently, the Reproductive Health Observatory (OSAR), which comprises academic organizations and members of Congress and provides oversight of FP/RH policies, publicly proposed the inclusion of FP in the national strategy. OSAR promoted compliance with the Family Planning Law as key to reducing maternal mortality. HPI held meetings with OSAR to analyze the president's strategy, as well as the cost-effectiveness of interventions designed to reduce maternal mortality. As a result of these meetings, OSAR crafted effective arguments to advocate in the media for the inclusion of FP in the maternal mortality reduction strategy. Raising the profile of FP on the public agenda and emphasizing its importance in the reduction of maternal mortality will increase public pressure on the executive branch to address the issue openly.
- In Guatemala, a women's health organization continued to press for greater access to FP services in rural, indigenous areas.** Indigenous women in Guatemala often do not use contraceptives because FP continues to be a taboo topic in many communities and there is a lack of accurate, accessible FP information and adequately trained providers. The Women's Health Organization (ISDM) is continuing to advocate for compliance with the national FP law. On July 11, 2008, in commemoration of World Population Day, ISDM held a press conference to deliver evidence-based arguments for increasing access to FP programs and services in rural, indigenous areas. The organization created these arguments using the findings of a 2007 HPI study on the barriers to accessing FP services faced by indigenous women. The press conference was the culmination of several meetings held by the organization to raise the profile of FP issues on the public agenda. HPI supported ISDM meetings to analyze the political environment for FP/RH, provided information on the 2007 study results, and assisted the organization with designing its 2008–2013 strategic plan. Placing the RH situation of indigenous women on the public agenda will help generate political will to provide accessible services for a group whose FP needs are too often neglected.

2.2 # of instances where targeted public and private sector officials, FBO, or community leaders publicly demonstrate new or increased commitment to FP/RH, MH, or HIV/AIDS

- Leaders of the Pentecostal Church of Tanzania reversed their long-standing views on HIV as a disease that does not affect religious people to becoming advocates for the involvement of church leaders in HIV prevention and treatment and home-based care for OVC and PLHIV.** Religious leaders in Tanzania have tremendous influence, making them powerful allies in the fight against HIV. Leaders of the Pentecostal Church of Tanzania (PCT), however, have traditionally resisted participation in the struggle. The PCT places great faith in the power of prayer and miraculous healing from God. A commonly held belief among members and church leaders is that religious people cannot contract HIV and thus there is no need for religious leaders to go for HIV

testing. Moreover, it is believed that HIV can be healed through prayer, making ART unnecessary. This environment has discouraged PLHIV from disclosing their status or accessing services. Recognizing that these beliefs could hinder efforts to promote VCT and reduce stigma, HPI collaborated with the Tanzania Network of Religious Leaders Living with or Personally Affected by HIV (TANERELA) to hold two workshops for 65 senior Pentecostal leaders in February 2008. The workshops sought to gain buy-in from senior Pentecostal leaders, promote HIV champions within the church, and increase knowledge and understanding of HIV issues such as pre- and post-test counseling, palliative care, and gender-based violence. The training dramatically changed the participants' attitudes and beliefs about HIV. The Pentecostal leaders committed to expand training, sensitize other bishops and pastors, and establish an HIV department within the Pentecostal Church. In April 2008, HPI and TANERELA assisted PCT with organizing a follow-up meeting with 30 bishops to create an independent department on HIV and AIDS to reduce stigma, improve the knowledge of Pentecostal communities on HIV prevention and treatment, strengthen the HIV counseling skills of religious leaders, and help provide nutritional support and home-based care for orphans and vulnerable children and PLHIV. The shift in the attitude of the PCT leadership will reduce stigma and discrimination and early HIV-related deaths among Pentecostal followers and bolster the effectiveness of prevention and stigma-reduction programs nationwide.

- Based on research done by the National Muslim Council of Tanzania, the Supreme Clerical Council for Muslims developed an official clerical statement endorsing the use of family planning among Muslims.** Modern contraceptive prevalence rates in Tanzania remain low despite the adoption of the National Population Policy in 2006. Religious beliefs have a strong influence on Tanzanians' lifestyle choices, including the use of FP methods. HPI has been engaging religious leaders to participate in efforts to increase the use of family planning. In March 2008, HPI presented the results of a RAPID model application to the Ulamaa, the Supreme Clerical Council for Muslims. The presentation demonstrated the negative impact of continued high population growth on economic development and the provision of critical services such as education and healthcare. Following the presentation, the National Muslim Council of Tanzania formed a technical team to identify the link among reproductive health, population and development, and Islamic teaching. Based on the findings of this team, the Ulamaa subsequently framed an official clerical statement (*fatwa*) in support of family planning. This declaration, issued on May 14, 2008, supports the expanded provision and use of FP among Muslims. The Ulamaa also provided general guidelines for disseminating the declaration to the Muslim community in Tanzania. HPI provided financial and technical assistance for the development of the statement. As the *fatwa* was issued by the highest clerical body, it will contribute to increased awareness and use of FP services among Muslims—who represent about half of Tanzania's population.

2.3 # of instances in which networks or coalitions are formed, expanded (to include new types of groups), or strengthened to engage in policy dialogue, advocacy, or planning

- In Kenya, a network of HIV-positive healthcare workers was formed to serve as an advocate for healthcare workers living with or affected by HIV.** Healthcare workers are central to Kenya's national HIV response. They are also a group with heightened vulnerability to HIV infection. While no statistics currently capture the HIV situation among healthcare workers, it is suspected that many are living with HIV. Paradoxically, healthcare workers may have limited access to treatment, care, and support services. While their profession places them in close proximity to those services, the elevated stigma and discrimination experienced by HIV-positive healthcare workers restrict access to services. There is an urgent need to accurately describe the HIV situation among healthcare workers and to provide prevention, treatment, and support services to this highly vulnerable group. On April 29, 2008, the first network of HIV-positive healthcare workers—the National HIV/AIDS Health Workers Network—was launched at the Lenana conference center. HPI provided financial and

technical assistance to the Kenya Treatment Access Movement (KETAM) to mobilize healthcare workers from all eight provinces to facilitate formation of the network. The network's mission is to act as an advocate for all healthcare workers living with or affected by HIV, helping to reduce stigma and discrimination, increase their visibility, and expand access to treatment, care, and support services.

- **In Bangladesh, membership of the White Ribbon Alliance for Safe Motherhood grew to 799 organizations, including faith-based groups, professional associations, community organizations and the media.** While the maternal mortality ratio in Bangladesh has decreased nationally, it remains high in some of the country's more remote areas. The White Ribbon Alliance for Safe Motherhood (WRA), active in Bangladesh since 2005, is a vehicle for promoting current and evidence-based data, clinical interventions, advocacy strategies, and innovative policies through collaboration with stakeholders. As of June 15, 2008, the membership of WRA Bangladesh had increased to 799 organizations. HPI supported regional workshops on best practices and facilitated the network's expansion through a small grant. The workshops reached new service providers, NGO workers, and the media—who were moved to join the alliance and further contribute to a joint plan of action to promote family planning, maternal, neonatal, and child health. Expanding the membership of the alliance into the districts and widening its scope to include faith-based groups, professional associations, community organizations, and the media will contribute to a broadening of the policy development effort, thereby addressing barriers to services and reaching communities with key messages aimed at increasing access to and use of skilled birth attendants and family planning. Increasing support for family planning and safe motherhood, particularly outside of Dhaka and outside of the health sector, is an integral component of efforts to reduce maternal mortality. [ANE BUREAU/WRA]
- **In Tanzania, a PLHIV network of 42 CBOs helped to form similar networks in two districts and has encouraged PLHIV activists in five other regions to form their own networks.** The Kinondoni Network of People Living with HIV and AIDS (KINDIPHA+) was founded in 2003 to consolidate the efforts of PLHIV groups in the Kinondoni District of Dar es Salaam, Tanzania. The network, comprising 42 community-based organizations, aims to contribute to HIV prevention, treatment, and care efforts in the district by strengthening the capacity of member groups and providing them with technical and material support. Like many other PLHIV groups in the country, KINDIPHA+ was initially hindered by a lack of capacity and inadequate access to resources—problems that were compounded by weak leadership and a lack of management skills. With HPI's support, however, the network has gained considerable strength over the past two years. The project has provided financial support and technical assistance, as well as extensive training for KINDIPHA+ leaders and member groups in management, strategic planning, and resource mobilization. As a result, in September 2007, KINDIPHA+ designed a five-year strategic plan (2008–2012) to guide its organizational development and help members provide high-quality services to the community. The plan has given members a better understanding of their roles and responsibilities within the network. In June 2008, KINDIPHA+ successfully facilitated the formation of sister PLHIV networks in the region's two remaining districts, Ilala and Temeke. The network has also engaged in several advocacy activities in five other regions—Coast, Iringa, Tanga, Morogoro, and Dodoma—to encourage PLHIV groups to form their own networks. KINDIPHA+'s strengthened capacity will increase the effectiveness of its advocacy efforts on behalf of PLHIV and other vulnerable groups and enable it to serve as an example to other regions.
- **Three district networks of PLHIV in Tanzania joined forces to create a regional network, thus increasing its influence.** The formation of district and regional networks is vital to enabling PLHIV groups to access resources and advocate for PLHIV rights at the community level. To date, however, few such networks have been formed, and those that exist have limited capacity for advocacy and

fundraising. Since 2007, HPI has been building the capacity of KINDIPHA+, which recently used its skills to help form two new PLHIV networks in the neighboring districts of Ilala and Temeke. In June 2008, at a workshop supported by HPI, the three district networks came together to form the Dar es Salaam Coalition of People Living with HIV and AIDS. This regional network will ensure that services offered to PLHIV by the government, NGOs, and the private sector reach their intended recipients. The new coalition seeks to enable PLHIV networks in Dar es Salaam to more effectively engage in the fight against HIV by ensuring that they are given opportunities equal to those of other stakeholders. Its three core strategies will include capacity building, advocacy, and forging partnerships. Joining together in a regional network will significantly increase the influence of PLHIV groups, enabling them to more effectively advocate for PLHIV rights and access to services.

- **A new advocacy network in rural Tanzania provided training on stigma and discrimination to local officials as well as PLHIV and advocates for the rights of PLHIV and other vulnerable groups.** In the remote district of Kongwa in Tanzania, stigma and discrimination continue to hinder HIV prevention and care efforts. HIV-positive individuals often internalize stigma, which erodes their sense of self-worth and discourages them from seeking treatment and support. Since October 2006, with HPI support, the Kongwa Red Cross Society (KRCS) has carried out an extensive community mobilization and sensitization campaign to reduce stigma and discrimination in the district—conducting training workshops in 21 villages. Between April and June 2008, KRCS trained 45 individuals in two advocacy and networking workshops. At the workshop targeting community-based organizations, the Kongwa Network on Human Rights Advocacy was formed. The new network will advocate for the rights of HIV-positive people and other vulnerable groups, contribute to community mobilization against stigma and discrimination, and stimulate policy dialogue on HIV-related issues. The network has already prepared an action plan and conducted stigma and discrimination training for 30 councilors, ward executive officers, PLHIV, and orphans. HPI provided financial and technical assistance to KRCS for its community mobilization efforts and helped to facilitate advocacy meetings with various stakeholders. The network is well-positioned to advocate for the rights of PLHIV and other vulnerable groups and for improved quality of service provision.
- **In Asia and the Pacific, a regional PLHIV network provided technical assistance to country networks and developed a gender guide.** The Asia-Pacific Network of PLHIV (APN+) was established in 1994 to develop a collective voice for PLHIV in the region. HPI continues to strengthen the capacity of APN+. The network first received technical assistance under the POLICY Project to build its organizational capacity to respond as a regional PLHIV entity to country-level PLHIV groups and networks. This assistance included supporting APN+ to (1) design organizational development tools and modules that the network could then use with PLHIV groups and networks in the region and (2) assess its organizational structure and needs and how to address them. In turn, the network used these new skills to strengthen the capacity of several country-level PLHIV networks, including those in Lao PDR and Papua New Guinea (PNG), by providing training and technical assistance. As a result, members of PNG's Igat Hope network increased their knowledge of ART and OIs and their facilitation and training skills. In addition, terms of reference for the Lao network's steering committee were established with APN+ support. In addition, with HPI technical assistance, APN+ prepared a gender guide designed to help PLHIV organizations empower women members and integrate gender. The network's provision of technical assistance to other PLHIV networks demonstrates its growing strength and effectiveness. With a strong regional network supporting them, PLHIV in Asia will be better able to connect with positive networks around the world, advocate for improved access to treatment and care, and support a stronger regional response to stigma and discrimination. [MEKONG]
- **In Vietnam, 70 PLHIV self-help groups formed a national PLHIV network, which will allow them to have greater influence on policies and reach out to PLHIV in the community.** The need

for greater involvement of PLHIV has been publicly acknowledged by the Vietnamese government, as well as by NGOs. Nevertheless, the role of PLHIV remains weak because of their relative inexperience in advocacy and collective decisionmaking. To enhance the involvement of PLHIV in Vietnam's HIV response and forge a common PLHIV advocacy voice, representatives of 70 PLHIV self-help groups from all over Vietnam met in Hanoi for a five-day national workshop from August 11–15, 2008. The gathering, made possible by technical and financial support from HPI, came after almost two years of preparation. The workshop culminated in the official founding of the Vietnam Network of PLHIV (VNP+), a national network of PLHIV. Workshop participants agreed on the network's mission, vision, and strategic direction. They also designed an organizational structure and elected the steering committee—which will finalize the mandate, core values, working principles, regulations, internal policies and bylaws and explore potential options and opportunities for gaining legal recognition for the network. VNP+ is the first national network of Vietnamese PLHIV. It will contribute to giving PLHIV a unified voice in policy forums and will help member organizations reach out to HIV-positive individuals at the community level.

- **Two PLHIV networks in Vietnam increased their membership and built their capacity in advocacy and stigma reduction.** A strong HIV response must include the voices and perspectives of PLHIV. However, before PLHIV can become meaningfully involved, their capacities in advocacy and policy dialogue must be strengthened. In 2008, Vietnam had about 200 PLHIV self-help groups spread throughout the country. These groups, however, needed to be strengthened to ensure the greater involvement of PLHIV in public policy debates. Two PLHIV networks, the Alliance of Self-Help Groups (SHGs) in Hai Phong and Ocean Love network, expanded their membership and strengthened their capacity to engage in policy dialogue. The Alliance of SHGs in Hai Phong grew from 230 members representing four groups to 494 members representing 10 groups. The alliance provides outreach services to its members, in particular focusing on promoting prevention with positives. It has also advanced several policy advocacy issues. The alliance now manages its own program activities and serves as a trainer, building the capacity of fellow PLHIV. Ocean Love is an alliance member. Since its establishment in 2006, the network's membership has grown from 50 to 70 individuals. HPI provided technical and financial support to both networks and helped build the groups' capacity in advocacy, stigma reduction, treatment, and prevention. In addition, HPI involved the alliance in a pilot training program targeting prevention with positives. The growing strength and size of these networks show that PLHIV representation and involvement in Vietnam's HIV policy processes are starting to become a reality.
- **In Mali, the Islam, Population and Development Network expanded to six districts, thus broadening its outreach to religious leaders.** Historically, uptake of FP in Mali has been very low. The Réseau Islam Population et Développement (Islam, Population and Development Network, or RIPOD) was established with support from HPI's predecessor—the POLICY Project—to promote the practice of birth spacing within married couples through advocacy and policy dialogue based on principles of the Koran and Hadiths and to foster religious leaders as key allies in support of FP. At its inception, the network had groups at the regional level but not in the districts. This changed in 2008, when the network expanded to six districts, resulting in the inclusion of 75 new members. The regional network members went out to the districts to encourage religious leaders to join the network. As a result, six new district RIPOD officers were established. HPI provided RIPOD with a small grant to fund advocacy activities and provided technical guidance. Religious leaders can play a major role in influencing community attitudes and practices and persuading local leaders and decisionmakers to invest in effective FP/RH strategies and programs. By working through RIPOD network members, it is easier to engage both Muslim and Christian leaders at the district level in promoting acceptance of birth spacing and using modern FP methods. The expansion of the RIPOD network into the new districts will strengthen its advocacy efforts nationwide.

- In Kenya, a network for PLHIV teachers at secondary schools and higher levels of education was established to represent the interests of teachers who are HIV-positive or affected by HIV/AIDS.** HIV is a major problem within Kenya’s education sector. Studies show that the prevalence rate among teachers is between six and 10 percent, with teachers at tertiary educational institutions showing the highest prevalence rates. Despite this, until recently, the country lacked a network for HIV-positive teachers at the tertiary level. On August 7, 2008, the Kenya AIDS Network for Post Primary Institutions (KANEPPPI) was established to champion the rights of teachers within Kenya’s tertiary-level education institutions. The network focuses on advocacy to reduce stigma and discrimination and enhance access to prevention, care, and treatment services for teachers within their workplace and communities. KANEPPPI’s formation emerged from tertiary-level teachers’ need to have a workplace support structure that advocates for an enabling environment and policies to promote the rights of HIV-positive teachers. The network’s vision is “to become a catalyst of transformation and positive living among post primary teachers living with and/or affected by HIV and AIDS,” while its mission is “to provide leadership in advocacy, mitigation, interventions, and capacity building for and by HIV- and AIDS-positive and -affected teachers in Kenya’s tertiary education institutions.” The network’s membership is drawn from middle-level teachers’ colleges, universities, technical institutions, and secondary schools. HPI provided technical and financial support for a national consultation at which network leaders were identified and a broad workplan was written. The project also assisted the network in formulating a constitution and a six-month workplan. The new network will strengthen advocacy efforts and promote the inclusion of teachers living with and affected by HIV in the national HIV response. This, in turn, will over time lead to an improved workplace environment for teachers and better access to prevention, treatment, care and support services.
- In Guatemala, three large businesses joined a coalition that promotes workplace HIV policies.** In 2007, a group of Guatemalan businesses and business owners established FUNDEC-VIH, an organization that aims to provide advice and promote the establishment of workplace HIV policies. Its formation demonstrated the political involvement of the private sector in the HIV response and served as a starting point for a strategic planning process. FUNDEC-VIH drafted a workplan and subsequently incorporated three new members to promote private sector workplace policies, ensuring access to HIV information as well as the creation of labor environments free from stigma and discrimination. HPI assisted the organization with drafting its workplan. The group had already defined its mission, vision, and objectives but lacked a workplan that specified the actions required to fulfill its objectives. FUNDEC-VIH has already begun implementing some activities outlined in the workplan. Recently, three new businesses joined the organization: (1) Monte Textil S.A., a textile business with 1,600 employees; (2) Koramsa, an assembly business with 12,000 employees; and (3) SERCA S.A., a transportation business with 1,500 employees. HPI organized and led meetings with partners to develop the operational plan. The project also visited businesses to promote the objectives of FUNDEC-VIH, as well as the adoption of related workplace policies. HPI serves as the group’s technical secretariat. The strengthening of FUNDEC-VIH will consolidate its leadership as a group that provides workplace policy counseling and support. This leadership will translate into policies that benefit workers.

2.4 # of in-country organizations or individuals the project has assisted that conduct formal advocacy training on their own or provide TA to others to undertake advocacy

- In Jordan, a group of young people received training so they can educate their peers on RH issues.** Jordan’s National Population Strategy (NPS) aims to reduce the country’s total fertility rate to less than 2.5 children per woman by 2020. As a result, FP and RH have become national priorities. On August 30, 2008, several youth facilitated a workshop organized by the Al-Jeeza youth center. The objective of the workshop was to increase youth—ages 18–25—awareness of RH issues. The

center invited several youth who had been previously trained by HPI on this topic to facilitate the workshop. After the workshop, several youth voiced their strong interest in participating in future RH advocacy activities. HPI designed information materials for the facilitators on RH, trained them in this area, and subsequently conducted rehearsals with them to ensure that they could use the information materials effectively and facilitate the August workshop. Peer-to-peer education of this kind has the potential to increase the knowledge and understanding of RH issues by Jordan's youth. This, in turn, will lead to increased participation of youth in policy planning and implementation. These youth policy champions are soliciting issues of concern from their peers and can voice these issues as HPI engages the champions in ongoing planning and monitoring activities as part of the national Reproductive Health Action Plan.

IR3: Health sector resources (public, private, NGOs, and community-based organizations) increased and allocated more effectively and equitably

3.1 # of instances in which new and/or increased resources are committed or allocated to FP/RH, MH, or HIV/AIDS as a result of a project activity

- The Guatemala Ministry of Public Health allocated nearly US\$1.3 million to the 2008 budget for FP/RH programs.** In Guatemala, the allocation of resources to the National Reproductive Health Program (PNSR) has been criticized by Congress, CSOs, and the media. A 2004 law specifies that the government shall allot all funds generated by the 15 percent alcoholic beverage tax to the PNSR. However, this amount alone is insufficient to meet the country's FP/RH needs. In addition, there is no mechanism to monitor or audit these monies, which often results in their never reaching the PNSR. On April 23, 2008, the Ministry of Public Health allotted an additional Q9,623,762 (US\$1,266,284) to the program's 2008 budget as a result of the advocacy work conducted by HPI-trained champions. The project has been training CSOs for years to raise the profile of RH issues on the public agenda. The increased budget will enable the government to comply with the maternal mortality reduction plan and to improve FP/RH services for Guatemalan women.
- In Tanzania, three HPI partner organizations raised US\$2.4 million from national and international donors to support their work in HIV/AIDS.** Low institutional capacity affects an organization's effectiveness and efficiency and its ability to mobilize the resources needed to implement its programs. One of HPI's objectives in Tanzania has been to strengthen the institutional capacity of its partners. In 2008, three of HPI's partner organizations raised a total of US\$2,421,157: the Association of Journalist Against AIDS in Tanzania (AJAAT) received \$6,260 from UNAIDS/UNDP, \$50,027 from UNICEF, and \$8,696 from the Tanzania Commission for AIDS; the Tanzania Network of Women Living with HIV/AIDS received \$364,000 from GFATM and \$173,913 from the Foundation for Civil Society; and the Women's Legal Aid Centre received \$1,818,261 from the Danish International Development Agency, Norwegian Church Aid, and the Finnish Embassy. HPI conducted institutional assessments to gauge the capacity of its partners in overall organizational effectiveness (governance, leadership and management, human resources, financial resources, service delivery, external relations, and sustainability). It then provided the partners with technical assistance in strategic planning, leadership and management, proposal writing, organizational development, and monitoring and evaluation. The increase in funding is a result of HPI's financial and technical assistance to all its partners—in particular through the assessments and trainings conducted. The additional resources are being used for strategic planning; training of journalists for accurate reporting; a media campaign on PMTCT; a media writing competition on VCT, TB, and HIV; staff salaries; and advocacy for the rights of women and girls. The additional funding also led to increased confidence of partners in their ability to mobilize resources and promote their work.

- Jordan’s government increased the funding for its national RH program by 260 percent.** During the last year, HPI has been working with Jordan’s Higher Population Council (HPC) to finalize the second phase of the Reproductive Health Action Plan 2008–2012 (RHAP II). HPI’s history of collaboration with the HPC coupled with stakeholders’ growing recognition of the HPC’s role as the nation’s principal FP coordinating agency present exciting opportunities to address barriers to the advancement of Jordan’s FP program. On June 25, 2008, the Ministry of Planning and International Cooperation (MOIC) allocated approximately US\$800,000 to RHAP II for the first 18 months of the plan’s implementation. The funds allocated by the MOPIC to RHAP II represent a significant increase over RHAP I, whose budget was \$819,000 over four years. HPI conducted the costing analysis for RHAP II and presented the results to HPC and MOPIC, made final adaptations based on their input, and submitted the final version to HPC.
- The government of Botswana awarded a US\$200,000 grant to an OVC network to expand its support for OVC services.** Marang Childcare Network has grown tremendously and expanded its capacity to coordinate community-based initiatives for OVC at the district and national levels. On September 10, 2008, the government signed a memorandum of understanding with Marang, recognizing the network’s leadership for OVC policy development among civil society groups and awarded it a US\$200,000 grant to expand the reach and scope of its work and further improve the quality of OVC services provided by its members. The grant will also strengthen Marang’s capacity to monitor implementation of the newly developed OVC guidelines and to advocate for OVC policy planning and reforms. This large grant demonstrates long-term commitment from the government and recognition of the important leadership that Marang is providing in the area of OVC. HPI’s predecessor, the POLICY Project, facilitated the founding of Marang in 2005, and HPI has provided ongoing technical assistance to the network. The project has been instrumental in strengthening Marang’s organizational abilities, including governance, operations, sustainability, and fundraising. HPI also supported Marang in the drafting and submission of a project proposal to the government of Botswana. The government grant demonstrates the credibility and recognition gained by Marang since its founding only three years ago. Marang’s expansion will allow greater numbers of OVC to be reached with improved services, as each member organization will receive technical support to strengthen its capacity to serve OVC in the communities where it works.

3.2 # of instances in which mechanisms to increase the effectiveness of resource allocation are identified and adopted

- A council established by the government of Mexico negotiated a 15–20 percent reduction in the price of ARVs.** The Mexican government mandates that ARVs be purchased only from Mexican companies. This has resulted in higher-than-average ARV prices in the country. In February 2008, the government established a council to negotiate the price of medications and other medical supplies for HIV treatment. The council—comprising government officials, including several sub-secretaries of health—met with numerous pharmaceutical companies to negotiate prices at a series of meetings prior to the International AIDS Conference. In August 2008, an agreement was reached between several pharmaceutical companies and the Council to Negotiate the Price of Medications and Other Medical Supplies to reduce the prices of ARVs by 15 to 20 percent. HPI has been working closely with activists who are pressing the federal government for a reduction of ARV prices while ensuring the quality of medications. Anuar Luna and other activists have continuously advocated for ARV price reductions. The success of the negotiations will allow the government to devote more resources to other HIV interventions, including prevention.

3.4 # of instances in which mechanisms to increase the equity of resource allocation are identified and adopted

- In Vietnam, authorities in Ho Chi Minh City increased funding for HIV programs serving most-at-risk populations by 11–15 times previous levels.** In early 2004, following the promulgation of the Vietnam National Strategy on HIV/AIDS Prevention and Control, HPI's predecessor, the POLICY Project, negotiated with the Provincial AIDS Committee (PAC) in Ho Chi Minh City (HCMC) to assist the committee with devising action plans to implement the nine intervention components outlined in the national strategy. Under HPI, a team collaborated with stakeholders to design resource allocation strategies for carrying out the nine action plans using findings from the linked Asian Epidemic Model (AEM) and Goals Model. Our lead partner was the multisectoral PAC, with additional involvement of the National Institute of Hygiene and Epidemiology, lawyers' associations, PLHIV groups, and faith-based organizations. HPI provided extensive training on the linked AEM-Goals model to partners, and several technical staff in HCMC are now able to use the models on their own. After applying the model and assessing various response scenarios, HPI collaborated with its partners to prepare a synthesis report. Based on the assessment findings, the HCMC authorities revised the targets set in the strategic action plans and significantly increased the budget for most-at-risk populations (MARPs) from 1.4 billion VND (US\$83,343) in 2005 to 15.9 billion VND (US\$946,541) in 2006 and 21.9 billion VND (US\$1,303,727) in 2007. Targeting resources to MARPs in Vietnam—who tend to be the most marginalized, vulnerable members of society—will not only significantly increase the program's impact but also enhance the equity of resource allocation and increase access to healthcare services for populations that often face various social and economic barriers. [MEKONG]

IR4: Strengthened multisectoral engagement and host-country coordination in the design, implementation, and financing of health programs

4.1 # of instances that multisectoral structures that advise on or set FP/RH, MH, or HIV/AIDS policies are established or strengthened

- In Indonesia, the National AIDS Commission established a working group for gay, transgenders, and MSM to advise on policies.** Without action, HIV prevalence among MSM/TG populations in Indonesia is projected to increase over the next five years. These individuals remain very much hidden in the country, which limits their access to healthcare and makes them difficult to reach with HIV prevention. To increase access to information, healthcare, and psychosocial support for MSM/TG, a network of organizations, individuals, experts, and professionals working on HIV prevention targeting this population was established on February 14, 2007. The government of Indonesia, however, does not consider networks legal entities, making it difficult for the group to effectively engage in policy dialogue or advocacy. Thus, the newly established network strove to form a working group under the National AIDS Commission (KPA). Such a group would be a legally recognized body with power to influence policymaking and would represent multiple sectors. With HPI support, the network succeeded in forming the Working Group for Gay, Transgender, and MSM, which was formally established at the KPA on May 29, 2008. The working group will (1) assist the KPA with formulating policies related to MSM/TG, (2) develop a national strategy for MSM/TG, (3) work with relevant sectors to produce documents for MSM&TG program development, (4) mobilize sectors and key stakeholders to facilitate policy implementation, and (5) help to monitor and evaluate policies and programs related to MSM/TG. HPI was instrumental in facilitating the formation of the working group within KPA. The project engaged various ministries to obtain the necessary multisectoral participation. The working group provides a platform for MSM/TG to influence policymaking and program planning. The network can channel the voices of MSM and transgender

individuals to address barriers to policy and program implementation. Its guidance will inform the development of an overall MSM/TG strategy and operational plan—which will hopefully increase access to services, reduce stigma and discrimination, and decrease HIV prevalence among this vulnerable population.

- Mexico City established a Council for the Prevention and Treatment of HIV/AIDS in order to coordinate and monitor HIV programs and provide a forum for active involvement of PLHIV.** To date, Mexico City’s response to HIV has been inadequate and uncoordinated. The city has only one HIV clinic for approximately 3,500 PLHIV. The city also lacks a multisectoral coordinating body that could provide oversight of the city’s HIV program. A decree issued by the Chamber of Deputies on August 28, 2008, established the Mexico City Council for the Prevention and Treatment of HIV/AIDS, which will oversee the city’s HIV program. The council comprises representatives from various government departments, CSOs, and PLHIV groups; and aims to integrate and coordinate HIV prevention and treatment services in Mexico City. Members include the Mayor of Mexico City, the State Ministers of Health, the State Minister of Social Development and of Education, the Director of the State Institute for Women, the Director of the Youth Institute, a Deputy from the Chamber of Deputies, and five representatives from the social and private sectors. Permanent members with representation but not voting rights include the President of the Mexico City Human Rights Commission, the Directors of the National Center for HIV/AIDS Prevention and Control, and the Director of the Mexico City HIV/AIDS program. The council will discuss HIV policy and programming in the city at least twice a year. HPI worked closely with the activists who advocated for the creation of this multisectoral group. The council will contribute to a more coordinated response to HIV in Mexico City, lead to better monitoring of the city’s response to the HIV epidemic, and provide a forum for the active involvement of PLHIV in all levels of programming.
- The Democratic Republic of the Congo established an OVC Task force to oversee OVC program coordination and implementation.** The Ministry of Social Affairs (MINAS) in DR Congo is responsible for coordinating and programming all OVC activities. HPI has been working with the ministry since 2007 to strengthen its institutional and technical capacities. One element of the work included supporting the nascent national OVC task force. In May 2008, the minister signed a decree that formally established the national OVC task force as a body charged with helping to oversee OVC program coordination and implementation. The OVC Task Force (TF)—including local and international NGOs and key ministries representatives (women and children, education, health, labor, etc.)—had previously functioned without a mandate specified or officially recognized by the government. The decree mandates the TF to assist the government with improving coordination of OVC programs, developing an inventory of OVC response/program actors, advocating with the government for improvement and expansion of programs, developing a national OVC action plan, and overseeing the implementation of the action plan. HPI assisted MINAS by facilitating meetings of the TF and developing briefings with the MINAS leadership on the needed role of the TF. In the long term, this result contributes to the overall improvement of relations between civil society and the government in the coordination and expansion of OVC programs. DR Congo is on the cusp of transforming from humanitarian response to more sustainable development programs. This result is important in enforcing the partnerships required with civil society and the government on OVC program issues. As DR Congo undertakes increased decentralization, the role of the TF will be expanded to help improve programs through representations of the national TF at the provincial levels.

4.4 # of instances of collaboration or coordination leading to a specific output

- Multisectoral committees in Guatemala and Panama developed proposals that were submitted to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.** Both Guatemala and Panama

submitted proposals to Round 8 of GFATM. Guatemala is currently implementing a GFATM project, scheduled to end in November 2009. New funding would enable the country to expand HIV prevention and care activities. Panama is not a current recipient of GFATM support. Submitting a successful proposal would enable the country to strengthen its national HIV/AIDS information system and expand access to HIV prevention, treatment, and care. In April 2008, both countries formed multisectoral committees to develop Round 8 proposals for submission to GFATM. The Country Coordinating Mechanism (CCM) led the proposal development process, which included representatives from civil society, the Ministry of Public Health, and international agencies. Subcommittees worked on specific elements of the proposal. After a month of intensive collaboration, both multisectoral committees submitted proposals to GFATM on June 30, 2008. Guatemala's proposal focused on achieving universal access to prevention and care and emphasized stigma reduction through education and the provision of healthcare services for PLHIV. Panama's proposal focused on increasing prevention, care, and treatment coverage; strengthening the national HIV/AIDS information system; and reducing HIV-related stigma and discrimination. HPI participated in the proposal committees and helped to reactivate the CCM in Panama. The project provided guidance for the proposal writing and submission process; used models to make projections of the resources required to respond to the epidemic in accordance with national strategic plans; and presented experiences with various HIV strategies in the region. In Panama, HPI participated in a subcommittee that wrote the terms of reference and selected the principal recipient and a subcommittee that developed the M&E plan for the proposal. In both countries, HPI helped to write and review the final proposals. If the proposals are funded, the number of new HIV infections will likely be reduced and the provision of high-quality HIV prevention, treatment, and care services will be expanded. In Panama, the national information system will also be strengthened. [G/CAP]

- **El Salvador organized a multisectoral committee to draft a proposal to the Global Fund to continue its work on TB prevention and control.** El Salvador is implementing a tuberculosis project with funding from GFATM that concludes in November 2008. There is a possibility of obtaining additional funding, which would allow the project to expand TB prevention and control coverage. In May 2008, a multisectoral committee was organized to draft a new technical and financial TB proposal, which has been submitted to GFATM for Round 8 of project funding. The CCM led the development of the proposal, and subcommittees were formed with representatives from cooperating agencies, CSOs, and the MOH. The proposal focuses on access to TB prevention and control services and stresses the participation of communities and other sectors of the country. HPI was a member of the committee that developed the proposal. The project provided critical information on the process of presenting proposals for GFATM financing. HPI also proposed a timeline for drafting the proposal, coordinated the subcommittees to ensure compliance with their roles, facilitated meetings to generate consensus on the proposed strategy, and drafted and reviewed the final proposal to ensure that it complied with GFATM requirements. Funding and implementation of the proposal will reduce the incidence and prevalence of TB in the country. [G/CAP]

IR5: Timely and accurate data used for evidence-based decisionmaking

5.1 # of new tools/methodologies created or adapted and applied in-country to address FP/RH, MH, or HIV/AIDS issues

- **Activists in China and Vietnam, who were trained using HPI's A2 Advocacy Training Manual, were successful in advocating for increased resources for HIV/AIDS programs.** To promote effective advocacy in support of evidence-based responses to HIV in Asian countries, HPI prepared the A² Advocacy Training Manual, with input from Family Health International and the East-West Center. The manual, adapted from the POLICY Project's Networking for Policy Change: An

Advocacy Training Manual, is designed to build both core advocacy skills and more specialized skills in data use to identify advocacy issues, goals, and objectives. It includes a curriculum for trainers and workshop facilitators; PowerPoint presentations to accompany various sessions; resources for trainers; and resources for participants. HPI used the advocacy manual to train participants—policymakers, program planners, managers, and PLHIV—at workshops in Vietnam and in China’s Yunnan and Guangxi provinces. The manual was also piloted at two regional workshops. Individuals trained in analysis and advocacy went on to successfully advocate for increased resources and more effective resource allocation for HIV/AIDS programs in both China and Vietnam. [MEKONG]

5.2 # of instances that data/information produced with support from the project are used for policy dialogue, planning, resource allocation, and/or advocacy, or in national/subnational policies or plans

- The new Director of Guatemala’s National Reproductive Health Program (PNSR), Dr. Jacqueline Lavidalie, used information generated by HPI multiple times to engage in policy dialogue to address urgent FP/RH/MH issues.** The new Director of Guatemala’s National Reproductive Health Program (PNSR), Dr. Jacqueline Lavidalie, has used information generated by HPI multiple times to engage in policy dialogue to address urgent FP/RH/MH issues. HPI provided Dr. Lavidalie with information about the country’s high maternal mortality and the results of a study on barriers to providing FP services to indigenous women. The project also provided her with information about the Maternal Health Commission—a body of governmental and nongovernmental organizations established by the previous administration to address maternal mortality, which was rendered defunct by the change in administrations in early 2008. At a public event in May 2008, Dr. Lavidalie used the information to focus attention on maternal mortality among indigenous women and relaunch the Maternal Health Commission. This will lead to improved coordination of institutional efforts to ensure access to MH services, especially for indigenous women. On May 20, with a representative from the General Planning Secretariat, Dr. Lavidalie used results of an HPI study to engage in a forum to prioritize government actions to implement the Population and Social Development Policy. On June 21, at a public event covered by the media, Dr. Lavidalie, a representative from the Guatemalan Social Security Institute (IGSS), and a manager of the Guatemalan Family Planning Association (APROFAM) described how their organizations would adjust their programs to minimize the sociocultural barriers to family planning faced by indigenous women in Guatemala. Dr. Lavidalie used the findings from an HPI study, which had been presented and analyzed during meetings with the PNSR, IGSS, and APROFAM. The evidence-based dialogue that Dr. Lavidalie has engaged in will provide CSOs with clear indicators by which to measure the providers’ progress toward meeting their commitments. This will contribute to the success of advocacy efforts by these organizations to support the health of indigenous women.
- Jordan’s Higher Population Council used data from a cost analysis to advocate successfully for increased funding for RH programs.** Jordan’s contraceptive prevalence rate has remained at about 57 percent since 2002. Jordan’s vision of a total fertility rate of less than 2.5 children per woman by the year 2020 is therefore daunting, especially since 40 percent of users discontinue modern contraceptives after the first year and 12 percent of FP need is unmet. The government therefore designed a second phase of the country’s Reproductive Health Action Plan 2008–2012 (RHAP II), which will be coordinated by the Higher Population Council (HPC). HPI assisted HPC with formulating and costing programs under RHAP II. The project designed a costing system that will enable the council and other implementers to estimate the funds needed to implement RHAP II activities. The exercise revealed that about US\$800,000 would be needed to implement RHAP II during the first 18 months. HPC used this information to seek funds from the Ministry of Planning and International Cooperation. This amount was subsequently allocated for RHAP II on July 22, 2008. RHAP II represents a new opportunity for addressing the barriers to the advancement of

Jordan's national population strategy. Costing of the plan will enable implementers to conduct activities as planned and to meet the plan's objectives and performance targets.

- In Malawi, the Ministry of Health decided to allow community-based health workers to provide injectable contraceptives, thus making this method available in rural areas.** Most countries in Africa face a critical shortage of doctors, nurses, and midwives. This shortfall comes at a time when the demand for FP services is growing. Particularly in rural areas, modern contraceptives are often scarce, and few trained providers can provide these services. Providing injectable contraceptives is one way to meet this demand. In March 2008, the MOH in Malawi decided to allow health surveillance assistants (HSAs) to administer injectable contraceptives at the community level. The decision was based in large part on the findings of a qualitative study conducted by HPI in late 2007. Malawi has been debating whether to allow HSAs to provide injectable contraceptives—the most popular form of contraception—for more than 10 years. HSAs are responsible for providing basic preventive care to Malawians, including the administration of immunizations in children under five and tetanus shots for pregnant women. They are frequently the first point of contact for Malawians when seeking healthcare services. The country considered this option in part because Roman Catholic health centers—sometimes the nearest health center to a village—do not provide FP services. Malawi needed another way to expand and ensure access to injectable contraceptives. The decision will be implemented almost immediately: HSAs in eight districts will begin providing injectable contraceptives in the fall of 2008. HPI significantly contributed to the MOH's decision to allow lower-level health workers, HSAs, to administer injectable contraceptives. The project conducted qualitative research in late 2007 that included more than 30 stakeholder interviews and focus group discussions to assess the acceptability and feasibility of community-based distribution of injectable contraceptives. A dissemination meeting was held in July 2008 in Lilongwe. The study helped raise the profile of the debate and discussion within the FP community. The ministry's decision to permit HSAs to administer injectable contraceptives is a significant step forward, as it will enable more women to receive FP services. [CORE]

5.3 # of instances in which in-country counterparts or organizations apply tools or methodologies on their own or conduct training in the use of the tool or methodology

- The Chinese government trained health staff from 12 provinces in the use of the Goals Model to allocate funds for HIV/AIDS programs.** The ability of highly affected provinces and counties to assess the HIV situation and target resources to where they are most needed is essential to the success of **China's** efforts to prevent the spread of HIV. HPI provided training and technical assistance to officials in the Guangxi and Yunnan provinces to use the Goals Model to prepare provincial HIV action plans and allocate resources efficiently and equitably. In October 2006, China's central government decided to extend the use of the Goals Model to 12 additional provinces. Professor Yuan Jianhua, who had been trained on Goals under the POLICY Project, adapted the model by translating it into Chinese and making it specific for the Chinese context. From April 9–11, 2007, he trained Center for Disease Control and AIDS Office staff from 12 provinces on the use of the Goals Model for HIV resource allocation and strategic planning. The expansion of training gives provincial authorities increased capacity to promote equitable and more efficient resource allocation for HIV interventions. This increased capacity will enable them to target existing resources more effectively and to advocate for increased resources. [MEKONG]

III. FP/RH CORE-FUNDED ACTIVITIES

A. Overview

Using core funds, HPI is developing innovative tools and approaches to help the OPRH within the Bureau of Global Health achieve its strategic objective to *Advance and support voluntary FP and RH programs worldwide* and attain the following results:

- Global leadership exercised in FP/RH policy, advocacy, and services;
- Knowledge generated, organized, and disseminated; and
- Support provided to the field to implement effective FP/RH programs.

OPRH's priorities are to support evidence-based advocacy to enhance political will; mobilize resources and build capacity to reposition family planning in Africa; reduce poverty; increase gender equity; and improve equitable access and uptake of healthcare, especially for vulnerable groups such as adolescents, the poor, and HIV-positive women. Furthermore, particular attention is paid to ensuring that a full range of contraceptives is available for all who need and want them as USAID and other donors phase out support for commodities in individual countries. Addressing these priorities is critical to the success of development efforts in general and to the OPRH in particular, as it strives to meet its objectives.

HPI's approach is to strengthen leadership capacity within the public sector and civil society as well as support implementation of health policies that improve access to high-quality FP/RH services. Through its three working groups, HPI supports key priority areas of OPRH and achieves results across HPI's five IRs by (1) repositioning family planning through evidenced-based advocacy and resource mobilization; (2) improving equitable access to healthcare among poor and marginalized populations; and (3) enhancing gender equity in health policies and programs.

Repositioning Family Planning: Efforts to reposition family planning must adequately respond to the changing landscape in foreign assistance. The new mechanisms are being implemented to pool and channel resources for coordinated programming and priority-setting. Decisionmaking is largely being placed with governments at the country-level. Additional initiatives focus on sector-wide approaches, poverty reduction, millennium development goals, and specific diseases (PEPFAR, GFATM, Malaria Initiative). HPI's strategic approach to reposition family planning focuses on two main areas: 1) using data and evidence to support decisionmaking on FP/RH; and (2) increasing the capacity of leaders and champions to actively participate in the policy process, advocate for change, and increase political and financial commitment to family planning.

HPI supports keeping family planning high on the political agenda through various approaches that move policy to action. The project is developing and adapting tools and approaches to raise awareness and increase commitment to family planning. For example, RAPID and MDG analyses illustrate FP's contribution to the broader development agenda (i.e., HIV prevention, maternal health, poverty reduction, education, and economic growth). Approaches that identify and address operational policy barriers can lead to increased access to FP services (e.g., community-based distributors providing injectables). Data and evidence from HPI's analyses are then used to inform advocacy and policy dialogue through a multi-sectoral approach, whereby the project engages and supports groups such as parliamentarians, religious institutions, civil society, and the private and public sectors to actively participate in the political process. Through these combined efforts, HPI has and will continue to help mobilize resources, increase commitment, remove operational barriers, and reach marginalized populations for improved access to high-quality family planning services.

Poverty and Equity: To ensure equitable allocation of resources and access to FP/RH services and commodities, HPI implements innovative activities at different levels of intervention. HPI uses a three-pronged approach grounded in evidence; the application of tested tools and methodologies to ensure consistency and leveraging of best practices across countries; and country-driven interventions to adequately identify and address the needs of the poor. The use of evidence is the first characteristic of the HPI approach. Through participatory approaches, close collaboration with stakeholders, partners, and representatives; and use of surveillance and market data, HPI gathers information used to design and implement pro-poor policies (Jordan and Kenya) and mobilize resources for the poor (Rwanda). In this process, HPI also actively engages the poor to identify barriers to access to resources and services and develop situation- and culturally-appropriate responses. This builds the capacity of the poor as leaders in their communities and on the national stage. The project has successfully engaged refugees in Sierra Leone, indigenous populations in Guatemala, and the rural poor in India and Peru to identify and address barriers to access to FP services. HPI has engaged national governments and other stakeholders to create culturally appropriate distance learning courses, design operational guidelines for including FP into social insurance plans, develop technical directives for health facilities to counsel indigenous women, operationalize the RH information component of conditional cash transfer mechanisms, and formulate strategies to involve public and private sectors in achieving equity goals. The use of multisectoral interventions has proven most effective during the formulation and implementation of pro-poor policies to optimize the equitable use of scarce government resources. These efforts ensure access to services for underprivileged and marginalized populations while building their capacity to engage in advocacy on their own behalf.

Gender Equity: HPI's strategic approach to achieving gender equity focuses on two methods: improving gender integration into policies and programs and addressing gender-related barriers to implementing policies and programs. Through the Interagency Gender Working Group, HPI provides training on gender integration and other gender-related issues to USAID staff members and its partners. These trainings are designed to assist projects in integrating gender into their specific activities to achieve their desired health results. In addition, the project creates tools and resources to facilitate and measure gender integration. For example, HPI developed and implemented the Gender Integration Index to measure how gender is integrated into programs. The project also focuses on addressing gender-related barriers to implementing policies and programs. HPI conducts assessments to determine barriers related to a range of issues, such as gender-based violence (including female genital cutting), constructive men's engagement in RH, and stigma and discrimination. After identifying barriers, the project undertakes specific interventions to reduce these barriers, such as working with FP service providers to reduce stigma and discrimination related to HIV-positive women and their RH needs.

Specific achievements during this period include the following:

- Finalizing strategies and costed operational guidelines to address operational policy barriers to the integration of FP and HIV services in Kenya.
- Using an advocacy guide and toolkit for RH supplies to train high-level policymakers, healthcare professionals, and FP/RH program managers from seven African countries, as part of the East, Central, and Southern Africa Health Community (ECSA) Forum on Best Practices in Tanzania.
- Adapting and applying a Policy Implementation Assessment Tool to assess (1) Guatemala's National Policy on STIs, HIV, and AIDS; (2) El Salvador's National Strategic Plan for STIs, HIV, and AIDS; and (3) the State Health and Population Policy in Uttarakhand, India.
- Using research and information generated from a series of stakeholder interviews with health providers and community workers to inform the adoption of a new policy that permits community health workers to administer injectable contraceptives in Malawi.
- Adopting culturally appropriate guidelines for providing FP services to indigenous women, who are predominantly poor and living in isolated rural areas in Peru.

- Including FP in health services provided for the poor under a government program to reduce chronic child malnutrition (CRECER) in Peru.
- Conducting evidence-based advocacy that resulted in the inclusion of family planning in Rwanda's Vision 2020, creation of an FP technical working group, and establishment of a population desk at the Ministry of Finance.
- Developing guidelines to increase constructive men's engagement (CME) in RH to complement the National RH plan in Mali.
- Using participatory diagnostic and planning methodology to engage municipal governments in improving their response to GBV within the context of FP/RH services in Bolivia.

B. Innovative Approaches

Task Order 1 uses a portion of its core funds to test new and innovative policy approaches for improving access to FP/RH in selected countries. These innovative approaches (IAs) help advance technical knowledge and improve understanding of critical policy issues. The tools and approaches that HPI develops are pilot-tested in the field and then applied and scaled up in other settings and countries. The project has IAs underway in Kenya, Malawi, Guatemala, Peru, Bolivia, and Mali. IA6 in Sierra Leone was completed during the previous reporting period. The current status of the remaining IAs is described below.

IA1: Eliminating Barriers to the Integration of FP/RH and HIV/AIDS Services in Kenya (FY05/06)

Activity Manager: Carol Shepherd

Objective: The goal of this activity is to identify and eliminate operational policy barriers to the integration of FP/RH and HIV/AIDS services in Kenya through a participatory process involving the existing in-country integration working group and other key stakeholders.

Summary of Major Activities: Over the last six months, HPI supported a consultant to develop an RH/HIV Integration Strategy based on the results of the rapid assessment of barriers to FP/RH/HIV integration in Kenya. HPI produced a draft document that was circulated to the Integration Technical Working Group (ITWG) Strategy sub-committee in Kenya for feedback. HPI incorporated proposed changes, re-circulated the document for review, and presented the strategy to the broader ITWG in October 2008. Both core funds and field support funds are being used to continue activities, such as finalization of the strategy, development of operational guidelines, and designing and costing of a one-year action plan.

HPI has completed a draft report of the barriers analysis and submitted it to the CTO for review.

IA2: Repositioning Family Planning by Expanding Contraceptive Methods Available Through Community-Based Distributors and Nurse Auxiliaries: Using Policy Dialogue and Advocacy to Eliminate Operational Barriers to Family Planning in Sub-Saharan Africa (FY05/06)

Activity Managers: Margot Fahnestock and Priya Emmart

Objective: The objective of this activity is to increase access to family planning for poor, rural women in eastern, central, and southern Africa by using policy dialogue and advocacy to expand the community-based distribution (CBD) of injectable contraceptives. HPI has worked closely with stakeholders and partners in Malawi to design a model for CBD of injectable contraceptives that is sustainable; supported by providers, clients, regulators, and funders; and can be scaled up to the national level. HPI is also working to change existing policies and advocate for government funding for CBD of injectables.

Summary of Major Activities: In March 2008, Malawi's Reproductive Health Unit received approval from the Senior Management team at the MOH for health surveillance assistants (HSAs) to deliver Depo-Provera (DMPA). In June 2008, HPI participated in a MOH-led study tour to Madagascar to explore lessons and successes surrounding its development of a policy and implementation guidelines.

In July 2008, HPI convened and hosted a stakeholders meeting in Lilongwe, Malawi, to present the findings from the 2007 HPI acceptability and feasibility study (report will be finalized in November 2008) and share the experience of the Madagascar study tour team. The meeting was well-attended by 50 participants; all of the key stakeholders attended, including the Director of the Reproductive Health Unit, district-level health officials, representatives from the medical council, and donors such as UNFPA. The HPI team used the meeting to solicit ideas for key components of future guidelines necessary to develop the framework of the new HSA program. Key issues that were discussed include the supervision of HSAs, training, monitoring, and DMPA supply.

HPI's activities are now focused on finalizing the final report for the project. The report will include a case study on lower-level health workers administering DMPA, findings from the 2007 research on the acceptability and feasibility of HSAs administering DMPA, details of the July 2008 stakeholders meeting, and next steps.

Malawi has made great progress this year toward expanding access to contraceptives by supporting HSAs to administer DMPA at the community level. Work under the TASC3 Project, implemented by Management Sciences for Health (MSH), Futures Group International, and Population Services International, will support the implementation of the new HSA initiative. In August and September 2008, MSH and Futures Group International worked together to create guidelines for the new program. MSH is responsible for the training guidelines (training HSAs on administering DMPA), and Futures Group International is responsible for the program guidelines that provide the framework for a standard, national program. The HSA-DMPA program will be launched in eight districts in the next quarter, with the aim to scale-up after incorporating lessons learned from the pilot phase.

IA3: Improving Access to FP/RH/MH for the Indigenous Population in Guatemala (FY05/06)
Activity Manager: Liz Mallas

Objective: The goal of this activity is to improve access to FP/RH services among indigenous populations. HPI has identified barriers to access among indigenous groups and has worked with Guatemala's major health service providers to design and implement effective policies and interventions that address these barriers—thereby ensuring that policies and programs respond to the FP/RH and maternal health needs of these groups. Activities include (1) information gathering and analysis, (2) dissemination and policy/strategy development, and (3) implementation.

Summary of Major Activities: The IA3 team designed data collection instruments for group interviews with Mayan women—users of FP services, nonusers of FP services, and FP users/nonusers who do not use health services. The team also designed in-depth interview instruments for health providers. The instruments helped to collect information on barriers to access (financial, geographic, and cultural), as well as positive and negative aspects of health services in general and FP services in particular. Local consultants conducted group and individual interviews in three departments: Sololá, Totonicapán, and Quiché. They transcribed and translated the collected data from various Mayan languages to Spanish and then organized the data to facilitate analysis. The IA3 team met in Guatemala City to review and interpret the findings.

Key factors inhibiting access include provider perceptions; Mayan women's decisionmaking processes; language barriers; quality of care; the roles of traditional birth attendants and health promoters; religion;

cultural practices; and local myths and beliefs about family planning. HPI staff presented the findings to the MOH, Social Security Institute, Guatemalan Family Planning Association (International Planned Parenthood Federation affiliate), USAID Mission, and other key stakeholders. HPI staff also presented them to the Medical Barriers Committee, established under the POLICY Project, and to local authorities in the three departments where the data were collected. As part of the presentation, participants from the service delivery organizations and civil society designed activities to address the operational barriers. In September 2007, to supplement the findings of the IA3 analysis, the National Program of Reproductive Health of the Ministry of Public Health and Social Welfare (MSPAS) used the conceptual framework and methodology of the analysis to conduct a study on barriers to access among the non-indigenous population. HPI offered technical assistance to and shared related experience and findings with the study team.

The national RH program and MSPAS also used the IA3 analysis results as baseline information to create a strategic plan for the reduction of unmet need for FP services in Guatemala. The Departmental Office of Health in Quiché, with HPI technical support, developed technical directives for reducing barriers to family planning among the indigenous population in the area. The Quiché directives were approved on August 10, 2008, and focus on the quality of service, local conditions, and the provision of services in the local language or through an interpreter. Specific mandates included training and updating personnel services; extending open hours and direct access to the FP clinic; securing a place for private FP counseling; retaining FP service providers for at least one year; and attending to Mayan populations without discrimination or ill treatment, while respecting their religious and cultural identity. As a result of these directives, women will be able to receive counseling in private and obtain complete information on FP methods and their use. Between August and September 2008, HPI provided support for the training of health workers in five districts of Quiché to implement the technical directives. The health districts are now implementing the technical directives to reduce barriers to FP services among the indigenous population, using NGOs under contract by the MSPAS as resources for health services. It is hoped that the result will be greater access to high-quality FP services for indigenous women.

In addition, the MSPAS reviewed and approved the printing of the technical directives, *Guidelines for the National Family Planning Strategy*, on August 4, 2008, which was a result of this activity and complementary field work activity. HPI's report on the market segmentation and unmet need analyses (in Spanish) was also finalized, with input by USAID partners.

The project is preparing a final lessons learned paper and a brief in English. The brief will be translated into Spanish and printed for dissemination.

This is the final report on this activity.

IA4: Implementing a Comprehensive Strategy to Reach the Poor and Achieve Contraceptive Security in Peru (FY05/06/07)

Activity Manager: Suneeta Sharma

Objective: The goal of the IA4 in Peru is to improve access to FP services among the poor. The HPI team implemented a multifaceted strategy that relies on *different sectors* and *diverse financing mechanisms* to remove selected financial, cultural, and operational barriers to access among the poor. With additional core funds from FY07, follow-on activities focused on awareness raising, advocacy, and scale up of IA4 activities in different regions.

Summary of Major Activities: In August 2008, HPI used the *Culturally Appropriate Counseling in Sexual and Reproductive Health* manual in a training-of-trainers workshop. National trainers who participated in the workshop are expected to train local health providers in eight regions and disseminate copies of the

training manual. In addition, the local team provided support in developing the manual into a distance learning course that would enable the training of providers at the national level. The local team designed a training course on culturally appropriate vertical birth and FP counseling for medical interns at the Health Center of Belepampa in Cusco. Interns were supervised by providers trained in culturally appropriate counseling and vertical birth. The Ministry of Health has approved the training module and will finance its publication as well as its implementation in training workshops.

The HPI team provided technical assistance to help operationalize the FP counseling component of the Integrated Health Insurance (SIS) program, including estimating the benefits and reimbursements for family planning under the SIS. The government approved a regulation, *Formato Unico de Atencion*, that modifies the approvals from May 10, 2007, and now includes FP counseling (Resolución Jefatural del SIS) under preventive benefits. The technical team helped draft operational guidelines and establish the FP-related benefits and reimbursements in the SIS. As per the operational guidelines, SIS will pay eight *soles* for counseling, 12 *soles* for the first FP appointment (when the user obtains her/his first method), and two *soles* every time the users come to obtain their methods (continuadoras). The operational guidelines are being reviewed by relevant government policymakers.

The local research team conducted the second round of the equity-based monitoring and evaluation survey. The research subjects were beneficiaries of JUNTOS, a conditional cash transfer program. The research team collected information regarding attendance in RH counseling sessions and quality of counseling sessions for the JUNTOS beneficiaries from 42 health facilities in seven districts in Huanuco, seven districts in Cusco, and three districts in Junin. Results from the first four months of implementation show that attendance in RH counseling sessions increased by 30 percent on average.

IA5: Engaging the Marginalized and Raising Awareness on Family Planning as an Approach to Reduce Poverty (FY05/06)

Activity Manager: Imelda Feranil

Objective: Although poverty reduction is increasingly becoming a focus of USAID Missions and governments, donor assessments indicate that such initiatives have involved civil society groups, especially the poor, only to a limited extent. The goal of this IA is to facilitate the poor's involvement in FP policy processes by creating a practical guide that can help Missions, government officials, and civil society leaders to engage the poor effectively, while at the same time repositioning FP as a strategy to address health and poverty issues.

Summary of Major Activities: The draft guidelines were revised in May 2008 based on recommendations provided by HPI senior technical managers and a consultant. The objective was to make the guidelines less technical and more accessible to implementers and to incorporate more country examples of efforts made by policymakers and leaders to engage the poor. The revised draft includes more examples of relevant participatory initiatives in various development sectors. However, the overall finding is that there is limited documentation on initiatives led by high-level officials to engage the poor. HPI also used the latest DHS reports from several developing countries to update data on fertility levels, contraceptive prevalence, and unmet need among the poorest and the wealthiest women. Once the IA5 guidelines are finalized, HPI envisions that they will be introduced in Nigeria to complement the proposed IR2 activity aimed at building leadership capabilities among the poor.

IA7: Understanding the Relationship between GBV and the Demand for and Uptake of FP/RH and Related Health Services (FY05/06/07)

Activity Manager: Mary Kincaid

Objective: This two-year activity was designed to formulate an innovative, multi-level model for supporting the implementation of policies and programs to address gender-based violence (GBV) as a barrier to demand and uptake of FP/RH and related health services for women. Its goal was to create a bottom-up movement to advocate for and support implementation of GBV policies by developing effective interventions in the target municipalities. The activity was carried out in Bolivia. The project used Youth GLP funding to integrate attention to youth issues throughout the program. The current core-funded activities ended in September 2008, with final versions of the deliverables ready in late 2008, pending translation and editing.

Summary of Major Activities: Beginning in June 2006, HPI undertook a pilot project to support the implementation of policies that prevent and respond to GBV, with a specific focus on the intersection of GBV with FP/RH, in four municipalities of Bolivia. The project facilitated the design and implementation of a participatory methodology in communities to identify barriers that prohibit communities and municipal services from preventing and adequately responding to different forms of GBV (e.g., intimate partner violence, sexual harassment and violence, and gender-based political harassment)—which are also seen as barriers to the use of FP/RH and other health services. Through the participatory methodology, the project engaged diverse actors, including men, women, and youth; and service providers from different sectors (e.g., health, education, police, judiciary, and indigenous and municipal political leadership).

The participatory process, conducted by HPI-trained local facilitators, guided participants through two initial phases (Phase I, May–September 2007, Participatory Diagnosis; Phase II, October 2007–February 2008, Participatory Analysis) to raise awareness through self discovery, diagnose and analyze the root causes, and design activities to address the problems. During Phase III, March–June 2008, Implementation of Priority Activities, participants advocated for funding of the activities under the municipal budget and implemented activities to establish mechanisms for social control and vigilance. Phase IV, July–September 2008, focused on systematizing the methodology and related tools and evaluating the process with participant organizations in a workshop setting. This last phase also was designed to encourage stakeholders to assume responsibility for the outcomes of planned actions. To have an impact beyond the four municipalities, the project sought guidance and technical input from a group of experts (Consultative Committee Against Violence or CCCV in Spanish), who met at the beginning of the first two phases to review the methodology prior to its application and to reflect on the results of the preceding phase, respectively. During this reporting period, the CCCV met to review the Phase II tools. A final meeting of the CCCV took place in September 2008 to assess the results of the evaluation.

The project launched an intensive series of activities with locally contracted partner organizations. The partner organizations are national NGO providers of FP services in the four project sites. Activities included the following:

- Design, validation, and production of methodological guides for Phases II and III.
- Training and application of the methodology by four teams of facilitators (26 total) from CIES Oruro, CIES Camiri (Macharetí), APROSAR (Quillacas), and PROCOSI (El Alto). Almost 1,000 people have participated in the process in the four municipalities; 40 percent of the participants are youth.
- Participation of service providers, indigenous leaders, and municipal authorities in focus group discussions on the topics covered in the longer participatory community process.
- Bi-monthly field visits to the four sites to monitor and assist the teams with the methodology, and coordination of activities with the local health services and municipal authorities.
- CCCV meetings with 25–30 participants from Bolivian NGOs, international donors and contractors, and executive and legislative branches of the Bolivian government.

- Processing information from the Phase I participatory assessment and Phase II. This was made possible through an agreement with the Catholic University, which provided an intern to record and systematize information from the field and training activities.

During the reporting period, the local coordinators provided technical assistance to partners in the four sites, to help them implement their advocacy actions, obtain political support and funding for follow-on activities, and establish mechanisms for community vigilance and control. In addition, the local coordinators worked closely with Dr. Guido Pinto, HPI consultant, to evaluate the impact of the two-year program, looking at the relationship between GBV and FP/RH. The evaluation included key informant interviews and focus groups in the four sites, as well as quantitative analysis of household survey data and FP/RH service statistics. In late September, the consultant submitted the draft report, with the results of the quantitative and qualitative analysis, for HPI review. Between August-September the team prepared a draft of the third methodological manual, laying out the process for Phase III and Phase IV, and submitted it to local partners and reviewers for comment.

Initial results from the project team and local partners suggest that the IA7 activity has had a far-reaching impact in Bolivia. All four municipalities have designed and funded local government plans to

- Organize or strengthen existing networks against GBV,
- Improve health and legal services to address the needs of people affected by GBV, and
- Implement additional activities to raise awareness and engage citizens in the prevention and reduction of GBV.

Two of the main partner organizations have adopted the methodology and plan to apply it in other municipalities in Bolivia: CIES, the IPPF Affiliate in Bolivia with FP/RH services in eight out of nine Departments in Bolivia, and PROCOSI, a network of 34 NGOs working on health throughout Bolivia. (Seven PROCOSI members—APROSAR, CIES, CIEP, Cemse, Project Concern International, Pro Mujer, and Pro Salud—implemented the HPI process between 2007–2008.) In addition, the Christian Children’s Fund is implementing activities using the participatory methodology, while UNICEF and several donors and local NGOs have expressed an interest in adapting the methodology for use in their projects.

IA8: Scaling Up Approaches to Constructive Men’s Engagement in FP/RH Programs (FY05/06)
Activity Manager: Britt Herstad

Objective: Globally, much attention has focused on program initiatives to engage men constructively in reproductive healthcare services and programs; however, few interventions have targeted improving the policy environment for CME. HPI designed this activity to support USAID’s efforts to integrate gender into FP/RH programs by facilitating the creation of a strategic process for integrating CME and designing and piloting key innovative approaches/activities for integrating CME into existing USAID programs. HPI staff tailored national CME guidelines to the Malian context in support of the National Reproductive Health Strategic Plan.

Summary of Major Activities The Mali Ministry of Health officially approved and signed the CME guidelines *Guide pour l’Engagement Constructif des Hommes en Santé de la Reproduction* into effect on May 20, 2008. With the approval of the CME guide, the government of Mali has made a commitment to improving men’s RH for the first time by encouraging men to become more involved in RH through three overlapping roles: men as users of RH services, men as supportive partners to women, and men as agents of change in their families and communities. By introducing these roles, the Malian government supports cultural changes specifically related to gender norms that typically discount men’s RH needs.

The National Advisory Committee of the stakeholder group has agreed to support and monitor the dissemination and implementation of the CME guidelines. In addition, USAID has agreed to fund HPI/Mali to provide financial and technical support to the committee, which will meet three times a year until October 2011 to discuss progress in implementing the guidelines.

In March 2008, staff of Keneya Ciwara (a local USAID-funded project) and HPI/Mali conducted a field assessment in one health center site in Dioïla to assess results from the December 2007 workshop (described in the previous semi-annual report). The assessment found that the *relais communautaires* (community peer counselors) have used the skills and knowledge gained from the workshop. The team interviewed service providers and the *relais communautaires*, observed their peer education activities, and reviewed their activity records. The assessment revealed that the work of the trained educators has affected men's behavior. For example, many men have begun to accompany their wives to the Community Health Center for antenatal care visits. In addition, health service providers have noticed an increase in the demand for contraceptive products at distribution centers. Due to the success of the program, Keneya Ciwara has committed to adding the workshop to the standard training of all their *relais communautaires*. USAID/Mali has extended the funding for Keneya Ciwara by three years, ensuring that the CME-related training will be sustained.

A report summarizing work under IA8 has been drafted and will be finalized in the next quarter. Since this activity has now ended, this is the last report on the Mali CME work under IA8.

C. IR Activities

IR1: Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice

The adoption of policies and their successful implementation will contribute substantially to the achievement of the HPI Activity Objective. By collaborating with both the public and private sectors, HPI helps countries formulate and adopt policies that improve access to high-quality services and information. HPI also works with government partners and other organizations to implement those policies. The project uses IR1 core funds to design tools that measure the status of policy implementation and to help ensure that countries have tools available to initiate policy dialogue around critical issues that can be addressed through policy change.

1.1 Policy Implementation Assessment Tool (FY05/06) and its Validation (FY07) Activity Manager: Anne Jorgensen

Objective: HPI places increased emphasis on the implementation of policies; thus, the purpose of this activity is to design and pilot-test a tool and methodology that will help assess the process of policy implementation. HPI designed a user-friendly approach, which includes a Policy Implementation Assessment Tool (PIAT) composed of two questionnaires—one for policymakers and one for implementers and other stakeholders. The questionnaires delve into seven dimensions of policy implementation: the policy, its formulation and dissemination; the social, political, and economic context; leadership; stakeholder involvement; planning and resource mobilization; operations and services; and feedback on progress and results.

Summary of Major Activities: In April 2008, HPI prepared (1) supplemental questions for the tool on gender and poverty and equity; (2) focus group discussion guides for use with clients and community-level workers; and (3) guidance on conducting a policy text analysis (the first step in adapting the PIAT to

the specific context). The text analysis guidance pays particular attention to gender, poverty and equity, and the needs of clients. Also, for internal use, HPI prepared a draft guide on how to use the tool; reviewer comments are being incorporated and the internal guide will be finalized next quarter. The project will prepare a guide for use with external audiences that will include examples and lessons learned from the pilot-tests in Guatemala and India and other field-supported applications of the tool.

HPI applied the PIAT to assist stakeholders in Uttarakhand, India, with implementation of the state *Health and Population Policy* adopted in 2002. HPI organized a core team that included representation from the state Directorate of Health and Family Welfare, State Health Resource Center (SHRC), NGOs, and HPI. In May/June 2008, the project and the core team adapted the PIAT questionnaires to the specific state and policy context and adapted the focus group discussion guides to gather the perspectives of clients and community-level functionaries. HPI began data collection efforts in June 2008 in collaboration with a leading local research and service delivery NGO, Himalayan Institute Hospital Trust. The team conducted interviews with policymakers and implementers and focus group discussions with community-level functionaries and clients. Following data analysis and identification of key themes, a draft report of the findings was prepared in September 2008. During the next quarter, the document will be discussed at a workshop on “Policy, Innovation, and Practice in Uttarakhand” in Dehradun in November 2008. After any suggested revisions are incorporated, the report will be reviewed and finalized.

1.2 Strengthening Policy and Advocacy in Response to the Newly Released WHO Study on the Negative Impacts of Female Genital Cutting(FY07)

Activity Managers: Myra Betron and Margot Fahnestock

Objective: This activity aims to work with local partners in the government, civil society, religious, health, and social sectors in Mali to overcome barriers to addressing female genital cutting (FGC) through (1) building multisectoral collaboration to eliminate FGC; (2) facilitating the development of advocacy tools; and (3) developing and implementing advocacy plans targeting religious and government leaders in order to improve the policy environment for the abandonment of FGC.

Summary of Major Activities: Currently, the project is developing and validating the advocacy tools, which are the main vehicle for project activities. Earlier this year, the project team completed a comprehensive literature review on FGC to draw upon global experiences and successes of implementing existing FGC policies and programs. In May, the activity managers travelled to Mali to conduct a situational assessment to identify the policy and advocacy needs and barriers to addressing FGC. During this visit, the team also identified a local consultant who is a former member of Parliament who led previous efforts to mobilize representatives from various sectors to spread the message to stop FGC. The consultant will coordinate the activity in the field. Findings from the literature review and situational assessment were used to inform a policy brief and advocacy PowerPoint presentation that are currently in draft form.

Anticipated next steps include:

- Validation of advocacy tools among civil society, health, religious, and parliamentary experts on FGC (November 2008)
- Sensitization and capacity-building workshop with a cadre of religious leaders on the contents and use of the FGC advocacy tools developed by the activity (December 2008–January 2009)
- Presentation of advocacy tools to parliamentarians by religious leaders (February 2009)

IR2: Public sector and civil society champions strengthened and supported to assume leadership in the policy process

Core activities under IR2 focus on building the capacity of public sector and civil society leaders to effectively influence policymaking and to support implementation of policies to ensure access to high-quality health services. HPI identifies policy champions and expands and strengthens their roles and responsibilities as leaders and advocates in reproductive health, particularly around repositioning family planning.

2.1 *Repositioning Family Planning with Religious Institutions*

Activity Manager: Danielle Grant

Objective: Religious leaders can play a major role in influencing community attitudes and practices and persuading local leaders and decisionmakers to invest in effective FP/RH strategies and programs. The purpose of this activity is to increase support for and implementation of FP within faith-based organizations (FBOs). The strategy is to identify religious leaders, engage them in dialogue, and strengthen them to reposition family planning within their institutions down to the community level. Initially, HPI undertook this activity by building on previous work done under the POLICY Project with Islamic leaders, but has expanded it to include others, for example Protestant, Catholic, and indigenous leaders.

Summary of Major Activities: No activities were undertaken during this period, as all activities were completed in the last reporting period. HPI awarded small grants to the Mali Islam, Population and Development Network (RIPOD) and provided support for advocacy and network expansion activities carried out under the small grant mechanism. RIPOD had groups at the regional level but not in the districts. This small grant permitted RIPOD to place new groups in six districts (two per region) and add a total of 70 new members. The National RIPOD met with the regional-level members for the dissemination of the video titled “Repositioning Family Planning, Religious Leaders Are Committed” and the Islamic advocacy tool for family planning. Then the regional RIPOD members went out to the districts to present the advocacy tool and video for religious leaders. After these activities were conducted, the six district RIPOD offices were created. Small grant activities for Mali are complete, and the final report has been submitted.

This is the final report on this activity.

2.2 *Promoting Legislative Reform and Strengthening the Role of Parliamentarians in Repositioning Family Planning (FY05/06)*

Activity Manager: Danielle Grant

Objective: Repositioning FP in Francophone Africa has focused on energizing parliamentarians to enact and implement legislative reforms that will increase access to family planning services in the region. Since 1997, POLICY and HPI have supported efforts to put in place a strong legal policy framework for FP/RH. This included development of a model RH law (1999) and the development of two resources, a *Guide to Legislative-Regulatory Reform in RH* to assist parliamentarians in preparing legislative agendas and the *Parliamentarians’ Manual for Translating RH Laws in Practice*. To date, eight countries (Benin, Burkina Faso, Chad, Guinea, Mali, Niger, Senegal, and Togo) have adopted legal-regulatory reform agendas resulting in the adaptation and adoption of the model RH law in their countries. The purpose of this activity was to move this law into action. In collaboration with AWARE RH, HPI assisted parliamentarian networks in selected countries by supporting specific in-country actions to ensure implementation of the model RH law. Additionally, HPI supported south-to-south collaboration by further strengthening the capacity of a cadre of parliamentarians to be effective advocates in FP/RH.

Summary of Major Activities: No activities were undertaken during this period, as all activities were completed in the last reporting period. HPI awarded small grants to the Mali Parliamentarian Network on Population and Development. The network advocated for the approval and signing of the *textes d'application* or administrative regulations that translate the RH law into concrete actions. The Minister of Health signed the regulations in January 2008. Mali adapted and adopted the RH law in 2002, but the regulations had not been signed and approved by the relevant ministries. These regulations provide the directives on how the law will be applied (e.g., for the procurement of approved contraceptives).

This is the last report on this activity.

2.3 Addressing Early Marriage in Uganda (FY05/06)

Activity Manager: Danielle Grant

Objective: This activity aims to raise awareness and mobilize policymakers and communities to reduce the practice of early marriage in two kingdoms of Uganda: Bunyoro and Buganda. The activity is being conducted in three phases: research (both quantitative and qualitative), policy dialogue, and advocacy. The quantitative component of the research was carried out under IR5. The quantitative and qualitative data findings will be used to inform policy and advocacy planning in these two kingdoms.

Summary of Major Activities: The qualitative analysis, now completed, included a literature review and focus group discussions in the two kingdoms. The report summarizing the findings of the qualitative analysis was drafted, and the findings compared with those of the quantitative study were also completed during this period. HPI presented these findings to the CTOs at USAID in June and identified key themes for the final report, based on the discussion. The project finalized the qualitative report in September 2008.

The review of ethnographic, historical, and public health literature found that girls' age at marriage in Uganda has risen only slightly since the 1950s, although regional disparities remain. Historically, many types of marriage were practiced, with differences varying across ethnic groups. Parents were responsible for finding suitable matches for their daughters. In recent years, both ethnic differences and parents' control over their children's marriages have been decreasing. The role of other relatives, including that of the *ssenga* (paternal aunt), who had traditionally readied girls for marriage, has also been declining.

Findings from the focus group discussions support those of the literature review. Although participating parents and teachers represented two ethnic groups and geographical areas, their comments were quite similar. Marriage remains important for young girls because opportunities for younger women to work and live away from their parents, outside of marriage without stigma, are limited. Poverty is a key driver of marriage for both girls and their parents.

Suggestions for advocacy to reduce early marriage include emphasizing the poor health outcomes that accompany the sequence of early marriage and early pregnancy; supporting combined programs of school retention and employment; and encouraging girls to stay in school, delay marriage, and earn incomes to help their parental households. Policy changes are needed to allow pregnant girls to remain in school and to permit young, married girls to return to school. Advocacy on early marriage could be integrated into programs on family planning, STIs, and HIV prevention.

HPI will prepare a report that combines the findings and recommendations from both the quantitative and qualitative reports during the next quarter. The project will also prepare a policy brief to be used in policy dialogue with decisionmakers and other key stakeholders from each kingdom.

2.4 *Supporting the Reproductive Health Supplies Coalition (RHSC) in Advocacy for Supplies* Activity Manager: Tanvi Pandit-Rajani

Objective: In FY07, the RHSC commissioned HPI to prepare an advocacy guide and toolkit to enhance the ability of its members and country-level partners to successfully advocate for improving the availability of contraceptives and other reproductive health supplies for people who want and need them. *Leading Voices in Securing RH Supplies: An Advocacy Guide and Toolkit* includes a planning guide on key advocacy concepts as well as tools, templates, and resource links specifically focused on country-level advocacy for RH supplies.

In FY08, HPI built on this activity by applying the toolkit to a developing country context. In collaboration with the East, Central and Southern Africa Health Community (ECSA), the project was able to pilot test the latest version of the toolkit through a regional advocacy workshop. ECSA provided a forum to reach a wide audience from multiple countries in the region facing issues with contraceptive security.

Summary of Major Activities: In September 2008, HPI conducted a two-and-half-day advocacy workshop for select members of ECSA. Held in Arusha, Tanzania, the workshop preceded the ECSA's Forum on Best Practices. The objectives of the advocacy training workshop were to (1) identify key issues affecting the supply of contraceptives in each country, (2) familiarize participants with the advocacy guide and toolkit, (3) identify effective ways that advocacy can be used to mobilize resources for FP supplies, (4) determine how the advocacy tools can be tailored to address country-specific contexts and needs, and (5) share lessons learned and experiences from across the region. All objectives were met. Participants included health representatives from ministries of health in Kenya, Lesotho, the Seychelles, Swaziland, Tanzania, Uganda, and Zimbabwe. Participants developed country-specific advocacy objectives and identified key target audiences—many focused on “lower” level objectives to achieve quick successes. Moreover, participants learned about the advocacy process and how to use the various tools from the interactive CD and website, recently developed by the RHSC.

The workshop provided a good opportunity to apply the toolkit in a developing country context. Participants expressed interest and enthusiasm for the advocacy guide, technical materials, and data contained within the toolkit. One key lesson learned is that the CD and website need further improvement to increase their user-friendliness (e.g., adapt the CD to Internet Explorer, condense the size of larger documents, and reformat the current layout). In most cases, participants were unable to open the CD on their computers. However, given the high demand for the tools and materials, HPI was able to provide electronic copies to everyone. The project debriefed the CTOs, and discussions on next steps are currently underway. HPI also documented these lessons for the CTOs, who will then share them with the RHSC to make any necessary changes to improve the current version of the toolkit.

2.5 *Developing a Program to Build Leadership Capacity Among the Poor* Activity Manager: Danielle Grant

Objective: The participation of marginalized groups in FP/RH policymaking processes is essential to ensure equitable access to services. Marginalized populations, especially the poor and women within these populations, are often most affected by policy barriers and ineffective implementation of FP/RH policies and programs. Yet, a lack of leadership skills and knowledge hampers the ability of many marginalized groups to coalesce around common concerns and participate effectively in policy dialogue so that it accurately reflects their needs and leads to sustainable practices. Thus, the purpose of this activity is to identify potential leaders among marginalized groups, including women, and build their leadership skills.

Summary of Major Activities: Nigeria was selected as the country to carry out this activity based on the existence of an extended network of CEDPA alumni in the country and data indicating widespread poverty and low contraceptive prevalence. The proposal was revised to reflect the Nigeria country context and approved by HPI's CTOs in July. The project sent an official request to the USAID/Nigeria Mission and continues to await its decision. In September, at USAID/Nigeria's request, the detailed concept paper was sent for its review. Mission approval is pending.

IR3: Health sector resources increased and allocated more effectively and equitably

The goal of IR3 is to improve equitable and affordable access to high-quality FP/RH services through improved resource allocation policies and practices. It focuses on generating new resources; allocating resources more efficiently, effectively, and equitably; and establishing operational policies and mechanisms to ensure successful implementation of policies, plans, and financing schemes.

3.1 *Ensuring Equitable Financing and Resource Allocation at the Decentralized Level*

Activity Managers: Dayl Donaldson / Brian Briscoombe

Objective: This activity aims to (1) improve the adequacy of resources allocated for FP/RH programs at national and decentralized levels, (2) improve the equity in resources allocated for FP/RH services across decentralized units, and (3) promote the participation of women in decisionmaking at national and decentralized levels regarding FP/RH resource allocation issues.

Summary of Major Activities: Efforts to define this activity in Kenya were delayed by the civil conflict. In April 2008, in coordination with HPI staff from the Kenya office, agreement was reached on the activities to be undertaken in the field. Given the current influence that the central government retains over allocation of the budget for FP/RH at national and sub-national levels, the selected activities focus more on the central level than had been originally anticipated and include

- Estimation of the budgetary gap for FP/RH through application of FamPlan and Safe Motherhood modules of Spectrum. Training will be provided to build capacity among Kenyans in use of these models;
- Review of government legal/budget directives and donor commitments that affect the level and distribution of central and subnational allocations for FP/RH and evaluate the extent to which the government's budget allocations for FP/RH do (or do not) meet legal/regulatory or budget directives;
- Mapping of the GOK budgetary process and identification of government and civil society actors and their influence on budget allocations for FP/RH, especially regarding the prescribed funding levels for central and subnational levels;
- Review of government legal/regulatory provisions that influence the participation of women in administrative/legislative bodies that have influence over the level and distribution of government tax/fee revenue for FP/RH at central and subnational levels of government and assessment of the extent to which these provisions are implemented in practice; and
- Evaluation of the influence of women on FP/RH resource allocation decisions at the national level and assessment of the training needs of these women regarding their abilities to influence resource allocation decisions for FP/RH at the national level.

During the reporting period, HPI prepared a scope of work and related budget for this activity. The field work begins in October 2008. HPI staff also reviewed literature on decentralization in Africa and its relationship to the achievement of FP/RH goals. The project is preparing a summary of the findings to

highlight (1) lessons learned regarding the impact of decentralization on FP/RH programs and (2) best practices for ensuring equitable resource allocation in support of FP/RH service delivery.

IR4: Strengthened multisectoral engagement and host-country coordination in the design, implementation, and financing of health programs

Engaging individuals and groups from diverse institutions in health and non-health sectors is essential to ensuring sustainable and effective national health policies and programs. The overall objective of IR4 is to facilitate active participation of a wide range of partners and sectors in addressing the complex issues of programming and resource allocation for reproductive health.

4.1 Family-Friendly Workplace (FY05/06)

Activity Manager: William Winfrey

Objective: The lack of workplace policies that support reproductive health and family-friendly strategies results in many women leaving employment, which has adverse economic consequences for women, families, and businesses. The purpose of this activity is to create a computer-based quantitative model that supports workplaces to better respond to women's and families' needs. The tool can be used for communicating to businesses the financial benefits of implementing workplace policies supportive of working mothers.

Summary of Major Activities: In the previous reporting period, HPI completed a pilot-test of the Family-Friendly Workplace model with a medium-sized company in India. This effort included the model application, a discussion of policy options, and a presentation to the company's senior management. The pilot-test demonstrated that the model and approach were useful for initiating a policy dialogue with employers regarding workplace policies. Based on this pilot-test, the model was revised and a users' manual to accompany the model was drafted and reviewed by HPI colleagues. A brief summarizing the model applications and pilot-test in India was submitted to the USAID CTOs in October.

4.2 Fostering Public-Private Collaboration and Developing Solutions to Ensure Access to Family Planning for the Poor (FY07)

Activity Manager: Margot Fahnstock

Objective: In many countries, the public sector has assumed a large role in the provision of FP products and services. In response to donor phaseout, however, and to sustain FP program benefits achieved to date, many governments must now consider formulating strategies that foster collaboration with other providers of family planning, such as NGOs, the commercial sector, the social marketing sector, and social security programs. Together, these groups can find an appropriate way to sustain the availability of contraceptive methods, while considering equity and the growing demand for services. In many countries, however, for this type of multisectoral collaboration to take place, a platform must be established to address legal, regulatory, and operational barriers.

In this activity, HPI proposes to support national-level, public-private dialogue around legal, regulatory, and operational barriers to increased participation in FP provision. With both sectors at the table, we will foster the development of strategies that create an enabling environment for private sector participation in family planning and identify ways for the public and private sectors to work together to ensure access to family planning for all. After reviewing different strategies that support public-private collaboration, we will implement several selected strategies.

Summary of Major Activities: In July 2008, HPI received approval from the Rwanda USAID Mission to conduct this activity in that country. In August 2008, HPI began a literature review of articles and documents that described the policy environment for the private sector in Rwanda. An HPI technical expert traveled to Rwanda in September 2008 to meet with the Ministry of Health and other key stakeholders regarding this activity. Ministry officials and collaborating partners, such as Population Services International and IntraHealth, were very enthusiastic about this research and agreed that the findings would lend support to increased involvement of the private sector in the provision of family planning services. HPI also identified a social research firm, led by the former director of the Rwanda Bureau of Statistics, to conduct research for this project locally. The project is finalizing plans with the research firm and is attempting to obtain the interim DHS data from Rwanda for use in the market segmentation analysis.

IR5: Timely and accurate data used for evidence-based decisionmaking

Timely and accurate data provide the basis for effective policy and advocacy work. In many instances, stakeholders do not know how to interpret existing data and how to use them to advocate for policy change. HPI adapts existing tools, models, and methodologies—as well as creates new ones—to facilitate data analysis and policy dialogue among stakeholders. In addition, advisors collaborate closely with the other IRs and working groups to respond to data needs that arise in their HPI efforts.

5.1 Contribution of Family Planning to Achieving the Millennium Development Goals (FY05/06) Activity Manager: Rachel Sanders

Objective: This activity's objective is to analyze the contribution of family planning to the achievement of the Millennium Development Goals (MDGs) and to design and disseminate advocacy tools based on the results. Building on methodology developed under POLICY, the activity team will conduct similar analyses for countries in Latin America and Asia. The expected result is a series of advocacy tools that will enable groups working on contraceptive security and repositioning family planning to employ messages that emphasize the economic and health benefits of family planning.

Summary of Major Activities: In the last year, HPI has focused on promoting the use of the information generated by the MDG analyses in diverse forums. These analyses have been presented at (1) African Union meetings on population; (2) the East, Central and Southern Africa Health Community Conference in Arusha, Tanzania; (3) a conference on scaling up best practices to meet the MDGs in Asia; and (4) workshops on contraceptive security in Latin America. HPI's analyses and presentations and the focus on the MDGs have received press coverage. For example, the *Citizen News* in Tanzania noted that "for every shilling spent on family planning, the country could save four to help in meeting some of the Millennium Development Goals." The press coverage has generated increased awareness of the centrality of FP to achieving the MDGs. During this period, the project completed analyses, powerpoint presentations, and advocacy briefs for DRC, Jordan, Mali, Senegal, and Tanzania.

5.2 Demonstrate Impact of Family Planning (FY05/06) Activity Manager: Maria Borda

Objective: This activity is designed to raise the profile of family planning within the overall package of reproductive and child health (RCH) interventions in Uttar Pradesh (UP), India. The analysis links birth spacing, delayed age at marriage, reducing unmet need for family planning, and increased uptake of short-term methods to reduced child and maternal mortality as well as fertility reduction.

Summary of Major Activities: The report on this activity, “Achieving Uttar Pradesh’s Population Policy Goals through Demand-based Family Planning Programs: Taking Stock at the Mid-point,” has been completed. It will be disseminated to stakeholders in India and used as a background document for the Uttarakhand conference in November. HPI submitted an abstract to present a paper on this activity at the 2009 Population Association of America meeting.

This activity is completed.

5.3 Data for Advocacy for Delay in Age at Marriage (FY05/06)

Activity Manager: Danielle Grant

Objective: This activity is designed to provide evidence-based information on the consequences of early marriage to inform awareness-raising and advocacy activities. The overall goal of this three-phased activity (research, policy dialogue, and advocacy) is to mobilize policymakers and communities to reduce the practice of early marriage. The quantitative component of the analysis focuses on the 2001 and 2006 DHS findings, examining the demographic characteristics, women’s status, fertility, HIV and AIDS knowledge, gender-based violence, and women’s health and child health by age at first marriage of ever and currently married women ages 25–49 years old. A qualitative study of two kingdoms in Uganda (reported under IR2) highlights the key reasons for early marriage in these two communities. The quantitative and qualitative data analyses will inform policy and advocacy planning in Uganda.

Summary of Major Activities: HPI delivered a presentation to the CTOs at USAID in June 2008 on the combined findings of the qualitative and quantitative studies. Based on the discussions with the CTOs, the quantitative report was finalized and submitted in September. The draft internal report described how more than half of ever-married women in Uganda were married before age 18. Beyond that 18 percent of women were married before their 15th birthday. Once a woman marries, her life experiences tend to be quite similar regardless of her age at first marriage. According to the quantitative findings, age at first marriage only influences a few of those experiences. Educational attainment, which is low for all women, is even lower for women who married before age 18. Early marriage leads to early childbearing and women tend to have more children at an earlier age if they marry younger but not a larger total number of children. With regard to women’s status, there are small differences in status between those who married early and those who married later. Gender-based violence is widely accepted and experienced in Uganda. Almost 70 percent of ever-married women report that it is okay for a husband to beat his wife. Women who married at early ages had a slightly higher rate of experiencing violence since age 15 and also spousal violence in the past year. Nevertheless, recommendations to delay early marriage should focus on continued education of girls, increased economic opportunity for women, and increased family planning use. In addition, empowering women to improve their status and eliminating gender-based violence would improve the life experience of all women.

HPI will prepare a report that combines the findings and recommendations from both the quantitative and qualitative reports during the next quarter and will use it for advocacy work in the two kingdoms in Uganda (see IR2 discussion).

5.4 Proximate Determinants of Family Planning on Maternal and Neonatal Outcomes (FY07)

Activity Managers: John Stover and John Ross

Objective: The purpose of this activity is to investigate the relationships between use of family planning and maternal and neonatal outcomes. Family planning can affect the number of maternal deaths in two ways: (1) through fewer births, which lead to fewer maternal deaths, if the maternal mortality ratio (MMR) remains constant; and (2) through reducing the proportion of births that are high risk, which results in reductions in MMR. From 1985 to 2005, FP use in the developing world (excluding China) as

measured by the contraceptive prevalence rate (CPR), increased from about 43 to 60 percent of married women of reproductive age. This increase in prevalence led to a reduction in the total fertility rate from about 4.6 children per woman in 1985 to 3.2 in 2005. The total number of births in developing countries (excluding China) during this period was about 2 billion but would have been 2.5 billion if the total fertility rate had remained constant.

Summary of Major Activities: HPI completed the analysis that examines patterns of maternal mortality based on the mother's age and birth intervals. Calculations were carried out using DHS data from 146 surveys conducted in 68 countries to estimate the expected benefits of increasing CPR to improve the distribution of births and lower the MMR. A draft report on these results is complete, titled "How Contraceptive Use Affects Maternal Mortality." HPI expects to finalize and disseminate the report during the next reporting period and submit it to a peer-reviewed journal.

5.5 *Investment Needed to Increase Family Planning Use by 1 Percentage Point per Year (FY07)*
Activity Manager: John Stover

Objective: This activity supports USAID Mission planning to meet the goal of increased modern contraceptive prevalence by providing information on the cost of achieving the goal. The growth of FP use has stagnated in many countries. Policymakers have been debating what it will take and how much it will cost to increase FP use globally by 1 percent. As countries have different levels of contraceptive use and require different kinds of inputs to achieve the increase, the answer to this question will depend on the local context. HPI examines this question in a quantitative and qualitative manner using sophisticated modeling and costing techniques. This activity entails estimating the costs and analyzing the barriers to FP scale-up.

Summary of Major Activities: HPI held discussions with USAID and within the project to identify the countries for implementation of the costing activity. Countries were contacted and a schedule of activities was developed. The countries that will participate in this activity are Mali, Jordan, and Kenya. Activities in Mali will be initiated in October and in Jordan and Kenya in November.

5.6 *Spectrum Maintenance and Updates (FY07)*
Activity Manager: John Stover

Objective: This activity enhances the Spectrum set of computer software tools to better support current and planned HPI activities, including adding poverty and equity to Spectrum models, repositioning FP efforts, and also analyzing the relationship between family planning and maternal mortality to help increase commitment and mobilize resources for family planning and maternal health. One of the strongest arguments for family planning is its potential contribution to reducing poverty and inequality.

Summary of Major Activities: HPI developed a new approach to making FP calculations, based on birth intentions and pregnancy outcomes, which can be disaggregated by wealth quintiles using DHS data. The project will apply this approach to selected country data sets to test the methods and explore the initial results.

The editor screens in Spectrum have all been updated with new software to allow more design flexibility and to replace older software that is being discontinued. New utilities have been written to simplify procedures for updating and translating Spectrum modules. In addition, Spectrum modifications have been made to enhance compatibility with Microsoft Vista.

D. Working Groups

Gender Working Group, FP/RH (FY05/06/07)

Activity Manager: Mary Kincaid

Objective: The Gender Working Group (GWG) develops activities to support its mandate of assisting the integration of gender into HPI activities. The group facilitates technical leadership and the integration of gender into field- and core-funded activities through a combination of workshops and follow-on TA for technical staff, which includes the creation and dissemination of key gender resources.

Summary of Major Activities: In 2006, USAID and HPI released *Addressing Gender-based Violence Through USAID's Health Programs: A Guide for Health Sector Program Officers*. The guide explains why these programs should address gender-based violence and how to support GBV initiatives based on what is known about promising approaches from literature reviews.

In this reporting period, at USAID's request, HPI revised the guide and has worked on preparing the document for publication as a second edition. In addition, HPI has managed the translation of the GBV guide into Spanish and French, which will be printed with the second edition of the English guide.

HPI also began contacting selected respondents for the brief impact evaluation report of the guide (as described in the previous semi-annual report). The team has undertaken several interviews with USAID and CA staff and will present the results as case studies in the evaluation report.

During this period, HPI also completed the compilation and analysis of field support and core-funded project results for the Gender Integration Index, and drafted the report of the baseline application (2007/2008). The report is currently being edited and will be disseminated in the next quarter.

Poverty and Equity Working Group (PEWG)

a) *Improving Access to Family Planning Among the Poor in Kenya (FY05/06)*

Activity Managers: Wasunna Owino and Suneeta Sharma

Objective: This work is jointly funded under IR3 and the Poverty and Equity Working Group. HPI will enhance the development and implementation of strategies for improving access to FP/RH services among the poor by collaboratively identifying and addressing barriers to FP access, reviewing and revising existing policies/strategies, as well as creating new and appropriate indicators to monitor the impact of these interventions. In Kenya, HPI will work closely with the Health Financing Task Force and Division of Reproductive Health in the Ministry of Public Health and Sanitation. The project will build on the existing approaches and mechanisms being implemented in Kenya.

Summary of Major Activities: The team identified and recruited local consultants to collect data and analyze the policy, operational, and financial issues affecting access to FP/RH services among the poor. To support development of the agenda for action, the team finalized the literature review on Kenya's FP policy environment to determine the primary forces behind the successes achieved in 1970–1990 and the causes for the stall in progress since 1990. The team designed instruments for focus group discussions and exit interviews. HPI is currently reviewing existing literature on (1) access issues and the geographic distribution of poverty and health/FP services, and (2) demand-side financing mechanisms (e.g., voucher schemes, waivers and exemptions, and the hospital-based National Health Insurance Fund reimbursement). The team has initiated a further analysis of Kenya Service Provision Assessment data to determine clients' satisfaction with FP services being provided in public and non-public facilities.

During the next quarter, the team plans to

- Form a technical working group on poverty and RH under the leadership of Division of Reproductive Health, Ministry of Public Health and Sanitation;
- Document the existing mechanisms of engaging or involving low-income women in problem identification related to FP, policymaking, and implementation processes; and in different committees at the national and decentralized levels;
- Undertake fieldwork to obtain information on access to FP services by low-income women and, in addition, review trends in the uptake of FP services at the facilities; and
- Convene and facilitate consultative meetings, interviews, and discussion with low-income women and interested groups in Nyanza on issues related to access to FP services by the poor.

b) *Poverty & Equity Training (FY07)*

Activity Manager: Suneeta Sharma

Objective: Poverty has become either explicitly or implicitly a crosscutting issue in most USAID-funded RH and population projects. However, many personnel working on these projects—as well as USAID staff—are not aware of tools for addressing health and population in the context of poverty. Existing training courses tend to be relatively long and expensive and do not focus on FP/RH. To address this gap, HPI will design a short training course that will introduce staff and USAID to topics important to addressing RH in the context of poverty.

Summary of Major Activities: The HPI team designed and delivered a session on *Serving the Underserved: Key Policy Issues and Strategies in Poverty and Health Equity* at the 2008 Global Health Mini-University. The training focused on conducting wealth quintiles analysis; designing policy approaches to understand and address poverty and equity issues; and sharing some country examples to illustrate a systematic process of identifying issues, designing strategies, and evaluating equity impact.

HPI is designing a training module that can be tailored to the audience and adjusted according to the availability of time. The objectives and general design of the training have been brainstormed and formulated during the past six months. The training focuses on how USAID Missions can promote and provide support in identifying and removing barriers to access among the poor, developing pro-poor policies, designing and implementing pro-poor financing mechanisms and strategies, fostering equitable allocation of resources, involving the poor as leaders in the policy process and advocacy, and creating and using equity-based M&E indicators. Selected session materials will be used in the LAC regional conference on poverty and equity in Guatemala in October 2008.

Stigma and Discrimination Working Group

Addressing Stigma and Discrimination (S&D) in Meeting FP/RH Needs of HIV-positive Women

Activity Manager: Britt Herstad

Objective: Because women are a growing proportion of adults living with HIV, and HIV-positive women often face heightened levels of stigma and discrimination (S&D) that restrict their access to information and health services, HPI has developed a pilot activity specifically targeted to reducing S&D in the context of FP/RH services for positive women. The activity, which will be pilot-tested in Kenya, will train FP service providers on reducing S&D and will work with the MOH to adopt the curriculum as part of their existing training efforts for health service providers.

Summary of Major Activities: The activity team undertook an initial review of existing FP provider training curricula related to S&D and HIV-positive women's needs for FP/RH. HPI reviewed national

Ministry of Health training manuals, such as those on integrating counseling and testing for HIV into FP services, and resources from other international organizations. The team determined that while resources exist on these issues, there is still a gap in focusing specifically on FP providers.

In addition, HPI Washington-based staff traveled to Kenya to work with the activity team. HPI met with the National AIDS/STI Control Programme (NASCO) and the Ministry of Health's Division of Reproductive Health (DRH) to determine the level of interest in the activity. They found that NASCO and DRH are enthusiastic about the project and are especially interested in the development of a training module that could be provided to FP service providers on the job. Discussions with NASCO and DRH also revealed that more than half of HIV-positive women in Kenya have reported unmet need for FP, based on a recent HIV survey. The team gathered additional training resources and finalized a plan to start drafting the training curriculum, including hiring a local consultant. In addition, the team met with the Integration Working Group, which approved the activity and agreed to endorse the training curriculum upon completion.

Rapid Response (FY07)

Activity Manager: Suneeta Sharma

Objective: It is important to ensure that policy-focused activities meet the OPRH's needs. In addition, unexpected opportunities arise that have the potential for significant impact, if acted upon immediately. The rapid response mechanism enables HPI to respond to both ad hoc requests and time-constrained opportunities from USAID and its partners, thus providing an effective and transparent system for the provision of high-quality, responsive, and fast-track policy-related assistance.

Summary of Major Activities: HPI has used Rapid Response funds to cover several activities over the last six months:

- *Advocacy to influence policy and financing reforms in Ghana:* HPI provided short-term technical assistance to prepare and offer evidence in favor of the inclusion of FP services and commodities as part of covered healthcare to be financed by the government of Ghana's National Health Insurance Scheme (NHIS). In close collaboration with the Banking on Health Project team, HPI organized meetings with local specialists, gathered relevant information from NHIS staff, Ghana Health Services, the public service providers, and many nongovernment service providers and technical specialists. The team also attended a meeting organized by the Ministry of Health on the prospects for achieving MDGs 4 and 5 seeking to reduce infant and maternal mortality. The team presented their preliminary findings at a meeting of health partners in Ghana organized by the Ministry of Health on July 10, 2008. The presentation emphasized the significant excess of benefits over costs of including medical service-related FP commodities, especially implants, injectables, IUDs and related methods in the NHIS. The team also presented a road map of next steps to ensure inclusion of these services and commodities in the coverage provided by NHIS. That process has now begun. HPI staff will continue to monitor progress and report results in the form of action taken by NHIS and the government of Ghana when available. The team worked closely with Ms. Susan Wright, Health Officer, USAID/Ghana, and Ms. Sally Lake, staff officer, Ministry of Health.
- *Gynecologist's Association of Africa meeting:* HPI assisted Mali's Division of Reproductive Health with developing a national guide on CME in RH to inform and support the National RH Strategy. The MOH has asked HPI to present on CME in RH at an international meeting of the Gynecologist's Association of Africa (SAGO) in December 2008, under the auspices of the President of Mali. HPI plans to use Rapid Response POP core funds to support the cost of organizing and participating in this meeting. We believe presenting on CME in RH at this event is an important step in recognizing

the new national guide and it will enable us to gain further support and momentum in addressing the issue both nationally and regionally.

- *Reproductive Health in Emergencies Conference in Kampala:* HPI presented the Sierra Leone study findings on access barriers among refugees and internally displaced people at the Reproductive Health in Emergencies Conference in Kampala, Uganda, from June 18–20, 2008. Attendees were particularly supportive of the follow-up advocacy for the inclusion of FP in repatriation plans and initial service packages.
- *IA4 follow-on activities in Peru:* HPI allocated Rapid Response funds to cover IA4 Peru follow-on activities. These activities focus on awareness raising, advocacy, and the scale-up of IA4 activities in different regions. The local team is working with the national and regional health directors to facilitate the mobilization of regional funds for FP/RH, developing an e-learning module on culturally appropriate counseling, and conducting equity-based M&E of the FP counseling component of JUNTOS. (For details, see the IA4 activity description.)
- *Technical Report on IA3:* HPI is preparing a technical report on “Increasing Access to FP/RH Services among Indigenous Groups in Guatemala.” The report presents the process, findings, actions taken, and recommendations as they relate to the indigenous population in Guatemala. The report will help share the approaches and results of this successful and innovative work more broadly and can provide recommendations for application in other countries that are trying to increase access among indigenous and/or marginalized groups.
- *APHA Annual Meeting:* Suneeta Sharma will present a poster on *Designing, Testing, Implementing, and Evaluating Pro-Poor Financing Schemes in Peru* during the 136th APHA Annual Meeting (October 25–29) in San Diego, CA.

Quality Assurance, Monitoring and Evaluation, and Communication Support

Activity Manager: Nancy McGirr

Objective: The Quality Assurance (QA), Monitoring and Evaluation (M&E), and Communication Team helps ensure the overall quality of project outputs, monitors performance, and communicates the results of project efforts. The objectives of our M&E support are to design and implement effective performance monitoring procedures; strengthen the capacity of staff in M&E; and keep abreast of ever-changing U.S. Government reporting requirements and ensure their proper implementation in both core and field programs. The objectives of our QA and communication support are to ensure the accuracy and excellence of project deliverables; report on progress toward goals and facilitate internal project communications and knowledge sharing; promote the identification, presentation, and sharing of best practices, lessons learned, and project achievements to external audiences; and ensure adherence to USAID guidelines for branding and quality standards.

Summary of Major Activities:

Quality Assurance. The team facilitates the technical review process and provides editing and publication support for project documents. In addition to the vast array of technical documents produced as part of the project’s core and field activities, we also compiled and produced the project’s quarterly reports, the semi-annual report, country and project workplans, and other project materials. This support includes working with graphic designers, translators, and print vendors. To improve the quality of our written products, we continue to hold brown-bag lunches and QA orientation sessions to familiarize staff with branding and technical review, editing and production, the Intranet, presentation skills, and basic writing

skills. We also actively participate in the meetings of HIPNET, a working group of communications officers from CAs implementing USAID-funded projects in the FP/RH domain.

In addition, the QA team continues to improve its technical review and editorial processes. The QA Senior Technical Advisor now reviews reports earlier in the drafting stage to ensure that the project's activities, lessons learned, impact, and possible applications are being fully documented. The team has also created a tool to capture key information related to the document's production. This will help streamline the process and alert the team to any urgent printing and dissemination needs.

As part of the new targeted training for activity managers, the QA team conducted several sessions on the managers' specific role in (1) facilitating the production of technical documents (including the writing and budgeting of the reports), (2) ensuring that the documents are of high-quality, and (3) identifying the appropriate mechanisms for dissemination. The training will be held periodically to orient new managers and provide updates on new procedures.

M&E: Over the past three years, HPI has made great progress in monitoring and evaluating its field- and core-funded programs. Several factors have enabled us to monitor program performance consistently and collect high-quality information.

First, the project's results framework guides workplan development and results reporting for core and field support programs. This is a considerable achievement given that the framework is complex—it comprises five intermediate results measured by 29 indicators and is applied by diverse programs, each having its own objectives and implemented in myriad political, socioeconomic, and cultural contexts. Despite this, all programs—regardless of funding source or location—report their results using the same framework.

The framework's numerous indicators require the project to follow up on its activities. Many developmental programs usually do not ask the questions, "What happens after we have trained the participants? Are the individuals whom we have trained applying their skills?" Almost all the indicators contained in HPI's results framework, by comparison, require some form of follow up. This has raised the level of importance placed on monitoring and evaluation and has led to more country programs asking the question, "We have assisted local counterparts in developing policies. So what? Have these policies been implemented? If so, how have they been implemented? What, if any, barriers have been encountered?"

Second, the project has a rigorous quality assurance system in place. All field- and core-funded programs report their results quarterly, using a standardized template. Each result submitted is reviewed by a core team at the central level. Results that do not correspond to the results framework or that do not meet indicator specifications are rejected. Results may also be put on hold for future reporting because the policy, while developed, has not yet been adopted by the government (IR1.1) or the funding proposal that was submitted by a network has not yet been awarded to the group (IR3.1). In addition, every result has to be verifiable. Country teams are expected to provide documented evidence of the result to Washington, D.C. or to file the necessary documentation in country.

Third, one component of the QA process that deserves to be mentioned separately is the data management system. One of the first activities of the M&E team was to design an electronic database for storing and aggregating HPI results. Note that these results are qualitative in nature. Most databases are designed for managing quantitative data, which can be easily tallied and analyzed. HPI results, by comparison, consist of narratives. Despite this, a database was designed that stores all results and produces tally reports. The database can be accessed by all staff, including those in country, and has been used by country programs to report to their respective missions.

Fourth, our ability to provide ongoing technical support to staff was critical in ensuring that results were reported consistently and reliably. Several approaches were used for this purpose. First, several trainings on the HPI result framework, result reporting, and general M&E issues were conducted in several countries, including South Africa, Kenya, Botswana, Vietnam, China, Indonesia, and Ukraine. These trainings not only enabled all project staff to understand the results framework but also to link the framework to their annual workplans, identify future results, and discuss how respective activity managers could collect the information needed to report an HPI result. This frequently led to the country teams identifying additional activities that they had not included in their workplan. For example, to determine if any of the policy champions whom the project had trained were engaged in policy dialogue, the team in South Africa decided to conduct a small survey of a random sample of alumni. The survey not only revealed that several participants had advocated at their places of work for establishing HIV/AIDS workplace policies but some also provided technical assistance to countries. For example, one alumni helped the Lesotho National AIDS Control Council to develop the country's HIV and AIDS strategic plan for 2006–2011, while a second alumni, who worked for UNDP/Moscow, assisted the Russian government to prepare its HIV/AIDS federal plan.

The M&E team was also actively involved in Technical Development Week and the follow-on week of training in Washington, D.C. in March/April 2008. Almost all HPI country programs attended this event. Results reporting and monitoring and evaluation were prominently featured during these two weeks. In addition to three classroom trainings, the M&E team held one-on-one discussions with program staff, which led to further refinements of the M&E section in their annual workplans and identification of technical assistance needs.

The M&E team also designed several guides and tools pertaining to specific results and indicators. For example, a short guide on how to monitor network development was developed to assist programs monitoring IR 2.3 (number of instances in which networks or coalitions were formed, expanded, or strengthened to engage in policy dialogue, advocacy, or planning). The guide includes several checklists for tracking network expansion and engagement.

Over the course of three years, HPI has accumulated considerable expertise in monitoring and evaluating policy development and implementation. The approaches described above have resulted in the increased capacity of staff in identifying, tracking, and reporting results. Early on in the project, about a third of results submitted by country programs were rejected or reclassified during the review process. This was mainly because staff lacked experience in applying the framework. Over time, however, the quality of the results reports improved considerably so that now only a few results are rejected or reclassified. As a consequence, the results listed in the following pages are valid, reliable, and verifiable.

Communication and Website Support. The Communication team continued to provide assistance to improve knowledge sharing with key external audiences and among staff.

New materials. During this period, the Communication team finalized four new Stories from the Field: “Community Activist Combats Stigma” (Tanzania), “Guatemala Establishes Policy Monitoring Board,” “PLHIV Leaders Emerge in MENA,” and “Tanzanian Media Join HIV Response.” We posted features on the HPI external website to highlight maternal health (May 5), World Population Day (July 11), and World Contraception Day (September 25). We also disseminated the fifth issue of the internal project newsletter, which focused on the International AIDS Conference.

Conferences. The Communication team provided extensive support to enhance HPI's presence at the HIV Implementers Meeting in Kampala (June 3–7) and XVII International AIDS Conference in Mexico City (August 3–8). Assistance included the preparation and review of posters and presentations, as well as the creation and/or updating of informational materials about the project's publications, resources, and

promising approaches. The project’s presentations, posters, and abstracts have been added to the HPI Intranet to promote sharing across the project. In addition, the team provided support for the upcoming regional LAC conference on contraceptive security (October), including finalizing papers, drafting a policy brief, and creating the dissemination plan for the materials.

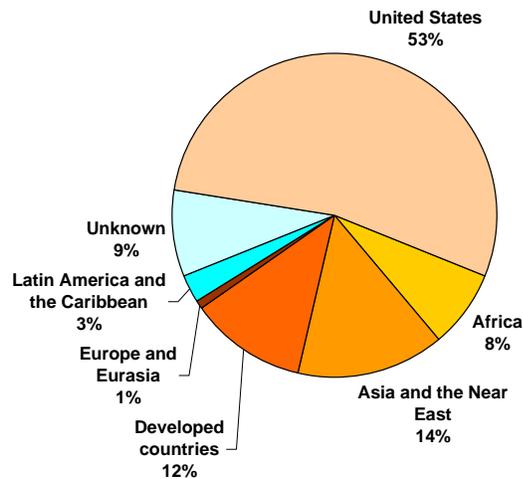
Information dissemination. During this period, the Communication team instituted new procedures to facilitate broader and more efficient distribution of key project materials. Formal dissemination meetings are now being held earlier in the document production process to assist staff with identifying all the relevant audiences and sources of dissemination. In support of this effort, the team created several tools to help staff select from a wider range of sources, including partner organizations, websites, listservs, conferences and other events, journals, libraries, and academic institutions. Strengthening of the dissemination process will lead to greater visibility of the project’s activities, achievements, and lessons learned.

Website/database support. The number of visitors to HPI’s website continues to expand each year. Since its launch in June 2006, the average number of visitors per day has increased from 8.9 in Year 1, to 15.8 in Year 2, and to 33.4 in Year 3. Both the total number of pages viewed and the average number of views per visitor have also increased each period. Particularly noteworthy is the progressive drop in percentage of visitors going to only one page—from a high of 92 percent in Year 1, to 54 percent in Year 2, and now 37 percent in Year 3. Because the number of entry pages doubled between Years 2 and 3—meaning that visitors were following bookmarks or external links to get to a targeted piece of information—we could have expected single page visits to flatten out. The total number of files downloaded, the majority of which were publications, have increased about 400 percent each year. Over the past year, 70 publications were downloaded by 10 or more visitors, compared with just 19 in the previous year. Box 1 lists the 10 most downloaded files since the website’s launch.

Box 1. Top 10 Documents Downloaded

- Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs into Poverty Reduction Strategy Papers
- Stigmatization and Discrimination of HIV-Positive People by Providers of General Medical Services in Ukraine
- HIV Expenditure on MSM Programming in the Asia-Pacific Region
- Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs
- Understanding Operational Barriers to Family Planning Services in Conflict-affected Countries: Experiences from Sierra Leone
- A-Squared Advocacy Training Manual
- El Salvador: Achieving the MDGs
- Responding to Gender-Based Violence: A Focus on Policy Change: A Companion Guide
- Reducing Adolescent Girls' Vulnerability to HIV Infection: Examining Microfinance and Sustainable Livelihood Approaches
- Health Policy Initiative IQC Flyer (English)

International exposure has continued to grow. Although U.S. visitors have constituted about 50 percent of the total each year, the number of countries represented by visitors to our site has grown from 66 to 149. Over the past year, 63 countries had 10 or more visitors to our site—an increase of 20 countries more than the previous period. Figure 5 shows the regional breakdown of visitors by country since the website’s launch.

Figure 5. Breakdown of Visitors by Region

Virtual Training

Activity Manager: Cynthia Green

Objective: The goal of our multimedia work is to create informational videos and e-learning mechanisms to keep HPI staff and others apprised of new methodologies and tools as a means of providing “remote” technical assistance.

Summary of Major Activities: The extensive amount of video footage from Technical Development Week and training week in late March/early April 2008 was edited and processed into 24 presentations showcasing HPI’s technical approaches. The videos are now available on the Intranet and have been distributed on CD-ROM to our field offices.

HPI has also created a series of two-minute interviews with our overseas and local staff that succinctly explain who we are, the nature of our activities, and some of our key achievements. We recently completed 10 videos on our AIDS-related efforts and are currently working on three family planning videos. We also completed a video of a brown bag lunch presentation, “Reviewing Maternal Deaths and Complications to Make Pregnancy Safer.”

In addition to posting videos on the Intranet, we are implementing a “video share” system, which uses CD-ROMs to package instructional videos along with related documents and PowerPoint presentations. For example, HPI recently completed the DemProj e-learning tool, which includes three instructional videos based on the software’s manual and relevant PowerPoint presentations. The e-learning tool is available on the project website, and to date, we have distributed approximately 100 copies on CD-ROM to overseas staff. We have also drafted a corresponding brochure to highlight the software and the new tool. Several new e-learning courses are being planned, focusing on additional Spectrum models and the training of new project managers.

Finally, using corporate funds, our multimedia associate is helping to institute a company-wide system that enables staff to hold individual and group video conferences using Skype. This system will not only benefit the company but also potentially serve as a cost-effective way to conduct HPI-related conferences and training with field staff.

E. USAID Technical Priorities and Special Initiatives

HPI has FY05/06 and FY07 core funds for special initiatives that further OPRH's Technical Priorities such as contraceptive security, gender, youth, FP/RH integration, repositioning family planning, refugees/IDPs, and poverty and equity. These funds have enabled HPI to advance the state of the art on issues of global importance.

Gender: USAID Interagency Gender Working Group

Activity Manager: Mary Kincaid

Objective: HPI serves as a vehicle for helping the Interagency Gender Working Group (IGWG) implement its gender training component. The IGWG supports USAID efforts to integrate gender across the portfolio of the OPRH and USAID Missions. In its role managing the IGWG training component, the HPI gender team (1) develops and pilots training curricula; (2) coordinates and facilitates field and U.S. training workshops, serving as the core training team for workshops; (3) coordinates with gender trainers from USAID and other CAs to leverage the capacity of the expanded team of trainers in the USAID CA community; and (4) provides targeted TA on gender integration and related topics, such as gender-based violence and gender analysis and integration.

Summary of Major Activities:

Workshops. In July 2008, Debbie Caro of Cultural Practice and Michal Avni of USAID facilitated a pilot training of the safe motherhood training module, which was preceded by the prerequisite Gender 101 workshop. A total of 17 participants attended the Gender 101 four-hour training workshop, and 14 people participated in the Safe Motherhood one-day pilot training workshop. Participants included gender experts from CAs, USAID representatives, and Futures Group staff. Facilitators solicited feedback from participants to further revise the safe motherhood module.

The USAID gender advisors are working with several Missions to negotiate overseas gender training workshops and will advise the training team of training needs as they are confirmed. Additionally, the training team is working with (1) USAID to identify dates for a series of gender training workshops for USAID/W staff, and (2) the MEASURE Evaluation gender team to finalize and pilot the new IGWG training module on Monitoring and Evaluation for Constructive Men's Engagement Programs.

Module development. During FY08, HPI gender trainers reviewed all existing IGWG training modules. The Gender 101 module and the GBV module were revised and sent to USAID for review. After receiving comments, the modules were further revised and resubmitted along with a new Constructive Men's Engagement in Reproductive Health module to USAID. Other modules in the editing process include the Safe Motherhood module, which is being revised per feedback from the July pilot training, and the HIV module—both of which will be completed and sent to USAID in the next reporting period. The HIV module, developed several years ago for the IGWG, will be vetted with OGAC's Gender Technical Working Group to identify possible uses within the broader USG community. In addition, during July 2008, HPI developed an outline of the Gender 101 e-learning course and is working with the Global Health E-learning Coordinator at USAID to get the course online during FY09.

Training evaluation and documentation. HPI prepared a report on the impact of the Peru IGWG training workshops and documented the actions taken by the MOH and others following the GBV training and technical assistance provided by the IGWG in February 2006. The report, which was written in Spanish, was translated into English and edited and will be posted on the IGWG website in the next reporting period.

Reprint of USAID GBV Guide. USAID and HPI released *Addressing Gender-based Violence Through USAID's Health Programs: A Guide for Health Sector Program Officers* in September 2006. The guide explores reasons why USAID health sector programs should address gender-based violence and how to support GBV initiatives based on promising approaches from literature reviews. During this reporting period, HPI coordinated the drafting and review of the guide in French and Spanish to meet demand from USAID Missions in French- and Spanish-speaking countries. In addition, HPI has made updates and revisions to the English version of the guide based on USAID's review. The guide in English (second edition), Spanish, and French will be printed in the next reporting period.

FP/HIV Integration

Activity Manager: Carol Shepherd

HPI is responsible for the coordination of USAID's FP/HIV Integration Working Group (IWG), which includes designing and managing its meetings and activities for 2006–2008. Working group activities are intended to advance global FP/HIV integration efforts and support the conducting and dissemination of research for integration initiatives. HPI chairs the working group. The integration GLP also contributes funds to IA1 in Kenya (see the IA1 write-up). HPI is now organizing the October meeting of the FP/HIV IWG in Washington, D.C.

Youth: *Youth-Policy.com* website

Activity Manager: Shetal Datta

Objective: The youth-policy.com website directly addresses the objectives of the Youth Global Leadership Program Objectives by promoting and disseminating information on improved reproductive health and HIV/AIDS outcomes among young people ages 10–24. The website also contributes to creating an enabling environment for Youth Reproductive Health. The site offers users various resources for improving youth reproductive health and HIV policy. Key elements of the website include good practice language, guidance and suggestions about structuring supportive policies, advocacy toolkits, and real-life policy examples.

Summary of Major Activities: Collaborative meetings with USAID have been influential in determining the path forward for improving the website. New content about the latest news and research regarding youth reproductive health policy have been coded and uploaded to the website; these items include 10 policies, three technical briefs, and other materials (e.g., articles, reports, and website links). The website's search engine has been re-organized to improve the process for document searches, and a Really Simple Syndication (RSS) feed format was created so that subscribers can receive updates about new content as it becomes available on the website. HPI is currently updating and re-organizing the site's topic areas and organizational structure to make it more user-friendly. During the past project year, Youth-Policy.com had a total 47,400 visitors. Following the updates made early in the project year, the number of visitors jumped from 16,949 for the first half of the year to 30,427 for the second half. Total page views increased from 23,106 to 43,223. International exposure also improved, with visitors from 150 countries, up from 136. Many of the new website visitors ran a search or clicked a link on another website. The number of referring sites grew from 38 to 143. The new RSS feed had 1,058 visitors, and hits to the basic search page increased by 50 percent. Visitors to the photo credits page more than doubled (260 to 585) after HPI staff updated the images used in July.

In addition to website enhancements, HPI conducted interviews with youth reproductive health technical experts and developed five factsheets on how gender-based violence, poverty, early marriage and the situation of OVC can influence youth reproductive health policy. The interviews and factsheets have been submitted to USAID for review.

Refugees

Activity Manager: Theresa Shaver

HPI participates in and provides technical support to USAID’s Refugee Working Group. HPI representative Emily Sonneveldt presented a paper on “Assessing Operational Barriers to Family Planning Services for Refugees and IDPs” at the Reproductive Health in Emergencies Conference in Kampala, Uganda in June. The conference was organized by the Reproductive Health Access, Information, and Services in Emergencies Initiative, in collaboration with the Reproductive Health Response in Conflict Consortium.

Poverty and Equity

a) *Poverty & Equity Training*

Activity Manager: Suneeta Sharma

These funds will be used to support the development of the training curriculum on the linkages among FP/RH, population growth, and poverty proposed under the Poverty and Equity Working Group (PEWG). This activity is a part of the poverty and equity training listed under the PEWG.

b) *Incorporating Poverty into RHSC Work*

Activity Manager: Tanvi Pandit-Rajani

Objective: Many women and men who are poor or living in remote areas typically have less access to high-quality contraceptives and other RH products and services compared with their wealthier or urban counterparts. Because the poor face multiple access barriers (financial, cultural, and geographic) in accessing RH services/products, they are also highly vulnerable to policy changes and stockouts. The Reproductive Health Supplies Coalition (RHSC) and its partners can strategically integrate pro-poor interventions into their overall approach to mobilize resources for RH supplies.

The proposed activity will

- Incorporate poverty and equity approaches in the RHSC advocacy toolkit, including successful examples on mobilizing resources to improve access to RH services/products among the poor; and
- Incorporate poverty and equity issues into the country-context matrices that have been developed as part of the RHSC advocacy toolkit.

Summary of Major Activities: Suneeta Sharma made a presentation on incorporating poverty and equity into the RHSC advocacy toolkit at the Resource Mobilization and Advocacy Working Group meeting on May 21 and attended the RHSC secretariat meeting from May 22–23 in Brussels, Belgium. The presentation focused on the equitable allocation of resources and ways to build leadership and engage the poor in the policy process. The presentation was tailored for the three working groups of the RHSC on systems strengthening, market development, and resource mobilization.

Repositioning Family Planning (RFP)

a) *Repositioning Family Planning in Tanzania*

Activity Manager: Tanvi Pandit-Rajani

Objective: The purpose of this activity is to support the USAID/Mission’s ongoing efforts in repositioning family planning in Tanzania. Tanzania remains a country with high fertility and a high population growth rate. Modern contraceptive prevalence has increased over the past decade from

approximately 13 percent of married women of reproductive age to 20 percent; however, unmet need remains high and access to contraceptives is problematic. To date, this activity has supported further dissemination of the RAPID results and engagement of various stakeholders in three additional regions: Morogoro, Mtwara, and Lindi. The RAPID workshops in these regions focused on raising awareness on the relationship between population growth and socioeconomic development; leveraging resources, especially at the district level; and providing a new dimension to development programs to ensure that population and RH issues are addressed appropriately in district planning.

Summary of Major Activities: Activities are intended to be integrated into the country workplan. HPI has been awaiting Mission guidance on the FY08 SOW and workplan, as this will determine how core activities can best support field priorities. In September 2008, HPI/Washington staff traveled to Dar es Salaam to provide support to the field office and meet with the USAID Mission to identify next steps now that RAPID activities are complete. HPI also met with USAID's RFP champion, Carmen Coles, to solicit guidance and input on RFP core-supported activities. Based on discussions with USAID/Tanzania, USAID/W, the Reproductive and Child Health Section (RCHS) of the MOH, ACQUIRE, and DELIVER, HPI will carry out the major activities as listed below. Based on a revised SOW from the Mission, HPI RFP core funds will largely support an advocacy training and development of a joint action plan, as described in activity four below.

1. *Conduct FP Stakeholders Mapping Activity:* HPI will assist RCHS by conducting a mapping exercise to determine what various organizations and collaborating partners are doing in the areas of family planning, service delivery, advocacy, and capacity-building training. This activity will help identify gaps and opportunities for further effort and better collaboration, in order to improve FP programs in Tanzania.
2. *Provide Support to FP Working Group:* HPI will liaise with RCHS and other partners to organize an FP working group to share information and coordinate activities. The project will assist with developing a National Family Planning Strategy (i.e., develop guidelines, prioritize activities, and identify roles of each partner/stakeholder to coordinate a national response for family planning).
3. *Cost the National Family Planning Strategy:* Once the strategy is developed, HPI will develop cost estimates for implementing the action plan. If necessary, the priority attached to different activities may be changed based on the available resources.
4. *Identify FP Champions and Build Capacity through Advocacy Training:* HPI will collaborate with the FP working group to identify champions or "catalysts" for family planning. Once identified, HPI will help build their capacity by conducting an advocacy training. Budget permitting, a joint advocacy action plan will be developed.

b) *Repositioning Family Planning in the Democratic Republic of the Congo (DRC)*
Activity Manager: Charles Pill

Objective: HPI's work on repositioning family planning in the DRC focuses on improving the implementation of FP/RH policies and guidelines as well as the analysis of the MDGs. Envisioned outputs include an inventory of existing policies, laws, and operational guidance; selected issue(s) for in-depth interviews about development, dissemination, and implementation practices with both decisionmakers and service providers; the identification of key issues for policy dialogue and development and communication and advocacy strategies; and the development of a brief illustrating the role of FP in achieving the MDGs.

Summary of Major Activities: HPI engaged three local consultants to continue to work with the National Reproductive Health Program (PNSR) and the USAID/DRC RH advisor to develop a draft report on existing policy documents and their implementation context. A draft questionnaire is being finalized and up to 15 respondents (decisionmakers and service providers) from three of DRC's nine provinces will be interviewed during the next quarter. In September, the Country Manager worked with local consultants to review the workplan and prepare a draft questionnaire. This activity initially began with an adaptation of the HPI Policy Implementation Assessment Tool. However, as work continued, it became clear that there was a paucity of policy documents disseminated, and a thorough revision of the questionnaire was required. In early October, the Country Manager shared this with the USAID RFP Champion. A final draft of the MDG brief for DR Congo was prepared and delivered to the Mission in July. HPI continues to coordinate with the World Bank's efforts to increase the role of family planning in the next version of the Poverty Reduction Strategy Paper anticipated for 2010.

Contraceptive Security

Activity Manager: Margot Fahnestock

Two major activities fall under the Contraceptive Security technical priority: (1) operational policy barriers analysis and (2) M&E support for the Virtual Leadership Development Program (VLDP). The activities make use of tools and assessments to facilitate implementation of CS strategies and increase commitment for contraceptive security at the country level.

a) Operational Policy Barriers Analysis

Objective: HPI is collaborating with the USAID | DELIVER Project to develop a toolkit that will assist governments with assessing potential operational policy barriers to contraceptive security. The toolkit will include an overall background document with featured case studies, a sample output of the analysis, a sample scope of work for a policy audit, and an interview guide for conducting the actual analysis using stakeholder interviews. The purpose of the interview guide is to provide governments, donors, and other relevant stakeholders with a framework for assessing the operational policy environment related to the financing and procurement of contraceptives—with the ultimate objective of improving contraceptive security.

Summary of Major Activities: The HPI team has revised the interview guide based on the Malawi experience. In July 2008, HPI and DELIVER received approval from the USAID Mission to conduct the assessment in Madagascar. Madagascar was selected because the country is transitioning to a Sector-Wide Approach for the Health Sector (SWAp) and has strong political support for family planning. The operational policy barriers assessment will assist the country with identifying the gaps and barriers in finance and procurement policies that may hinder contraceptive supply and, ultimately, contraceptive security. As of September 2008, HPI has been coordinating with the USAID Mission and Ministry of Health and Family Planning in Madagascar to schedule the assessment trip for November or early December 2008.

b) VLDP—M&E Support

Objective: USAID funded a Virtual Leadership Development Program (VLDP) for contraceptive security for approximately 12 teams from Madagascar, Mali, Rwanda, and Senegal—with support from the Leadership, Management, and Sustainability (LMS) Project in collaboration with HPI and DELIVER. The VLDP is a 16-week leadership training program that is completely virtual; country teams meet in person weekly to complete the online program modules. HPI collaborated with DELIVER to provide M&E support to the four country teams throughout the VLDP course between July and October 2008.

Summary of Major Activities: Two HPI staff provided technical assistance in M&E to the 12 country teams participating in the VLDP. In April 2008, Management Sciences for Health conducted a training session for the DELIVER and HPI M&E teams. Starting the last week of July, HPI provided weekly, and sometimes daily, inputs to the country teams as they developed action plans to improve contraceptive security in their respective countries. The TA focused on whether the teams' action plans were specific, measurable, and feasible given the country's context and goals for contraceptive security. The facilitators of the VLDP program collected the M&E comments from HPI and DELIVER and then consolidated these comments into a single communication for each VLDP team. The VLDP ends in October 2008.

F. Problems, Issues, and Constraints (FP/RH)

We have encountered the following problems, issues, and constraints in implementing the FP/RH core-funded portfolio:

- We remain concerned about the level of our core pipelines for several activities. Core pipelines are being closely monitored to ensure the timely completion of activities from the FY05/06 funding cycles, including full documentation and technical review of all expected deliverables. Several new activity managers are being trained to take up the management of technical activities and pick up the pace of implementation of several core activities.
- Mission staff turnover and changes in scope based on Mission inputs and shifting realities on the ground have contributed to delays in program implementation. For example, HPI experienced some significant delays for several core activities given the post-election violence in Kenya. The situation has largely returned to normal, and the activities are now getting back on track.
- Communication among HPI staff, USAID Missions, and USAID/W staff to gain approval for new activities remains a challenge and can cause significant delay in activity start-up. In some cases, we have reprogrammed activities to new countries, resulting in delays and less than optimal results.
- Each fall, the confluence of HPI's reporting requirements (QRs/SAR, portfolio review, COPs, FY08 country workplans, and the PEPFAR annual report) creates a substantial reporting burden on our field staff in particular and takes valuable time away from program implementation. HPI has continued to streamline information flows and reporting processes and has added an additional member to the QA Team to ease some of the burden and ensure timely delivery of all mandated reporting requirements.
- Due to increasing demands for managing and responding to HIV/AIDS- and malaria-specific programs, USAID Missions and government counterparts are often overloaded and unable to give FP initiatives the attention they deserve. Furthermore, national governments are placing greater emphasis on direct budget support and basket-funding mechanisms and less on project-based initiatives. Given this changing landscape for disease-specific initiatives and "pooled" funding arrangements, HPI must rethink its approach to addressing FP issues. In particular, HPI would like to focus on (1) increasing collaboration with other cooperating agencies to help ensure a joint response for a supportive policy environment; and (2) building capacity of HPI country staff, counterparts, and other stakeholders to advocate and help reposition family planning in Africa through use of data and tools such as RAPID, MDG analyses, and the RHSC advocacy toolkit.

IV. MH CORE-FUNDED ACTIVITIES

A. Maternal Health Activities

SO2 funds from the Office of Health, Infectious Diseases, and Nutrition (HIDN) are used to provide leadership for policy analysis on the causes and consequences of maternal and neonatal mortality in developing countries and for the creation of resource allocation tools to demonstrate the benefits of investing in safe motherhood interventions. SO2 funds also enable HPI to support and assist individuals, organizations, and communities that are working to increase public awareness about safe motherhood and to develop strategies to increase access to maternal and newborn health services. The project coordinates with public and private sector entities, representatives from community-based organizations, and others involved in FP/RH programs, while paying particular attention to addressing the human resource crisis within the healthcare delivery system. Currently, MH core funds primarily support activities of the White Ribbon Alliance for Safe Motherhood (WRA).

White Ribbon Alliance

Activity Manager: Theresa Shaver

Objective: The White Ribbon Alliance for Safe Motherhood (WRA) supports national alliances by building their capacity to promote and strengthen the HIDN pathways that contribute to reducing maternal and newborn mortality and morbidity. WRA provides ongoing support to existing alliances and initiatives, new and emerging alliances, and to the broader membership in 104 countries—up from 91 countries in the past year.

Summary of Major Activities: In response to feedback provided by the independent evaluation of WRA's global programs that was commissioned by USAID, the WRA undertook a global strategic planning process. This process culminated in the development of the Global Five-Year Strategic Plan. The plan will provide the global framework for WRA's activities and initiatives during 2009–2013 and will be correlated with the action plans and annual workplans developed by the WRA's national alliances and the Global Secretariat. The strategic plan articulates the vision of what the global alliance can achieve in the next five years to further influence the global reduction of maternal and newborn morbidity and mortality.

This strategic plan was formulated with input solicited from the more than 4,000 members of the WRA global alliance. Members of the alliance provided feedback regarding the appropriate role of the alliance in relation to the global maternal health environment, the strengths and weaknesses at the national and global level, organizational structure and functions, and perceived opportunities and potential challenges as the global alliance looks ahead. This information was combined with feedback from the independent evaluators.

In June 2008, the WRA Global Secretariat held a five-day workshop for leaders and advocates from its 12 national alliances in Cape Town, South Africa. This workshop focused on capacity building and strategic planning for both the global- and country-level WRA activities. WRA national alliance leaders received technical updates on key interventions of the HIDN pathways and other safe motherhood technical areas. These topics included prevention of postpartum hemorrhage and active management of the third stage of labor, postpartum family planning, neonatal survival, HIV and safe motherhood/ PMTCT, and trends and structures in safe motherhood globally. The workshop also featured cross-cutting capacity-building sessions around advocacy, monitoring and evaluation, and reporting. The national alliance representatives provided input regarding the global WRA M&E tool, which will be used to revamp the WRA indicators

and reporting mechanisms during 2008–2009, including exploring how to use an Internet-based interactive template to enable more frequent and comprehensive national alliance activity tracking.

With guidance and technical assistance from the WRA Global Secretariat, a new national alliance was formed in Uganda. The WRA Uganda National Alliance was approved for official affiliation with WRA by the global Board of Directors in September 2008. WRA now has national alliances in 12 countries: Burkina Faso, Bangladesh, India, Indonesia, Malawi, Nepal, Pakistan, South Africa, Tanzania, Uganda, Yemen, and Zambia. WRA also provided technical assistance to its existing and emerging national alliances in strategic planning, resource mobilization, advocacy and community mobilization, safe motherhood/newborn health, and alliance building. The level and content of assistance varies—driven both by the current needs of the alliance as assessed by the Global Secretariat and the national alliance leadership and by the level of funding the Global Secretariat can leverage to support individual alliances. Support to national alliances is provided primarily from a distance and through country visits when funding allows. WRA assisted several national alliances with developing funding proposals and leveraging contributions by members to support key activities.

During the reporting period, WRA continued to maintain an active website, produced two quarterly newsletters, engaged members through various listservs, and disseminated safe motherhood resources and materials. Member organizations and partners rely on the WRA's vast reach to disseminate articles, toolkits, and reports on state-of-the art safe motherhood interventions and initiatives throughout the alliance's global membership. These materials include the USAID/WHO/JHU Family Planning Handbook, the HIV Prevention in Maternal Health Services Training Guide, the UNFPA/UNICEF/WHO/World Bank Managing Newborn Problems: A Guide for Doctors Nurses and Midwives, the PMNCH Opportunities for African Newborns: Practical Data, Policy and Programmatic Support for Newborn Care in Africa, and the Lancet's Maternal Survival Series. Resources on key maternal and newborn health interventions were disseminated to WRA's 12 national alliances and members.

B. Problems, Issues, and Constraints (MH)

We have encountered the following problems, issues, and constraints in implementing the MH core-funded portfolio:

- **Limited amount of core funds for MH.** The SO2/MH funds allotted to the WRA from USAID have decreased steadily each year. Thus, it has been difficult to develop and apply innovative approaches to maternal health policy issues as we have done in FP/RH and HIV. The entire budget for SO2 supports WRA activities. While WRA staff have contributed to other HPI core-funded activities, the amount of funding available is not guaranteed from year-to-year. The limited funds makes it difficult for WRA to be more actively engaged in workplan development and planning, thereby limiting interactions across sectors in the portfolio.

V. HIV/AIDS CORE-FUNDED ACTIVITIES

A. Overview

Over the course of 2008, HPI focused on supporting the creation of policy environments as a base for sustainable development and reinforcement of PEPFAR programs. The project thus supports PEPFAR activities and objectives through the provision of technical assistance, capacity development, and tools to build national capacity and strengthen health systems with the aim of sustaining effective responses to HIV into the future. In 2008, HPI has concentrated its efforts in five key areas: improved data for decisionmaking; policy implementation; gender and violence; HIV-related stigma and discrimination; and civil society mobilization and capacity enhancement. Three working teams lead these efforts: (1) *HIV Economics, Models, and Planning*, (2) *Gender*, and (3) *Stigma and Leadership*. Activities are designed to encourage bold leadership across sectors, ensure efficient and equitable resource allocation, promote evidence-based decisionmaking, and identify and remove operational barriers to program implementation—all of which are essential for scaling up HIV programs and best practices. HPI serves as the primary mechanism to support USAID's core-funded HIV activities in policy dialogue and implementation.

To improve the policy environment for more effective and sustainable responses to HIV and AIDS, HPI continues a long history of enhancing the *use of data for decisionmaking*. During 2008, HPI has worked with partners to improve tools for planning and monitoring implementation and has developed tools for costing key prevention interventions in the PEPFAR plans. In the area of human capacity analysis, HPI has focused on task shifting and has developed key partnerships to help understand policy needs and policy implementation difficulties. Over the past year, the project has looked closely at DHS data in nine countries to re-examine the policies and programming related to HIV prevention among discordant couples. Another implementation focus is examining economic and other barriers for accessing ARV treatment.

Work related to male circumcision (MC) has focused on estimating costs to assist with decisionmaking during policy development and implementation. HPI is helping countries design effective male circumcision (MC) policies and strategies. During this period, the project designed and piloted a new tool to aid strategic planning for male circumcision as an HIV prevention intervention. The project developed a simplified MC Decisionmakers' Tool that can estimate the human and financial resource requirements of MC programs and associated impact on the HIV epidemic.

All work in policy implementation helps to build a solid base for assessing, monitoring, and evaluating the effects of policy implementation. To this end, HPI designed a prototype data collection tool that will be used to create country profiles to help raise awareness of USG support for highly vulnerable children under PL 109-95. HPI's team is preparing a series of prototype country profiles that identify all USG programs focused on children in three countries (Cambodia, Ethiopia, and Uganda). During 2008, the team applied the tool in Uganda.

HPI's work has dealt with a breadth of issues but has maintained a focus on analyzing barriers to policy implementation. In 2008, HPI assessed operational barriers in three Asian countries to inform decisionmaking. The project conducted studies to identify operational barriers to policy and program implementation in China (ART access for IDUs), Indonesia (100% Condom Use Prevention), and Vietnam (reintegration of OVC into the community). In recent months, the activity has shifted from Asia to Africa, where it explores policy issues from a broader perspective—focusing on barriers to the implementation of a national plan for orphans and vulnerable children and, in another country, on ARV access for children.

Gender continues to be a key cross-cutting issue for policy implementation. In 2008, HPI has been examining how livelihood interventions might affect health outcomes for young women and helping countries to make policy decisions related to increased independence and options for healthy living. More recently, HPI has added a dimension to address reproductive health and HIV issues for men as part of a national policy framework. HPI has also been addressing issues related to violence, especially GBV. HPI and partners have been training religious leaders and using HPI small grants to raise awareness of GBV and HIV in four African countries. For example, HPI provided small grants to training participants to implement GBV and HIV awareness-raising activities in their own countries and religious communities. In 2008, HPI also worked in Thailand and Mexico to design and pilot a health service screening tool for GBV among most-at-risk populations (MARP). This process helped to train health workers in GBV as well as to build collaboration between affected communities and health services.

HIV-related stigma and discrimination continues to be a key focus area of HPI, as part of the effort to help countries address underlying issues for effective and sustainable programming. During 2008, HIV core activities helped to strengthen the capacity of civil society and faith-based organizations to address HIV, including issues related to stigma. HPI has also worked closely with partners to help improve the capacity of PLHIV, especially in the Middle East and North African (MENA) region where the isolation and invisibility of PLHIV is a problem. During 2008, HPI strengthened the leadership capacity of PLHIV in MENA, leading to a new regional PLHIV network. This resulted from a TOT for 12 PLHIV (June 1–7, 2008), who then provided HIV, leadership, and networking training to an additional 25 PLHIV from Bahrain, Egypt, Jordan, Lebanon, Libya, Oman, and Yemen (June 8–13, 2008). In early July 2008, participants launched the regional network for PLHIV. During 2008, HPI also supported a global network of PLHIV to discuss Positive Prevention from their perspective. Another focus of HIV core activities has been on improving collaboration between civil society and public health entities to increase access to health services for marginalized and vulnerable populations.

B. IR Activities

IR1: Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice

1.1 Improving Emergency Plan Effectiveness through Policy Implementation Barriers Analysis (PIBA) (FY05/06/07)

Activity Manager: Imelda Z. Feranil

Objective: This multi-year activity aims to identify policy barriers that affect the achievement of PEPFAR targets. The FY05 component focused on specific HIV policies in China, Indonesia, and Vietnam, using the contextual interaction theory (CIT) as the framework for assessing stakeholders' motivation, communication, and power as central factors for influencing policy implementation. The FY05 activity was designed to test whether the CIT constructs are relevant in low-resource settings.

The FY06 activity includes building on the test findings in the three Asian countries and adapting existing tools—particularly the AIDS Program Effort Index, operational barriers analysis, and stigma and discrimination measures—to identify barriers related to a specific program issue, and in turn, facilitate efforts by local counterparts to address the barriers. Subsequently, HPI is using FY07 funds to train and assist project counterparts and other organizations with identifying and addressing barriers to the implementation of various PEPFAR programs, as requested by USG teams.

Summary of Major Activities: Earlier efforts used FY05 funds to pilot-test the CIT framework, which emphasized stakeholders' motivation, information, and power as the main determinants of policy implementation. The pilot-test took place in three Asian countries with specific national HIV/AIDS policies—**Indonesia**, on 100 percent Condom Use in brothel areas in Surabaya; **China**, on ART access among IDUs in Kunming; and **Vietnam**, on OVC. The pilot tests pointed to four key barriers: stigma and discrimination; the existence of other national policies that conflict or are inconsistent with the focus policy; the lack of operational policies to move implementation; and limited multisectoral involvement in policy development and implementation. The pilot studies provided important lessons that were used to expand the framework and revise the data instruments for applicability in other countries. The overall report and the country reports are being revised.

Using FY06-07 funds, USAID approved undertaking the policy implementation barriers analysis in two countries in Africa: **Botswana**, focusing on individual targeting of OVCs and **Ethiopia**, focusing on pediatric ART. Using the pilot-test results, HPI expanded the framework to take into account not just actors and stakeholders but also operational policy processes and key contextual factors such as the broader legal and regulatory environment as well as stigma and discrimination. Specific activities for the HPI PIBA initiative in the two African countries were also clarified. Collection of country-specific OVC and pediatric ART policies and HIV/AIDS program documents and studies is ongoing. Data collection tools, including an interview questionnaire and a focus group guide, are being revised, following pre-testing in Botswana.

1.2 Addressing Operational Barriers to Improve PEPFAR Programs (gender component)(FY05) Activity Manager: Britt Herstad

Objective: This activity is part of the larger activity on *Addressing Operational Barriers to Improve PEPFAR Programs*. While gender is often recognized as a cross-cutting issue, without a specific gender mandate, it is often neglected. For this reason, the activity included a specific gender component to ensure that gender analysis is integrated into the activity's methodology and analysis for each country.

Summary of Major Activities: During this period, HPI revised the final report on integrating gender into the operational barriers analysis activity, based on feedback from an HPI review. The report includes an overview of the gender methodology for the activity and materials used, such as a training module and background documents. This report will guide others looking to implement an operational barriers analysis on how to include gender in the methodology. Findings from the activity are included in the larger activity report on addressing operational barriers to improve PEPFAR programs. This activity is now complete.

1.3 Support for U.S. Public Law 109-95 (FY05) Activity Manager: Shetal Datta

Objective: U.S. Public Law (PL) 109-95, "Assistance for Orphans and Other Vulnerable Children in Developing Countries Act of 2005," was enacted in recognition of the immense need and growing number of OVC globally. HPI's support for the implementation of PL 109-95 includes two key tasks: Task 1 consists of developing country profiles to identify and foster increased awareness among USG in-country staff and implementing partners of USG agency activities for highly vulnerable children (HVC). Task 2 is to identify and assess the monitoring and evaluation practices of USG agencies and programs that support HVC outside the United States.

Summary of Major Activities: For Task 1, the Uganda Country Profile has been completed and submitted to USAID. The HPI OVC Team is currently awaiting USAID feedback. HPI will conduct only one additional country profile in Cambodia. Once guidance is received on the Uganda Country Profile, HPI

will develop the Cambodia Country Profile using a revised approach focused on in-country data collection. A draft version of the Task 2 report titled, “Monitoring and Evaluating the Practices of USG Highly Vulnerable Children Programs and Inventory of USG Agency Programs Related to HVC Legislation Annual Budgets and Indicators,” is under review by USAID. Sections of this report have been used to supplement the annual PL 109-95 report to Congress. A matrix that summarizes data collection from USG agencies and programs has been approved, finalized, and submitted to USAID as a deliverable. This matrix was included as an appendix to the annual PL 109-95 report to Congress.

1.4 *Informing Policy and Program Decisions for Male Circumcision (MC) Implementation and Scale-up (FY07)*

Activity Managers: Tanvi Pandit-Rajani/Omar Robles

Objective: The project aims to assist countries with policy and program planning related to male circumcision by using a methodology to create MC policy guidelines and cost-related programs. In FY06, through RHAP field support, HPI conducted a multi-country study to determine the cost and impact of male circumcision programs in Lesotho, Swaziland, and Zambia. UNAIDS and the USG requested that HPI package the approach and methodology used in these countries into a user-friendly tool. Hence, in FY07, HPI received funding to collaborate with UNAIDS and WHO to scale up MC policy and program development efforts by developing a decisionmakers’ tool that can be used for planning and budgeting to estimate the human and financial resource requirements, commodity needs, and associated impacts on the HIV epidemic.

Summary of Major Activities:

HPI completed and presented the MC decisionmakers’ tool to USAID, UNAIDS, and WHO officials and other stakeholders in December 2007. The project worked with UNAIDS and a group of modelers to validate the male circumcision model against more elaborate projection models of male circumcision.

HPI also developed a manual that includes tutorials and instructions for generating outputs such as graphs and tables for reports as well as presentations.

1.5 *Activity: GBV, HIV, and Post-Exposure Prophylaxis (PEP) Policy Review and Implementation (FY07)*

Activity Manager: Hannah Fortune-Greeley

Objective: Post-exposure prophylaxis (PEP) has been recommended to prevent HIV transmission following sexual exposure, but policies to implement this recommendation are limited. HPI will review current policies and the degree to which they are implemented and will conduct pilot activities in Mexico to identify the operational barriers to full implementation of PEP policies. Expected barriers include gender norms and prejudices that affect access to PEP services. HPI will pilot an assessment methodology and corrective intervention to address operational barriers to PEP policies, particularly barriers related to gender.

Summary of Major Activities: As a first step to identifying national policies and possible operational barriers, HPI conducted a preliminary assessment of Mexican PEP policies during May and June. A policy brief summarizing the assessment findings is being finalized and will be available during the next quarter.

HPI has chosen three sites to research the operational barriers to PEP in Mexico and their intersection with gender: the capital (DF), the state of Mexico, and Puerto Vallarta. During June–September, the project team interviewed nine stakeholders in the three sites to discuss PEP and gender, as well as to gather general data to inform questions for the subsequent focus group discussions with medical

personnel. As a result of the interviews, the focus group guides were modified to include additional questions about particular topics (e.g., on screening for rape and receiving training on PEP policies).

HPI staff members then conducted two focus group discussions with medical personnel in the state of Mexico during June and two in Puerto Vallarta in September. Next steps include the completion of two focus groups in the capital (DF) and the analysis of the findings from all of the focus groups. The information on barriers to PEP and their gender considerations will inform a stakeholders meeting during the next quarter, in which a corrective intervention will be selected and implemented in the three sites to mediate barriers and increase gender equity in access to PEP.

PEPFAR Policy Review: During this reporting period, HPI staff began drafting the policy review, “Gender-related Barriers to HIV Prevention Methods: A Review of Post-Exposure Prophylaxis (PEP) Guidelines,” which will be finalized during the next quarter. The review examines PEPFAR focus country guidelines to determine whether and how PEP is provided for survivors of sexual assault. The review focuses on identifying potential gender barriers that countries need to address to provide PEP to sexual assault survivors and assessing whether countries address these issues. HPI presented the initial findings at the International AIDS Conference in Mexico City in August. The presentation was well-received and included in the daily newspaper distributed at the conference (*Global Voice: The Official Newspaper of the XVII International AIDS Conference 3-8 August, 2008*, August 7, 2008, page 2).

1.6 Citizen Monitoring for Stigma and Discrimination Reduction to Foster Policy Implementation (FY07)

Activity Manager: Liz Mallas

Objective: This activity builds on the POLICY Project and HPI’s experience (and that of other organizations) with participatory monitoring mechanisms to improve policy implementation by actively engaging key stakeholders (especially most affected communities) in monitoring the quality of services and care and reducing barriers. Stigma and discrimination remain key barriers to effective implementation of HIV programs, particularly as they relate to access to prevention, treatment, and care and support services. HPI is piloting a participatory monitoring model in Ethiopia and Vietnam, focusing on stigma and discrimination related to access to and the quality of HIV-related care and services. The model will serve as a tool for key stakeholders (including most affected communities) to engage in policy dialogue and advocacy to reduce stigma and discrimination barriers that impede HIV service delivery. The activity will also build local capacity to conduct participatory monitoring to identify, prioritize, and overcome stigma and discrimination barriers in order to increase access to HIV services and monitor progress on achieving national strategic objectives.

Summary of Major Activities: In the previous reporting period, the HPI team identified members of the Vietnam steering committee to include (1) the national PLHIV network (through Bright Futures Network), (2) the Vietnam Lawyer’s Association, (3) the Institute for Social Development Studies, and (4) the Vietnam’s Women’s Union. During this reporting period, the team worked to finalize the terms of reference and structure of the steering committee, identify indicators, and determine the specific data collection and capacity-building systems and materials needed to implement the people’s monitoring process at the local level.

In the initial situation analysis period, the team learned that the Vietnam Civil Society Partnership Platform on HIV and AIDS (VCSPA), a coalition of 56 CSOs, is implementing a similar project that will complement HPI activities. HPI plans to pilot the activity in one city and focus on care and treatment and stigma and discrimination. Indicators that have been identified include international experience, national M&E indicators, key policy documents, and indicators from the Commission on AIDS in Asia’s report. VCSPA will concentrate on the network of civil society organizations to monitor the National AIDS

Program. VCSPA will use M&E and UNGASS indicators. The two projects will train, share, and develop tools together as appropriate to harmonize the activities.

The steering committee has been established and unites most of the community components from lawyer associations to institutes as partners in monitoring. There needs to be a significant increase in recognition of the civil society role. The steering committee provides a “platform” where community organizations and networks can collaborate and communicate. This includes and/or will include VCSPA, ISDS, ANP+, and other PLHIV networks. The HPI team is working on implementing a consulting agreement with a key stakeholder of one core steering committee member to present the draft monitoring tools.

Approval for the pilot in Ethiopia was received during this period, and a team of HPI staff will travel to Ethiopia in October to identify key activity implementers. Main activities for Ethiopia included the development of the workplan and preparation for a country visit to conduct a situation analysis.

1.7 Task Shifting: Addressing Selected Policy Implementation Opportunities and Challenges in the Eastern, Southern, and Central Africa Region (FY07)

Activity Manager: Altrena Mukuria (Nadia Carvalho will assume management of this activity in November 2008.)

Objective: This activity provides policy implementation support to the countries of Eastern, Southern, and Central Africa in task shifting in order to respond to their need to retain and support existing health workers and expand counseling, care, and support to PLHIV by using community health workers and PLHIV. Working with the Eastern, Southern and Central African Health Community College of Nursing (ECSA HC-CON), HPI plans to (1) engage senior-level nursing and medical officials, networks, and/or associations in a policy dialogue to review the status and impact of ongoing formal and informal task-shifting policies on nursing and medical staff in the region; (2) conduct case studies in two countries; (3) in one country in the ECSA region that is most interested and has begun or is about to begin taskshifting as part of its HIV and AIDS program, apply the HPI “capacity module” to estimate staffing requirements, and other HPI policy implementation analysis tools to conduct an in-depth analysis of the policy implementation opportunities and challenges related to expanding task(s) and staff categories to meet HIV and AIDS service needs; and (4) as a result of applying the “capacity module” in one country, use the findings will be used to advocate for policies that provide psychosocial support of existing health staff and expand the scope of community health workers and PLHIV to provide pre- and post-test counseling, adherence counseling, and home-based care, or self-care, as appropriate.

Summary of Major Activities: A concept paper was drafted and approved. Discussions and meetings were held with USAID | CAPACITY Project staff, the USAID Systems Strengthening working group, and OGAC. HPI staff visited Tanzania to meet with the ECSA-HC CON staff to develop a scope of work (SOW) that includes case studies to be conducted in two countries in the region to gather in-depth information on health worker experiences and attitudes. ECSA-HC CON will conduct a desk review of national policies related to task shifting and other workforce adjustments to extend HIV and AIDS services and facilitate policy dialogue among senior health policymakers from their 10 member countries during three of their regional technical meetings. Activities are expected to begin in November.

IR2: Public sector and civil society champions strengthened and supported to assume leadership in the policy process

2.1 Investing in PLHIV Leadership in the Middle East and North Africa (MENA) Region (FY07)

Activity Manager: Shetal Datta

Objective: Investing in capacity development of PLHIV ensures that those directly affected by HIV have a leadership role in policy dialogue, program implementation, and the building of a supportive environment in their communities, countries, and regions. The goal of this activity is to create a cadre of PLHIV leaders at the country and regional levels in the Middle East and North Africa (MENA) region. This goal will be accomplished by (1) building the capacity and skills of PLHIV to foster national and regional support networks; (2) increasing the number of people in the region who have accurate and culturally appropriate HIV-related information; (3) strengthening participants' ability to address challenges within their countries; and (4) developing training curricula that specifically address knowledge and leadership capacity needs of PLHIV in the MENA region while promoting knowledge transfer by and for PLHIV for implementation and support of country-level activities. This activity is co-funded with ANE Bureau field-support funds. (See the ANE Bureau write-up in Section VI)

Summary of Major Activities: From June 1–5, 2008, in Amman, Jordan, HPI conducted a rigorous Training-of-Trainers (TOT) workshop titled “Investing in PLHIV Leadership in the Middle East and North Africa Region: How to be a Positive Trainer to other PLHIV in the Region.” The objectives of the TOT were to help participants (1) acquire accurate information about HIV to allow leaders to share this information with others; (2) develop skills for training, education, and awareness raising within their respective countries; (3) develop training tools to be used in respective country trainings; and (4) strengthen civil society responses to HIV in-country. The 12 participants were from Egypt (3), Yemen (1), Jordan (2), Bahrain (2), Oman (1), Lebanon (2), and Libya (1).

As a result of the first workshop, TOT participants facilitated the “Investing in MENA PLHIV Leadership” workshop from June 8–12, 2008. This was the first workshop that was conducted entirely by and for PLHIV from the MENA region. This marked a shift in power from Arab PLHIV as beneficiaries and receivers of knowledge from HIV-negative experts to expertise and knowledge transfer shared directly from PLHIV to other PLHIV in the region. This created a platform for truly implementing the GIPA principle in the region.

The HPI team is editing and finalizing the TOT and sub-regional curricula. Upon completion, these products will be submitted for technical review within HPI and USAID.

2.2 *The Role of Religious Communities in Ending Gender-based Violence (FY06)* Activity Manager: Britt Herstad

Objective: Working with Religions for Peace, HPI is (1) strengthening the capacity of African religious communities and networks to respond to GBV as it relates to HIV/AIDS; (2) enhancing faith-based advocacy on GBV; and (3) equipping religious communities with tools to deepen awareness and understanding of GBV.

Summary of Major Activities: The activity team—including consultants who are experts in religion—worked on the first draft of the activity's final deliverable, a toolkit designed to equip religious leaders to address GBV in their communities. This toolkit is currently under review, in addition to an overall project report, which includes the training curriculum from the July 2007 regional workshop (as described in previous reports).

In addition, HPI exhibited a poster highlighting this activity, “The Role of Religious Communities in Addressing Gender-based Violence and HIV,” at the International AIDS Conference in Mexico City, in August 2008. The poster included an overview of the activity, recommendations, accomplishments, and lessons learned.

IR3: Health sector resources (public, private, nongovernmental organizations, and community-based organizations) increased and allocated more effectively and equitably

3.1 Identifying Appropriate Livelihood Options for Adolescent Girls (FY07)

Activity Manager: Myra Betron

Objective: This activity aims to develop a program design tool based on identified best practice programs and program linkages among interventions that use economic livelihood as a strategy to reduce HIV. To that end, the project conducted an extensive literature review on related topics, to inform the tool's development. The tool will be tested with microfinance and HIV staff of USAID and its implementing agencies in Botswana and Namibia.

Summary of Major Activities: To date, HPI has conducted a literature review and annotated bibliography to assess the linkages between economic strengthening and HIV prevention activities. The project has also drafted the program design tool, which is being reviewed by representatives of OGAC and USAID Mission staff in Botswana and Namibia.

3.2 Equity of Access to ART (FY07)

Activity Manager: Nalinee Sangrujee

Objective: This activity seeks to understand the factors that improve ART access in order to identify actionable recommendations that can increase coverage of ART among the poor. The two main activities are to (1) analyze secondary data from AIDSRelief to understand the potential barriers to access and adherence to ARV and (2) conduct a field study in Ethiopia to identify the primary barriers to accessing ART.

Summary of Major Activities: HPI has drafted a preliminary report on the ART treatment system in Ethiopia. The literature review has been completed. To prepare for implementation, the project explored the AIDSRelief database; drafted a preliminary concept paper for the activity, which will be sent to the Mission in Ethiopia; and began a literature review of Ethiopia ART and healthcare delivery and equity issues in Ethiopia and sub-Saharan Africa. HPI has received a dataset from one site in AIDSRelief; however, the quality of the data has not yet been assessed. In coordination with the Project's other Ethiopia activities, HPI has identified a potential consultant who will assist with conducting the research in country.

IR5: Timely and accurate data used for evidence-based decisionmaking

5.1 Tools for HIV Planning and Analysis (FY06/07)

Activity Manager: John Stover

Objective: This activity aims to support global efforts to provide accurate and up-to-date information for policymaking, planning, and resource mobilization by maintaining and updating the key modeling and analytic tools used by HPI in its country and regional programs. These state-of-the-art tools help national planners and international organizations to analyze available data on the status of the epidemic; assess the future implications of current trends; set prevention, treatment, and support targets; and track progress.

Summary of Major Activities: During October 2007–March 2008, the HPI team added new tools to Spectrum to assist partners with calculating HIV indicators. Using the new tools, HPI provided technical assistance to UNAIDS to prepare country estimates for the Global Report with estimate updates of key

HIV indicators (such as number of HIV-positive people, new infections, AIDS deaths, orphans, and the need for ART). The UNAIDS Global Report was released in July 2008.

HPI also participated in several meetings with UNAIDS and UNICEF to discuss modifications on several of the models:

- An UNAIDS/UNICEF expert meeting in June to agree on modifications to Spectrum to incorporate the latest information on children and HIV.
- A meeting of a sub-group of the UNAIDS Reference Group on Estimates, Models, and Projections to agree on changes to the AIDS Impact Model for the next round of training and HIV estimates.

In addition, HPI analyzed age patterns of HIV incidence in countries with one or two Demographic and Health Surveys or AIDS Indicator Surveys to develop patterns for use in Spectrum.

5.2 *Costs of Key PEPFAR Interventions (FY06)*

Activity Manager: John Stover

Objective: This activity aims to provide OHA and OGAC with an analysis to support the PEPFAR program by developing information on the cost of key PEPFAR interventions.

Summary of Major Activities: In the previous reporting period, HPI, OGAC, and USAID agreed to focus on three topics: (1) the cost of abstinence promotion programs; (2) the cost of community mobilization programs; and (3) cost savings from ART due to a reduced need to treat opportunistic infections.

Since then, HPI has received support from USAID, OGAC, and the USAID Missions of Uganda and South Africa to begin implementing the costing activities.

5.3 *Analysis of DHS Data to Inform Scale-Up of Prevention Programs for Sero-discordant Couples (FY07)*

Activity Manager: Bob Porter/Britt Herstad

Objective: This activity is designed to develop socio-demographic profiles of PLHIV based on re-analyzing HIV prevalence data from general population surveys in sub-Saharan Africa, primarily the DHS+ and AIDS Indicator Survey. HPI will use the findings to make epidemiologically based recommendations for updating definitions of high-risk sexual behavior and to explore implications for HIV prevention, with special attention to married or co-habiting couples.

Summary of Major Activities: During this period, the activity team began data analysis on HIV prevalence data for nine African countries. The team drafted six of the nine country briefs, which are under review. In addition, the team drafted three working papers that examine issues related to the scale-up of prevention programs for sero-discordant couples.

5.4 *Developing an Assessment (Screening) Tool for Manifestations of Stigma and Discrimination, Including Gender-Based Violence, in Most-at-Risk-Populations (MARPs)*

Activity Manager: Myra Betron

Objective: Through pilot activities in Mexico and Thailand, this activity aims to increase collaboration between principal actors—especially community organizations and health service providers—in the coordination of available services to respond to cases of GBV and other issues of S&D that affect HIV risk and overall health. To that end, the activity works to increase the understanding of the influence of GBV and other manifestations of S&D on self-perception, risk perception, and access to health services

for MARPs. The primary vehicle for these efforts is the integration of screening for GBV and other forms of S&D among MARPs in the HIV healthcare setting.

Summary of Major Activities: To inform the pilot project, HPI completed a comprehensive literature review to understand prevalence and forms of GBV and S&D that influence vulnerability and risk behavior for MARPs and to identify best practices and lessons learned with respect to screening for GBV in the healthcare setting. The literature review is currently under review by experts in related fields. Likewise, in both Thailand and Mexico, HPI conducted key informant interviews with health providers and focus group discussions with MARPs to determine types and the extent of GBV experienced by MARPs as well as existing norms, attitudes, and access to services for MARPs. The assessment identified existing policies and programs that address GBV and/or HIV for MARPs; provider openness to respond to GBV among MARPs; and specialized needs of MARPs related to GBV, HIV, and VCT.

Based on findings from the literature review and assessments, HPI developed a screening tool for GBV among MARPs to be used in the HIV healthcare setting. Likewise, the project team developed a training module that aims to sensitize providers on S&D against MARPs, gender and GBV as well as screening for and responding to GBV in the health setting. From May to June, local partners in Thailand piloted both the screening tool and training modules in two HIV clinics targeting MARPs, one hospital, and two NGO drop-in-centers for MARPs. In Mexico, HPI and local partners began piloting the screening tool and training modules in eight government HIV clinics in the state of Mexico and one in Puerto Vallarta. The pilot began in September and will finish in November. The project collected preliminary findings of the screening and presented them during the International AIDS Conference 2008.

Over the next three months, HPI will collect and analyze data on the screening tool pilot and complete an evaluation report. Based on the findings, the report will detail recommendations for sustaining, replicating, or scaling up screening for GBV among MARPs in HIV settings.

5.5 Goals/TB Model (FY07)

Activity Managers: Philippa Jungova Lawson and John Stover

Objective: This activity focuses on developing and applying a model at the country level to show the impact of various types of TB control activities on TB incidence and HIV. The objective is to create a tool to enhance planning and resource allocation for TB control and treatment, with particular attention to the TB/HIV interactions. The model will be designed to answer several key questions:

- How much funding will be required for TB services to achieve the goals of the strategic plan?
- What goals are achievable with the available resources?
- What is the effect of alternate patterns of resource allocation on the achievement of program goals?

Summary of Major Activities: In November 2007, HPI staff discussed with the Ukraine Mission the concept of developing a TB Goals model in Ukraine. At that time, it appeared that the Mission was supportive and had approved the activity. In spring 2008, USAID encouraged the activity team to have various discussions with WHO and USAID to ensure no duplication of other models and effective collaboration. In August 2008, John Stover, Futures Institute President, corresponded with USAID staff and met with Katherine Floyd and Andrea Pantoja at WHO to explain the project to them and agree on a framework for collaboration. In September 2008, a consultant, Anastasia Nitsoy, who has experience with the Goals Model and Spectrum, was identified and hired to begin the work on the activity in Ukraine. In September, the Ukraine Mission requested additional information, including a timeline, before approving the activity's implementation in Ukraine. The Mission is expected to provide feedback on its decision regarding the implementation of this activity in November.

5.6 Profiles for Department of Defense Orphans and Vulnerable Children (DoD OVC Profiles)

Activity Manager: Anita Datar Garten

Objective: The purpose of this activity is to develop a comprehensive understanding of existing DoD OVC programs for both military and civilian OVC (both PEPFAR and non-PEPFAR). Drawing primarily on relevant program documents and supplemented with data collected from semi-structured qualitative interviews, the objectives for this activity are to clarify DoD's mandate with respect to OVC and define the agency's target population; understand what military and civilian DoD OVC programs have been implemented in Zambia; clarify overlap of PEPFAR and non-PEPFAR-funded OVC activities and identify gaps in program implementation; and identify factors that distinguish service delivery and program implementation for military and civilian OVC.

Summary of Major Activities: The DoD OVC profiles activity received approval from USAID in late August 2008. The team then contacted USAID Zambia to discuss implementation of activities in-country. Due to other competing priorities, USAID Zambia is unable to implement this activity until late November 2008. In the meantime, headquarters-driven activities are underway, including a comprehensive desk review of relevant program documents and identification of an in-country consultant. Immediate next steps include completing the desk review; finalizing paperwork to hire a consultant; developing a semi-structured interview guide to be used with key informants in-country; and drafting an outline for a focus group discussion with program implementers. Data collected will be analyzed and used to develop a country profile and an activity summary report (inclusive of recommended next steps).

C. Cross-cutting Activities

Gender: Integrating Gender into USAID-funded HIV Programs

Activity Manager: Mary Kincaid

Objective: USAID has endorsed integrating a gender perspective into all its programs. OGAC recognizes gender as one of its major priorities in addressing the HIV pandemic. In addition, HPI has a mandate to address gender, along with stigma and discrimination and the poor, in all its activities. The challenge for staff is *how* best to do so. Training is required to build the capacity of USG staff, partners, and local implementers. HPI staff have in-depth experience in gender issues, based on their work with USAID and others in the Interagency Gender Working Group, and have created and conducted gender integration training for staff around the world.

Summary of Major Activities: On April 8, 2008, approximately 24 HPI staff from the U.S. and overseas offices (8 men and 16 women), participated in two half-day sessions on gender and HIV. The first session served as an introduction to gender and HIV, improving staff skills to identify gender-related issues and integrate gender into existing and future HPI programs. It included an explanation of PEPFAR guidance related to gender, learning how to use the gender continuum to assess gender-related outcomes of programs, and an introduction to gender analysis and integration. The second session focused on gender-based violence in the context of HIV programs, helping participants to understand the definition of GBV and the types of violence faced by women, MSM, and transgenders; identify how GBV increases vulnerability to HIV and AIDS and serves as a barrier to effective prevention, treatment, care and support; and consider concrete interventions to address GBV in HIV and AIDS programming and advocacy in the context of HPI's country work.

PEPFAR Initiative on Gender-based Violence: Strengthening Services for Victims of Sexual Assault

Activity Manager: Myra Betron

Objective: This activity assists the PEPFAR GBV Initiative in defining a package of comprehensive services, including PEP, for sexual assault victims in Rwanda and Uganda by:

- Building the capacity of community organizations to engage community members from various sectors and levels to identify barriers to sexual violence services and design appropriate responses;
- Providing hands-on technical assistance to mobilize communities to enact a multisectoral response to sexual violence; and
- Assessing the achievements, challenges, and lessons learned for future scale-up of services for sexual assault victims.

Note that this is a multi-partner initiative that is coordinated by the PEPFAR Gender Technical Working Group as a whole. At the country-level, it is led and implemented by PEPFAR country teams and their local partner organizations. HPI provides technical assistance activities to the initiative, but the activities are dependent on PEPFAR in-country implementing partners for actualization.

Summary of Major Activities: HPI has worked with the PEPFAR Gender Technical Working Group as well as the GBV Initiative implementing partners in Rwanda and Uganda to define the technical assistance needs of the partners. In July, HPI and its Uganda-based partner, Raising Voices, conducted a capacity-building and information exchange workshop for GBV Initiative local partners on participatory methodologies to engage the community in a response to sexual violence. Topics of the workshop included the identification of norms, attitudes, and barriers in preventing a response, raising awareness, and mobilizing communities on GBV.

During the remainder of the calendar year, Raising Voices will provide hands-on technical assistance to local partners on awareness raising and community mobilization pertaining to sexual violence. Activities will include learning-center visits, role-plays, and monitored practice exercises in the community.

Rapid Response (FY07)

Activity Manager: Ken Morrison

Objective: It is important to ensure that policy-focused activities meet the needs of both USAID and OGAC. In addition, unexpected opportunities arise that have the potential for significant impact if acted on immediately. The rapid response mechanism enables HPI to respond to both ad hoc requests and time-constrained opportunities from USAID and its partners, which provides an effective and transparent system for the provision of high-quality, responsive, and fast-track policy-related assistance.

Summary of Major Activities: Rapid Response funds were used to respond to specific requests from USAID and country partners as well as to allow the HPI staff and partners to keep abreast of ongoing discussions and emerging issues by attending presentations, workshops, and meetings with local partners. Over the past six months, HPI has used HIV Rapid Response funds to expand activities in several areas of its ongoing projects that were not in the original scope of work, including identifying lessons learned related to screening gender-based violence in MARPs and responding to GBV in religious communities. Recently, Rapid Response funds have been used to do some policy work in the areas of positive prevention and enhancing the evaluation and longer-term outcomes of previous and present HPI projects.

Rapid Response for Positive Prevention

Activity Manager: Philippa Jungova Lawson

Objective: Through supporting the Global Network of People living with HIV (GNP+), HPI assists PLHIV to define “positive prevention.” This will facilitate PLHIV to develop effective, evidence-informed advocacy and promotion strategies to influence policy and services.

Summary of Major Activities: Since January 2008, HPI has assisted GNP+ to facilitate a Positive Prevention (PP) working group. The working group spent much time from February through August 2008 discussing concepts; reading literature; and facilitating in-person, e-mail, and e-group consultation. GNP+ asked HPI to guide the process to develop three draft documents as deliverables for the working group. HPI completed an extensive literature review on positive prevention and compiled information from the completed consultations with over 488+ PLHIV around the world (in addition to the e-consultations and the official consultations), drafting three documents. Through the activity consultation process, more than 1,141 PLHIV participated (488 in-person consultations, 390 e-consultations, 13 working group consultations, 350 + Living Summit). In the Living¹ 2008 PLHIV Leadership Summit, PLHIV from around the world discussed the draft documents and major concepts. Although the Summit did not reach a consensus among all participants, there was consensus among the African, Asian, and Middle East PLHIV to the following six principles/statements that were the key focus of the draft Call to Action and the background paper:

- Positive prevention must be centered on the efforts of people who know they are living with HIV to learn and practice ways to promote their own health and prevent disease.
- Although successful positive prevention will also reduce HIV transmission, PP is not *only* about preventing HIV.
- Positive prevention is inextricably linked with access to treatment, care, and support.
- Combating stigma and discrimination is essential to the success of positive prevention.
- Everyone has a role to play in supporting positive prevention efforts.
- PP also requires addressing social vulnerabilities such as poverty, gender-based violence, xenophobia, and homophobia.

Quality Assurance, Monitoring and Evaluation, and Communication Support

Activity Manager: Nancy McGirr

Objective: The Quality Assurance (QA), Monitoring and Evaluation (M&E), and Communication Team helps ensure the overall quality of project outputs, monitors performance, and communicates the results of project efforts. The objectives of our M&E support are to design and implement effective performance monitoring procedures; strengthen the capacity of staff in M&E; and keep abreast of ever-changing U.S. Government (USG) reporting requirements and ensure their proper implementation in both core and field programs. The objectives of our QA and communication support are to ensure the accuracy and excellence of project deliverables; report on progress toward goals and facilitate internal project communications and knowledge sharing; promote the identification, presentation, and sharing of best practices, lessons learned, and project achievements to external audiences; and ensure adherence to USAID guidelines for branding and quality standards.

¹ The Living Partnership consists of GNP+, International Community of Women Living with HIV/AIDS (ICW), International Council of AIDS Service Organizations (ICASO), International HIV/AIDS Alliance, International AIDS Society (IAS), International Federation of Red Cross and Red Crescent Societies (IFRC), International Planned Parenthood Federation (IPPF), Mexican Network of People Living with HIV, Sidaction, Joint United Nations Program on HIV/AIDS (UNAIDS), and World Health Organization (WHO).

Summary of Major Activities:

Quality Assurance. The team facilitates the technical review process and provides editing and publication support for project documents. To improve its technical review and editorial processes, the QA Senior Technical Advisor now reviews reports earlier in the drafting stage to ensure that the project's activities, lessons learned, impact, and possible applications are being fully documented. The team has also created a tool to capture key information related to the document's production. This will help streamline the process and alert the team to any urgent printing and dissemination needs.

As part of the new targeted training for activity managers, the QA team conducted several sessions on the managers' specific role in (1) facilitating the production of technical documents (including the writing and budgeting of the reports), (2) ensuring that the documents are of high-quality, and (3) identifying the appropriate mechanisms for dissemination. The training will be held periodically to orient new managers and provide updates on new procedures.

M&E: HPI has made great progress in monitoring and evaluating its field- and core-funded programs. Several factors have enabled us to monitor program performance consistently and collect high-quality information.

First, the project's results framework guides workplan development and results reporting for core and field support programs. Moreover, the M&E team continues to help country programs to collect data for use and PEPFAR reporting indicators. In addition, we are monitoring new M&E developments under the PEPFAR 2 framework. To date, we have provided TA to country programs in South Africa, Kenya, Botswana, Vietnam, China, Indonesia, and Ukraine. These trainings not only enabled all project staff to understand the results framework but also to link the framework to their annual workplans, identify future results, and discuss how respective activity managers could collect the information needed to report an HPI result as well as to use PEPFAR indicators. This frequently led to the country teams identifying additional activities that they had not included in their workplan. For example, to determine if any of the policy champions whom the project had trained were engaged in policy dialogue, the team in South Africa decided to conduct a small survey of a random sample of alumni. The survey not only revealed that several participants had advocated at their places of work for establishing HIV/AIDS workplace policies but some also provided technical assistance to countries. For example, one alumnus helped the Lesotho National AIDS Control Council to develop the country's HIV and AIDS strategic plan for 2006–2011 while a second alumnus, who worked for UNDP/Moscow, assisted the Russian government to prepare its HIV/AIDS federal plan.

Communications and Website Support. The QA team continued to provide assistance to improve knowledge sharing with key external audiences and among staff.

New materials. During this period, the QA team finalized new Stories from the Field: "Community Activist Combats Stigma" (Tanzania), "PLHIV Leaders Emerge in MENA," and "Tanzanian Media Join HIV Response." The QA team disseminated the fifth issue of the internal project newsletter, which focused on the International AIDS Conference. The QA team also supports completion of end-of-project reports. This period, the team began work on final reports for the Vietnam and Tanzania HIV programs.

Conferences. The QA team provided extensive support to enhance HPI's presence at the HIV Implementers Meeting in Kampala (June 3–7) and XVII International AIDS Conference in Mexico City (August 3–8). Assistance included preparation and review of posters and presentations, as well as creation and/or updating of informational materials about the project's publications, resources, and promising approaches. The project's presentations, posters, and abstracts have been added to the HPI Intranet to promote sharing across the project. In addition, HPI interviewed key staff in the project's country

programs with an HIV focus, and assembled short videos showcasing some of HPI's work and products in the area of HIV. The video was shown at the Futures Group booth at IAC, and has been shared with all HPI country offices.

D. Problems, Issues, and Constraints (HIV)

This portfolio is progressing well. Nonetheless there remain some structural challenges and constraints to optimal performance. These fall into four categories: (1) recognition of the importance of supportive policies, (2) support for collaboration, (3) flexibility to respond to emerging issues and changes in programming, and (4) continuation of professional updates.

- 1) **Recognition of the importance of supportive policies.** The necessity of favorable policies and adequate policy frameworks to sustain long-term achievements of PEPFAR at the country level is not fully recognized, even among OHA and OGAC headquarters staff. This lack of recognition particularly affects communications with USAID field missions and USG PEPFAR implementers who are caught up in the daily provision of care and treatment and other services. As a result, the potential contributions of HPI are not always fully appreciated or necessarily welcomed in country programs.
- 2) **Support for collaboration.** HPI needs to work closely with service-delivery CAs so they can understand the policy-level obstacles for service delivery and work with HPI to develop strategies for overcoming them. Partly as a result of the lack of appreciation of policy work discussed above, and partly because of the structure of the procurement process, communication and collaboration among key PEPFAR and other donor partners are lacking. There continues to be a need to clarify with USG personnel, CA partners, and other donors the role and purpose of HPI and, at the same time, bolster the understanding of policy as key to sustainability and support for health systems and service delivery.
- 3) **Flexibility to respond to emerging issues and changes in programming.** Although careful planning is a key component of successful implementation, it is sometimes difficult to foresee emerging issues and challenges a year in advance. Policy issues change over time especially in a field such as HIV. HPI needs to be able to respond to these changes. This past year, one such issue was brought to light. New laws have been adopted in many West African countries that contain controversial clauses related to criminalization and compulsory HIV testing. These laws were adopted as part of a "model law" that was developed with support from USAID through another project. It would have been appropriate to respond comprehensively and work with countries to modify the texts as well as shape the policies in other countries where legal reform is still underway. Even though rapid response funds are provided for in the project, they are not always adequate to respond substantively at the scale necessary.
- 4) **Continuation of professional updates.** In March/April 2008, HPI hosted a successful Technical Development Week along with skills-building sessions. However, because HIV/AIDS is a dynamic field, training needs to be ongoing so that staff can stay abreast of new issues and information. For example, policy issues related to injection drug use have changed in recent years. Few project staff were able to benefit from either the Program Implementers' Meeting or the International AIDS Conference. HPI is using long-distance learning and e-communication as one approach to help bridge this gap. However, a continuing professional development program would be worthwhile.

VI. COUNTRY ACTIVITIES

A. Overview

As of the end of September 2008, Task Order 1 had received field support from 36 countries and regional programs. Task Order 1 received FY08 field support from 14 countries, and we continue to operate in another 10 countries under previous field support obligations or MAARDs. The project has closed programs in 10 countries/regional programs.

From April 1–September 30, 2008, HPI closed out regional programs under Task Order 1 for RDMA/Mekong, West Africa, and G/CAP-PASCA. The Central American HIV Program (PASCA) will continue under a new task order implemented by Futures Group International. Our country program in Vietnam is also in the process of closing. Futures Group International did not win the follow-on task order there but will retain a small staff to complete work on some discrete activities through Task Order 1 until May 2009.

Africa

Africa is HPI's largest and most complex portfolio. Many country programs in Africa deal with both FP/RH and HIV, although the majority focus on HIV. Most of the project's FP/RH work relates to repositioning family planning and expanding access to FP services. Missions in Africa are becoming increasingly interested in updating, adapting, and disseminating RAPID presentations. Ghana, Rwanda, Senegal, and Tanzania are all involved in these updates—either through core or field support. Ethiopia is another possibility for a RAPID application, using Africa Bureau funding. Many Missions appreciate the RAPID model's flexibility to include information and projections from other sectors and to reflect the changing funding environment. Missions and country programs are also showing greater interest in developing policies around gender, gender-based violence, and integration of gender into all health areas, including FP/RH and HIV.

Some countries in Africa continue to present extremely challenging programming environments. The most challenging country is the Democratic Republic of the Congo (DRC), where poor physical infrastructure and in-country travel conditions combine with a policy situation in which the needs are enormous and the local human capacity is weak. Given this setting, the results that HPI does achieve are especially rewarding. However, working in the DRC entails much higher costs and is more time-consuming than other countries.

HPI's work in repositioning family planning includes a focus on strengthening civil society organizations and religious leaders to be more effective advocates. In Mali, these efforts have led to open discussion and dialogue on birth spacing in mosques and in the integration of FP into the Médersa (Koranic) schools' curricula. Continued efforts with Tanzania's religious leaders have culminated in the Supreme Clerical Council for Muslim Leaders issuing a statement of support for FP. In Kenya, the launch of the National RH Policy was a major accomplishment. HPI is also helping to revise the National RH Strategic Plan and advocate for repositioning family planning through small grants to the Coalition Against Mismanagement of Mothers and the Women Challenge to Challenge.

HPI efforts in Africa to improve the policy environment span many components of PEPFAR: promotion of abstinence and monogamy, support of OVC, palliative care, strategic information, and PMTCT. HPI has used field support funding to strengthen advocacy efforts and mobilize resources in Botswana, DRC, Kenya, Mali, Mozambique, and Tanzania. Country programs have emphasized capacity building and support for networks and coalitions in order to broaden participation in the policy process. Networks of

PLHIV have become active in advocacy and involved in program planning in several countries. For example, networks in Kenya have advocated for women's property ownership and inheritance rights, access to treatment, and other legal issues. Outreach to religious leaders has led to greater sensitivity regarding stigma and efforts to educate the public on HIV prevention. In Botswana, HPI provided support to improve the capacity of an OVC network, which is now capable of managing a government grant. HPI's work with the business community in Mozambique and Tanzania has led to coalitions of business leaders working with their peers in other companies to establish workplace HIV policies and, in some cases, on-site VCT services. HPI has also helped partner organizations to raise funds to support their work. For example, in Mali, HPI helped local agencies draft their proposals for the Global Fund.

In several countries, HPI has supported various policy initiatives to develop program strategies and operational plans. In DRC, HPI conducted an OVC assessment and participated in the development of the National Plan of Action. In Mozambique, HPI helped disseminate data on HIV/AIDS prevalence and project its impact. In Kenya, HPI has helped to finalize the OVC policy and legislative agenda, the National Plan of Action, and home-based care policy guidelines. HPI worked with several local organizations to raise awareness of gender and the effects of gender-based violence.

Asia and the Near East

The past year has been a year of transitions for HPI-TO1's ANE portfolio. HPI completed four high-performing programs—China (December 2007), Mekong Region (April 2008), Vietnam (September 2008), and ANE Bureau funding for MCH (September 2008). HPI also launched new programs in India (January 2008) and Yemen (November 2007). TO1 contributed to significant improvements in the HIV policy environment in both China and Vietnam and through regional partners in the Mekong. For example, in Vietnam, we supported the formulation, adoption, and dissemination of guidelines on ARVs and OIs and palliative care; an HIV law and implementing guidelines; and a new policy on methadone maintenance therapy, which opens the door to changing the government's mandatory institutionalization approach to combating injecting drug use. We also helped launch five HIV legal clinics that provide an innovative mechanism for supporting implementation and monitoring of the HIV law. Moreover, our five years of support to grassroots and regional PLHIV groups culminated, in 2008, in the formation of the national Vietnam Network of PLHIV (VNP+) and Vietnam Positive Women's Network.

In China, the final three months of 2007 saw the strengthening of county and city-level PLHIV networks in highly affected provinces, as well as increased capacity of local government officials, who successfully advocated for increased human and financial resources to combat HIV at the county level. In the Mekong region, TO1 promoted evidence-based decisionmaking through the A² Project, strengthened advocacy and institutional capacity of PLHIV and MARPs, and fostered the regional leadership and coordination needed to develop and implement effective, sustainable health programs (e.g., through ASEAN and APN+). With ANE Bureau funding, the WRA successfully promoted the scale-up of best practices in family planning and maternal and newborn health through the creation, strengthening, and/or mobilization of WRA alliances in Bangladesh, Indonesia, Orissa State in India, Pakistan, and Yemen.

We continue to have a strong presence in the region. For example, HPI has provided extensive assistance to support implementation of Jordan's Reproductive Health Action Plan (RHAP) II, specifically by finalizing the RHAP II narrative and framework, preparing a costing system focused on resource allocation for the first 18 months of activities, and developing the M&E plan. In the past year, the project wrapped up its efforts in HIV/AIDS in Jordan, engaging PLHIV—for the first time in the country—in policy dialogue and successful policy change. In Indonesia, we have trained two national facilitation teams to support the National AIDS Commission with its ambitious effort to roll-out to all 33 provinces the process of analyzing (using the linked Asian Epidemic and Goals models) and mobilizing (through advocacy) resources for decentralized HIV/AIDS action plans as part of a national strategic planning

initiative. We have also worked closely with Muslim leaders, building their capacity to serve as policy champions to speak out against stigma, engage other religious leaders, and work at the community level to help alleviate policy issues and barriers to HIV prevention programs. Finally, through the *Investing in PLHIV Leadership* initiative, we have continued to support the growth of a PLHIV movement in the MENA Region.

Latin America and the Caribbean

The LAC region has also experienced transitions as well as growth during Year 3: the Peru TO1 program transitioned to its own task order in November 2007, focusing on strengthening health systems at the municipal level; and the Central America Regional Program under TO1 transitioned to its own task order on October 1, 2008, reclaiming the “PASCA” brand name and dedicated to strengthening technical skills and capacity for HIV programming, policy, and M&E in five countries. TO1 also launched new programs in the Dominican Republic for reproductive health advocacy and in El Salvador to support the coordination and implementation of Global Fund activities on HIV. Longstanding programs on HIV in Mexico and on family planning in Guatemala continued to deliver extraordinary results.

The LAC Regional Contraceptive Security Program continued its important work to strengthen the national contraceptive security committees in eight countries—supporting research to document lessons learned and case studies to share country experiences and providing technical assistance on modeling, data use, advocacy, and strategic planning to government and civil society partners on the committees. HPI continued its efforts to increase access to RH services among indigenous people.

In Guatemala, HPI focused on advocacy and support for the implementation of policies and laws on FP/RH. The project supported creation of a network of civil society organizations to monitor the government’s implementation of RH policies. HPI also worked with government partners to analyze the National Family Planning Guidelines; supported local partners and women’s networks to advocate for a more equitable and stronger response to FP/RH needs and address maternal and child health in marginalized populations; and worked with legislators to prepare policy proposals for increasing budget resources available for implementation of the FP law.

Responding to the ongoing high demand for S&D reduction training for healthcare providers, the Mexico team worked closely with specialized HIV/STI clinics, training hundreds of providers while launching efforts to make the training available online. Work on stigma reduction expanded to address the interaction of HIV and gender-based violence. HPI launched a new effort with local partners to increase attention and knowledge about positive prevention. In Mexico, the project provided technical assistance to a network of women PLHIV. Efforts to expand workplace HIV programs continued with technical assistance to the National Business Council on HIV in Mexico and support for cross-border sharing of practices and tools among companies in the Tijuana-San Diego region.

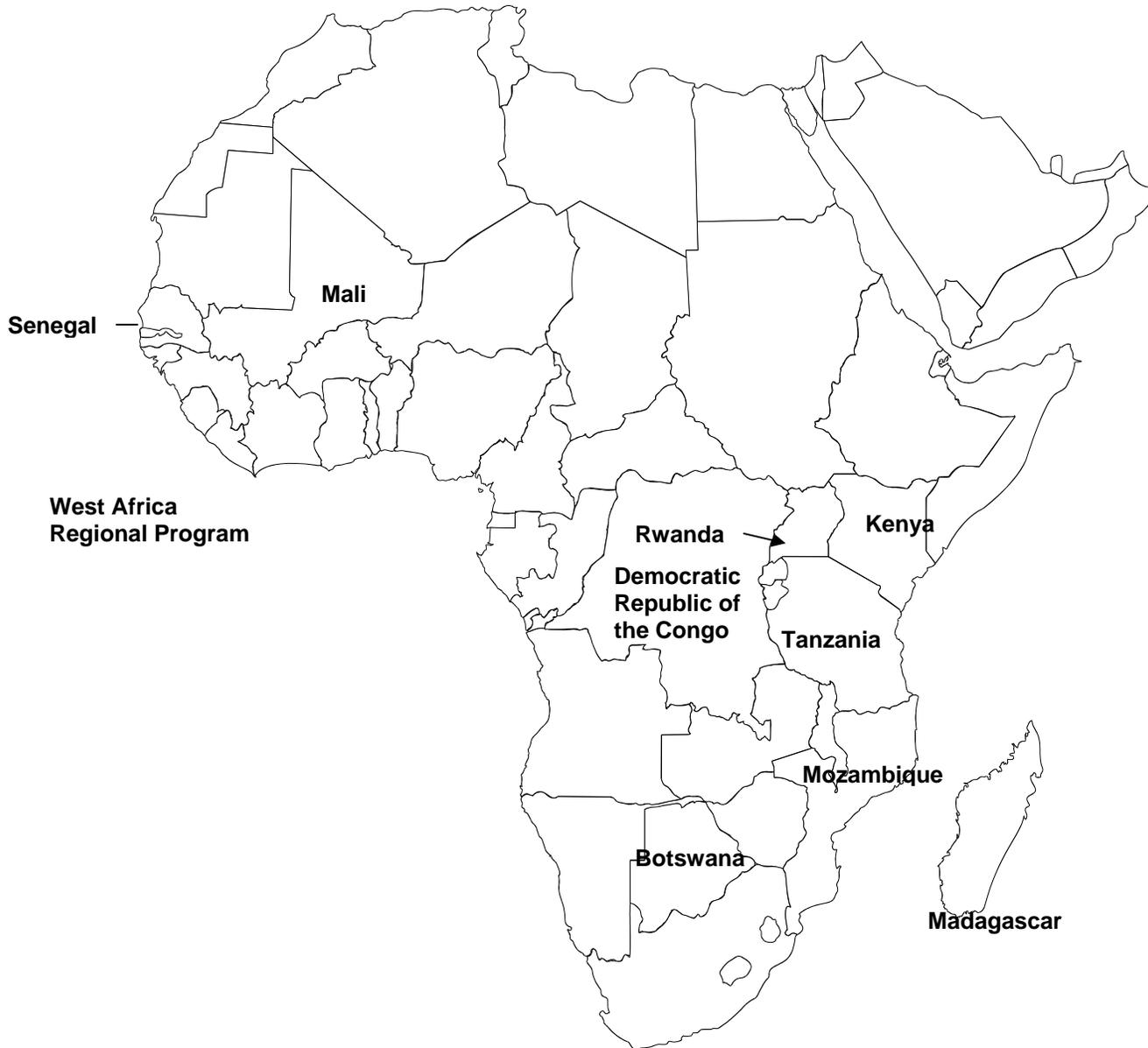
Smaller programs in Jamaica, the Dominican Republic, and El Salvador allowed HPI-TO1 to meet Mission needs for discrete assistance. In Jamaica, the project’s technical assistance to the Jamaica Business Council on HIV/AIDS helped the council move along a path toward sustainability, increasing its member base while strengthening its organizational and financial systems. In the Dominican Republic, HPI provided targeted technical assistance on advocacy and policy dialogue to local partners to increase attention to women’s health and family planning. In El Salvador, the project provides support to the technical secretariat of the HIV Country Coordinating Mechanism.

B. Problems, Issues, and Constraints for Country and Regional Programs

Field programs are largely on track and are achieving numerous results. The main problems and issues facing management of country programs involve new processes, uncertainty about funding levels, and country closeouts.

- Changes in corporate ownership have caused us to update operational and administrative procedures that especially affect our field programs. While Regional Managers and Operations Managers and their associated teams are doing a great job in helping to resolve questions that arise from field staff, we felt the need to conduct administrative and operations training for operations managers in our country programs. The ANE regional operations training occurred in Vietnam from August 8–15. The Africa training was held in Washington, D.C., from August 15–22. These regional training activities received uniformly high praise from participants who benefited greatly from the exposure to new material and procedures. LAC training occurs on a country-by-country basis because of the ease of travel to the region. We are also currently developing special training materials for use with new country directors.
- Uncertainties about Mission intent and the ceiling for future field support allocations affect program planning at the country level. Specifically, uncertainty around issuance of task orders affects work in several countries. The FY08 Field Support Action Process proceeded more smoothly this year, and we benefited from the lessons learned last year.
- Closing out country offices and projects is difficult—both administratively and in terms of the relationships that have been developed with local stakeholders. Furthermore, there is some confusion over the potential overlap between TO1 work and the beginning of new task orders. As the number of new task orders increase, we will need clarification on this issue.

AFRICA



Botswana

Country Manager: Altrena Mukuria

Country Coordinator: Boiphelo Seitlhamo

Program Overview: Under Task Order 1, the goal of the Health Policy Initiative (HPI) in Botswana is to strengthen the response to the HIV epidemic by creating an enabling policy environment to support the U.S. Ambassador’s HIV/AIDS Initiative. HPI supports PEPFAR through activities in the Prevention, OVC Support, and Other/Policy Analysis and Systems Strengthening program areas. Specifically, HPI provides technical assistance to a national NGO, the Marang Childcare Network (hereafter, Marang), to build capacity to deliver high-quality services to OVC, with a special focus on both organizational and technical program development. In addition, HPI works with university students to strengthen their capacity to raise HIV awareness and deliver prevention messages to students and the larger community. The project also works with the National Association of Nurses (NAB) to provide support to health workers working in HIV/AIDS. Finally, HPI activities also support the Botswana National Strategic Framework for HIV/AIDS 2003–2009.

Summary of Major HIV Activities:

HIV Prevention

Society of Students against HIV/AIDS (SAHA). SAHA is the lead campus organization that spearheads HIV prevention programs at the University of Botswana. With HPI support, SAHA continues to conduct youth-based behavior change communication programs. The main objective of these activities is to increase awareness among youth according to a “zero-HIV transmission” lifestyle and to explore issues that prevent behavior change. The message focuses on increasing access to VCT, communicating abstinence strategies, and promoting other innovative peer education approaches. The discussions generate feedback that has implications for HIV youth policy. HPI planned to support SAHA to engage in policy dialogue and advocacy to address the identified gaps, including (1) unregulated access to alcohol and drugs on campus; (2) limited access to VCT on campus; and (3) ineffective approaches for preventing youth pregnancy and widespread unprotected sex.

With HPI support, SAHA has planned activities that included training 25 SAHA volunteers and executive committee members, implementing HIV awareness campaigns to reach 1,250 students, forming a SAHA Alumni Network, and providing mentoring and psychosocial support for 30 OVC. These activities will begin in the next quarter.

Support for OVC

The Marang Childcare Network. Marang continues to expand its effort to reach more OVC with high-quality care and protective services. With HPI’s technical support, Marang provided training to 41 day care teachers and coordinators during a two-day workshop in early September. The workshop was designed to equip new service providers with knowledge and skills to implement day care activities that effectively address the health, educational, nutritional, and emotional needs of OVC. In particular, participants were instructed on how to support children infected or affected by HIV or AIDS. Participants also discussed strategies for reducing stigma directed at OVC in their communities and practical ways for engaging these children in age-relevant activities to assist them through illness and grief. This human resource development approach increases the capacity of NGOs/CBOs/FBOs to implement OVC policies and guidelines and to use advocacy strategies to respond to issues that arise from programming day care services. Poverty, negligence, inadequate family support systems, and the shortage of skilled day care

services were identified as important policy and program issues that require immediate attention to enable community providers to better reach OVC with responsive care and preschool services.

Training of caregivers for children with disabilities. Marang supports its partners in the provision of comprehensive services to OVC, including children with special needs. Currently, the needs of OVC with special needs are not adequately addressed by CBO/NGO/FBO services. To bridge this gap, HPI helped Marang to conduct a two-day workshop for 47 service providers working with children with disabilities. The workshop focused on

- Equipping service providers with the skills to deliver high-quality support to OVC with disabilities;
- Identifying locally available support services and resources for children with disabilities;
- Identifying ways to introduce stigma reduction interventions and methods at the level of the day care centers;
- Identifying issues and needs of disabled children and developing advocacy strategies to respond to these issues; and
- Sharing providers' ideas and experiences in caring for OVC with disabilities.

HPI will use the information from this training to further assist Marang, including helping the network to develop policy champions for OVC with disabilities from among its member organizations.

Expansion of Marang's resource base. Efforts are gaining momentum to widen Marang's resource base to support member organizations' programs. The government of Botswana recognizes the need to coordinate initiatives for OVC at the community level to enhance access to high-quality care. In September, HPI helped Marang secure a grant of \$170,000 from the government to scale up activities to reach more community service providers and more OVC in a comprehensive way.

Monitoring and evaluation. The previously held HPI M&E workshop raised awareness among partners that they need an M&E strategy to guide the implementation of FY07 activities. HPI's strategy includes assisting partners with establishing M&E systems for the proper tracking of program activities and helping them to understand and comply with PEPFAR and HPI reporting requirements. With project support, Marang advertised for an M&E Officer to carry out the M&E strategy during the next reporting period.

Support for Health Workers

Health workers are on the front line providing services and care for the prevention and treatment of HIV/AIDS. This work is physically, emotionally, and psychologically demanding. Health workers are not only providing care and support to increasing numbers of clients but are also infected and/or affected by HIV/AIDS or caring for family members who are infected or affected.

HPI assisted NAB to finalize its workplan, scope of work, and contract to train 90 health workers in psychosocial support for palliative care and to form and facilitate 45 health worker support groups that are expected to serve 450 health workers. Beyond helping to establish support groups throughout the country, HPI plans to engage health workers in policy dialogue regarding workplace safety and wellness, with a view to strengthening systems for service delivery. Activities will be initiated in the next quarter.

Support to the Botswana National Strategic Framework for HIV/AIDS 2003–2009

HPI helps mitigate the effect of HIV/AIDS through the OVC and health worker support programs. The project participated in the OVC policy development process. In July, HPI's Country Manager and

Country Coordinator participated in the first national stakeholders' workshop to review the draft OVC policy. At the government's request, following stakeholder meetings around the country, HPI will help to finalize the draft OVC policy and ensure that it both reflects local perspectives and meets international standards. The project, the Ministry of Local Government Department of Social Services, and the USG team are working together closely to lay the groundwork for implementation of these activities in the next fiscal year. The effort will increase HPI's involvement and technical leadership on OVC policy, utilizing the project's experience in OVC programming and strengthening systems for delivery of high-quality OVC services.

Development of Country Operational Plan for 2009

The Country Operational Plan (COP) process started the first week of August 2008. HPI participated in the two technical working group committees for OVC and systems strengthening. The Country Manager participated in the systems strengthening meeting in July 2008 and presented the proposed gender and HIV activity. The Country Coordinator participated in the OVC meeting in August 2008 and presented the OVC technical assistance and policy development and dissemination activities.

HPI assisted with developing the COP entry for OVC policy, including the dissemination of the national OVC situation analysis findings, dissemination of the OVC guidelines, and support for the drafting of an OVC policy. Systems strengthening support in the COP entry focused on gender and HIV. This program will build on COP 2008 activities by identifying and fostering champions to undertake advocacy and community awareness on HIV/AIDS and gender. HPI will mentor revolving loan and grant recipients from the partner women's group livelihood project to become policy champions. The project will also conduct advocacy training for COP 2008 and 2009 trainees and recipients. HPI will facilitate the support of policy champions in undertaking community-level awareness-raising activities regarding gender and HIV/AIDS. It will also sponsor community forums on gender, HIV/AIDS, and economic empowerment to be attended by local policymakers and community leaders and members.

Other Administrative and Management Activities

Registration of the Futures Group International office in Botswana is complete. During this reporting period, the finance manager opened a bank account for the office, and the procurement process was initiated to have the new office partitioned. All utilities and services (office telephone lines, internet, water, and electricity supply) are functional. Earlier, the Country Manager drafted and submitted concept papers to the USG for field support for a gender and HIV activity and an OVC policy development and dissemination activity. The Country Coordinator has incorporated these activities into the COP '09 submission.

Democratic Republic of the Congo (DRC)

Country Manager: Charles Pill

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) in the DRC is supporting a national OVC assessment and preparation of a national action plan. HPI is also working with the Ministry of Social Affairs, Humanitarian Action, and Solidarity (MINAS) to enhance the ministry's response to the needs of OVC at the national and local levels through capacity building in policymaking, strategic information, advocacy, and civil society engagement. In addition, with HPI core funding, the project is initiating policy analysis and advocacy support activities with the National Reproductive Health Program (PNSR). The goal is to contribute to an enabling policy environment by repositioning FP efforts to reduce unmet need and increasing resources and support for national FP/RH programs.

At a Glance: The Year in Review

This is HPI's first year of operation in the DRC. Working under challenging conditions, HPI's accomplishments include

- Building of a relationship to increase the leadership capacity of MINAS, the lead government agency for OVC;
- Adaptation and implementation of the RAAAP (Rapid Assessment, Analysis, and Action Planning) OVC assessment methodology for the design of a national OVC plan development process with MINAS, the National Multisectoral AIDS Control Program (PNMLS), and the National OVC Task Force, in collaboration with USAID and UNICEF;
- Signing of a decree by the Minister of Health, acknowledging the OVC task force, the establishment of an inter-ministerial OVC committee, and a commitment to include an OVC program in the government's program for 2009;
- Initiation of policy analysis and advocacy support for the PNSR in repositioning family planning; and
- Completion of a brief on the contribution of family planning to the Millennium Development Goals in the DRC.

Summary of Major Activities:

HIV/AIDS

OVC assessment and National Plan of Action. In preparation for the national OVC RAAAP synthesis report, HPI, in April and May, assisted MINAS with designing and conducting a training for 11 provincial facilitators in the collection of data from OVC program implementers in the provinces. The participants included both MINAS and PNMLS provincial staff. In May, the 11 facilitators held provincial meetings with about 30 participants representing public, faith-based, and civil society organizations that work on OVC programs. As a result, each province prepared for and held three zonal meetings in June, which brought together three to four provincial teams of 10 persons each. The teams discussed their OVC program needs and current coordination efforts, as well as completed their provincial OVC program profiles based on the earlier provincial meetings. Findings from the three zonal workshops supplemented the data already collected at both the national and provincial levels. In July, HPI worked with local consultants of the United Nations Children's Fund (UNICEF) to draft final reports on the zonal workshops. These workshops represent the final activity for this phase of the RAAAP effort. From July–September, Futures Group International and UNICEF drafted and signed the next contract for development of the RAAAP synthesis report. HPI also prepared a preliminary workplan for supporting the final RAAAP action planning phase. The project's work on the national OVC action plan will

continue in early 2009 (following the preparation of the RAAAP synthesis report from October to December 2008).

Building the capacity of MINAS. HPI continues to assist MINAS' Division of Studies and Planning (DEP) with its OVC-related policy and operational activities at the national and provincial levels. The project's local consultant worked with DEP to engage MINAS leaders and secure the signing of a Ministerial Decree establishing the National OVC Task Force and an Inter-ministerial OVC Committee. In June/July, HPI also assisted a sub-committee of the OVC task force with devising a communication and advocacy strategy. In September, the project led a study tour for the MINAS Cabinet Director, USAID/Kinshasa's new HIV/AIDS advisor, and seven other MINAS senior staff from the national and provincial levels to share experiences with Côte d'Ivoire's national OVC program. The Minister of Health and his team are now more engaged in OVC issues as a result of the study tour—evident by the drafting of a MINAS OVC program strategy to establish several pilot sites to improve coordination of OVC care and support programs, the minister's commitment to include an OVC component in his strategy for the government, and the identified need to develop directives for the improvement of coordination and programming for MINAS provincial offices. In late 2008, HPI will support a workshop for all MINAS provincial office directors to share the lessons from Côte d'Ivoire and help them develop approaches to improved coordination at the provincial level.

FP/RH

Repositioning of family planning (core funds). In May/June, HPI hired local consultants to help the PNSR review existing FP policies and to adapt a policy implementation assessment questionnaire. HPI's Country Manager met with the PNSR director in May and September to gain her support for the proposed work. In September, the project worked to finalize the questionnaire and planned the interviews of policymakers, decisionmakers, and service providers in the Kinshasa, Bas Congo, and Katanga provinces. The PNSR and USAID will review the final questionnaire, and interviews will begin in the next reporting period.

In addition, in June, HPI completed a brief on the contribution of family planning to achieving the Millennium Development Goals in the DRC. The project shared the brief with the Mission and subsequently distributed it to partners at a World Bank-sponsored meeting to discuss the country's fertility and national development goals. Also, in September, HPI shared the Spectrum DemProj E-learning module with the Mission and the University of Kinshasa School of Public Health.

Kenya

Country Director: Dan Wendo

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Kenya works with civil society and government partners to improve the enabling environment for health in FP/RH, HIV/AIDS, and maternal health. HPI's strategy addresses the most crucial health challenges in the country by using a comprehensive and integrated approach to the implementation of activities in the three program areas.

In HIV/AIDS, HPI works in the palliative care, OVC and policy analysis and systems strengthening program areas under PEPFAR. It also seeks to strengthen the capacity of government ministries, NGOs, and PLHIV networks to formulate and implement HIV policies and programs; eliminate policy barriers inhibiting the scale-up of HIV prevention, care, support, and treatment; and advocate for human rights issues. Priority areas of assistance include (1) building the capacity of local institutions and people living with HIV (PLHIV) networks for more active policy engagement; (2) protecting OVC and their access to basic services, with a focus on children's and women's rights; (3) reducing stigma and discrimination (S&D); (4) strengthening policy analysis and implementation and addressing operational barriers that affect OVC and PLHIV networks; (5) strategic planning, costing, and generating and analyzing data for evidence-based decision-making; and (6) mitigating gender-based violence.

In FP/RH, HPI focuses on using advocacy and dialogue to achieve high-level commitment to FP programs; formulating and improving key national RH policies and strategies to provide information for planning; integrating FP/RH programs more fully with HIV programs; informing and guiding policy development and implementation; and building support and capacity for advocacy. The health finance and systems strengthening program enhances the MOH's ability to mobilize additional health resources and strengthen health policies and systems to achieve improved planning, financing, and quality of FP/RH and HIV programs and services.

Summary of Major Activities:

FP/RH

Finalization of the National RH Policy. In July, the Minister of Public Health and Sanitation launched the policy. HPI printed 20,000 copies and developed a national dissemination strategy and a standard presentation to be used for upcoming regional dissemination of the policy in November 2008, through to February 2009.

Review and revision of the National RH Strategic Plan (1997–2010). HPI has begun to review the strategic plan to align it with the national RH policy. The Reproductive Health Interagency Coordinating Committee (RH-ICC) nominated a taskforce which will be facilitated by HPI to guide the process and activities leading to the development of a new National RH Strategy.

Networking for advocacy and repositioning RH. Under the Small Grants program, HPI approved proposals by two networks for implementation. The Coalition Against Mismanagement of Mothers (CAMM) will train traditional birth attendants (TBAs) to be champions of safe motherhood, while Women Challenge to Challenge (WCC) will work with the MOH and other partners on policy advocacy surrounding reproductive health for people with disabilities. HPI had trained 23 members of these networks on advocacy in June, 2007 when the proposals leading to the Small Grants awards were conceptualized.

Elimination of operational barriers to the integration of RH and HIV services in Kenya. Using core funding, HPI helped the MOH's Division of Reproductive Health to form the Integration Technical Working Group (ITWG). The project then assisted a subcommittee of the ITWG to prepare an integration policy/strategic framework. The ITWG is currently reviewing the first draft of the National RH/HIV Integration Strategy and will then develop operational policy guidelines.

Addressing stigma and discrimination in meeting FP/RH needs of PLHIV. Using core funding, HPI has initiated discussions with the Division of Reproductive Health, the National AIDS and STI Control Program (NAS COP), and other partners to review and adapt a training module on stigma and discrimination for FP service providers.

Improving access to FP/RH services among the poor. Using core funding, HPI finalized the budget for this activity and identified lead consultants to review key national FP/RH and operational policies, conduct market segmentation analysis using the Kenya Services Provision Assessment (KSPA), and evaluate existing as well as explore and suggest possible new financing mechanisms. The goal is to identify poverty- and reproductive health-related issues for the Division of Reproductive Health to address.

Equitable financing and resource allocation at the decentralized level. Using core funding, HPI drafted a terms of reference and identified three consultants to assess resource allocation at the decentralized level.

HIV/AIDS

OVC

Finalization of the OVC policy and legislative agenda and the National Plan of Action (NPA). HPI—in collaboration with the Department of Children's Services of the Ministry of Gender, Children, and Social Development and the United Nations Children's Fund—drafted the OVC Policy and legislative agenda, which still awaits cabinet approval. HPI is reviewing the children's policy of the department to identify gaps in OVC care and support and provide feedback to the ministry. The project also supported drafting of the NPA, which is now under final edits. HPI provided inputs for the NPA paper which was presented at the 16th International AIDS Conference in Mexico in August 2008.

Quality assurance training for OVC care and support. HPI and the Department of Children's Services drafted the OVC Quality Assurance and Improvement concept paper and a training curriculum for department staff. HPI, USAID, and the department officials conducted an orientation for 10 senior policymakers, followed by two five-day training sessions for 44 OVC secretariat and field staff in Nairobi.

Strengthening local capacity for promotion of OVC access to essential services and property ownership. HPI revised the PLHIV-OVC training curriculum by incorporating comments from partner PLHIV networks based on a pilot test. It is now undergoing a final review before printing.

Scaling up work on women's property ownership and inheritance rights (WPOIR). In May and September, for the Njuri-Ncheke council of elders, HPI conducted two consultation and advocacy workshops in Meru for 54 and 40 participants, respectively. In July, for the Luo Council of Elders, HPI conducted a similar workshop in Kisumu for 33 participants. The workshops covered community mobilization and advocacy on OVC care and psychosocial support, and the participants included USAID health program partners, CSOs, FBOs, NGOs, and government officials from the Department of Children's Services. Advocacy champions were selected in Meru to ensure increased access to services and rights by OVC and widows.

Strengthening the M&E skills of OVC implementers. In June, HPI provided technical and financial assistance for the PEPFAR OVC Bi-annual Implementers meeting, organized by USAID in Nairobi and attended by 50 participants from USAID-funded health programs. In addition, in September, HPI conducted national M&E training for 44 participants from 10 HPI partner networks and representatives from the Department of Children's Services. The workshop aimed to strengthen adherence to PEPFAR OVC data collection and handling requirements.

Other/Policy Analysis and Systems Strengthening

Review of the Home-Based Care (HBC) Policy Guidelines. In collaboration with the National HBC Taskforce, HPI reviewed and finalized the HBC policy guidelines and helped to redesign a new home- and community-based care (HCBC) implementation framework to be launched in October 2008.

National Greater Involvement of People Living with AIDS (GIPA) Guidelines and Mainstreaming GIPA into the HIV response. HPI reviewed the National AIDS Control Council (NACC)'s GIPA guidelines, which will be finalized and printed in the next reporting period.

UNGASS 2008 Planning Meeting Report. At the request of NACC, HPI helped to draft the National UNGASS CSO position report, which was presented at the UNGASS meeting in New York in June.

Strengthening of networks' capacity for policy advocacy and program implementation. HPI continued to strengthen the institutional capacity of networks for policy and advocacy engagement as shown below:

- *HPI assisted the National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK) with on conflict resolution by meeting with and supporting the board of directors in decision making for streamlining governance and identifying a new national coordinator.*
- *HPI strengthened the Kenya Network of Positive Teachers (KENEPOTE) by supporting the drafting of the organization's constitution and assisting with its registration as a national NGO. The national delegates' conference adopted the constitution and then conducted national elections for office bearers and the board of directors.*
- *HPI helped the Kenya Treatment Access Movement (KETAM) provide technical assistance to the NACC taskforce on post-election violence by advocating for and addressing the emergency response, focusing on gender-based violence, access to HIV treatment, and OVC issues. HPI assisted KETAM with disseminating the findings of an S&D measurement study conducted in 2007. The findings were disseminated in Nairobi and Mombasa in May and presented at the National Organization of Peer Educators (NOPE) International Conference in Nairobi in June. HPI supported KETAM in holding two breakfast meetings: the first with the parliamentary committee on health to discuss the Counterfeit Bill (2008)—which if passed in its current form is likely to erode gains made in access to generic ARVs for PLHIV—and the second with the Kenya Ethical Legal Issues Network, the Minister for Medical Services, and the Attorney General to discuss implementation of the HIV/AIDS Prevention and Control Act (2006).*
- *HPI provided financial and technical assistance for eight representatives of CSOs and PLHIV networks to participate in the annual national Joint AIDS Program Review in September 2008. The CSOs made recommendations for implementation of the Kenya National AIDS Strategic Plan 2009 activities.*

- HPI facilitated training on community mobilization, palliative care, TB prevention, and treatment literacy for the following network partners: KENERELA+ (168 participants), KETAM (94 participants); UDPK (33 members); AMWOF (51 members); and NEPHAK (71 participants). The trainings, across all the provinces, focused on underserved districts and areas of concentrated need. HPI also supported KENEPOTE to conduct a national training on S&D reduction, leadership skills, psychosocial support, and OVC care for 348 participants from the grassroots level. In addition, the project facilitated a policy advocacy workshop with the National Disability Taskforce in Mombasa in May and trained UDPK participants on advocacy and policy development in June.
- HPI provided technical and financial assistance for the formation of the *National Informal Sector Coalition (NISCO)* and the countrywide mobilization of members. The project then trained 46 members on policy development, advocacy, S&D reduction, and consultation on workplace policy design.
- HPI assisted the *National Positive Health Workers Network* with planning meetings and the network's formal launch. The project then linked them with other networks for treatment literacy and advocacy trainings. HPI also supported five members to participate and share their personal experiences on positive living and to advocate for S&D reduction at the National Nurses Association Golden Jubilee meeting in July.
- HPI conducted a national training on policy advocacy, S&D reduction, and network formation and consultation for 53 members that now form the *Kenya AIDS Network for Post Primary Institutions (KANEPPPI)*. HPI enabled the members to have audience with the country PEPFAR Program Country Coordinator in September to enable them understand PEPFAR programs in Kenya and for further linkages with other PEPFAR funded agencies.

NACC Gender Mainstreaming Technical Committee/Working Group. In May, HPI developed a plan to roll out gender mainstreaming trainings and worked with the Gender Commission National Taskforce to draft a national strategy to address gender-based violence issues. The Gender Mainstreaming Technical Committee formally nominated HPI to be its co-chair. In August, HPI helped the committee to mainstream gender issues into the recommendations of the four monitoring and coordination groups (MCGs) of the Joint AIDS Review Report (JAPR). Several recommendations are now priority interventions for the 2009 implementation plan. In addition, HPI assisted the MCGs with identifying priority issues for each area in preparation for the 2008 JAPR. The project was a discussant in the MCG II, which is concerned with Quality of life for PLHAs, presentation of priorities and recommendations for the National AIDS Strategic Plan activities for 2009–2013, which focus on improving the quality of life for PLHIV and OVC.

Strengthening of the NACC M&E framework. In September 2008, HPI provided technical and financial assistance to 15 key NACC officials to review the Community-Based Program AIDS Reporting tool (COBPAP). The tool, now being printed, will ensure that community interventions are fully captured and that CSO reports are comprehensive. HPI is currently supporting data entry and analysis to inform the drafting of the national M&E report for two quarters in 2007.

Finance and Systems

Updating of the Financial Information System (FIS). HPI continued to provide technical and financial assistance to the MOH for maintaining the Division of Health Care Financing (DHCF)-FIS computers

and machines and updating the database on cost sharing. In August, HPI trained 18 provincial FIS operators on FIS maintenance and updates, including back-up support.

Dissemination of the Guidelines for the Amenity Wards. HPI printed 20,000 copies of the guidelines to distribute to the public hospitals.

Launch of a consortium of private healthcare providers. In September, HPI supported the launch of a consortium of private healthcare providers at a workshop in Nairobi for 51 participants. The consortium should enable effective collaboration among public health sector actors.

Madagascar

Country Manager: Danielle Grant

Program Overview: Under Task Order 1, the Health Policy Initiative (HPI) in Madagascar aims to enhance the enabling policy environment by providing policymakers and program managers with data to plan, produce, and implement advocacy messages related to FP/RH.

Summary of Major FP/RH Activities:

HPI finished the PowerPoint presentation titled “Family Planning and the National Vision in Madagascar,” incorporating comments from the Mission and SantéNet. HPI translated it into French and sent it to USAID/Madagascar and SantéNet. The presentation summarizes the FP-related achievements over the last five years; highlights issues related to demand, financing, fulfilling unmet need, and the policy environment; and addresses future challenges. The Ministry of Health and Family Planning, SantéNet, and USAID will use the presentation to orient policymakers on FP concepts. HPI is awaiting guidance from the Mission on development of a brochure summarizing the FP situation in Madagascar, based on the presentation.

Mali

Country Director: Modibo Maiga

Program Objectives: Through Task Order 1, the Health Policy Initiative (HPI) in Mali works to establish an enabling policy environment by repositioning FP efforts to reduce unmet need; strengthening the response to HIV; and increasing civil society’s capacity to participate in policymaking, advocacy, and policy implementation. In achieving these objectives, HPI provides technical assistance to government lead agencies, such as the Division of Reproductive Health (DSR) of the Ministry of Health, the National High Council on AIDS Control (HCNLS), and the Parliamentarian Network on Population and Development (REMAPOD). The project also works with the Muslim Supreme Council and affiliated Islamic networks—such as the National Islamic Network for the Fight against AIDS (RNILS) and the Islamic Network for Population Development (RIPOD)—to strengthen the policymaking and advocacy role of national and regional Islamic leaders.

At a Glance: The Year in Review

In FP/RH, HPI/Mali’s greatest achievement has been the engagement of the religious leaders from the Mali League of Imams and Scholars (LIMAMA) in promoting birth spacing from an Islamic perspective. Their involvement and commitment to repositioning family planning has led to the open discussion and dialogue on birth spacing in the mosques. It has contributed to the drafting and validation of a family planning syllabus integrated into the curricula at the *médersa* (private Koranic) schools. Another activity worth noting has been the MOH approval and adoption of the *Guide on Constructive Men’s Engagement in Reproductive Health*. Application of this guide will contribute to the advancement of FP use in Mali.

In HIV/AIDS, HPI contributed to the identification and training of champions from the various government ministries in support of the government of Mali’s multisectoral response to HIV/AIDS. HPI was recognized by these government ministries for its contribution in increasing their capacity to address HIV/AIDS in Mali.

Summary of Major Activities:

FP/RH

Strengthening religious leaders’ capacity to reposition family planning. Religious leaders can play a central role in implementing repositioning FP efforts. Through their leadership and guidance, they can influence community attitudes and practices. HPI continues to support policy dialogue around this issue and to expand the pool of religious policy champions who promote birth spacing. For example, HPI provided technical and financial support to RIPOD for a series of policy dialogue events. In April the project supported a two-day policy dialogue with the Mali League of Imams and Scholars (LIMAMA) on birth spacing from an Islamic perspective. The participants included 100 Muslim religious leaders (all LIMAMA members) from six communes of Bamako District. As a result of the meeting, LIMAMA members drafted *Khoutouba*, or religious sermons, on birth spacing for imams and preachers to deliver in mosques and public places.

At another policy dialogue event in September, chaired by the Chief of the Reproductive Health Division of the Ministry of Health, key religious leaders made public statements on TV and radio about the importance of family planning and its acceptance by married couples in the framework of Islam.

Participants included women religious leaders who focused on gender and equity and emphasized the importance of male engagement.

During this reporting period, Muslim Scholar Leaders validated the Arabic version of the booklet *Islam and Population* for use by imams and preachers. HPI provided financial support to RIPOD for the translation of this booklet from French into Arabic, which will be used in advocacy efforts to reposition family planning.

To build religious networks' capacity to engage in policy dialogue, advocacy, and planning, HPI staff conducted a two-day workshop in June for members of RIPOD, RNILS, the Alliance of Muslim and Christian Leaders, and the National Union of the Associations of Muslim Women in Africa. The workshop included training sessions on leadership, strategic planning, network management, governance, and small grants management, as well as an introduction to HPI's performance monitoring plan to improve the participants' understanding of HPI results.

With HPI financial and technical support, leaders/scholars of the *médersas* validated the FP syllabus, *Islam and Family Planning*, during a two-day workshop in May. Family planning will now be integrated into the curricula at *médersas* schools.

Scaling up approaches to constructive men's engagement in FP/RH programs. The *Guide pour l'Engagement Constructif des Hommes en Santé de la Reproduction* (Guide on Constructive Men's Engagement in Reproductive Health), developed under a core-funded activity, was officially adopted by the government of Mali with the signing of the preface by the Minister of Health in May 2008. Also with core funding, HPI supported a workshop in April held by the technical, multisectoral committee of the DSR to validate a curriculum for training community leaders on the guidelines.

Strengthening the capacity of civil society and NGO leaders to reposition family planning. Women leaders can play a role in raising awareness of the unmet need for family planning, which is currently at 29 percent of married women aged 15-49. In reflection, HPI conducted a two-day training on FP/RH for the women's association, "Synergie," comprised of young women leaders. As a result, potential policy champions were identified, with the aim of promoting family planning and birth spacing as a means of increasing modern contraceptive use. USAID/Mali and the Ministry of Health participated in this workshop.

To further strengthen HPI partners' capacity to monitor program activities and better comply with the project's reporting requirements, HPI conducted a two-day workshop in July for 24 NGO leaders, young women, and parliamentarians on HPI's Performance Monitoring Plan and small grants management.

HIV/AIDS

Strengthening the national response to HIV. HPI provided a consultant to assist the HCNLS with drafting the Country Coordinating Mechanism for Round 8 of the Global Fund. The project also contracted a consultant to participate in a multi-donor, situational analysis to inform the development of Mali's strategic plan for HIV prevention among youth. The HCNLS requested the analysis to ensure that appropriate policies are developed to address the HIV-related needs of youth. HPI's scope of work included (1) conducting a literature review, (2) conducting an in-depth epidemiological analysis of data from the most recent Demographic and Health Survey, and (3) developing instruments for qualitative research to identify the sociocultural and economic factors associated with youths' risk of infection. During this reporting period, the fieldwork—carried out in Gao, Mopti, Kayes, Sikasso, and Bamako—was completed; and the results were validated on July 18.

In support of the government of Mali's multisectoral response to HIV, HPI continues to assist various non-health ministries with raising their awareness of HIV issues and promoting policy dialogue and advocacy in support of HIV. During this reporting period, HPI worked with the Ministry of Territorial Administration by (1) holding a sensitization meeting for about 100 executives of the ministry, which resulted in their agreeing to carry out similar policy dialogue and advocacy activities throughout Mali; and (2) providing training to peer educators, who are now equipped to sensitize others on HIV.

HPI received a written letter of appreciation from the Ministry for the Promotion of Women, Children, and Family for the training of its HIV focal points and regional heads of child and family divisions. HPI trained 40 participants in presentation techniques and use of the OVC model for policy dialogue.

HPI is assisting the HCNLS with building a multisectoral response to HIV/AIDS. This includes strengthening the capacity of various ministries in policy dialogue and advocacy on HIV/AIDS. HPI worked with the Ministry of Territorial Administration and the Local Communities, the Ministry of Social Development of Solidarity and the Aged, and the Ministry in charge of Relations with Institutions. More than 200 executives and leaders from these ministries were trained in model presentation techniques to be used in advocacy and policy dialogue on HIV/AIDS.

Strengthening mayors' response to HIV. In Mali's decentralized system, mayors can play an important role in mobilizing local resources for HIV programs. In this context, HPI supported several activities in the San Commune: (1) a workshop for 40 elected officials on resource mobilization for HIV/AIDS using the Goals Model, followed by (2) an advocacy day organized by the mayors to mobilize funds and establish a multisectoral committee for the local response to HIV. As a result, the mayors formed the multisectoral committee and made a commitment of 200,000 CFA (US \$395) to carry out HIV sensitization campaigns in the communes.

Strengthening religious leaders' response to HIV. At the request of the Protestant Church, HPI conducted a two-day training in May for 20 pastors in the Church of Hamdallaye Bamako. The purpose was to increase religious leaders' knowledge of HIV to help improve their delivery of prevention messages and to help reduce stigma and discrimination.

In addition, with HPI financial and technical support, leaders/scholars of the médersas validated the HIV/AIDS syllabus, "Islam and HIV/AIDS," during a two-day workshop in May. Teachers and directors of médersa schools will now be able to provide accurate information on HIV/AIDS to students.

Although they are religious leaders, directors of Koranic schools have not played a significant role in the response to HIV/AIDS. To ensure their greater involvement, the RNILS and the National Union of Coranic Schools in Mali, with HPI technical and financial support, conducted a training for 40 médersa teachers in the Ségou region.

Strengthening the PLHIV network's response to HIV. HPI assisted the Malian Network of People Living with HIV/AIDS (RMAP+) with establishing a regional network in Sikasso, comprised of seven districts. This activity furthers RMAP's effort to decentralize the network to the regions of Mali. HPI also trained 25 members of RMAP+ on leadership, advocacy techniques, and HIV/AIDS to expand PLHIV participation at the regional level.

Malaria

The Mali program will be expanding its technical work into malaria, with funding from the Presidential Initiative against Malaria. During this reporting period, HPI/Mali worked with USAID to define the scope of work, which will focus on increasing use of prenatal care and correct and effective use of intermittent

prevention therapy. HPI will work in collaboration with the National Program for Malaria Control (PNLP), civil society, religious leaders, and women leaders in support of the Strategic Plan for Malaria Control 2007–2011 of the Ministry of Health.

Mozambique

Country Director: Francisco Zita

Program Overview: Under Task Order 1, the goal of Health Policy Initiative (HPI) in Mozambique is to participate in and contribute to an improved enabling environment for HIV. In this context, HPI is promoting multisectoral engagement in the national response in three broad areas: (1) improving the production, interpretation, and use of strategic information for evidence-based decisionmaking; (2) increasing private sector commitment to HIV prevention and care through workplace initiatives; and (3) strengthening the capacity of HIV champions to advocate for and train others to design and implement critical interventions such as home-based care.

Summary of Major HIV Activities:

Strategic Information

Support for the national Multisectoral Technical Group (MTG). The Minister of Health signed the final report on the 2007 sentinel surveillance round in June. With support from HPI and the MTG, the National Statistics Institute (INE) is updating the HIV/AIDS impact projections; and the final report, already approved by the Director of INE, will be published soon.

Data from both the report on the 2007 sentinel surveillance round and the HIV/AIDS impact projections will be used in the National Consultation on Prevention during October–November 2008. The Minister of Health and the governors of all 11 provinces will lead the consultative process. Participants will include representatives of the Directive Council of the National AIDS Council (CNCS), government agencies, donors, national and international implementing organizations, civil society, and community-based organizations. The purpose of the consultation is to define a new national strategy for prevention.

HPI helped the MTG disseminate the 2007 sentinel surveillance findings at several important forums in May 2008. MTG members presented a brief based on the findings at the 28th Session of CNCS chaired by the Prime Minister. The MTG also presented the findings to the Coordinating Council of the Ministry of Women and Social Welfare in Nampula Province and at a meeting of the Youth League of the Portuguese Speaking Countries in Maputo.

HPI and the Centers for Disease Control and Prevention (CDC) jointly supported two capacity-building activities for the MTG and Health Directorate focal points. In May, the MTG trained 17 of its members, including members from the Manica and Niassa groups, on data analysis and presentation and ethics in data use and dissemination. In June, HPI and the MTG participated in a workshop on HIV/AIDS triangulation and modes of transmission, held by CNCS, UNAIDS, CDC, and the University of California. As a result, CNCS will produce a national report on the main forms of HIV transmission in the country.

Since July 2008, HPI has been actively involved in a technical group that is assisting the Ministry of Public Services (MFP) with drafting the National Strategy for the Fight against HIV/AIDS in the Public Sector. HPI has helped to (1) develop projections on and assess the demographic impact of HIV/AIDS, (2) draft the legal framework for the strategy, and (3) conduct situational analyses and an economic impact assessment. HPI works in coordination with UNAIDS/Mozambique and the MTG. The government will review the strategy in October 2008, and then the MFP will present it to the Council of Ministers for endorsement.

HPI continues to work with the MTG and CDC to refine a projection made using the Spectrum/AIDS Impact Model and DemProj Model and to incorporate the findings of the 2007 sentinel round into the Demographic Impact Projection Study Report. With the CDC and MTG, HPI prepared the text and figures for the report and assisted the MTG with applying the methodology in the education and health public sectors. HPI helped to modify and update the methodology used in Spectrum in order to include and properly project the number of orphans and their care and support needs. The project also helped refine some of the demographic assumptions used in the Spectrum projections. HPI continues to play a critical role in finalizing the new HIV/AIDS impact projections and applying them to specific populations in Mozambique.

Other/Policy Analysis and Systems Strengthening

HIV/AIDS workplace policies. HPI helped the following entities establish HIV workplace policies:

- The National Confederation of Independent Trade Unions of Mozambique (CONSILMO) endorsed its HIV/AIDS workplace policy in September 2008, following a previous HPI-supported, policy development workshop earlier in the year.
- The Ministry of Transport and Communication launched its HIV/AIDS policy in August 2008 after the policy was approved in July. The POLICY Project supported the policy's development in 2005, and since then HPI has provided technical assistance to the ministry.
- With HPI support, Madal drafted an HIV workplace policy, which was approved in April 2008. Madal is a major processor of coconuts, oil, and wood and is involved in tourism in seven districts of Zambezia.
- HPI assisted two trade unions, the Organization of Mozambican Workers–Central Trade Union and CONSILMO, with a training activity in Tete Province in May 2008. The 49 participants—representing employers, employees, and affiliated trade unions—drafted HIV/AIDS workplace policies for three companies in the province.
- Mozambique's major mobile telephone operator, Moçambique Celular, held a workshop to create an HIV/AIDS workplace policy in May 2008. Fifteen employees from different levels and departments within the company participated.
- After receiving assistance from HPI and the Business Coalition Against HIV/AIDS (EcoSIDA), the mass media company Grupo Soico made a commitment to disseminate HIV prevention messages through the television station STV, the newspaper *O País*, and radio station SFM 94.6.
- HPI helped a joint venture formed by the Carr Foundation and the government of Mozambique to draft a workplace policy in June 2008. The joint venture, located in Sofala Province, employs about 650 people and reaches communities of about 150,000 people.
- HPI facilitated a workplace policy development workshop for the Standard Bank of Mozambique in June 2008.
- In July, HPI built the capacity of EcoSIDA to draft HIV/AIDS workplace policies by training trainers in the Workplace Policy Builder methodology. The activity took place in three regions: the southern region (20 participants from several affiliated associations of coalition); northern region (20 participants from the Industrial, Commercial, and Agricultural Association of Nampula Province); and central region (10 participants from the Industrial and Commercial Association of Sofala Province).
- HPI continues to provide follow-up technical assistance to 25 companies in Sofala Province that previously developed workplace policies with HPI support.
- The Muslim Community in Mozambique, United States Embassy in Mozambique, Transafrican Concession, National Attorney General, INSITEC Group, Notícias news agency, and the Malaria Consortium have asked HPI to assist with workplace policy development (October 2008).

- HPI held a meeting with the General Secretary of the Cotton Association of Mozambique on June 12. The association is willing to mobilize affiliated members to draft HIV/AIDS workplace policies, which could involve Techno Rural, a company that provides agriculture technology training and other support to all cotton companies in Mozambique.

Other policy development. In collaboration with the CNCS and UNAIDS, HPI helped prepare a counseling and testing regulation, which the Minister of Health approved in May 2008.

Condoms and Other Prevention Activities

In cooperation with the Ministry of Defense of Mozambique (MDN), Population Services International (PSI), and the Department of Defense at the Embassy of the United States of America in Mozambique, HPI provided training-of-trainers in prevention for the MDN. HPI conducted trainings in three regions: the northern (26 trainers, July, in Nampula); central (26 trainers, July/August, in Beira; and southern (22 trainers, August, in Maputo) regions. HPI has since received several reports that these trainers have carried out training activities in all regions on law 5/2002, prevention, counseling, and testing.

Palliative Care: Basic Healthcare and Support

Home-based care. In May and June, HPI held three training workshops on advocacy for home-based care for 75 participants from the central, northern, and southern regions. Participants representing government entities, national and international NGOs, and community- and family-based organizations drafted strategies and workplans. Implementation at the regional level will be coordinated by a selected organization from the region, and this leadership position will rotate every two years.

In August 2008, HPI staff met with leaders of organizations involved in the Task Force on Home-based Care to review accomplishments since the initiation of the task force and to transition the facilitation of future events to the National Network of Organizations of People Living with HIV/AIDS (RENSIDA).

Palliative care. HPI has been an active participant in a core group advocating for the introduction of palliative care in the Mozambican health system. The group was formed after a conference in Namibia in February 2008 and includes representatives from the MOH, CDC, and a local NGO, ANEMO. The group met with the Minister of Health in May 2008 and is waiting for approval to initiate a review of the MOH budget for home-based care, legislation on prescription of medicines, and training curricula for health sector personnel.

Project Management

During their visit on June 8–12, Sarah Clark and Elizabeth McDavid met with the USAID Director in Mozambique, the General Secretary of CNCS, the Executive Secretary of EcoSIDA, the President of ANEMO, the Country Director of PSI, and the Program Officer of RENSIDA.

Angela Dalepa and Benedito Marino participated in training on project administrative and financial management procedures in Washington, D.C., in August. Francisco Zita and Gilda Gondola participated in a two-day PEPFAR partners' meeting in Maputo in August.

Rwanda

Country Manager: Margot Fahnestock

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Rwanda works to enhance the enabling policy environment by strengthening the national response to HIV and repositioning family planning as a higher priority on the nation's agenda. In FP/RH, HPI will disseminate results of the RAPID application and assist with policy development for the community-based distribution of contraceptives.

Summary of Major FP/RH Activities:

In April, HPI finalized the Rwanda Strategy and Workplan based on discussions with the Mission and the MOH. The workplan includes two major FP/RH activities: (1) update the RAPID Model application and disseminate the results at the district level and (2) prepare policy language for the community-based distribution of contraceptives, which can be incorporated into Rwanda's *Policies and Standards for Family Health Services* and guidelines for administration of injectable contraceptives at the community level. The Mission approved the workplan in May 2008.

In June, HPI began searching for local consultants to implement the workplan activities. The search for qualified, available consultants proved difficult but in September, a candidate was identified. While Olivier Biycaza begins work for the AIDS Relief Project in October, for the first several months, he will also work for HPI to disseminate the RAPID application results at the district level.

In September, HPI staff met with several partners—including IntraHealth's USAID-funded Twubakane Project, the MOH, and the Ministry of Finance and Economic Development—regarding dissemination of the RAPID results. In October, Mr. Biycaza will update the model with new data (including the new interim DHS) and design a dissemination plan for the RAPID results. He will collaborate closely with the Twubakane Project and others on the dissemination effort. One possibility is to incorporate the presentation of results into training for district mayors that Twubakane is slated to host in the next several months.

Also in September, HPI discussed with the MOH and the new Director of the Maternal and Child Health Task Force its proposed policy contributions to the upcoming activity focused on the community-based distribution of contraceptives. The project plans to hire a full-time Policy Advisor and Coordinator to assist the ministry with developing policy language regarding community-based distribution for inclusion in the country's health norms, protocols, and standards (*Policies and Standards for Family Health Services*). The advisor will also assist the ministry with drafting guidelines for this new initiative. The ministry plans to train community health workers in Rwandan villages in all 30 districts to distribute and administer injectable contraceptives directly in the community. For this program, the ministry will need clear guidelines outlining who supervises the community health workers in the administration of injectables, who monitors these volunteers, where community health workers obtain the supply of injectable contraceptives, among other issues. The guidelines will provide the framework for the new community-based distribution initiative and will ensure consistency in service provision and quality among all 30 districts. HPI staff and the policy advisor may also have a role in disseminating and presenting these guidelines for community health workers and their supervisors at the district level.

Senegal

Country Manager: Emily Sonneveldt

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) is helping the government of Senegal reposition family planning by providing an updated application of the RAPID Model. The MOH's Division of Reproductive Health will apply the model at the national level, with dissemination at both the national and decentralized levels, to gain increased commitment to family planning. Government counterparts and stakeholders representing various sectors will use RAPID to emphasize the importance of family planning in achieving social and economic development.

Summary of Major FP/RH Activities:

In April, HPI staff met with counterparts from the USAID Mission and MOH to discuss updates to the RAPID Model. All parties agreed on an outline for the application and identified what data were needed. HPI identified a local consultant to assist with development of the application and to work with local counterparts, primarily the MOH's Division of Reproductive Health.

HPI and the government are using a multisectoral approach to develop the RAPID application, engaging representatives from the agriculture/environment, education, employment, health, and economic sectors. A series of meetings will ensure full stakeholder participation. In July, HPI staff participated in the first meeting, which resulted in the formation of a RAPID Working Group responsible for collecting the necessary data and drafting the application. With HPI support, the group is now working on the draft. In the next reporting period, the project will help finalize the RAPID application and schedule its launch nationally.

During this period, HPI also provided the USAID Mission with a draft dissemination plan.

Tanzania

Country Director: Halima Shariff

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Tanzania aims to strengthen the capacity of policymakers, leaders, and communities to ensure an enabling policy and legal environment for HIV prevention, care, and treatment; FP/RH; and maternal health. The project focuses on supporting policy champions and advocates; strengthening leadership capacity; advocating for the increased efficiency and equitable allocation of resources for the health sector; increasing youth participation; and building partnerships with the media, NGOs, and FBOs. Under PEPFAR, HPI contributes to implementation of the *Other/Policy Analysis and Systems Strengthening* program area (policy development; institutional capacity building; stigma and discrimination reduction; and community mobilization for HIV prevention, care, and treatment). Finally, HPI, using core funds, assists with the application of the RAPID Model to strengthen support for contraceptive security and promote the expansion of FP services.

Summary of Major Activities:

HIV

HIV policy development. HPI, in collaboration with the AIDS Business Coalition of Tanzania (ABCT), trained 29 human resource officers and focal persons (coordinators) from 21 media houses in Tanzania on HIV/AIDS, peer education, and policy development for the workplace. In addition, the project sensitized 23 senior staff on the significance of workplace policies. This initiative aimed to promote access to high-quality HIV/AIDS services to employees. Other HPI partners included the Media Owners' Association of Tanzania (MOAT) and the Association of Journalists against AIDS in Tanzania (AJAAT). Out of the 21 media houses that HPI engaged in this initiative, 18 have adopted HIV/AIDS workplace policies. The policies cover awareness creation, stigma reduction, care and support, encouragement for VCT, and confidentiality.

Capacity building for religious leaders. HPI—in collaboration with the Tanzania Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (TANERELA) and Pentecostal Council of Tanzania (PCT)—trained 55 bishops and reverends from PCT. The training focused on HIV/AIDS, leadership sensitization and mobilization, care and support, disclosure, and living positively with HIV. A cadre of PCT trainers was also trained on stigma and discrimination. As a result of these trainings, church leaders (senior bishops and reverends) endorsed the establishment of an HIV/AIDS department titled FAJISAM (*Fahamu Afya Yako, Jitunze Uishi, Salimisha Wengine, Mche Mungu*), which literally means understand your health, take care of yourself, protect others, and worship God. The department's role is to raise awareness among religious leaders on HIV/AIDS and strengthen their commitment to addressing stigma and discrimination, develop plans/policies, and obtain resources to implement HIV/AIDS interventions within the Pentecostal Church and community. HPI helped the department to draft its vision, mission, goals, and objectives—setting the stage for strategic plan development.

HPI also facilitated a training-of-trainers on gender-based violence for 19 women religious leaders from the Christian Council of Tanzania (CCT). These leaders, in turn, will strengthen the capacity of other women leaders within CCT through training, counseling, and peer-to-peer education. The goal is to reach more congregants with messages aimed at discouraging GBV.

In addition, HPI assisted CCT and the Muslim Council of Tanzania (BAKWATA) with developing S&D policy guidelines. The guidelines cover the employment issues, needs, and rights of HIV-positive individuals within these institutions and the role of religious leaders in addressing S&D. Although the

guidelines have not yet been printed or widely disseminated, religious leaders have already begun using them. Under a related activity, HPI also disseminated S&D poems at various religious events spearheaded by madrasa and Sunday school teachers.

Capacity building for NGOs. At the community level, HPI continued to support the capacity-building and advocacy activities of the Kongwa Red Cross Society. The project supported three more trainings for 69 participants. The first training, targeting CBOs, resulted in the formation of the Kongwa Network on Human Rights Advocacy (KONEHRA), which will strengthen community mobilization and policy dialogue for S&D reduction. The second training, a forum for policy dialogue on HIV-related issues, brought together councilors, wards, executive officers, PLHIV, and orphans. At the third training, KONEHRA sensitized and mobilized district ward councilors who committed themselves to allocate more resources for HIV/AIDS activities in their district. The leaders also learned about HIV/AIDS and S&D.

During this reporting period, HPI also trained 134 PLHIV in project planning, leadership, and management (62); coalition building (31); and proposal writing (41 including 6 AJAAT members). The PLHIV came from the Kinondoni, Ilala, and Temeke districts of Dar es Salaam. With an increase in capacity, the Kinondoni Network of People living with HIV/AIDS (KINDIPHA) helped form two other networks in Ilala and Temeke (the Ilala District Network of People living with HIV/AIDS and the Temeke District Network of People living with HIV/AIDS). HPI provided technical support and helped these district networks to form a regional PLHIV coalition—the Dar es Salaam Coalition of PLHIV (DACOPHA)—aimed at enhancing advocacy for PLHIV and vulnerable children in the region. On July 24, HPI supported the official launch of the DACOPHA coalition, as well as KINDIPHA’s Strategic Plan (2008–2012), which was developed with HPI technical assistance.

In addition, in collaboration with AJAAT, HPI trained 15 journalists on gender-based violence to broaden their understanding of its link with HIV/AIDS and to expand media coverage of these issues. During this reporting period, 30 articles on gender-based violence have been published in English and Swahili daily and weekly newspapers. As key AJAAT supporters, UNAIDS and HPI facilitated the launch of AJAAT’s Strategic Plan (2008–2011) and website (www.ajaat.or.tz), respectively. To promote high-quality reporting and broader coverage of HIV/AIDS issues, the association also engaged five journalism institutes in dialogue to integrate HIV/AIDS into training curricula. The institutes committed themselves to developing a health journalism curriculum that all journalism institutes in the country will adopt in order to take a consistent approach to reporting on health-related issues. AJAAT and other stakeholders—such as the Media Council of Tanzania, the Tanzania Journalists Association, and the National Council for Technical Education—will work together to facilitate drafting of the curriculum as well as training modules.

To reduce and eventually eliminate language that perpetuates stigma in media coverage, HPI assisted AJAAT with finalizing the S&D glossary of terminology. Journalists are expected to adopt the glossary, thus helping to promote positive HIV/AIDS coverage. HPI will help launch and disseminate the glossary.

Lastly, to strengthen efforts to reduce and eliminate gender-based violence, the Women and Legal Aid Centre conducted a three-day technical meeting for eight participants from a GBV coalition to compile hard evidence on gender-based violence and create an advocacy tool. In addition, the coalition organized a meeting with members of Parliament to advocate for support in presenting a private motion related to inheritance—a key problem that perpetuates GBV in the country.

Strengthening of youth champions for advocacy. HPI supported a two-day advocacy planning meeting of the HPI Youth Coalition, drawing 15 youth champions to discuss HIV testing and treatment, nutrition, and S&D. The champions generated an activity plan and strategy for further implementation of the OVC

national guidelines. In addition, to strengthen the leadership of youth coalition organizations, HPI supported the training of 28 youth from 10 youth organizations (members of the youth coalition) on leadership and management skills. The youth coalition also conducted a policy debate on OVC in order to raise stakeholder awareness of OVC national guidelines. The participants, including 77 youth and other OVC stakeholders, identified several resolutions that call upon the government to intensify efforts in meeting OVC needs and promote education on children's rights in schools. The participants also appealed to communities to strengthen OVC care, while emphasizing the role of NGOs in advocating for OVC policy implementation. In another event, the youth coalition conducted a two-day, mock Parliament debate on youth and HIV/AIDS, stigma, and OVC.

Enhancing the HIV/AIDS gender response in Tanzania. At USAID/Tanzania's request, HPI conducted a rapid assessment of policy issues affecting gender, gender-based violence (GBV), and HIV/AIDS in Tanzania. The project—through key informant interviews with representatives of civil society groups, donors, and government representatives based in Dar es Salaam—examined how HIV and Ministry of Community Development and Gender policies address GBV and gathered information on the successes and challenges of ongoing programs and the progress of watchdog groups. HPI has drafted a report, summarizing the findings and presenting strategic recommendations to address GBV. It has been shared with stakeholders for their input, including USAID Tanzania, and is currently being reviewed and edited by the HPI HIV technical leadership and Quality Assurance Team in Washington. Once finalized, HPI will disseminate the report widely so that the information can be used to increase support for gender and GBV issues in Tanzania and improve and expand HIV prevention activities. The findings can also be used to help donors, governments, and other stakeholders, including USAID/Tanzania, integrate gender issues into programming strategies for HIV prevention.

FP/RH

RAPID dissemination. HPI conducted six workshops to disseminate the RAPID analysis findings to 116 government officials from the regions of Dar es Salaam, Dodoma, Morogoro, Lindi, Mtwara, and Coast (Pwani). The officials shared their experiences related to district operations—especially regarding insufficient resources for the provision of social services, limited use of technical analysis for decisionmaking, cultural barriers to improved equitable access to FP services, low awareness on the need for family planning among decisionmakers, and the challenges that technical personnel face in influencing resource allocation processes. District officials acknowledged the need for increased resources for family planning. To achieve that they recommended implementing advocacy efforts for higher level officials, including district executive directors, district heads of departments, and Councilors, who together constitute local authorities that control District Council budgets, .

In addition, through the President's Office/Planning Commission/Population Planning Section and the Tanzania Parliamentary Association for Population and Development (TPAPD) partnership, HPI organized meetings to disseminate the RAPID analysis findings to 108 members of Parliament (MPs), including seven ministers. Some MPs made statements in support of integrating population issues in national development such as for poverty reduction strategies and need for expanding family planning service availability and utilization.

Also HPI made more RAPID analysis findings dissemination during the World Population Day Commemorations Week, reaching government and community leaders where more government leaders made support statement and recommended improvements in provision of family planning services especially at local levels.

Engaging top religious leaders for FP/RH advocacy support. HPI assisted members of the Ulamaa (Supreme Clerical Council for Muslim Leaders) to develop guidelines for issuance of family planning

support statement (following the advocacy workshop held in March 2008 involving the Ulamaa). Also HPI organized one workshop for the Ulamaa during which the Ulamaa issued an official Support Statement, or Fatwa, in support of family planning.

The project also organized a three-day advocacy workshop to present the RAPID analysis and other materials to the Bishops of the CCT. As a result, the bishops issued an official statement of support for expanding FP service use. In addition, HPI partnered with the CCT to provide a one-day session on reproductive health and population and development to 80 women from all dioceses (as part of the CCT Women Annual General Meeting). The session also provided an opportunity to disseminate the bishops' statement of support and to collect recommendations regarding men's use of FP services.

Supporting members of Parliament to advocate for family planning. Following the earlier RAPID session with MPs, HPI prepared a brief to help MPs effectively advocate for increased availability and use of FP services. Through the Tanzania Parliamentary Association for Population and Development (TPAPD), HPI made follow up to ensure that MPs are continually urging the government to improve FP services, and it was found out that some MPs had used the brief to make cases in support of family planning in the parliamentary sessions.

Development of media advocacy package for reproductive health and population and development. The text and footage for the RAPID presentation video was reviewed by HPI communications specialist staff. The recommended changes will be incorporated during the next reporting period. The package will contain specific policy response calls such as improved public funding for family planning services, and is intended to stimulate public discussion on population and development issues.

West Africa Region

Country Director: Modibo Maiga

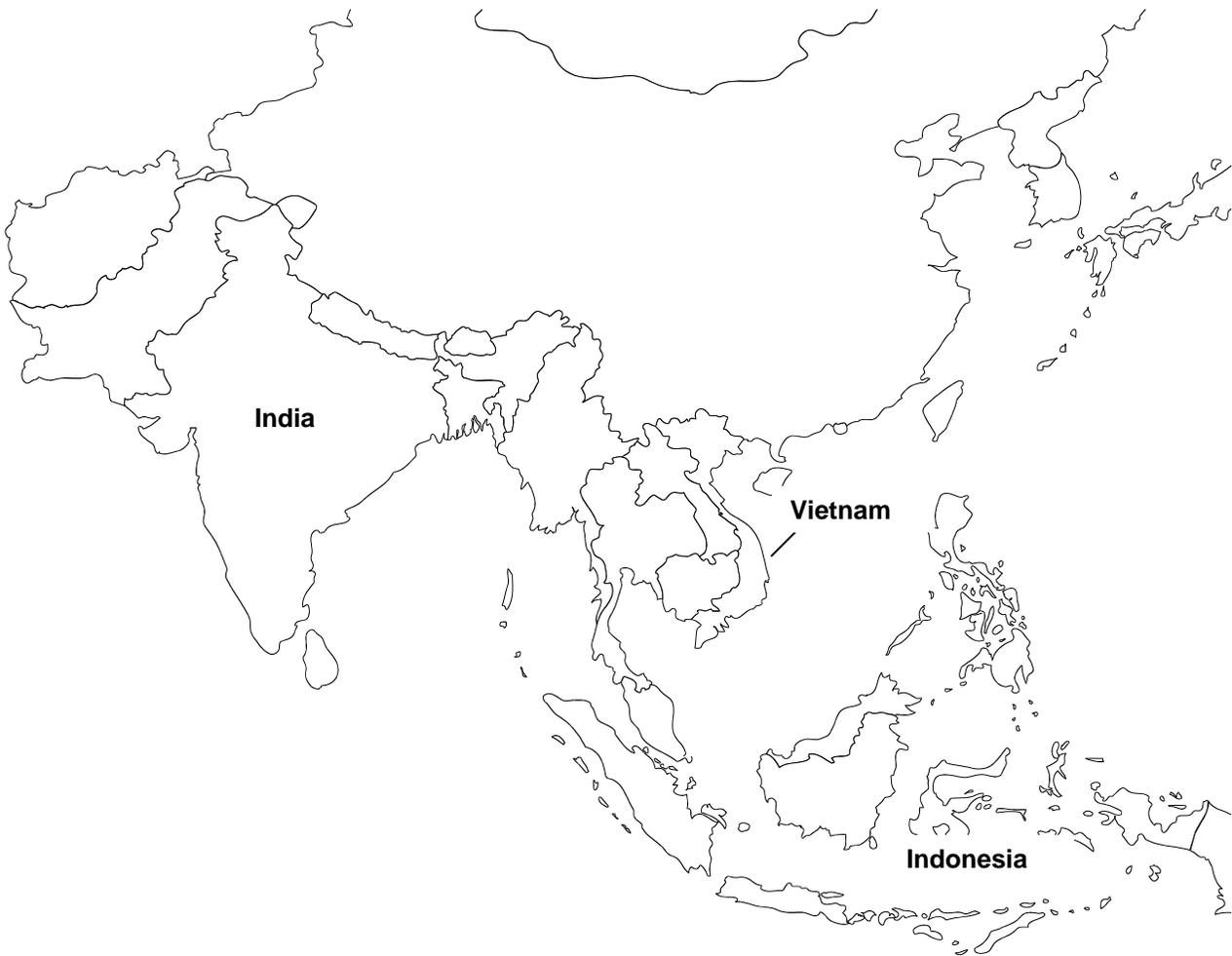
Program Overview: Task Order 1 of the Health Policy Initiative (HPI) for the West Africa Region focused on expanding the capacity of parliamentarians to undertake legislative-regulatory reform in reproductive health; supporting the repositioning family planning efforts of USAID's Action for West Africa Region-Reproductive Health Project (AWARE-RH); and in collaboration with AWARE-RH, supporting contraceptive security initiatives in selected countries. Regional partners included 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 Activities:

The West Africa regional program has officially closed. HPI formulated a closeout plan during Technical Development Week in March, which was implemented over the past six months.

Final reporting. HPI is drafting a final country report to highlight the project's work, results, and success stories. In addition, HPI is preparing a brief documenting the legislative-regulatory reform. The West Africa team submitted the final financial report to HPI's headquarters in Washington, D.C.

ASIA AND THE NEAR EAST



ANE Bureau, Middle East and North Africa Region (MENA)

Activity Manager: Shetal Datta

Program Overview: In 2006, USAID’s ANE Bureau funded two regional workshops through the POLICY Project and Task Order 1 of the USAID | Health Policy Initiative. The first workshop—based on the principle of the greater involvement of people living with AIDS (GIPA)—increased the confidence, self-efficacy, leadership, and networking skills of PLHIV and linked them to global PLHIV networks. The second workshop, a three-day training-of-trainers (TOT), targeted select participants from the previous workshop to increase their knowledge base about HIV/AIDS, strengthen their facilitation skills, and build their capacity as policy champions. These participants, in turn, co-facilitated and led several training sessions for PLHIV participants at the second workshop. HPI created a draft regional training curriculum, PowerPoint presentations, and participant handouts, which collaborators—the Global Network for People Living with HIV/AIDS (GNP+) and the UNDP HIV/AIDS Regional Program in the Arab States (UNDP/HARPAS)—reviewed for technical content. UNDP/HARPAS also translated the curriculum and handouts into Arabic.

Building on this work, the current activity, Investing in PLHIV Leadership in the Middle East and North Africa (MENA) Region, ensures that those directly affected by HIV have a leadership role in policy dialogue, program implementation, and the building of a supportive environment in their communities, countries, and regions. The activity aims to create a cadre of PLHIV leaders at the country and regional levels in the MENA region by (1) building the capacity and skills of PLHIV to foster national and regional support networks; (2) increasing the number of people in the region who have accurate and culturally appropriate HIV-related information; (3) strengthening participants’ ability to address challenges within their countries; and (4) developing training curricula that specifically address knowledge and leadership capacity needs of PLHIV in the MENA region, while promoting knowledge transfer by and for PLHIV for implementation and support of country-level activities.

Summary of Major HIV/AIDS Activities:

This activity is funded jointly through current FY06 HIV core funds and USAID/W/ANE’s HIV/AIDS/CSH FY07 field support funds. During this reporting period, using core funds, the project

- Implemented a needs assessments to collect information from PLHIV to inform the updating of the TOT and regional workshop curricula;
- Updated the TOT and regional workshop curricula; and
- Conducted a second, more rigorous TOT in early June.

As described below, using ANE Bureau field support funds, the project

- Conducted a sub-regional leadership workshop; and
- Conducted a one-day small grants instructional workshop.

Sub-Regional Leadership Workshop—June 8–13, Amman, Jordan. The 12 trainers who had participated in the core-funded TOT workshop facilitated the sub-regional workshop for 26 PLHIV from Jordan (6), Egypt (4), Yemen (3), Lebanon (3), Oman (2), Libya (3), Bahrain (3), and Saudi Arabia (2). Eight of these participants were Arab women living with HIV. The workshop aimed to build a cadre of HIV-positive Arab leaders in the MENA region to support country and community-level activities and projects that will strengthen the HIV response, build practical skills among PLHIV, and foster greater PLHIV involvement. This was the first time in the region that a workshop had been implemented entirely by and for PLHIV.

The workshop built participants' knowledge and capacity related to stigma and discrimination, treatment, advocacy, disclosure, PMTCT of HIV, human rights, history of PLHIV, GIPA, nutrition and exercise, relationships, marriage and family, gender and HIV, positive living, support groups, and stress management and reduction. Based on participant feedback, having positive Arab trainers implement these sessions gave fellow PLHIV hope, inspiration, and momentum for future work in-country.

The workshop was also a forum to formalize a regional network of PLHIV. Two female PLHIV co-facilitators met with all workshop participants to discuss challenges in the region and, specifically, the lack of action taken by PLHIV to formalize informal networks of communication in the region. This meeting served to initiate a network development process driven by PLHIV. The group agreed that a network should support the provision of HIV resources in Arabic; create a safe space for more HIV-positive Arabs to access information, support, and mentorship; and be a platform for sharing experiences and ideas. Since the workshops in Amman, the participants have continued the network development process by holding online meetings to outline expectations and ground rules, a network structure and name, goals and objectives, coordination in the region, and steps toward PLHIV ownership, leadership, and formalization. To date, the network has met twice online to establish its expectations, ground rules, goals, and objectives.

Small Grants Workshop—June 14, Amman, Jordan. Ten participants from the sub-regional workshop (including four women) from Egypt, Lebanon, and Jordan participated in an HPI Small Grants Development Workshop. The purpose was to build the capacity of PLHIV to implement country-specific HIV activities and learn about the small grants application, implementation, management, and delivery processes (e.g., budgeting, setting goals and objectives, and outlining project steps). The workshop increased the capacity of PLHIV—who are each affiliated with an NGO in-country—to apply for seed money for country-level activities, which will be completely developed, implemented, and managed by PLHIV. This is the first time funding has been directly provided to PLHIV in the region for management of any HIV activity.

Specifically, the small grants will support the activities of NGOs in Egypt, Jordan, and Lebanon. The Egyptian NGO will conduct two HIV awareness-raising workshops in Alexandria and El Gheribia and develop basic, low-literacy, HIV information booklets in Arabic. The Jordanian NGO will conduct 25 home-based visits and assessments to encourage other positive persons, especially women, to join the support group network; as well as 9 VCT visits and assessments to gain a better understanding of how the VCT centers operate and the type of HIV-related information provided at the centers. The Lebanese NGO will create an HIV awareness newsletter that will share new information and create a platform for communication about HIV.

ANE Bureau

Activity Manager (FP/MCH): Betsy McCallon

Program Overview: This program aims to promote the scale-up of best practices in family planning and maternal and newborn health through multisectoral collaboration in the ANE region.

Summary of Major Activities:

White Ribbon Alliance (WRA) capacity-building and strategic-planning workshop. HPI sponsored WRA members from the ANE region to attend a five-day, international WRA meeting in June in Cape Town, South Africa. The meeting focused on technical updates and capacity building in MCH best practices; advocacy and communication training; approaches to joint planning and cost sharing; and monitoring, evaluation, and reporting. WRA members also began to develop a five-year strategic plan for the global WRA.

Technical assistance for national WRAs. In February 2008, HPI awarded five small grants to WRA national alliances. During this reporting period, the project assisted these alliances with implementing their action plans created during and following the September 2007 ANE Scaling-Up Best Practices Meeting in Bangkok. The alliances have completed work on their action plans. The following is a summary by country:

Bangladesh. In Bangladesh, the WRA and partner organizations implemented eight workshops on best practices in 64 districts of Bangladesh, thereby updating 673 district health managers and service providers on selected family planning, nutrition, and maternal and child health best practices. These workshops were coupled with media outreach, resulting in 42 newspaper articles published on family planning and maternal health in national and local newspapers. The small grant also acted as a catalyst for leveraging additional resources to support this initiative. WRA member organizations, including the Japan International Cooperation Agency (JICA), UNFPA, the International Centre for Diarrhoeal Disease Research/Bangladesh, and Plan/Bangladesh contributed \$28,000. A national workshop is planned for October 2008, supported by JICA, where recommendations from the regional meetings will be presented for policy endorsement.

Indonesia. In Indonesia, WRA Indonesia, with the Indonesia Midwives Association, focused on the community component of the country action plan. The effort included training 30 facilitators on the formation of “alert villages” to promote birth preparedness and complication readiness, community savings plans, transport plans, mapping and tracking of pregnant women, and a blood donor system in partnership with the Red Cross. As a result, six new “alert villages” were formed in Banten and West Java Province. These villages will serve as models for replication within their districts. In addition, 30 midwives in these villages participated in a three-day training aimed to increase their knowledge and skills in select best practices, including Kangaroo Mother Care, standard protocol care for low birth weight babies, Active Management of the Third Stage of Labor (AMSTL), and the standard days method.

Orissa, India. Representatives from WRA Orissa presented their innovative checklists for monitoring policy implementation (as a best practice at the ANE meeting). Drawing on its expertise, WRA Orissa pioneered the WHO-sanctioned international approach for verbal autopsies for maternal deaths in Orissa, with HPI technical assistance. WRA Orissa completed verbal autopsies of maternal deaths in 30 districts from January–August 2008 and has written case studies to highlight key issues. The autopsies identified causes of particular maternal deaths and will catalyze action at the household, community, facility, and policy levels. To foster sustainability of this approach in the 30 districts, the alliance trained district coordinators and block-level partners to develop their skills and conduct the autopsies. District-level

media representatives involved in the process had the opportunity to develop stories and increase their knowledge on the contributing factors to maternal deaths. The government of Orissa has shown keen interest in replicating this approach within the state.

Pakistan. The small grant supported WRA Pakistan to write, translate, print, and disseminate a policy document on each proposed best practice intervention. The alliance scheduled a national planning meeting to present the policy recommendations directly to policymakers, but due to the prevailing political situation in Pakistan and the sudden transfer of the Federal Secretary for Health, the meeting has been postponed until the new secretary is appointed. Nevertheless, WRA Pakistan has been able to widely disseminate the best practices information and begin to gain consensus on priorities for the removal of policy barriers.

Yemen. WRA Yemen—in partnership with the Basic Health Services and Expanding Service Delivery projects—supported the scaling up of best practices in one facility, Al-Sabeen hospital. In addition, the alliance conducted a three-day workshop for its executive committee members on best practices, including Kangaroo Mother Care, early and exclusive breastfeeding, delivery of vitamin A, postpartum family planning, and the prevention of neonatal infection. The executive committee members have an extensive reach within the government and NGO programs to adopt these best practices. In turn, the executive committee held three trainings, each with 30 participants from the general membership, to educate on the best practices and to expand the promotion of best practices into the governorates. In addition, to further support the policies needed to scale up and promote the best practices, the alliance conducted several capacity-building trainings with its executive committee on networking, fundraising, negotiation, and messaging. These activities were highlighted in seven newspaper articles.

Technical assistance for sustainability of best practices initiative. As this reporting period marks the end of the HPI small grants and the ANE Bureau's support through HPI, the project assisted the alliances in Bangladesh, Indonesia, and Yemen with developing 18-month proposals to continue their work on the best practices initiative. The alliances will submit the proposals to the Extending Service Delivery Project as part of its forthcoming expanded grant program.

India

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) in India began its HIV field support activities in January 2008. The program provides technical assistance to build knowledge and evidence through research and analysis in support of the development of high-quality interventions for HIV prevention and care. Activities are planned for the state of Uttar Pradesh (UP), which currently has a low HIV prevalence rate but high vulnerability for HIV. Three research and analysis activities are planned through March 2009, including (1) mapping of most-at-risk-populations (MARPs) in 25 selected districts of UP; (2) secondary analyses of the third round of the National Family Health Survey; and (3) special studies to fill knowledge gaps and improve the response to the emerging epidemic in UP. As noted in the last reporting period, the scope of the third activity has changed slightly to include needs assessments for the development of updated district action plans. The activities are expected to result in evidence-based planning that will complement the National AIDS Control Program and help the Uttar Pradesh State AIDS Control Society (UPSACS) plan its interventions.

Summary of Major HIV Activities:

Broad mapping of the most-at-risk populations in 25 districts of Uttar Pradesh. The mapping of the MARPs in 25 districts of Uttar Pradesh is nearing completion. Early in this reporting period, there were initial setbacks on starting this activity, which have been resolved, and the work is now progressing smoothly. HPI helped prepare for the mapping, training of the researchers, and data management; and Family Health International (FHI) supported the field work and data collection. HPI also conducted monitoring to ensure that the researchers were following the methodology standardized by the National AIDS Control Program and to check the quality of data. The IMRB is now collating and analyzing the results. The mapping will provide information on the sites and number of MARPs, which will help UPSACS plan the scale-up of interventions. HPI plans to complete the final report in October and will disseminate the results to UPSACS.

Secondary analysis of HIV data for Uttar Pradesh. HPI is undertaking secondary analyses of HIV data for UP to strengthen the evidence base for the state and facilitate implementation of the state program. HPI is preparing three policy briefs using the data from National Family Health Survey III, the 2001 Census, the second round of the district-level health survey, and the 55th round on migration. HPI senior researchers are creating data tables using various data sets and developing the policy briefs.

One policy brief is complete and has been submitted to USAID/India for feedback. The brief analyzes the points of interaction between communities and frontline service providers and emphasizes utilizing each interaction to educate communities about HIV/AIDS and equip them with available services so that they can actively protect themselves as well as contribute to the prevention of HIV and stigma reduction.

The other two draft policy briefs place access to HIV/AIDS services within the context of overall health-seeking behavior of communities in UP; identify strategies to enhance demand for and access to services; and describe the trends in migration from UP and the implications on HIV prevention strategies, with a focus on strategies in source areas.

Special studies: Needs assessment and development of district action plans. To facilitate decentralized planning and implementation of the HIV program in UP, HPI is undertaking a needs assessment to develop multisectoral district action plans (DAPs) in four districts. These districts are identified as category “A” districts based on epidemiological and vulnerability criteria and have a high HIV prevalence. The needs assessment will inform the strategic planning framework at the district level,

emphasizing the implementation of core national strategies and effective integration with National Rural Health Mission activities.

HPI and Sambodhi, the organization selected to undertake this activity, developed the methodology and tools for the field work and incorporated feedback from UPSACS. The field work is in process; the agency will hold consultations with stakeholders, such as the district magistrates, medical officers/counselors of integrated counseling and testing centers/antiretroviral therapy clinics, ob-gyns, pediatric medical officers, blood bank technicians, NGOs implementing targeted interventions, and community service providers at block and district levels. A facility survey will be done to identify gaps in infrastructures and logistics, and a capacity building needs assessment plan of providers will be developed. Based on the information generated, HPI will draft the DAPs in consultation with UPSACS. This effort will help UPSACS operationalize the district AIDS prevention and control units, which are responsible for implementing and monitoring district-level plans.

Finalization of the Policy Implementation Assessment Tool. With core funding, HPI is working to validate the Policy Implementation Assessment Tool, developed by HPI and piloted using Guatemala's Social Development and Population Policy. In India, the tool is being applied to the Health and Population Policy of the state of Uttarakhand; the findings will help the government identify gaps and limitations in order to make further progress toward achieving the policy's goals and objectives.

Indonesia

Country Director: Claudia Surjadjaja

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) began working in Indonesia in May 2006. The project works closely with the Family Health International/Aksi Stop AIDS (FHI/ASA) Program to meet the prevention, treatment, and care goals under PEPFAR. Based on analyses of the operational barriers to implementing 100% Condom Use Prevention (CUP), HPI continues to address important barriers to the implementation of HIV prevention programs and services in East Java (as a pilot province). The project also facilitates the policy formulation process in the provinces/districts, having formed a national ad-hoc working group to provide technical guidance. In addition, HPI supports the efforts of Muslim leaders in East Java to increase awareness of and facilitate implementation of existing policy statements within the faith, which are supportive of HIV prevention programs but have yet to be translated into action at mosque and community levels. HPI's effort also encompasses working in an improved policy environment to support implementation of the National HIV/AIDS Strategy. The project works closely with the National AIDS Commission (KPA) at the central and provincial levels to build capacity for strategic planning for evidence-based decisionmaking and resource allocation. Using the linked Asian Epidemic and Goals models, HPI is building the KPA's capacity to help provinces prepare HIV action plans, including cost estimates, to ensure that the targets are realistic. HPI is also helping the commission to address the increasing risk of HIV among MSM by working closely with members of the Gay, Transgender, and Male Sex with Male (MSM&TG) network on strategic programming for MSM and TG.

At a Glance: The Year in Review

During the past year, HPI has made a significant contribution to the HIV policy environment in Indonesia. HPI facilitated the policy formulation process in the East Java Province by identifying the policy issues and barriers to HIV prevention programs. Partnering with the Provincial AIDS Commission and FHI, the project formed a national ad-hoc working group to develop procedural and technical guidelines for provincial stakeholders to provide expertise on policy formulation and implementation. Using these guidelines, HPI facilitated a lengthy advocacy training with stakeholders in East Java, and as a result, two districts have passed their own local regulations on HIV and AIDS. To gather support from the Muslim community—essential for successful policy formulation and program implementation—HPI formed a team of seven Muslim leaders, which successfully advocated to the Muslim community in East Java to increase awareness and facilitate the integration of existing HIV-related directives into action plans in mosques and at the community level.

At the national level, HPI provided technical assistance to build the planning and advocacy capacity of Indonesia AIDS commissions. HPI and the KPA formed and trained a national multisectoral costing team to apply the Asian Epidemic Model (AEM) and Goals Model. After a successful application in pilot provinces, the integrated model was adopted as the national methodology for HIV and AIDS planning, and KPA used the results of the analysis to help mobilize resources at the national level.

Scenario planning using the linked AEM-Goals Model underscores the need to further support MSM and TG to address the increasing HIV prevalence in these groups. Following advocacy training for the MSM&TG network, HPI led the process to create and formalize a MSM and TG Working Group within the KPA, thereby engaging various government sectors in the initiative. The project also provided leadership and technical assistance for the group and network to create a strategy to advocate for the incorporation of initiatives for MSM and TG.

Summary of Major HIV Activities:

Promoting a Favorable Policy Environment

Support policy dialogue, policy revision, and policy formulation. During the previous reporting period, HPI established a national ad-hoc working group to review existing regulations (*perda*) and other related policies and local agreements on HIV prevention, including the 100% CUP. The working group includes representatives from the KPA, Ministry of Health, Ministry of Internal Affairs, Ministry of Law and Human Rights, international and local NGOs, and a legal aid organization, as well as individual lawyers. It aims to create a guide or framework for developing effective regulations. During this reporting period, with the group's technical guidance, HPI compiled and assessed existing regulations/local agreements, with a focus on East Java. On June 9, the working group met for the second time to review the draft assessment for use at a policy dialogue meeting in Surabaya from July 15–17. The meeting helped build the capacity of policy champions and stakeholders to finalize the draft *perda* for Surabaya and to generate operational guidelines for implementing existing *perda* in Banyuwangi and Malang. On August 20, HPI facilitated a one-day workshop to compose a guide/framework as a reference for developing effective regulations and to raise awareness at the national level. Under the directive of the KPA's secretary, the Ministry of Law and Human Rights—the entity with authority to release official or national guidelines—took over the initiative. On September 4, HPI attended a follow-up meeting to further discuss the process of drafting the official guide. While the official guide is being finalized, HPI will informally share its guide/framework with wider audiences/stakeholders as a suggestion or reference to assist provinces in drafting their own *perda*.

Identify and develop HIV policy champions among Muslim leaders. HPI worked with two previously identified policy champions from the Muslim community in East Java to address policy issues and barriers to HIV prevention programs. The focus was on increasing service coverage to meet prevention, treatment, and care goals under PEPFAR. HPI fostered collaboration with the Indonesian *Ulama* Council (Majelis Ulama) and two prominent Muslim organizations in East Java, Muhammadiyah and Nahdlatul Ulama, to join in this effort. The project helped the policy champions to conduct a regional workshop, “Islamic Approach on HIV and AIDS,” from July 6–9 to increase awareness; facilitate the implementation of policy statements within the faith; and share a compilation of *fatwa* (religious guidance) on HIV prevention. Much of the guidance, demonstrating Muslim leaders' support of HIV prevention programs, has yet to be translated into action at community levels (e.g., mosques, religious admonitions, and women's gatherings). The workshop was attended by 113 participants and served to raise the awareness of HIV/AIDS issues and existing *fatwa* among Muslim leaders in high HIV prevalence districts in East Java. Participants discussed why the Islamic community should work to control the epidemic, why its approach is not currently effective, and how it can be strengthened. Participants were encouraged to recall Islamic teachings while discussing various aspects of how the Islamic approach can be used to curb HIV transmission, including reducing stigma and discrimination. The workshop concluded with a plenary discussion of resolutions, action plans, and future directions regarding the Islamic approach to HIV/AIDS prevention, treatment, care, and support.

The workshop received attention from the wider community at both the local and national levels, because it was the first workshop in the country to transform the Islamic approach to HIV/AIDS from theory to practice. The workshop was covered in major newspapers and discussed among HIV/AIDS activists and high-level stakeholders. HPI has received requests from other provinces to hold similar workshops.

Building Capacity for Sustainable and Evidence-based Decisionmaking

Advocate to local governments for cost-effective resource allocation. To help Indonesia effectively target and use its resources, HPI works with the KPA and provincial KPAs (KPAPs) to build their capacity

around cost-effective resource allocation and informed decisionmaking. HPI and its partners have put significant effort into developing tools, local capacities, and systems to estimate (using the linked AEM-Goals Model) and mobilize (using advocacy) the resources necessary to meet the targets in the National HIV/AIDS Action Plan.

The KPA is establishing and building the capacity of a national facilitator team to assist the commission with rolling out the above approach to all 33 provinces in Indonesia. This follows KPA's successful presentation at a national planning meeting on March 12, where it presented the results of the linked AEM-Goals Model at the national and provincial levels. The Ministry of Planning (Bappenas) has embraced this as a national planning methodology and will work with the KPA to roll out this process. Representatives of the multisectoral, national facilitator team are also expected to begin advocating for more effective resource mobilization within their own sectors.

HPI is providing intensive training and technical assistance to support the KPA's efforts. From June 3–6, HPI sponsored an introductory models training for the national facilitator team in Serang, Banten. This training was followed by a more thorough hands-on linked models training and advocacy training from June 16–20 in Jakarta. A selected group of participants from this second training, as well as other members of affected groups and NGOs, participated in a training-of-trainers (TOT) workshop on advocacy from June 23–25 in Bogor. From July 31–August 2, HPI held a TOT on the AEM-Goals Model for these same participants, who became a core specialized team from the KPA. After these initial workshops, the KPA team conducted a series of trainings, while HPI staff served as “backup” trainers. From August 4–8, the KPA team held a training workshop on the AEM-Goals Model and an introduction to the advocacy process for all 33 provinces in Indonesia. Following this workshop, participants went back to their provinces to begin data collection. The KPA team will assist the provinces with collecting their own data and setting up the Goals Model to develop provincial-level, HIV/AIDS action plans. As a next step, in October and November, the KPA's trained trainers will facilitate advocacy workshops at the subnational level. Participants will use the results from the provincial Goals Model application to develop strategic advocacy plans.

Supporting Sustainable Policy Advocacy Capacity and Strategy Implementation among Existing Civil Society Networks

Build capacity among MARPs. The MSM&TG network was established on February 14, 2007. Its members are organizations, individuals, experts, and professionals who work on HIV prevention among MSM and TG. The network's aim is to increase access to information and healthcare services and gain comprehensive and continuous psychosocial support. In February 2008, HPI conducted an advocacy workshop for 15 representatives from the network. In line with the network's objectives, HPI and four focal points from the network advocated to the KPA and other sectors to officially form an MSM and TG Working Group at the KPA. On May 5, HPI facilitated a meeting at the commission to emphasize the urgency in establishing such a working group. KPA was supportive, as the effort is in line with its goal to provide more support for MARPs, especially MSM and TG. The project advised the commission of the necessity to conduct a situation and response assessment in order to create an effective strategy for reducing the barriers to implementing prevention programs with these groups, particularly given the existing stigma and discrimination. Following this meeting, HPI facilitated the advocacy process to garner broad stakeholder support to meet the minimal requirements for establishing a working group at the KPA. Without representatives from other sectors, the working group cannot be officially established. HPI also helped write a required position paper to justify the formation of the group. On May 29, the Secretary of the commission signed a decree marking the group's official establishment; HPI is a member.

The group will (1) assist the KPA with formulating policies related to MSM and TG; (2) develop a national strategy for MSM and TG; (3) work with relevant sectors to produce documents for MSM and

TG program development; (4) mobilize sectors, local governments, civil society, and the private sector to facilitate policy implementation; and (5) help monitor and evaluate policies and programs related to MSM and TG. In line with these functions, HPI is conducting a situation and response assessment to examine the adequacy of the current response to the HIV and STI epidemics among MSM and TG. The findings will inform the development of a national MSM and TG strategic framework and the recommendation of components for inclusion in the national HIV/AIDS strategic framework and operational plan. To build the network's capacity, HPI has contracted three individual members to assist with the data collection and analysis. The project is also helping to finalize the network's charter by working directly with all network members.

Engaging the Private Sector

Broaden use of the Workplace Policy Builder software. As a complement to other available workplace advocacy tools (from CAs, the government, and NGOs)—which HPI helped to compile—the project presented the Workplace Policy Builder software to the Workplace Working Group at the KPA on May 29, 2008. The software will be accessible through the commission's website for use by any organization seeking to establish a workplace policy. HPI has offered to train business councils and associations on the software and is planning to compile and share experiences and success stories from national companies already implementing workplace programs.

Jordan

Country Director: Basma Ishaqat

Program Overview: In response to USAID/Jordan's objective to improve the health status of all Jordanians, Task Order 1 of the Health Policy Initiative (HPI) assists the government and the Higher Population Council (HPC) with promoting an enabling environment for FP/RH through the revision and extension of the Reproductive Health Action Plan (RHAP) Stage II (2008–2012) in support of the National Population Strategy. HPI also works with the National AIDS Program (NAP) to create an enabling policy environment in support of Jordan's HIV/AIDS Strategic Plan and strengthens local capacity by helping the National Institute of Training to broaden skills in policy analysis, development, and reform. Finally, HPI collaborates with Jordan's Higher Youth Council (HYC) and the HPC to strengthen the role of youth in the support of the National Population Strategy's FP objectives.

Summary of Major Activities:

FP/RH

Strengthening Jordan's FP/RH program planning and management capacity. Over the past year, HPI and the HPC have led a multisectoral, consensus-building process to devise the overall framework, key activities, timeframe, responsibilities, and costing for RHAP II activities. During the last few months, HPI and the council have been finalizing the RHAP II narrative and framework. In addition, the project has prepared a costing system focused on resource allocation for the first 18 months of the plan's activities. The system will help implementers effectively prepare for and procure funds for all RHAP II activities. HPI presented the system to the HPC and Ministry of Planning and International Cooperation (MOPIC), made final adaptations based on their input, and provided the final version of the costing system to the HPC. On June 25, the council submitted the system to MOPIC to help request the allocation of the required resources to implement the first 18 months of RHAP II activities. The council received the funding approval from the Prime Minister on July 22.

HPI also developed an M&E plan for RHAP II; the project and the HPC first prepared a results framework that clearly illustrated the key results expected with RHAP during 2008–2012. The M&E plan describes how the council will measure progress toward achieving the RHAP's goal and objectives. The plan defines a set of process, output, and outcome indicators and the methodologies that will be used to collect the necessary information. In addition, the plan describes the data flow (i.e., how and when implementing partners will collect and report the data upward to HPC and how M&E data will be disseminated and used). To vet the plan with implementing partners and other key stakeholders, HPI conducted a three-day workshop (June 1–3) to review key performance indicators and other components of the M&E plan (e.g., data flow). HPI subsequently submitted the final M&E plan to the HPC for endorsement. Finally, to support the council in monitoring its activities, HPI designed two data collection forms and a simple database to enable staff to collect, collate, tally, and analyze data. HPI also revised the RHAP II draft indicators to be consistent with the stated goal and objectives.

In addition, HPI discussed with the Mission and HPC the advocacy efforts needed to gain more support for family planning. HPI and the council have started updating the RAPID presentation using the DHS 2007 data and other recent data so that partners can use the information in their advocacy efforts with multiple audiences. The updated presentation emphasized a new dimension, which includes the use of the governorate-level data to develop governorate-based RAPID presentations. HPI will extend the work on the governorate RAPID presentation under the project's upcoming workplan. The Secretary General of the council will present the updated RAPID to the HPC Board during Ramadan to gain its support for family planning.

At USAID’s request, HPI and the HPC have started also to review Jordan’s Demographic Dividend Strategy. In May 2008, during meetings with USAID and several ministries, HPI demonstrated alternative projections comparing slower versus faster fertility declines. Using a PowerPoint presentation that focuses on the course of fertility across all DHS and Jordan annual fertility surveys from the mid-1970s—with emphasis on results from the most recent DHS survey—HPI illustrated the effect of the “demographic dividend” on freeing resources in the national budget. The project also made recommendations to integrate line ministries in the implementation of the Demographic Dividend Strategy. Accordingly, HPI drafted a demographic dividend strategy document that highlights lessons learned and successes from other countries, population projections under three fertility scenarios, and the impact of population growth on social and economic sectors.

HIV/AIDS

Strengthening the policy component of Jordan’s National HIV/AIDS Strategy. During several meetings and workshops, HPI and the NAP worked with the multisectoral task forces on finalizing policy solutions to the three priority HIV/AIDS issues. HPI also developed a costing system to identify the resources needed to implement the related activities. The project, with the task forces, submitted the final activities and costing requirements to the MOH for approval and inclusion in the HIV/AIDS Annual Work Plan. On May 29, HPI and a subset of task force members presented the detailed costing system to the MOH and responded to comments. Subsequently, the MOH agreed to (1) adopt the system for costing future activities, (2) select several high-priority activities, and (3) secure the resources needed for implementation.

Applying the Resource Needs Model. During a workshop (January 21–22, 2008) for the NAP and the multisectoral task forces, HPI introduced the Resource Needs Model (RNM) as a tool to estimate the resources required to implement the National HIV/AIDS Strategy. The MOH adopted the RNM and formed a small, multisectoral technical team to collect the required data to apply the model. The technical team’s first meeting was on March 18, 2008, where HPI presented and discussed the list of required data and established a basis for initiating the application by identifying potential data sources and assigning roles to the technical team members. Because HPI’s work in HIV/AIDS ends in June 2008 (per the Mission’s request), during a meeting on May 29, the project asked about the MOH’s progress in collecting the required data for the RNM. Unfortunately, the technical team has only collected a small proportion of the required data. Hence, HPI will not be in a position to complete the following FY07 workplan milestone: Resource Needs Model applied to HIV/AIDS program.

Building the leadership and training skills of PLHIV. HPI engaged the participation of PLHIV in the deliberations of the three multisectoral HIV/AIDS task forces. The PLHIV provided valuable input and helped to reduce the stigma and discrimination found among task force members. The project illustrated the importance of expanding the role of PLHIV in policy deliberations. From May 26–27, HPI and the NAP conducted a two-day workshop for PLHIV to build their capacity to advocate for the establishment of a support group. Twenty-two PLHIV attended and actively engaged in the workshop activities, helping to produce a draft advocacy plan to meet the objective.

In June, HPI hosted two ANE Bureau-funded workshops for the MENA region. The first, a training-of-trainers (TOT) workshop, was held from June 1–5 to build the capacity of PLHIV to conduct leadership training for other PLHIV. The second, a sub-regional leadership development workshop for PLHIV, was held June 8–12. The project helped with the logistics arrangements for both workshops; chose two of the PLHIV from Jordan to attend the TOT workshop; and conducted an advocacy session during the sub-regional workshop, sharing Jordan’s successes in engaging PLHIV in the policy process. The two Jordanian TOT participants were co-facilitators in the sub-regional workshop and demonstrated excellent

skills. They also attended a small grants proposal workshop on June 14 and subsequently submitted a proposal and received approval for small grant funding.

Other

Strengthening national capacity in policy analysis, formulation, and reform. During the past several years, HPI has been working with the National Institute for Training (NIT) to build a cadre of trainers who, once experienced in issues associated with policy reform and development, would serve as a national policy training resource. During this reporting period, the project was scheduled to help the NIT integrate a brief session on the Policy Circle approach into its established and widely conducted training curricula. Unfortunately, over the past few months, the four most accomplished trainers in the Policy Circle approach have left NIT. Therefore, the Mission has agreed that HPI should not pursue the “Expand Local Capacity in Policy Analysis and Formulation” activity.

Expanding the role of youth in support of the National Population Strategy (NPS). During the past year, HPI has worked with the HPC and HYC to increase youth participation in support of the NPS’ fertility goal for 2020. HPI helped the policy champions to develop more dynamic FP/RH material (e.g., interactive sessions and games) for use at HYC-organized youth events. The project conducted practice sessions with the champions to ensure their readiness to present the new material to their peers. The youth presented the revised materials to 30 participants at the Al Jeeza youth center on August 30. The participants at the event enthusiastically embraced the presented material, inquired about the possibility of collaborating with the project to extend the activity to other youth groups within the community, and requested an extended workshop on population and FP/RH concepts. HPI will respond to these requests under the upcoming workplan.

Collaborating with USAID CAs and managing the project. HPI participated in the USAID Strategy Status Check Meeting conducted from May 11–12 at the Dead Sea. The project delivered two presentations in this meeting. The first focused on barriers to contraceptive use, primarily based on the latest DHS survey. The second illustrated HPI achievements and challenges during the previous reporting period.

Country Director Basma Ishaqat delivered a presentation on Jordan’s experience with implementing the Reproductive Health Action Plan at HPI’s technical development week, “Unlocking the Power of Policy,” held in Washington, D.C., from March 31–April 4, 2008.

The Administrative and Technical Assistant attended the administrative and financial training conducted in Hanoi from August 11–15, 2008, which covered updates to regulations and procedures and some gaps related to various operational processes.

Vietnam

Country Director: Tran Tien Duc

Program Overview: Task Order 1 of the Health Policy Initiative (HPI) in Vietnam operates under the President's Emergency Plan for AIDS Relief (PEPFAR) in support of achieving PEPFAR targets to provide ARVs for 22,000 people and care for 110,000 people by 2008. HPI works in partnership with USAID CAs and the government to support the creation of an enabling policy environment for HIV that is evidence-based; participatory, especially involving those groups most at-risk for HIV; and respectful of human rights. The program's strategic approach is to work closely with government and civil society to build their capacity to implement policy and to create links and mechanisms to facilitate civil society participation in HIV policy development and decisionmaking. HPI is working with the government to operationalize the new Law on HIV/AIDS Prevention and Control. The project also supports the central and local governments to implement the National HIV/AIDS Strategy by helping them to create operational policies and provincial action plans that improve equitable access to treatment (including ARVs), reduce stigma and discrimination, and increase the participation of PLHIV in policy and program planning and implementation.

At a Glance: The Year in Review:

HPI has contributed to a significant improvement in Vietnam's HIV policy environment, while fostering equity in access to services for and the greater involvement of PLHIV and affected communities. The project provided sustained technical and financial support to increase equitable access to high-quality HIV services by (1) supporting the development of guidelines and monitoring mechanisms aimed at ensuring implementation of the Law on Prevention and Control of HIV/AIDS and (2) strengthening the role of civil society and affected communities.

With HPI technical and financial support, the Center for Consulting on Law and Policy in Health and HIV/AIDS (CCLPH), the Vietnam Lawyers Association (VLA), and several PLHIV groups expanded their network of HIV legal clinics and the reach of their HIV legal hotline. These efforts have helped PLHIV to become more aware of and advocate for their rights under the new HIV law.

In addition, HPI has fostered greater involvement of PLHIV and civil society in HIV policy dialogue. The project helped form the Vietnam Positive Women's Network and the National Network of People Living with HIV/AIDS and helped them mobilize about US\$120,000 in additional funding. Both networks will give Vietnamese PLHIV a unified voice in policy forums and have broad reach in supporting men and women living with HIV. Also with HPI assistance, the HIV/AIDS Vietnam Action Group (HAVAG) expanded its role in advocacy and dramatically increased its networking activities. As a result of these efforts and others, a Vietnam Civil Society Platform on HIV/AIDS (VCSPAS) was formed to provide substantial and unprecedented support to the Vietnamese government in preparing the third country report on HIV for UNAIDS, illustrating civil society's growing voice in policy dialogue.

HPI was also instrumental in the establishment of the National Task Force on HIV Harm Reduction (NAFOR), a permanent multisectoral mechanism to advise on the expansion and coordination of resources and programs to address HIV prevention and treatment gaps, particularly among injecting drug users (IDUs). Achieving major progress toward increased equity in treatment and care for IDUs, the project supported implementation of medication-assisted therapy (MAT) by helping to (1) obtain approval of the National MAT Guidelines and (2) launch the new methadone treatment program, serving 1,500 clients.

Summary of Major HIV Activities:

Palliative Care: Basic Healthcare and Support

Supporting the legal clinics and legal hotline. Legal aid for PLHIV and their families is an important component of palliative care in conjunction with other forms of care and support. In collaboration with VLA and its provincial chapter in Hai Phong, HPI opened one additional legal clinic in Hai Phong and trained the new clinic's staff (12 people, including 5 lawyers and 7 PLHIV—of which 5 are women). During the training, the project introduced the “Procedures and Practice Manual” and various legal documents related to the HIV/AIDS law; provided background information on HIV/AIDS and explained the epidemic in Vietnam; provided information about HIV treatment, care, and support services available to PLHIV; and taught basic counseling skills. HPI provides supervision, on-site-training, and re-training to help the five legal clinics—in Hanoi, Quang Ninh, An Giang, Hai Phong, and Ho Chi Minh City (HCMC)—continually improve the quality of their services. A checklist developed by HPI serves as a guiding tool during supervision trips, allowing for problems and issues to be identified and discussed with clinic staff. During this reporting period, the project trained staff at each legal clinic on how to use the checklist and effectively report on progress. The clinics now draft reports monthly, and HPI provides feedback on the clinics' performance and how to improve their reporting.

The monthly reports are also being used to periodically inform discussions at advisory board meetings. Eight meetings were convened to help the legal clinics promote their services, network with other services involved in HIV and AIDS prevention and care, and increase linkages and support from local authorities. During this reporting period, the five clinics provided 1,269 consultations to clients (including 502 female clients) on a range of issues: legal advice on HIV testing and prevention (145 visits); access to ARV treatment (111 visits); access to schooling for HIV-positive children and employment for adults (33 visits); family and marriage (24 visits); referrals to HIV services (74 visits); issues relating to civil, criminal, and administrative laws (112 visits); and general information on HIV and AIDS (604 visits). In addition, a mobile legal team, which promotes awareness of the legal services to communities in remote areas in each province, has reached 1,525 people (580 women); as a result, 93 clients (42 women) have received legal aid. The Legal Hotline, which serves clients almost nationwide, provided 675 consultations to clients (210 women) on general HIV information, testing and prevention, and referral services.

Networking with other organizations in capacity building and advocacy. During this reporting period, HPI provided technical and financial support for the following activities:

- In April, two regional HAVAG meetings to strengthen and expand the group and to promote its position as the leading nationwide network of NGOs and PLHIV self-help groups (SHGs). As a result of these meetings, HAVAG membership increased to 64 (38 NGOs/CBOs, 22 SHGs, and 4 MSM self-reliance groups), representing a substantial increase, compared with 7 members in 2005 and 41 in 2007.
- Also in April, two HAVAG meetings to draft a new constitution and elect a new executive board. The new executive board was elected with seven members (4 women), including three representatives of PLHIV groups.
- On August 16, a meeting between the Vietnam PEPFAR team and 67 (41 women) PLHIV to discuss and contribute to the COP 09 plan.

Citizen monitoring (HIV core funded). HPI is piloting a participatory monitoring model to improve access to and the quality of HIV-related treatment and care and to reduce stigma and discrimination. The Vietnam-specific pilot aims to improve the implementation of commitments by combining monitoring with effective advocacy for action, while building capacity among the most affected groups to carry out monitoring and engage in policy dialogue and advocacy based on the results. During this reporting period, HPI organized two meetings of the Steering Committee, which will lead the pilot. The committee, chaired

by HPI, includes the Vietnam Women’s Union, local NGOs (VICOMC, CCLPH), and PLHIV networks (Bright Futures Network, or BFN, and the Network of HIV Positive Women). On May 28, with HPI technical and financial support, the BFN held a focus group discussion with 15 PLHIV (7 women) to discuss key barriers to health services and inform the creation of specific tools for citizen monitoring. In August, HPI helped form an advisory group to include VCSPAS and HAVAG—two networks comprising more than 100 local NGOs, PLHIV groups, MSM groups, and others nationwide. The group will guide the development and implementation of the citizen monitoring tools.

Building capacity for PLHIV groups. HPI provided technical and financial support to help build the capacity of PLHIV SHGs in Vietnam:

- From March 30–April 1, in collaboration with UNAIDS/Vietnam and the Asia-Pacific Network of PLHIV (APN+), the BFN organized a national networking training in Hanoi for 78 HIV-positive representatives from all over the country (41 women) to strengthen organizational skills for the establishment of a national network of PLHIV.
- The Ocean Love group and the Alliance of Self Help Groups in Hai Phong grew substantially—both in size and in their capacity to reach PLHIV; 494 members (251 women) are actively engaged in the groups’ activities—143 members have been referred to health services, 145 members are participating in the ARV treatment program, and 1,800 leaflets have been distributed to the community. Also, for the second year, the Ocean Love group received US\$14,000 from the Hanoi International Women’s Club for a project that focuses on children who are HIV positive or affected by HIV. Another US\$10,000 was granted to the Green Dream group in Hanoi for the same activity. In June, HPI staff assisted with the formation of “Suc Moi,” a PLHIV group in Hanoi with 15 PLHIV members.
- From April 5–6, the Southern Network of Self Help Groups (SNP+) organized an advocacy training workshop for 20 PLHIV; from April 19–20, the Friendship Group organized a management and leadership skills-building workshop for 20 PLHIV.
- From May 23–27, the SPN+ used the treatment literacy material developed by HPI to train 30 PLHIV on home-based care and opportunistic infection and ARV treatment. From June 14–16, SPN+ organized a 101 training on rights and the HIV/AIDS law for 30 PLHIV coming from HCMC, Can Tho, and An Giang.
- From August 11–15, with HPI and UNAIDS financial and technical support, the Vietnam Network of People living with HIV/AIDS (VNP+) was officially formed after a five-day training workshop. Sixty-seven PLHIV across Vietnam (41 women) attended and voted to select seven steering committee members of the network. The network, which includes more than 60 networks and SHGs, will be temporarily housed by HPI and provided with office and logistic support.

Prevention with Positives (PwP). In partnership with PLHIV groups in 10 provinces, HPI provides technical and financial support for PwP activities, including training-of-trainers (TOT) workshops, to promote life skills and behavioral change messages:

- From April 12–14, HPI trained 32 master trainers (23 women), raising the total number of trainers to 123. Between June and September 2008, the master trainers oriented peer educators from 19 SHGs on how to effectively promote behavioral change messages at their group meetings. As a result, 1,979 PLHIV (894 women) were trained and more than 6,000 were reached with prevention messages.
- In September, HPI facilitated two training workshops on establishing and operating condom outlets for the team leaders of 12 PLHIV groups in the south and 25 PLHIV groups in the north from both PEPFAR and non-PEPFAR provinces. As a result, participants developed a condom distribution plan, including activities appropriate for their locations, estimated budgets, and delineated stakeholder responsibilities for implementation. Participants also determined that the

leader of the PLHIV groups should be a member of the group's management team and should continue to train group members about condom distribution.

Other/Policy Analysis and Systems Strengthening

Methadone. In 2007, HPI provided financial and technical support for developing and disseminating the "Treatment Guidelines of Methadone Substitution Therapy for Opiate Addiction." In 2008, these guidelines were produced and delivered through the Vietnamese health system. To make them broadly known and understood by healthcare practitioners, in May 2008, HPI organized two dissemination workshops in the north and south, in partnership with the MOH's Department of Therapy Management. The 206 participants (27 women) came from all 64 provinces and all departments of health and mental health services.

HPI, Family Health International (FHI), and the World Health Organization are assisting the Vietnam Administration for AIDS Control (VAAC) with developing the research protocol to evaluate the first year of implementation of the methadone treatment pilot in six sites in Hai Phong and HCMC. During this reporting period, HPI helped develop the cost evaluation component. It is expected that the MOH's research board will approve the protocol in October, and that HPI and FHI will begin the data collection soon after.

Strategic information. Under the A² Project, HPI is building the capacity of the national and provincial government to use data for evidence-based decisionmaking. Following advocacy workshops (convened in late 2007), HPI held six workshops during July–September 2008 to introduce the Goals Model and Resource Needs Module (RNM) as a tool to help policymakers better mobilize and allocate resources aimed at supporting HIV and AIDS interventions. The workshops were held in 6 PEPFAR provinces in cooperation with the Department of Health (DOH) and the provincial AIDS committees (PACs) of six cities and provinces (Hanoi, Hai Phong, Quang Ninh, Nghe An, An Giang and Can Tho). The 304 participants (109 females) came from local government bodies, such as provincial people's committees, and the departments of health, planning, financing, labor, and public security, among others. HPI also provided technical support to the Hai Phong DOH and PAC to understand and apply the RNM to review their HIV action plans.

Yemen

Country Manager: Imelda Z. Feranil

Program Overview: In November 2007, through the Health Policy Initiative, Task Order 1, USAID/W, the Mission, and UNFPA/Yemen agreed to jointly assist Republic of Yemen (ROY) government officials with advancing policy debate about the country's population development challenges. HPI was asked to assist high-level officials of the Ministry of Planning and International Cooperation (MOPIC) and the National Population Council (NPC) with making a RAPID presentation the centrepiece of the Fourth National Population Conference from December 10–12, 2007. In March 2008, HPI followed up with a RAPID training for senior technical staff from national and governorate health, population, and development agencies.

Summary of Major FP/RH Activities:

No activities were undertaken during this period, as HPI had completed its original scope of work in March. However, the project realized some savings and is discussing additional activities with the Mission.

EUROPE AND EURASIA

E&E Bureau

Activity Manager: Philippa Jungova Lawson

Program Overview: Injecting drug use is the driving factor behind the HIV epidemic in Eastern Europe and Central Asia and is a barrier to achieving comprehensive access to HIV treatment. Drug dependence treatment services include outreach, community and peer-based support, cognitive behavior change interventions, medication-assisted therapy, HIV education and treatment, transition services, and access to other medical care. These services are critical in implementing a broad HIV prevention and treatment strategy. The vast majority of countries in the region have sub-optimal policies that serve as barriers to the effective treatment of drug dependence.

In July, Task Order 1 of the Health Policy Initiative (HPI) initiated a Medication-Assisted Therapy Policy Activity in the E&E region to assist local advocates and policymakers with building a public policy foundation that supports the implementation and expansion of evidence-informed drug dependence treatment services, particularly opioid substitution maintenance therapy. The project works with the USAID E&E Bureau to identify and address policy barriers that impede the implementation of drug dependence treatment services. HPI will develop and test a policy advocacy toolkit that documents promising practices and provides models and strategies to monitor and improve the development and implementation of public policy related to drug dependence treatment services, with a strong emphasis on access to medication-assisted therapy.

Collaboration with other U.S. agencies and international partners is essential at all stages of the project. The resources developed and the technical assistance provided are specific to the E&E context, drawing on lessons learned from previous approaches that were both successful and disappointing in the region. The project focuses on how to improve the policy environment that is necessary for successful program implementation and scale up. Consistent with U.S. Government policy, this project will not address barriers to or advocate for needle or syringe exchange programs.

Summary of Major HIV Activities:

After several meetings and reviews, USAID approved the workplan for the HPI E&E Medication Assisted Therapy (MAT) Policy Activity, and the project began in July. HPI discussed with USAID how this activity needs to coordinate with and be a complement to other related efforts in the E&E region. Improving the public policy environment for drug dependence treatment services requires a collaborative, multisectoral approach to developing and implementing complementary, evidence-based, and supportive policies. Collaboration with partner organizations in the region working with and on behalf of IDUs is critical.

International Advisory Group formed. In August, during the XII International AIDS Conference, HPI staff met with various stakeholders working in the region to explain the activity and ensure coordination. An international advisory group for the activity was formed and had its first meeting at the conference. The group includes well-renowned international experts from organizations such as the World Health Organization (WHO), Pangaea Foundation, Canadian AIDS Law Project, East Europe and Eurasia Harm Reduction Network, Eastern Europe and Central Asia PLHIV Network, Temple University, All Ukrainian PLHIV Network, AIDS Alliance Ukraine, and Open Society Institute. The group will meet quarterly via phone and the Internet to (1) share information and documents for use in developing the toolkit and (2) review and provide feedback on the design and content of activity materials. A draft terms of reference for the group has been shared with USAID for comments. The group stressed that the project should first collect all existing tools that could be adapted for the new toolkit. As there is no central place that houses

all materials on drug dependence treatment services, especially MAT, the group was enthusiastic about the project's intention to develop a site where the information can be found.

Literature review. HPI has begun to collect and review relevant literature. To ensure collaboration with the advisory group and HPI offices in several countries, the activity team investigated online options for sharing documentation. The OpenAccess collaborative networking and document sharing website, CiteULike (CUL, supported by Springer) was eventually chosen; it has proven to be reliable, international, free, simple, and accessible to only invited members. CUL allows for document sharing; searching by keywords (title, author, source, abstract); and tagging (with resultant word clouds). Its limitations are most striking in print formats, as it will be necessary to provide cataloged lists of the policies, guidelines, and protocols. The framework for this categorization is being developed based on the workplan and other bibliographic models.

To date, more than 90 items have been posted to CUL. Peer-reviewed literature, news sources, and NGO and government resource collections can be searched for relevant information. The *International Journal of Drug Policy*, *International Digest of Health Legislation*, UNODC drug legislation, Beckley Foundation, Open Society Institute, Harm Reduction Network, and WHO are among the sources represented. HPI and its partners will continue to add materials and create a mechanism to produce a bibliographic report.

LATIN AMERICA AND THE CARIBBEAN



LAC Bureau (Regional CS)

Regional Coordinator: María Rosa Gárate

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) supports the efforts of USAID's LAC Bureau to help countries achieve contraceptive security (CS). HPI is documenting the region's CS-related experiences and conducting innovative work to expand procurement options. Within this context, HPI helps to consolidate and ensure the sustainability of the CS regional initiative.

Summary of Major FP/RH Activities:

Documenting and disseminating experiences and lessons learned in contraceptive security in the LAC region. HPI drafted and submitted for approval a brief summarizing the project's successful contributions to the LAC CS Initiative. The brief also includes a list of CS-related resources produced by HPI and the DELIVER Project.

HPI also drafted a dissemination plan for these resources and other recently completed CS documents. The project and its partners will distribute them to relevant policymakers, implementers, and stakeholders at the international, national, regional, and district levels to share lessons learned and build their capacity to address CS issues. Dissemination will begin at the regional conference on poverty and equity to take place in Antigua, Guatemala, October 21–24, 2008.

Assessing contraceptive and resource requirements while creating policy champions for contraceptive security at the national and local levels. In Tegucigalpa, Honduras, HPI trained 15 participants from various sectors on using the FamPlan and DemProj models to estimate contraceptive and resource requirements for medium- and long-term financial planning. In the previous reporting period, using the software, HPI had made projections, analyzed the data, and prepared PowerPoint presentations and briefs to show the importance of family planning in achieving the Millennium Development Goals in Honduras. During the training, HPI shared these presentations and discussed ideas on ways to use this information for CS advocacy purposes.

Engaging community-based organizations, indigenous populations, and civil society in advocacy planning and implementation for contraceptive security through a study tour to Peru. Nine selected participants from Bolivia and Guatemala visited Belemppampa, Cusco, Lima, and Quiquijana in Peru from June 1–7 to meet with MOH officials to learn about their experiences in implementing culturally adapted childbirth, maternal perinatal health, and adolescent programs; working with women and leaders on access to FP services; managing logistics; and determining the role of municipal governments in the management and delivery of FP services. In addition, participants met with regional health authorities and local healthcare providers at several clinics. The meetings focused on the importance of culturally adapted services in health centers where indigenous populations are most likely to visit. Many participants became concerned about intercultural adaptation and expressed interest in contributing to work related to culturally adapted services in Bolivia and Guatemala. Following the study tour, the Bolivian and Guatemalan delegations prepared small grant proposals to advocate for culturally adapted services in their respective countries.

HPI reviewed each country team's application and awarded a small grant to the Guatemalan delegation. (The project concluded that due to geography and limited capacity, the Bolivian team lacked the composition and means to carry out an effective small grants project.) The Guatemalan delegation established a working group—comprising members of the MINSA, SEGEPLAN, and la Instancia por la Salud y Desarrollo de las Mujeres (which administers the funds)—and has finalized a proposal for a ministerial agreement that would secure the government's commitment to emphasizing culturally

appropriate FP/RH services at the national level. The National Reproductive Health Program helped develop the proposal, which will be presented to the minister and vice ministers in the coming weeks.

Building technical capacity in the planning and financing of the CS committee in Guatemala. HPI supported the participation of approximately 24 members and stakeholders of the acting Guatemala CS committee in the strategic planning training from April 22–24 in Antigua. HPI used the Strategic Planning for Reproductive Health and Population Sector training module, translated into Spanish, to help review the strategy development process and estimate the cost to implement the strategy to help decisionmakers set priorities based on available funding. The lead HPI consultant worked with meeting participants to develop the following final documents as products of the meeting:

- *Plan Operativo 2008–2009* (operational plan)
- *Normas/Reglamentos Internos de la Comisión Nacional de Aseguramiento de Anticonceptivos (CNAA) de Guatemala* (internal norms and regulations of the CNAA)
- *Guía Para el Fortalecimiento Interno del Comisión Nacional de Aseguramiento de Anticonceptivos (CNAA) de Guatemala* (guide for the internal strengthening of the CNAA)

Training on policy approaches to improve access to FP products and services among the poor. As part of the LAC CS Initiative, HPI continues to organize a regional conference on improving equity in the context of contraceptive security. The project has completed the agenda and reserved the venue for October 21–24 in Antigua, Guatemala. Eighty participants have been invited, including government officials (primarily from ministries of health); CS committee members from the eight countries that have committees—Bolivia, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, and Peru; and representatives of cooperating agencies. The objectives are to (1) highlight the importance of addressing poverty and equity issues as part of regional CS initiatives; (2) provide participants with technical tools and practical examples to address poverty and equity issues; (3) share regional and global experiences on overcoming obstacles to implementing pro-poor initiatives; and (4) identify and include activities to address equity issues in group workplans. The goal is to have each CS committee return to its country and put its own workplan into practice.

Dominican Republic

Country Manager: Hannah Fortune-Greeley

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in the Dominican Republic supports FP, RH, and HIV/AIDS or related health advocacy activities and strengthens local capacity to carry out this advocacy work. HPI's previous activities (FY07) focused on assisting local partners *prior* to the electoral campaign by building their in-country capacity to conduct advocacy and *during* the electoral campaign by helping them to create a space for policy dialogue and advocacy with political candidates and to publicize political parties' positions on health issues to the general public. FY08 activities will focus on supporting local partners *after* the new government is sworn in by supporting them as they advocate for the inclusion of health issues on the new government's agenda (following up on campaign promises and pre-election advocacy activities). As part of this effort, HPI will strengthen and build the advocacy capacity of small- and medium-sized local NGOs through the formation of a network.

Summary of Major FP/RH Activities:

Pre-electoral advocacy. Following the regional forums in late March in La Romana and Santiago, HPI and its local consultant, Ramon Tejada Holguín, helped local collaborators to make contact with eligible political parties (all those with a presidential candidate) in preparation for a national forum on women's health. Through phone conversations and meetings, they communicated with the parties on the forum's parameters and delivered related advocacy materials for the parties' review and eventual response at the forum. The materials focused on maternal mortality, family planning, gender-based violence, and quality of care, among other issues. This activity helped to build the capacity of the collaborators in creating effective advocacy strategies and to ensure the high-quality engagement of the politicians in the forum.

National forum with political parties. An informal advocacy network of 10 collaborating NGOs, called the "National Network for the Promotion and Defense of Women's Comprehensive Health," hosted the national forum on women's comprehensive health in Santo Domingo on April 22. The network comprised PLHIV groups, other HIV/AIDS organizations, organizations working for women's rights and against gender-based violence, women with disabilities, and a democracy and governance group. The forum allowed the groups to engage political representatives, express their priorities in women's health on behalf of their constituencies, and hear first-hand from political decisionmakers about their positions on women's health. National media personalities presided over the forum and presented the priority topics identified at the regional forums; a network representative reviewed the surrounding advocacy process and work undertaken. Following the delivery of additional background information on various women's health topics, leading party representatives spoke on their parties' political platforms and fielded extensive questions from individuals and organizations. Two of the three major parties with a presidential candidate attended the forum—including the incumbent party (PLD), which was the eventual winner of the presidential election. The PLD party made only general commitments during the forum but did demonstrate its support for the identified priorities; post-electoral monitoring and concurrent technical assistance should focus on elaborating the commitments and mapping out relevant concrete actions. More than 50 people participated in the forum. Many NGO partners and political representatives were interviewed for television and print coverage of the event.

Project planning. HPI and the Mission agreed that the project, in FY08, will assist local collaborators with post-electoral monitoring to determine whether and how promises of the elected party on women's health are being carried out. HPI's follow-up support might also include assisting with network formation and sustainability.

As FY07 funding was fully spent by June, HPI activities from July–September primarily focused on the workplan and budget process for FY08. At the end of September, HPI staff members Mary Kincaid and Hannah Fortune-Greeley traveled to Santo Domingo to prepare for FY08 activities; they identified and hired a local consultant and met with collaborating NGOs as well as other CAs doing complementary work. As the first major FY08 activity, HPI will conduct a workshop on network formation for NGOs in early November.

Guatemala/Central American Program (G-CAP)

Country Director: Lucía Merino

Program Overview: Through Task Order 1, the objective of the Health Policy Initiative (HPI) is to support the Central American HIV/AIDS Program in strengthening the response to HIV in the region. HPI contributes to an enabling policy environment for HIV by providing technical assistance and training under three priority components: strategic planning; monitoring and evaluation; and assistance to Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) country and regional projects. Specifically, HPI supports the implementation of HIV national strategic plans, the development and implementation of Global Fund projects (a key component of implementing strategic plans), and the creation of information and coordination systems to prepare and implement monitoring and evaluation plans. In addition, according to the country situation and opportunities, HPI provides technical assistance for policy development, advocacy, strategic information dissemination, and donor coordination. HPI works at the country level in Belize, Costa Rica, El Salvador, Guatemala, and Panama; as well as at the regional level, involving to some extent Nicaragua and Honduras.

Summary of Major HIV/AIDS Activities:

Other/Policy Analysis and Systems Strengthening

HPI's efforts focused on providing technical assistance and training to the Central American countries in three areas: the implementation of national strategic plans (NSPs), the preparation and implementation of Global Fund projects in support of the NSPs, and the design and coordination of information systems by means of the national monitoring and evaluation plans of the NSPs.

Strategic Planning for Policy Implementation

Guatemala. In coordination with key stakeholders, HPI collected and analyzed funding data for the NSP to help establish goals, estimate intervention costs, and identify gaps in HIV/AIDS funding. The results informed the drafting of a Round 8 proposal for the Global Fund. HPI also assisted the Southwestern Network with developing its 2008 operations plan, ensuring that it aligned with the NSP.

In addition, HPI finalized and published the report titled *Financing the National Strategic Plan for STI/HIV/AIDS Prevention, Care, and Control*, which identifies funding gaps in the national HIV/AIDS response. The project also organized two meetings to develop a SWOT (Strengths, Weaknesses, Opportunities and Threats) assessment document that will provide helpful input for the development of the next National Operations Plan. The financing plan will define specific goals and actions that will facilitate implementation of the National HIV/AIDS Strategic Plan. In addition, during a public ceremony, the Ministry of Health and the Social Cohesion Council formalized the creation of the National Multisectoral HIV/AIDS Commission (CONASIDA), in compliance with the HIV/AIDS Law. To achieve this result, HPI provided information to legal authorities on the formation and operation of a national authority. The project stressed the importance of having a lead authority in the country to coordinate HIV/AIDS efforts. In September, to strengthen national legislation, HPI drafted a proposal to reform the HIV/AIDS Law and began a process with CONASIDA to build consensus on the reforms.

Panama. With HPI technical assistance, the National HIV/AIDS Program adopted its 2008 National Operations Plan, which is based on the NSP. In May, in coordination with key stakeholders, HPI collected and analyzed funding data for the NSP to help establish goals, estimate intervention costs, and identify gaps in HIV/AIDS funding. The results informed the drafting of a Round 8 proposal for the Global Fund. The newly formed National HIV/AIDS Committee also held its first meeting to begin developing its internal regulations.

In addition, HPI finalized and published the report titled *Financing the Strategic Multisectoral HIV/AIDS Plan*, which identifies funding gaps in the national HIV/AIDS response. In September, the Ministry of Public Health, during a public ceremony, approved and disseminated the National HIV/AIDS Policy, which was developed with HPI technical assistance. HPI discussed the draft policy with the new Minister of Health, who subsequently approved it. To support implementation of the strategic plan and specifically the private sector's response to the epidemic, the project financed a two-day situation analysis and workshop for 25 private sector representatives.

Costa Rica. HPI, in coordination with UNAIDS and the World Bank, analyzed the funding of the NSP. The project helped to collect data from various organizations working on HIV in the country. The data will be used to establish goals for the NSP and subsequently to estimate unit costs for interventions.

To conduct a preliminary National Strategic Plan funding exercise, HPI and organizations involved in the national HIV/AIDS response used the Workbook Model and Spectrum-AIDS Impact Model to define the epidemic's behavior in the country. HPI collected information from organizations with which it stressed the need to jointly collect and officially validate data for the country. The results generated by these models were analyzed and discussed with organizations from various sectors of society.

El Salvador. The Director of the National HIV/AIDS Program approved the 2008 National Operations Plan, which is based on the NSP. HPI facilitated the approval by helping to organize meetings among representatives of CONASIDA, generating consensus on goals, negotiating with national actors to assign responsibilities, and writing and revising the final plan. In addition, HPI—as a member of the CONASIDA subcommittee responsible for proposing actions to facilitate the management of PLHIV rights violation complaints—organized meetings to begin reviewing care protocols and the complaint receipt process. Also with HPI assistance, the Human Rights Network finalized its 2008 Operations Plan, which will guide compliance with Objective 8 of the National HIV/AIDS Strategic Plan. In addition, the project, in coordination with UNAIDS and the World Bank, established a timeline for the analysis of NSP funding.

In September, HPI facilitated the formation of a multisectoral team to collect updated data on the epidemiological situation, national statistics, and population size. These data, as well as information found in relevant documents, will provide input for the models used to estimate the costs of HIV interventions.

Finally, HPI assisted the Strategic Alliance for HIV/AIDS Legislation and CONASIDA with their efforts to reform the HIV/AIDS Law, increase civil society representation in CONASIDA, and eliminate HIV/AIDS discrimination in the handling of corpses. HPI disseminated information on the current law, identified legal loopholes, and developed maps to guide advocacy initiatives.

Belize. At the request of the National AIDS Commission (NAC), HPI assessed implementation of the NSP to identify gaps in addressing and responding to key HIV-related issues. The project met with stakeholders across Belize to gather information, process the data, and prepare a report on the findings. Subsequently, HPI presented the report to NAC members and partner organizations in order to inform the commission's development of the 2009 HIV Operational Plan in response to the NSP.

In June, HPI continued developing the 2009 Annual Operations Plan. The project organized commissions comprising the sectors participating in the national response, which then proposed activities and goals for the implementation of the NSP. HPI organized several meetings with participating organizations to validate the operations plan, which has since been submitted to the National AIDS Commission. In addition, the project conducted a National HIV/AIDS Strategic Plan financing exercise to define goals,

establish unit costs for interventions, and identify funding gaps in the HIV/AIDS response. The project coordinated with national actors to collect, integrate, and analyze information using the Resource Needs Model. HPI reported on the results in the document titled *Financing the National Strategic STI/HIV/AIDS Plan*.

Monitoring and Evaluation (M&E)

Guatemala. To identify potential funding opportunities, HPI helped the National M&E Committee analyze available HIV information. The project also facilitated formation of a committee to study implementation of the National HIV/AIDS Policy. Both the Ministry of Public Health and the General Planning Secretariat will participate on the committee. HPI has developed the methodology and instruments for the study, trained the individuals who will conduct the fieldwork, and begun interviewing policymakers and implementers.

The Ministry of Public Health officially recognized the Inter-institutional M&E Committee, in compliance with the country's HIV/AIDS Law. To achieve this result, HPI organized meetings to help position the committee as the country's advisory body to the National AIDS Program and Country Coordinating Mechanism (CCM). In September, the project drafted a *Monitoring and Evaluation Unit Operations Manual*, which clearly defines the role of this unit within the National AIDS Program. To create this manual, HPI organized and ran meetings with the National M&E Committee, during which alternatives for unit operations were evaluated and specific functions were defined. HPI also finalized the *Report on the Monitoring and Implementation of the National HIV/AIDS Policy*. The primary organizations involved in the national HIV/AIDS response discussed and validated the study results during three meetings. In addition, the project provided financial assistance for a field study that will establish the population size of female sex workers and men that have sex with men. This study is being coordinated by the U.S. Centers for Disease Control. To generate interest among organizations for the analysis and use of information related to the HIV/AIDS epidemic, HPI held two workshops in August and September to highlight the importance of having a permanent national HIV/AIDS information system. During the workshops, the project distributed the legal and political framework of the country on CD-ROM.

Panama. The MOH officially recognized the Inter-institutional HIV/AIDS M&E Committee, which was formed to collect data for the M&E plan's indicators. HPI assisted the committee with identifying the plan activities that require funding.

During a public ceremony, the MOH presented the 2007–2010 National HIV/AIDS Response Monitoring and Evaluation Plan, which was developed with HPI technical assistance. The project organized the main actors involved in the national response, proposed a methodology to design the plan, collected information, generated consensus among the different groups and sectors, and drafted the document. To generate interest among organizations for the analysis and use of information related to the HIV/AIDS epidemic, HPI held two workshops in July and August to highlight the importance of having a permanent national HIV/AIDS information system. During the workshops, the project distributed information on Panama's legal and political framework on CD-ROM.

Costa Rica. HPI reactivated and organized the National M&E Committee and the HIV Investigation Committee, which began collecting available data for the indicators defined in the National M&E Plan. The project organized committee meetings that identified information flow bottlenecks and encouraged organizations to provide the data requested.

During a public ceremony, the MOH formally presented the 2006 National AIDS Spending Assessment (NASA) and the Costa Rica National HIV/AIDS Response Monitoring and Evaluation Plan (both

developed with HPI technical assistance). During this event, the project disseminated a brochure titled “Costa Rica: National HIV Response Expenditure Measurement,” which summarizes the main findings of the 2006 NASA. In addition, to generate interest among organizations for the analysis and use of information related to the HIV/AIDS epidemic, HPI held two workshops in July and August to highlight the importance of having a permanent national HIV/AIDS information system. During the workshops, HPI distributed information on Costa Rica’s legal and political framework on CD-ROM.

El Salvador. HPI helped the CONASIDA M&E sub-commission present civil society organizations with registry and report forms (previously produced with project support) for the Epidemiological Monitoring, Evaluation, and Surveillance System. The sub-commission encouraged the CSOs to report on data for the National M&E Plan indicators. HPI also helped form a committee to study implementation of the NSP. The MOH, UNAIDS, and PLHIV participated on the committee; and HPI developed the methodology and instruments for the study, trained individuals to conduct the fieldwork, and interviewed policymakers and implementers. In September, HPI finalized the *Report on the Monitoring and Implementation of the National HIV/AIDS Strategic Plan*. The primary organizations involved in the national HIV/AIDS response discussed and validated the study results during three meetings. These results will facilitate the development of operational plans that are more in line with the national reality.

To generate interest among organizations for the analysis and use of information related to the HIV/AIDS epidemic, HPI held two workshops in August to highlight the importance of having a permanent national HIV/AIDS information system. During the workshops, HPI distributed information on El Salvador’s legal and political framework on CD-ROM.

In June, HPI supported a meeting to coordinate data collection for the 2007 NASA report. Subsequently HPI collected, analyzed, and disseminated information from the majority of organizations working on HIV/AIDS issues. HPI also helped draft the report, which the MOH recently finalized.

Belize. HPI finalized the HIV/AIDS M&E Plan. However, at the NAC’s request, the plan will not be officially launched until the 2009 Operations Plan is complete and the NSP funding exercise is conducted.

Development and Implementation of the Global Fund Project

Guatemala. HPI helped the CCM develop a proposal for Round 8 of the Global Fund. HPI’s support included (1) the participation of a member of the CCM in a workshop held in the Dominican Republic on proposals for Round 8 of the Global Fund; (2) the development of terms of reference for the selection of the Principal Recipient and participation in the selection process; (3) the estimation of NSP unit costs and funding gaps for the budget; and (4) the drafting of an M&E plan for the proposal. In support of the HIV project currently being implemented, HPI assisted the Prevention Commission with identifying bottlenecks and establishing actions to facilitate project implementation. In addition, HPI mediated between the Principal Recipient and the Human Rights Office (Implementation Unit) to reschedule activities to facilitate implementation of the current HIV project.

HPI collaborated with the Principal Recipient, the CCM, and the Ministry of Health to identify existing bottlenecks and actions that could speed up implementation of the tuberculosis, malaria, and HIV projects financed by the Global Fund. During the meetings, the project provided legal counsel on organizational roles and the details of cooperation agreements. This effort resulted in 10 written commitments, including commitments from the MOH to speed up the implementation of projects to which the CCM will provide follow-up support. In addition, HPI provided legal counsel to the Regional Coordination Mechanism on purchase/sale processes and the recovery of funds from a Guatemalan pharmaceutical company. This activity will result in the easier purchase of antiretroviral drugs for a regional Global Fund project.

El Salvador. HPI helped the CCM draft a tuberculosis proposal for Round 9 of the Global Fund. Specifically, the project supported a CCM member's participation in a workshop in the Dominican Republic on Global Fund proposals, helped gain consensus for the proposal strategy's content, and wrote the final document. The project also helped to develop a counterproposal for Phase III of the HIV project supported by the Global Fund in order to facilitate meetings to review the proposal strategy, taking into account the latest Global Fund recommendations. In support of the current HIV project, HPI assisted with drafting an M&E plan for the project funded by Round 7 of the Global Fund. In addition, the project developed the CCM's M&E plan.

In July, HPI finalized and submitted the following to the CCM: (1) the TB proposal to be funded under Round 9 of the Global Fund and (2) the Rolling Continuation Channel (RCC) counteroffer to fund Phase III of the HIV project approved during Round 2. In addition, the project continued to develop a RCC counteroffer to fund Phase II of the tuberculosis project approved during Round 2. These efforts included organizing strategy review meetings with all sectors to take into account the latest Global Fund recommendations. To help the CCM identify performance goals and improve the current implementation of projects financed by the Global Fund, HPI drafted a CCM Monitoring and Evaluation Plan. With input from CCM members, HPI proposed the methodology and developed the plan.

Costa Rica. HPI helped reactivate the CCM, which met in May to identify the basic data needed to create a profile in case the country is eligible to present a proposal for Round 9.

Panama. HPI reactivated the CCM to develop an HIV proposal for Round 8 of the Global Fund. The project also provided coordinating information and advice regarding the work timeline. Support for the proposal included (1) the participation of a CCM member in a workshop in the Dominican Republic on proposals for Round 8 of the Global Fund; (2) the selection of representatives from national organizations to participate in the proposal development process; (3) the generation of a consensus on strategy development; (4) the estimation of NSP unit costs and funding gaps for the budget; and (5) proposal writing.

Regional Activities

Central American Congress on HIV (CONCASIDA) 2009. HPI organized a meeting between Salvadorian organizers of CONCASIDA 2005 and the Costa Rican CONCASIDA 2009 Organizing Committee to exchange experiences and information regarding the Congress. Based on the discussions, the 2009 CONCASIDA committee organized itself into commissions, each of which developed a work timeline. HPI also assisted the MOH and CSOs with establishing roles for the organization of the Congress.

HPI supported three meetings for the CONCASIDA 2009 committee in order to follow-up on planned activities in a timely manner. CONCASIDA commissions have been formed, and each has developed a workplan that has been integrated into the global CONCASIDA workplan. HPI, the MOH, and CSOs continue to collaborate in planning this event. To help promote CONCASIDA 2009, the project developed terms of reference for the Congress Website Coordinator and acquired the www.concasida2009.org domain, where the organizing committee will disseminate information related to the event.

Monitoring and evaluation regional working groups. In April, HPI held a meeting via Webex to discuss possibilities to strengthen the national M&E system through proposals for Round 8 of the Global Fund.

Regional Coordinating Mechanism (RCM). HPI helped draft a proposal to create the RCM, which was set up in El Salvador via a letter of understanding signed by UNAIDS. The RCM will help coordinate regional HIV/AIDS activities. The project also supported the participation of a representative of the

Principal Recipient of the regional mobile populations project (the National Reproductive Health Institute in Mexico) in a workshop held in El Salvador on Global Fund reports. In addition, HPI made technical contributions to the review of Round 8 project proposals related to strengthening HIV/AIDS testing in laboratories and expanding coverage of inmate care and prevention activities.

Lastly, HPI helped the RCM develop its operations plan, which includes activities to ensure a coordinated regional response to the epidemic. The project designed the methodology and drafted the document, which has been validated with representatives from each country.

Guatemala

Country Director: Lucía Merino

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Guatemala focuses its efforts on two main components: (1) indigenous leadership, policy dialogue, and advocacy for FP/RH and MCH; and (2) business sector involvement in the HIV national response. To ensure an enabling environment for the implementation of adequately financed, effective, sustainable, and culturally appropriate FP/RH and MCH programs, HPI strengthens CSOs, NGOs, indigenous leaders, community-based organizations, and professional associations to advocate for public policy changes at the national and operational levels and participate actively in policymaking and implementation. In addition, HPI helps these groups to create opportunities to influence changes regarding social norms affecting access to FP/RH and MCH services. The project also strengthens the institutional response for policy changes by providing technical assistance and training to and through the government's formal structures for better planning and auditing practices.

Finally, HPI facilitates a coordinated business response to HIV by helping companies to adopt policies and prevention strategies and eradicate HIV-related stigma and discrimination in the workplace. In addition, the project supports businesses in developing a common vision and voice regarding HIV issues and policies, as well as encourages them to join other public, private, and international organizations already involved in fighting against HIV.

Summary of Major Activities:

FP/RH and MCH

Strengthening and expanding FP services. During the reporting period, HPI assisted RH champions and local organizations to support implementation of the Family Planning Law Decree 87-2005 (FP Law). To help promote and ensure implementation of the FP Law in Congress, HPI coordinated women's organizations to advocate for a Congressional resolution declaring healthy pregnancies an urgent national issue. The resolution calls on the Executive Branch to ensure compliance with the Social Development Law, the Family Planning Law, and the Alcoholic Beverage Tax Law. In addition, the resolution demands that the Ministry of Public Health promote effective and immediate actions to reduce maternal mortality. The Guatemalan Constitutional Court ruled that two complaints of unconstitutionality filed against the Family Planning Law were groundless. Two other complaints of unconstitutionality are pending ruling. The Women's Peace Building Network (REMUPAZ), in the framework of a letter of understanding between REMUPAZ and HPI, followed up on the complaints of unconstitutionality during meetings with the President of the Constitutional Court. In the meantime, the President's office decided to hold off approving the FP bylaws until the pending complaints of unconstitutionality are resolved by the court.

HPI discussed implementation of the FP Law with the National Reproductive Health Program and held an advocacy meeting with the Deputy Minister of Public Health to promote official recognition of the Interagency Contraception Security Working Group (ICSWG). In April, HPI held a workshop to strengthen the ICSWG. During the workshop, the group formulated its 2008–2009 Operations Plan, which establishes key actions for guaranteeing nationwide contraception access and supplies. In addition, HPI made contributions to a study that the group is conducting on contraceptive supplies in Guatemala. HPI provided technical assistance to Congresswoman Zury Rios-Montt de Weller, helping her to analyze the country's RH situation and the related policy environment. She asked the Ministry of Public Health to provide details on government efforts related to (a) the 2008 investment plan for funds generated by the 15 percent alcoholic beverage tax and allotted to the National Reproductive Health Program (PNSR); (b) strategies and priorities to reduce maternal mortality; (c) the plan to reduce unmet FP demands; and (d)

the publication of the Family Planning Law regulations. In response, the ministry detailed the government's actions during its first four months in office, as well as its plans to address the issues she raised. Subsequently, the ministry allotted an additional Q9,623,762 (US\$1,266,284) in funding to the National Reproductive Health Program's 2008 budget.

To establish national standards for the provision of FP services, the Ministry of Public Health, the Guatemalan Social Security Institute (IGSS), and the Guatemalan Family Planning Association (APROFAM) approved the document titled *Guidelines for a National Family Planning Strategy*. Developed by HPI, the guidelines define criteria for the provision of FP information, education, and care. HPI organized and promoted four meetings to analyze the guidelines. The project also organized a study tour to learn more about Peru's experiences in providing family planning to its population. The participants included representatives from the PNSR, the General Planning Secretariat (SEGEPLAN), the Women's Health and Development Organization, and the Tooni'k Mayan organization.

HPI has supported various initiatives to reduce barriers to FP services for indigenous populations. The project assisted the PNSR, IGSS, and APROFAM during meetings to determine the institutional response to findings of the Study of Obstacles to Family Planning Services for Indigenous Populations. In June, HPI organized a public event for the media, where representatives from these institutions commented on how they will make adjustments to their programs to reduce sociocultural obstacles to the provision of FP services for indigenous Guatemalan women. In September, the project organized a three-day workshop for the Indigenous Women's Ombudsman Office and 20 indigenous organizations working on health issues. The project presented information regarding gaps in the provision of RH services for both indigenous and non-indigenous women. HPI also improved the capacity of the group to promote and advocate for positive changes in FP/RH/MH issues. During meetings with USAID health colleagues, HPI presented the findings of the Study of Obstacles to Family Planning Services for Indigenous Populations and organized two meetings to analyze the proposed health framework law, which is pending approval in Congress.

HPI also helped the Indigenous Women's Reproductive Health Network (RSRMI)—which held meetings with government officials this reporting period—to analyze FP/RH/MH priority challenges, gaps, and interventions from a cultural perspective. In addition, the project prepared an informative poster and brochure about the reproductive health of and barriers to accessing FP services by Guatemalan indigenous populations, respectively. These advocacy activities and political dialogue concluded with a public forum on May 28, during which RSRMI, PNSR, the Indigenous Women's Office, and the President's Secretariat on Women (governmental organizations) made declarations supporting improvements to FP/RH/MH service access for indigenous women. This event also had wide media coverage.

HPI continued to support the recently formed Reproductive Health Observatory (OSAR), comprising representatives from academic organizations and Congress. In March and April, HPI produced informative pamphlets on maternal mortality, MH care, access to FP services, the RH funding situation, and the HIV epidemiological situation. Based on this information, with HPI support, OSAR developed "OSAR Strategic Guidelines," which were finalized during a workshop and used as a basis for demanding compliance with the RH legal framework. During a public forum held in May, the observatory presented scientific evidence regarding optimum child spacing and its relationship to maternal, child, and newborn health. For World Women's Health Day, OSAR used the information contained in HPI's pamphlets to publicly demand compliance with the legal framework for reproductive health, declare maternal mortality an urgent national issue, and stress the need for effective investment in reproductive health. The media extensively covered the events. In addition, during internal OSAR meetings, HPI promoted discussion and analysis on the role of family planning in achieving the Millennium Development Goals (MDGs), as well as the challenges to reducing maternal mortality.

HPI also assisted OSAR with organizing meetings and collecting and analyzing information on the cost-effectiveness of maternal mortality reduction interventions, including the President's proposed maternal mortality strategy. As a result of these meetings, the observatory developed an approach to advocate for the inclusion of FP issues in the national maternal mortality reduction strategy, which was presented to the press. In addition, HPI assisted OSAR with drafting its Monitoring and Supervision Plan. This work included coordinating meetings to define criteria, developing indicators, and establishing base data for follow-up activities.

With HPI technical and financial support, the Women's Health and Development Organization, a network of 20 civil society organizations, developed its 2008–2013 Strategic Plan. HPI facilitated a three-day workshop to analyze the national political environment surrounding RH issues and to define strategic actions for advocacy. In addition, HPI facilitated meetings to disseminate the results of the Study of Obstacles to Family Planning Services for Indigenous Populations. This information will help the organization to advocate for the provision of culturally adapted FP services during a press conference to commemorate World Population Day.

Building support for maternal health. In April, HPI provided the new PNSR director with information on (1) the maternal mortality situation in Guatemala; (2) the results of a study HPI conducted in 2007 on barriers to providing FP services to indigenous women; (3) the executive accord that created the National Maternal Health Commission (NMHC); and (4) the strategic guidelines of the NMHC. As a result, during a public event in May, the director highlighted the situation of maternal mortality among indigenous women in Guatemala and reactivated the commission. HPI also organized and ran a meeting to identify gaps and shortcomings regarding Guatemalan legislation on MH issues. National experts on the issue participated in the event.

In September, the Association of Female Physicians and the Women's Health and Development Organization held a meeting with 10 female Congresswomen to raise their awareness and advocate for safe motherhood, emphasizing maternal mortality among adolescent females. To assist with this meeting, HPI detailed the agenda and provided information on the legal framework regarding safe motherhood in the country and the impact of maternal mortality on families and society as a whole. In addition, HPI met with national maternal health experts to identify and discuss gaps and challenges with the existing legal framework. Subsequently, the project developed a proposed maternal health law, which will be reviewed by USAID partner organizations. HPI also provided counseling to OSAR members on informing members of Congress on the need to pass related legislation.

Reducing violence against women. The Guatemalan Congress approved a law increasing the penalties for murder and other forms of violence against women. The objective is to promote and implement regulations that seek to eradicate physical, psychological, sexual, and economic violence against women. The law's approval has strengthened the legal framework surrounding family planning, as it includes in its definition of sexual violence the refusal of partners to use FP methods. Several women's groups, including REMUPAZ and the Congressional Women's Commission, formed an alliance and, with HPI technical assistance, analyzed proposals for the law and prepared the final draft of the law.

Tracking implementation of population-related policies. SEGEPLAN and the Ministry of Public Health resumed work on the results of the study conducted in 2007 to monitor implementation of the Social Development and Population Policy. HPI met with the officials who took office in 2008 to analyze the study findings and current challenges to the policy's implementation. Subsequently, the project organized and supported a public forum for officials to discuss government priorities and plans with international agencies and civil society organizations.

Subsequently, HPI facilitated a two-day workshop in July for SEGEPLAN, the Ministry of Public Health, and IGSS to define indicators for inclusion in a new tool that will enable the Secretariat to objectively monitor implementation of the policy. In addition, HPI held meetings to validate the proposed indicators and develop the tool.

HPI updated estimates on the cost of achieving the MDGs. This information will be used during upcoming FP/RH/MH advocacy and political dialogue activities.

HIV

Other/Policy Analysis and Systems Strengthening

During the reporting period, HPI's work focused on reaching out to business associations and educating individual businesses on HIV/AIDS issues and positive workplace policies. Working with business associations is important, as they represent a large number of businesses and serve as an entry point to addressing HIV/AIDS issues on an individual basis.

Outreach to the garment industry was especially productive. The Foundation of Businesses Committed to Fighting HIV (FUNDEC-VIH), an organization supported by HPI, presented its mission, objectives, and strategies during an international fair (May 13–15) organized by the Guatemalan Apparel and Textile Association (VESTEX). More than 3,000 people attended the event. HPI set up a booth with audio-visual information on the private sector response to HIV/AIDS in Guatemala and also prepared and disseminated a leaflet and other materials on the FUNDEC-VIH. HPI also relayed to VESTEX the importance of including within its code of conduct the mandate for each member business to develop an HIV/AIDS workplace policy. In addition, HPI lobbied the association's labor commission to recommend that the association—based on the Central American and Dominican Republic Free Trade Agreement policy—consider including HIV in the list of diseases for which businesses should promote prevention-related informational and educational activities. As a result, VESTEX facilitated meetings between HPI and seven of its member businesses (individually) to coordinate assistance on the drafting of HIV/AIDS workplace policies and related training.

As a result of HPI's work, VESTEX and FUNDEC-VIH signed an agreement to promote actions that will reduce HIV/AIDS-related stigma and discrimination, inform and educate workers on how the disease is transmitted, and provide support and assistance to HIV-positive workers. The agreement was signed during a public ceremony on July 17, during which VESTEX stated its commitment to promoting HIV/AIDS workplace policies among its 300 member businesses.

In summer 2008, FUNDEC-VIH expanded its membership to include (1) Monte Textil, S.A, a textile business with 1,600 employees; (2) Koramsa, an assembly business with 12,000 employees; and (3) SERCA, S. A., a transportation business with 1,500 employees. HPI has since assisted SERCA, S.A., with providing information to managers to raise their awareness of HIV/AIDS issues as well as the importance of adopting positive workplace policies. At SERCA's request, HPI provided a one-day training for 15 employees on HIV in the workplace.

HPI's outreach to business associations continued during June–September. HPI held meetings with representatives from the Chamber of Industry, the Chamber of Construction, the Association of Home Builders, and the National Health and Food Security Commission to disseminate information on the importance of adopting HIV/AIDS workplace policies. In addition, HPI continued its efforts to engage individual businesses. The project conducted a survey of 32 businesses that agreed to provide information on how they address HIV/AIDS in their workplaces. HPI also organized a meeting for business owners

and organizations involved in the national HIV/AIDS response to discuss the preliminary findings. Most of companies surveyed do not have HIV policies but are tackling the broader issue of health.

To further promote workplace policies, in August, HPI conducted a three-day workshop for human resource managers on analyzing strategic HIV/AIDS information. The 15 participants represented national companies, and the workshop covered the current situation of the epidemic in the country, the implications of HIV for the private sector, as well as the political and legal HIV/AIDS framework. In addition, in September, the same 15 participants attended a three-day workshop held by HPI on developing HIV/AIDS workplace policies. They strengthened their ability to devise, adopt, and implement relevant labor policies and have since recommended the workshop to other company representatives.

Jamaica

Country Director: Kathy McClure

Program Overview: Under Task Order 1, the Health Policy Initiative (HPI) in Jamaica focuses on supporting the Jamaica Business Council on HIV/AIDS (JaBCHA). The purpose of the council is to “...facilitate a structured Jamaican business response to mitigating the impact of HIV/AIDS, eradicating HIV/AIDS-related stigma and discrimination at the workplace and contributing to the eradication of HIV/AIDS in Jamaica.” The council’s mandate is to coordinate the response of the private sector, acting as a clearinghouse of information in mitigating the impact of HIV/AIDS on business, while facilitating the adoption of policies and prevention and treatment strategies aimed at eradicating HIV-related stigma and discrimination in the workplace. Currently, 21 Jamaican businesses are JaBCHA members.

With USAID funding and seed funding from the Merck Foundation, HPI worked with local partners in the private and public sectors to establish the business council in 2006, recruit members, and set up sustainable systems. During 2007, HPI’s support focused on strengthening systems, providing training and technical assistance on workplace policies, and helping the council become financially sustainable. Although the project’s support was scheduled to end on March 31, 2008, the JaBCHA executive committee requested HPI’s continued assistance to help the council meet its renewed strategic objectives, emphasizing sustainability. In response, the project has provided limited technical support in anticipation of new funding from USAID/Jamaica. The Mission submitted a statement of work and budget to the Regional Contracting Office in the Dominican Republic. Upon USAID approval, HPI received additional funding on August 12, 2008, to fully embark on the work planned.

Summary of Major HIV/AIDS Activities:

Other/Policy Analysis and Systems Strengthening

During this report period, HPI has assisted JaBCHA with both management and technical issues. In September, HPI Country Representative Kathy McClure and HPI consultant Kevin Ivers organized multiple leadership meetings with JaBCHA and the Jamaica Employers’ Federation to analyze the council’s fiscal and institutional situation and propose comprehensive solutions. During those meetings, HPI identified two potential funding opportunities, which are still pending. JaBCHA executive officers developed a plan to hold a fundraising event in late 2008 to help cover cash shortfalls. HPI has drafted a JaBCHA reorganization strategy that will address the council’s short-term organizational and financial needs and help to move it toward sustainability. The strategy is expected to be adopted in October.

With HPI’s technical input, JaBCHA developed a booklet on best practices for HIV workplace policies and programs. The project continues to support the finalization of the booklet for dissemination to members and the private sector community. Kathy McClure assisted JaBCHA with planning its participation in the annual Jamaica Employer’s Federation Convention, held May 1–7 in Ocho Rios. The council set up a display booth for interested participants, and Merck Sharp & Dohme (MSD) made a presentation on the value of having a company workplace policy and program (based on its experience in high-prevalence countries worldwide). MSD also highlighted its Blueprint for Business software and Futures Group International’s Workplace Policy Builder software as decisionmaking tools for companies to use in addressing HIV in the workplace. The presentation and display booth provided opportunities to engage new companies in JaBCHA’s work. HPI staff oriented the Workplace Program Officer assigned to the council through a Global Fund program. The officer will work with small- and medium-sized enterprises in addressing policy and programming related to HIV/AIDS, with the potential for them to become council members.

With funding from the United Kingdom's Department for International Development, through the International HIV/AIDS Alliance in the Caribbean, the JaBCHA invited Mr. Oscar Motsumi, an HIV workplace expert and employee of the Debswana Mining Company in Botswana, to visit Jamaica to encourage tourism sector leaders to take action in mitigating the potential impact of HIV on tourism. HPI created the opportunity by acting as intermediary between parties and arranging the meetings in June 2008 for Mr. Motsumi to address local government officials in the Parish of Hanover, where the largest hotel in Jamaica, with 1,600 rooms, was about to be opened to the public. At a public forum, Mr. Motsumi shared his knowledge of the potential impact of HIV if it is not addressed by all sectors and answered questions from the parish councilors, local officials, and the general public. Mr. Motsumi also participated in a discussion panel that included the president of the local Chamber of Commerce, the MOH's Community Intervention Officer, and peer educators working with youth.

Mexico

Country Manager: Mirka Negroni

Program Overview: Through Task Order 1, the Health Policy Initiative (HPI) in Mexico supports the implementation of the national strategy and norms on HIV/AIDS, in collaboration with the National HIV/AIDS Program (CENSIDA), state HIV/AIDS programs and NGOs, networks of PLHIV, the business community, and faith-based organizations. HPI focuses primarily on policy analysis and systems strengthening in support of national HIV/AIDS prevention, care, and treatment efforts; and specifically, the strengthening of national and organizational policies and systems to address human resource capacity development, stigma and discrimination, and gender issues. In addition, the project provides strategic information to support the National HIV/AIDS Program by developing and disseminating best practices to improve program efficiency and effectiveness in planning and evaluating national prevention, care, and treatment efforts. Finally, HPI also supports HIV/AIDS treatment/ARV services by training healthcare providers and creating training materials and modules—particularly on the reduction of HIV-related stigma and discrimination—for use with providers, program managers, and policymakers.

At a Glance: The Year in Review

During FY08, HPI's goal has been to create a supportive environment for the implementation of Mexico's national HIV/AIDS strategy, contributing to an equitable social and legal environment for people living with or at higher risk of contracting HIV. Through training and technical assistance, the project has increased the capacity of community leaders, health workers, businesses, and local organizations to frame and implement policies that respect the rights of people living with or affected by HIV. The project promoted cross-border collaboration on HIV, contributing to increased capacity, improved understanding, and the exchange of best practices between Mexico and the U.S. Policy-related activities focused on more effective prevention of new HIV infections. For example, the training of healthcare providers helped improve quality of care and encouraged access to testing and treatment and adherence to medication by individuals at risk for, or living with, HIV. HPI saw positive results in all of its program areas, including community mobilization, public-private partnership building, local organization capacity building, gender equity, and gender-based violence and exploitation.

The 2008 International AIDS Conference (IAC) provided a unique opportunity to improve the policy environment for HIV in Mexico and the region. For example, outcomes for Mexico included commitments to reduce the price of medications, remove the plant requirement for medications bought in Mexico, launch new HIV programming in Mexico City, and increase funding for indigenous groups. On a regional level, ministries promised to increase attention to gender and HIV and promote collaboration between the ministries of health and education to ensure adequate sexual education for youth.

Summary of Major HIV Activities:

Other/Policy Analysis and Systems Strengthening

HIV workplace policies. On April 7, in Tijuana, HPI consultants Kevin Ivers and Juan Carlos Rodriguez provided additional training on the Workplace Policy Builder for all 12 members (7 women and 5 men) of the San Diego-Tijuana Binational HIV Committee. In addition, on June 5, HPI Country Manager Mirka Negroni and HPI/Washington staff Liz Mallas and Vince Broady traveled to Tijuana to help the committee launch its private sector initiative to end HIV-related discrimination in the workplace. With the support of the National AIDS Business Council (CONAES), the State Department of Labor, and the State Human Rights Commission, HPI helped the committee organize a breakfast meeting to discuss best practices related to HIV in the workplace and to encourage businesses in Tijuana to sign a pledge stating

that they understand the challenges of HIV in Tijuana and are willing to participate in the response. The first 10 companies to sign the pledge will receive a preferential membership rate in CONAES for the first year. Forty-seven individuals (35 women and 12 men) from 18 companies attended the three-hour breakfast meeting. The committee has made the development and implementation of HIV workplace policies and programs a priority over the next year. HPI consultant Juan Carlos Rodriguez returned to Tijuana in September and assisted the bi-national committee with consolidating its strategic plan for the year and drafting two workplace policies. The group already has the State Department of Labor's commitment to recruiting six more companies to write policies within the upcoming year.

Cross-border initiatives. From May 14–16, HPI consultants, Anuar Luna and Guillermo Egremy, trained medical personnel to use a new tool to document gender-based violence among most-at-risk populations (MARPs). The 74 participants (25 women, 47 men, and 2 transgenders) included doctors, dentists, psychologists, social workers, health promoters, nurses, and activists from specialized HIV/STI clinics (CAPASITS) in Ciudad Victoria, Matamoros, Nuevo Laredo, Reynosa, and Tampico; other healthcare institutions in the state of Tamaulipas, such as the Social Security Institute for State Workers (ISSTE); and various civil society organizations from each of the cities. The State Department of Health of Tamaulipas and HPI covered the costs of the medical and civil society participants, respectively. The State Department of Health of Tamaulipas requested the training after learning of HPI's two previous trainings in Mexico State and Puerto Vallarta, Jalisco.

On July 17 in Reynosa, Tamaulipas, local members of the Crossborder Texas-Tamaulipas HIV/AIDS Multisectoral Policy Group (CHAMP)—formed under the POLICY Project and then supported by HPI—signed a document accepting ongoing responsibility for the effort to further cross-border, state-level HIV prevention and treatment goals.

Innovative approaches to stigma and discrimination. HPI consultants Anuar Luna, Luis Adrián Quiroz, and Geraldo Cabrera organized the first Positive Prevention Summit in Mexico for 34 participants (12 women and 22 men) from 16 states. The four-day working meeting (May 18–21) focused on issues of leadership, self-care, and policymaking. At the close of the summit, Anuar Luna was elected as the representative of PLHIV to the Mexico Country Coordinating Mechanism for the Global Fund. From May 2–9, HPI consultant Roberto Guzman successfully replicated a stigma-reduction workshop for healthcare personnel at various hospitals delivering AIDS-related services in Villahermosa, Tabasco. A total of 127 participants (88 women and 39 men) received the six-hour intensive training. The workshop received extensive media coverage. HPI consultant Anuar Luna and Hilda Perez, a regular collaborator with HPI, supported two trainings in Mazatlan from September 8–11: one for 15 HIV-positive women on internalized stigma and leadership and another for 18 men who have sex with men on internalized stigma and empowerment and advocacy. Compartiendo Retos AC and CENSIDA sponsored both trainings.

Public-private partnerships. At the request of the CAPASITS Tampico and the Association of Industrialists from Southern Tamaulipas, Country Director Mirka Negroni, HPI consultant Juan Carlos Rodriguez, and CONAES Board of Directors President Luciano Zylberberg traveled to Tampico to launch a private sector initiative to end HIV-related discrimination in the workplace. With the support of CONAES and the State Department of Health, HPI organized a three-hour workshop to discuss best practices related to HIV in the workplace and to encourage businesses in Tampico/Altamira to sign a pledge stating that they understand the challenges of HIV in Tamaulipas and are willing to participate in the response. Twenty-two individuals from 16 companies attended the three-hour workshop on June 20.

On May 15, Mayuli Gonzalez, CONAES Technical Coordinator, and Guillermo Montes, Executive Director of CONAES, attended a meeting sponsored by the Jalisco State AIDS Committee, the National Council to End Discrimination, and the State Ministry of Health. CONAES gave a presentation on HIV in the workplace to 18 companies.

In conjunction with the IAC, CONAES, Constella Futures (now Futures Group International), and HPI/Mexico organized a satellite meeting on HIV in the workplace on August 7. Luciano Zylberberg, President of CONAES Mexico, discussed the basic elements that define the HIV epidemic in the LAC region, as well as the prevailing economic conditions. CONAES members who attended the meeting committed themselves to increasing the business council's membership, engaging small and medium enterprises in the response to HIV, increasing the involvement of other sectors, continuing to focus on action and remaining connected to one another, and sharing lessons learned and best practices.

Technical assistance. HPI local consultant Dionicio Ibarra and Gender Specialist Nizza Picasso replicated the three-day “Empowerment and Networking for Women with HIV” workshops, which focused on community mobilization, stigma and discrimination, self-esteem, and action plan development:

- April 3–5 in Tuxtla Gutierrez Chiapas: the third regional training of 24 positive women from the southeastern states of Chiapas, Oaxaca, Tabasco, Veracruz, and Yucatan.
- April 25–27 in Mexico City: the fourth and fifth regional trainings of 22 positive women from the northern states of Chihuahua, Durango, Baja California Sur, Baja California Norte, and Sonora; and 16 women from the central states of Morelos, Estado de Mexico, Guerrero, Puebla, and Distrito Federal.
- May 29–June 1 in Mazatlan: the sixth regional training of 22 positive women from the western states of Sinaloa, Colima, Nayarit, Jalisco, and Michoacán.

The project will leave at least one trained focal point of the International Community of Women Living with HIV in each of the 32 states in Mexico. The focal points will train other women to replicate the workshop. This is a collaborative effort that receives funding and other support from CENSIDA, the Ford Foundation, UNFPA, and UNIFEM. On May 15, HPI consultants Anuar Luna and Guillermo Egremy supported a workshop at the Tamaulipeca Alliance Against AIDS to strengthen the capacity of its member NGOs to address gender-based violence.

On August 1, Mexico hosted the first-ever meeting of the ministers of education and health to stop HIV in Latin America and the Caribbean. Participants included 17 ministers of health, 12 ministers of education, and vice ministers from 33 countries. During the meeting, the ministers drafted a declaration on specific educational goals for the years 2010 and 2015, focusing on teacher training and youth access to sex education. They were also encouraged to follow Mexico's lead in establishing the chairmanship or presidency of the National AIDS Governing Council as a rotating chair between the ministers of health and education. HPI has been working closely with activists engaged in advocating for more systematic inclusion of the Ministry of Education within the National AIDS Governing Board. HPI consultants and staff helped draft the declaration and will assist with its implementation as needed and follow up to ensure that the deadlines are met.

During the IAC in Mexico, Mirka Negroni and Nizza Picasso participated in the Fifth Meeting Coalition of First Ladies and Women Leaders in Latin America and the Caribbean about women and HIV. Many of the HPI-trained leaders were participants in the two-day meeting, where long-time HPI Consultant Hilda Esquivel, ICW Latina representative for Mexico, delivered the plenary presentations. The coalition will continue to work together to ensure that women and girls are part of the response to HIV, as promised in its Pronouncement on Women and AIDS delivered August 2 in Mexico City.

At the request of Nancy Alvey, USAID/Mexico Health Team Leader, Dionicio Ibarra worked with Amaranta Regalado and other members of Colectivo Binni Lannu, an NGO, to organize an Indigenous Peoples Satellite Meeting on July 30–August 2 prior to the IAC. Ibarra helped develop the agenda, which focused on prevention, care, and treatment for indigenous people living with HIV. Some 200 participants

from 18 countries attended the meeting. The Minister of Health opened the event and promised to secure funding to accurately estimate the number of indigenous people living with HIV.

Nizza Picasso worked to ensure the participation of positive women at the IAC by assisting members of several women's groups to apply for scholarships to attend the IAC and helping to organize the positive women's networking zone in the Global Village. She also gave a presentation at the Gender and Violence Forum on Women and HIV at the IAC and participated in UNFPA's Prevention Workshop for Youth. She was a member of the Community Program Committee for the IAC. In addition, she continued to work with the federal government on instructing family judges regarding the rights of HIV-positive women.

Niza Picasso and Sonia Gonzalez, an HPI collaborator, facilitated a two-day training (September 26–27) titled "Todas las Mujeres, Todos los Derechos" (All the Women, All the Rights). Participants included six women and girls living with HIV, three women from the state AIDS programs, a state legislator and her assistant, and two members of the State Human Rights Commission. The training included modules on stigma and discrimination and human rights for women living with HIV and was co-sponsored by Tabasqueños Unidos por la Diversidad y la Salud Sexual, Comision Estatal de Derecho Humanos Tabasco (CEDHT), and Prevendida de la Secretaria de Salud del Estado, among others.

Anuar Luna served as a facilitator for the 2008 Positive Leadership Summit, held July 31–August 1. About 400 HIV-positive people from 88 countries met at the summit to set their strategic agenda for a comprehensive response to the AIDS pandemic. Mr. Luna also served as a presenter at a special session, "Reclaiming Our Lives," held at the IAC on August 5 to highlight the outcomes of the summit and to share the strategic agenda with AIDS advocates from around the world. Anuar Luna was a member of the Community Program Committee for the IAC and liaison to the Cultural Program Committee.

On July 29, in an unprecedented event, the President of Mexico, Honorable Felipe Calderon, met with members of CSOs working on HIV. At this historic meeting, three of the six chosen speakers were HPI current or former consultants, and Mirka Negroni and Anuar Luna also attended. The President mentioned fighting stigma and discrimination related to HIV and homophobia and reducing ARV prices as priorities for his administration. He also asked the participants to join him in a dialogue about the most pressing needs in HIV treatment and prevention.

Strategic Information

Analysis of PEP barriers. During June, HPI staff member Hannah Fortune-Greeley assisted with preliminary stakeholder interviews and focus groups to help identify operational barriers to post-exposure prophylaxis (PEP) in cases of sexual violence and to examine their intersection with gender. This work will culminate in the design of an effort to reduce these barriers and increase access to PEP, especially for MARPs. Fortune-Greeley and HPI consultant Guillermo Egremy interviewed three stakeholders—the Director of the Integral Attention Center for CENSIDA, Chief of the State HIV/AIDS Program for the State of Mexico, and Adjunct General Director of Gender Equity for the National Center of Gender Equity and Reproductive Health—to discuss PEP and identify operational barriers, as well as to gather general data to inform the drafting of questions for the subsequent focus groups. As a result of the interviews, the focus group guides were modified to include additional questions about specific topics (e.g., on screening for rape and receiving training on PEP policies).

Fortune-Greeley and Egremy then conducted two focus groups with medical personnel to discuss PEP and identify operational barriers and potential gender differences. The first was held on June 18 with a CAPACITS unit in Ecatepec, which is a new clinic beside the hospital. The second was held on June 19 with a specialized AIDS service unit in Cuautitlán, which operates from within the hospital. Each unit had

different set-ups and referral systems. Participants (7 each) included doctors, nurses, social workers, and psychologists.

HIV/AIDS Treatment/ARV Services

Training of healthcare personnel. HPI consultant Guillermo Egremy participated in the first Positive Prevention Workshop (May 22) organized by CENSIDA for staff of the CAPASITS (specialized HIV and STI clinics). The training, held on May 22, included doctors, nurses, social workers, and psychologists who work directly with PLHIV. The 33 participants from 30 states and Mexico City learned about behavior change models to prevent sexual transmission and re-infection among PLHIV. As part of an initiative by the Mexico City Human Rights Commission, Guillermo Egremy and Anuar Luna facilitated an anti-discrimination and stigma workshop for Mexico City government employees. The workshop was held once a week for eight hours during three months (July–October).

Anuar Luna also conducted a one-day, stigma reduction workshop at the Mexican Social Security Institute (IMSS) Regional Hospital in Mazatlan for 44 participants (13 men and 31 women), including nurses, doctors, and social workers.

APPENDIX

Table A1. HPI Project Management

HPI PROJECT MANAGEMENT (AS OF 9/30/08)	
Project Leadership	
TOI Director	Sarah Clark
Senior Deputy Director	Nancy McGirr
Deputy Director – FP/RH & ANE	Suneeta Sharma
Deputy Director – HIV & LAC	Ken Morrison
Deputy Director – Other Health & AFR	Elizabeth McDavid
Regional Management	
Africa	Elizabeth McDavid
West Africa	Danielle Grant
East Africa	Angeline Siparo
Southern Africa	Albena Godlove
ANE	Anne Jorgensen
Europe and Eurasia (E&E)	Philippa Lawson
LAC	Mary Kincaid
Operations Management	
Program Finance Manager	Jay Mathias
Program Operations Managers	Martine Laney (AFR)
	Karen Lee (LAC)
	Asli Bener (ANE and E&E)
	Shreejana Ranjitkar (India, ANE Bureau)
	Kerisha King (Core activities)

Table A2. HPI Core-funded Activity Management

HPI CORE-FUNDED ACTIVITY MANAGERS (9/30/08)		
	Activity Manager	Deputy Director
SO1 (POP) Core Funds		Suneeta Sharma
IAs		
1. FP/HIV Integration (Kenya)	Carol Shepherd	FY05/06
2. Expand Availability of Contraceptives through Community-Based Distributors (Malawi)	Margot Fahnestock Priya Emmart	FY05/06
3. Access for Indigenous Populations (Guatemala)	Liz Mallas	FY05/06
4. Pro-Poor Strategy to Finance Contraceptives (Peru)	Suneeta Sharma	FY05/06/07
5. Raising Awareness of FP as an Approach to Reduce Poverty	Inday Feranil	FY05/06
7. GBV and Uptake of RH (Bolivia)	Mary Kincaid	FY05/06/07
8. Constructive Male Involvement (Mali)	Britt Herstad	FY05/06
IR1		
1.1 Policy Implementation Assessment Tool and Validation	Anne Jorgensen	FY05/06/07
1.2 Policy Aspects of Eliminating FGC	Myra Betron Margot Fahnestock	FY07
IR2		
2.1 Repositioning Family Planning with Religious Institutions	Danielle Grant	FY05/06
2.2 Promoting Legislative Reform in West Africa	Danielle Grant	FY05/06
2.3 Early Marriage (Uganda)	Danielle Grant	FY05/06
2.4 Advocacy Capacity for Resource Mobilization (RHSC)	Tanvi Pandit-Rajani	FY06/07
2.5 Leadership Capacity among Marginalized Groups	Danielle Grant	FY07
IR3		
3.1 Finance and Equity at Decentralized Level	Dayl Donaldson Brian Briscoombe	FY07
IR4		
4.1 Family Friendly Workplace Tool	Bill Winfrey	FY05/06
4.2 Foster Private Sector Approaches to Ensure FP Access to the Poor	Margot Fahnestock	FY07
IR5		
5.1 Contribution of FP to Meeting the MDGs	Rachel Sanders	FY05/06
5.2 Demonstrate the Impact of FP (India)	Maria Borda	FY05/06
5.3 Data for Advocacy for Delay in Age at Marriage	Danielle Grant	FY05/06

5.4 Proximate Determinants of FP on MNH Outcomes	John Stover John Ross	FY07
5.5 Investment Needed to Increase CPR 1%	John Stover	FY07
5.6 SPECTRUM Updates and Adding Poverty	John Stover	FY05/06/07
Working Groups		
Gender Working Group	Mary Kincaid	FY07
Poverty and Equity Working Group: Pro-poor Financing in Kenya and P&E Training	Suneeta Sharma	FY05/06/07
Addressing S&D in Meeting FP/RH Needs of HIV+ Women	Britt Herstad	FY07
Other		
Rapid Response	Suneeta Sharma	FY07
QA, M&E, and Communication	Nancy McGirr	FY07
Virtual Training	Cynthia Green	FY07
GLPs		
Gender	Mary Kincaid	FY05/06/07
FP/HIV	Carol Shepherd	FY05/06/07
Youth	Shetal Datta	FY05/06/07
Refugees	Theresa Shaver	FY07
Poverty and Equity	Suneeta Sharma	FY07
RFPa: Repositioning FP, Tanzania	Tanvi Pandit-Rajani	FY07
RFPb: Repositioning FP, DRC	Chuck Pill	FY07
RFPc: Repositioning FP, Advocacy	Tanvi Pandit-Rajani	FY06
Contraceptive Security	Margot Fahnestock	FY06/07
SO2 Core Funds		Bess McDavid
WRA	Theresa Shaver	FY07
SO4 (HIV) Core Funds		Ken Morrison
IR1		
1.1 Improving Emergency Plan Effectiveness: Operational Barriers to Implementation	Inday Feranil	FY05/06/07
1.2 Integrating Gender when Addressing Operational Barriers	Britt Herstad	FY05
1.3 Support for U.S. Public Law 109-95	Shetal Datta	FY05
1.4 MC Costing and Policy	Tanvi Pandit Rajani Omar Robles	FY07
1.5 GBV, HIV, and PEP Policy Review and Implementation	Hannah Fortune-Greeley	FY07
1.6 Citizen Monitoring Groups for S&D Reduction	Liz Mallas	FY07

1.7 Task Shifting: Policy Implementation Opportunities and Challenges	Altrena Mukuria Nadia Carvalho	FY07
IR2		
2.1 PLHIV in MENA Region	Shetal Datta	FY06
2.2 Religious Communities and GBV	Britt Herstad	FY06
IR3		
3.1 Sustainable Investments: Microfinance	Myra Betron	FY06
3.2 How Equitable Is ART?	Nalinee Sangrujee	FY07
IR4		
4.1 TA to Muslim Leaders	Shetal Datta	FY05
IR5		
5.1 Tools for HIV Planning and Analysis and Model Maintenance (including Goals)	John Stover	FY06/07
5.2 Costs of Key PEPFAR Interventions	John Stover	FY06
5.3 Analysis of DHS to Inform Scale-up of Prevention Program for Sero-Discordant Couples	Bob Porter Britt Herstad	FY07
5.4 GBV Screening Tool for MARPs	Myra Betron	FY06
5.5 GOALS/TB Model	Philippa Lawson	FY07
5.6 Reprogrammed OVC Activities OVCA: DOD OVCB: Global Fund OVCC: Child Protection	Anita Datar Garten Amy Kay Amy Kay	FY05/06/07
Other		
Integrating Gender	Mary Kincaid	FY06
OGAC: PEPFAR Initiative on GBV—Strengthening Services for Victims of Sexual Assault	Myra Betron	FY07
Rapid Response RR: Positive Prevention	Ken Morrison Philippa Lawson	FY07
QA, M&E, Communication	Nancy McGirr	FY07

Table A3. HPI Regional and Country Management

MANAGERS FOR REGIONAL AND COUNTRY PROGRAMS (9/30/08)		
Region/Country	Country Manager/Director	Regional Manager
Africa		
AFR Bureau	Elizabeth McDavid	Elizabeth McDavid
Botswana	Altrena Mukuria	Albena Godlove
Dem. Rep. of Congo	Chuck Pill	Danielle Grant
Kenya	Dan Wendo	Angeline Siparo
Madagascar	Margot Fahnestock	Danielle Grant
Mali	Modibo Maiga	Danielle Grant
Mozambique	Francisco Zita	Albena Godlove
RHAP	Tanvi Pandit-Rajani	Albena Godlove
Senegal	Danielle Grant	Danielle Grant
Tanzania	Halima Shariff	Angeline Siparo
Rwanda	Margot Fahnestock	Danielle Grant
ANE		
ANE Bureau	Betsy McCallon/Shetal Datta	Anne Jorgenson
India	Suneeta Sharma/Himani Sethi	
Indonesia	Claudia Surjadjaja	
Jordan	Basma Ishaquat	
Mekong (HIV) *	Nadia Carvalho	
Vietnam *	Tran Tien Duc	
Yemen	Inday Feranil	
Europe and Eurasia		
E&E Bureau	Philippa Lawson	Philippa Lawson
LAC		
LAC Bureau/CS	Maria Rosa Garate	Mary Kincaid
Dominican Republic	Mary Kincaid	
Guatemala	Lucia Merino	
G/CAP *	Lucia Merino	
Jamaica	Kathy McClure	
Mexico	Mirka Negroni	

*Closed or closing

Table A4. List of Completed Products

POP Core-funded Products

- Training manual on Culturally Appropriate Counseling in Sexual Reproductive Health adapted as an interactive and distance learning course to be posted on the MINSA website
- Achieving the MDGS: The Contribution of Family Planning (Democratic Republic of the Congo, Jordan, Mali, Senegal, and Tanzania)
- Report—“Achieving Uttar Pradesh’s Population Policy Goals through Demand-based Family Planning Programs: Taking Stock at the Mid-point,” Imelda Feranil and Maria Borda
- Analysis of the Operational Policy Barriers to Financing and Procuring Contraceptives in Malawi
- Report—“Increasing Access to Family Planning Among the Poor in Peru: Building on and Strengthening Financing Mechanisms for the Poor,” Elaine Menotti, Suneeta Sharma, and Gracia Subiria
- Brief—“A Multi-tiered Approach to Meeting Family Planning Needs of the Poor in Peru”
- Report—“Understanding Operational Barriers to Family Planning Services in Conflict-affected Countries: Experiences from Sierra Leone,” Emily Sonneveldt, Theresa Shaver, and Anita Bhuyan
- Version 3.2 of Spectrum
<http://www.healthpolicyinitiative.com/index.cfm?id=software&get=Spectrum>

MH Core-funded products

- WRA 2008 Membership Meeting, Capacity Building and Strategic Planning Workshop Report
- WRA Global Five-year Strategic Plan
- *WRA Members Matter* newsletters: June 2008 and September 2008

HIV/AIDS Core-funded products

- “Matrix: Monitoring and Evaluating the Practices of USG Highly Vulnerable Children Program.”
- “Calculating the Costs and Impact of a Male Circumcision Program,” Lori Bollinger, Willyanne DeCormier Plosky and John Stover. Computer model and manual.
<http://www.healthpolicyinitiative.com/index.cfm?id=software&get=MaleCircumcision>
- Gender-related Barriers to Emerging HIV Prevention Methods: A Review of Post-Exposure Prophylaxis (PEP) Policies. Presented August 6, 2008 at the International AIDS Conference, Mexico City, in Gender and HIV: Emerging Issues oral session.
- Involving Communities to Shape and Take Part in Effective SGBV Responses and Services: A Learning Exchange and Action Planning Workshop.

Country Reports

Guatemala

- Strategic Guidelines for the Reproductive Health Observatory
- Poster—Reproductive Health for Guatemalan Indigenous Peoples
- Brochure: Obstacles to Family Planning Services for Indigenous Populations
- Guidelines for a National Family Planning Strategy
- Leaflet—Foundation of Businesses Committed to Fighting HIV (FUNDEC-VIH)
- Estudio de Barreras para el Acceso de la Población Indígena a la Planificación Familiar

G/CAP

- 2006 Costa Rica National AIDS Spending Assessment Report
- 2006 El Salvador National AIDS Spending Assessment Report
- 2007 El Salvador National AIDS Spending Assessment Report
- Financing the National Strategic Plan for STI/HIV/AIDS Prevention, Care, and Control (Guatemala)
- Financing the Strategic Multisectoral HIV/AIDS Plan (Panama)
- Financing the National Strategic STI/HIV/AIDS Plan (Belize)
- Monitoring and Evaluation Unit Operations Manual (Guatemala)
- Report on the Monitoring and Implementation of the National HIV/AIDS Policy (Guatemala)
- Report on the Monitoring and Implementation of the National HIV/AIDS Strategic Plan (El Salvador)
- National HIV/AIDS Response Monitoring and Evaluation Plan 2007–2010 (Panama)
- National HIV/AIDS Response Monitoring and Evaluation Plan (Costa Rica)
- National HIV Response Expenditure Measurement (Costa Rica) (brochure)
- CD-ROMs—Legal and Political Framework for Analyzing the National Response to HIV/AIDS (developed for Costa Rica, El Salvador, Guatemala, and Panama)
- Country Coordinating Mechanism Monitoring and Evaluation Plan (El Salvador)
- Regional Coordinating Mechanism Operations Plan

Indonesia

- Panduan Fasilitator dan Meteri Pelatihan, Sesi-sesi Advokasi: Membangun Kapasitas Analisis dan Advokasi untuk Memperkirakan dan Memobilisasi Sumber Daya yang Dibutuhkan untuk Perencanaan Aksi HIV/AIDS di tingkat Propinsi (Building Analytic and Advocacy Capacity to Estimate and Mobilize Resources Needed for the Provincial HIV/AIDS Action Plans: Facilitator Guides and Materials, Advocacy Sessions)

Madagascar

- “Family Planning and the National Vision in Madagascar” (presentation in English and French)

Mali

- Guide: “Islam and Population” (Arabic)
- Syllabus: “Islam and Family Planning” (Arabic)
- Syllabus: “Islam and HIV/AIDS” (Arabic)
- Report: «Les jeunes face au VIH, une analyse situationnelle au Mali.» (The Young Face of HIV: A Situational Analysis of Mali)

Mexico

- PowerPoint Presentation: “[Building Capacity of HIV Service Providers in Health and Community Settings to Respond to GBV among MSM/TG in Mexico](#)”

Tanzania

- Booklet: Prevention of HIV-related Stigma and Discrimination: A Collection of Poems, Songs, Plays, and Stories to be Used in Madrassa Classrooms
- Poster: “Engaging HIV-positive Religious Leaders in Mobilizing Faith-based Groups Against

Stigma and Discrimination” (presented at the International AIDS Conference in Mexico)

- Poster: “HIV-related Capacity Building of Parliamentarians as a Critical Component of Policy Reform.” (presented at the International AIDS Conference in Mexico)
- Poster: “The Case of Tanzania’s 2008 Bill” (presented at the International AIDS Conference in Mexico)
- KINDIPHA Strategic Plan (2008–2012)
- Stigma and Discrimination Glossary (for media/journalists)

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