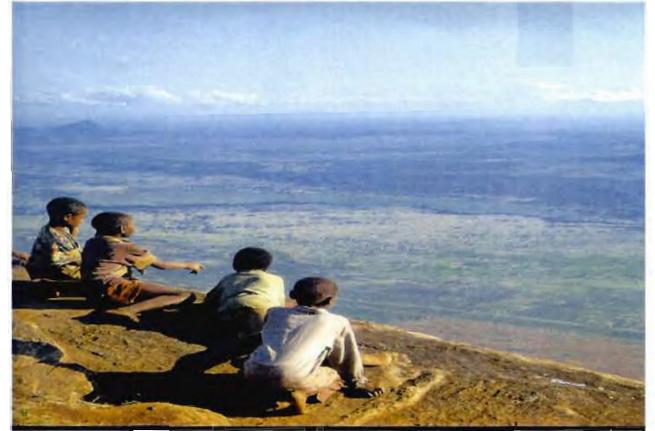


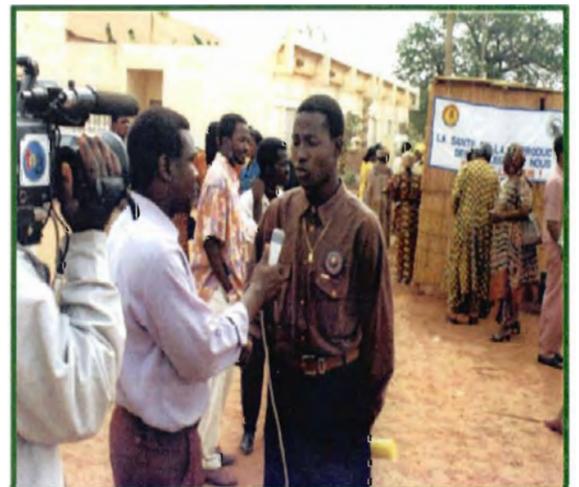
SO 20: FAMILY PLANNING/ REPRODUCTIVE HEALTH COOPERATING AGENCIES MEETING



BUREAU FOR AFRICA/ OFFICE OF SUSTAINABLE DEVELOPMENT

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MEETING WRITE-UP

**USAID/AFRICA BUREAU/
OFFICE OF SUSTAINABLE DEVELOPMENT**

**SO 20: Family Planning/Reproductive
Health CA's Meeting
May 3, 2001**

Overview

In connection with Africa Bureau/SD's mid term evaluation, SO20 has held a number of events to review its portfolio of activities and assess what contribution SD funded activities have on achieving Bureau FP/RH goals. On May 3rd the SO 20 team invited our Cooperating Agencies to participate in the first all-inclusive meeting. The rationale behind the meeting was to bring together our CAs to get an update of the activities each CA is implementing or planning with Africa Bureau SD funding in fiscal year 2000 and fiscal year 2001 and how the programs were linked to the SO 20 result packages. Furthermore, it was an excellent opportunity to have the CAs learn what others are doing within the same countries and regions. This provided a wonderful forum for networking and dialoguing on possible future collaborations.

Participants and Agenda

Approximately 30 participants attended, representing fifteen CAs and a handful of Global Bureau CTOs. The CAs in attendance were: PRB, FHI, Advance Africa, MNH/JHPIEGO, Engender Health, DELIVER, JHU/PCS, SARA/AED, Policy Project, NGO Networks, JHU/CCP, PHNI PSI/AIDS MARK and the FOCUS project. In addition, representatives from Howard University also attended (See Attachment A-List of Participants).

The meeting opened with a discussion on the Mexico City Policy (MCP) and how the policy would affect family planning programs. The discussion was led by Barbara Seligman (G/PHN) and Susan Pascocello (General Council). Copies of a legal affidavit providing a description of the policy and language from the Congressional Informational Bulletin were also provided to the group. The group explored the intricacies of the policy, its potential fall and impact on who Pop CAs may collaborate with in the future (See Attachment B for details). It was reaffirmed, however, that MCP does not prohibit our work on Post Abortion Care Activities (PAC) so that we will continue to work in that areas. Many participants asked questions to clarify much of the confusion surrounding the language and parameters of the policy. It was noted that while there was little written down on interpretation of the policy, each participant was advised to consult with their company lawyers for legal advice vis-à-vis their activities if they were in doubt.

Following the Mexico City Policy discussion each CA gave a ten-minute presentation. The presentations were designed to give a brief overview of the CA's Africa Bureau/SD funded programs. The presentations were abundant with useful information and innovative approaches (See Attachment C-CA Presentations). This enabled each CA a chance to see

what countries their counterparts were working in and what kind of projects were being implemented. The key area's which were covered by each CA were:

<u>CA:</u>	<u>Area(s) of SD Support</u>
Frontiers/Pop Council	STI Integration; FGC
PSI	Condom Social Marketing and PPT
JSI/DELIVER	Regional Logistics Initiative
NGO Networks	Research & Dissemination of RH/FP projects
Measure Communication	Media Initiative/Advocacy
JHU/CCP-Africa Alive	HIV/AIDS youth Behavior Change
JHPIEGO/MNH	Maternal & Neonatal Health
Howard University	Pharmacists HIV/AIDS Project
EngenderHealth	Male Involvement in RH/FP
FHI	Female Condom

Also, during the meeting, a map of AFR/SD funded activities was developed to highlight where CAs are working. This will be shared with each of the CAs so that they can better coordinate their efforts in the future.

Conclusion

The SO 20 team feels the first CA's meeting was a success. The goal of clarifying how SD funds were being spent was accomplished as well as starting a networking of our CAs. Overall, the team felt the issues raised during the presentation mirrored the direction in which the SO 20 team is leading. Furthermore, the linkages with the results packages were on track.

One of the most exciting aspects of the meeting was the networking started between the CAs. In addition, it was apparent that many of the CAs wanted to increase the participation of African institutions in their programming. The team encouraged this increased participation with African institution because capacity building strengthens the overall SO.

Next Steps

An SD matrix of activities was designed and distributed to the CAs for review, updating, and comments. The SO 20 team members will be compiling the new information to update the current matrix. This matrix serves as a useful summary of what the SO is funding and what technical areas they are working in. It was agreed, that an electronic copy would be sent to each CA to update and revise so that it could be circulated more widely among other AFR/SD SO, G/PHN, missions and other partners. It is requested that all comments be forwarded back to AFR/SD by June 30, 2001.

The feedback from our CAs with regards to the meeting was positive. Many of them felt it was useful and beneficial to meet as a collaborative group to work together. Many

useful suggestions arose to strengthen the meetings by narrowing the focus to specifically look at technical areas and the CA supported programs addressing those areas. It was suggested that regular CA meetings be scheduled quarterly or bi-annually and should cover more than just SD funded activities. In addition, participants recommended that subsequent technical meetings be held for no more than half a day and cover 1-2 technical topics at most. Subsequent to the May 3rd meeting a couple of CAs circulated emails proposing follow on meetings with technical topics related to the female condom, STI and Adolescent Reproductive Health. AFR/SD responded and welcomed either CAs to propose hosting a meeting in the future to enable us to immediately follow through and build on the momentum of May 3rd.

AGENDA & PARTICIPANTS

AFRICA BUREAU
SO20 FAMILY PLANNING & REPRODUCTIVE HEALTH
SD SUPPORTED CAs MEETING

May 3, 2001

10-1 p.m
1325 G Street Suite 400 4th Floor
R.S.V.P. Contact: Jyoti Schlesinger (202) 2190484

- 10-10: 15 Introductions-Khadijat L. Mojidi, AFR/SD
- 10:15-10:45 Margaret Neuse/Barbara Seligman, G/PHN
Susan Pascocello, Office of General Council/ USAID
Update on Mexico City Policy
Q&A
- 10:45-11: 45 CA Presentations on Results SO Far and Proposed New Activities (10
minutes max.)

Where CAs Working? Which Countries/regions/districts?
Which IRs/ sub IRs are being addressed?
Success at leveraging mission or other donor funding?
Publications, Reports, Workshops?

CA partners: Frontiers/Population Council
Advance Africa/Management Sciences for Health
Deliver/John Snow Inc
Rational Pharmaceutical Management Plus/MSH
Measure Communication/Population Reference Bureau
JHU/CCP

11:45- 12:45 PSI/AIDSMARK
Maternal Neonatal Health/JHPIEGO
Policy II/ The Future Group
Engender Health (formerly AVSC)
Family Health International
NGO Networks for Health
Support for Analysis and Research in Africa (SARA)/AED
Others

HBCU Partners: Howard University
Minority Health Professional Foundations (invited)
Morehouse University (invited)

12:50-1 p.m. Summary and Next Steps.

USAID
BUREAU FOR AFRICA/OFFICE OF SUSTAINABLE DEVELOPMENT
POPULATION FUNDED CAs MEETING

<u>NAME:</u>	<u>ORGANIZATION:</u>	<u>E-MAIL:</u>
1. Rhonda Smith	PRB	rhondas@prb.org
2. Margo Thombs	Howard University	mthombs@howard.edu
3. Bill Finger	FHI	BFINGER@fhi.org
4. Saul Helfenbein	Advance Africa	shelfenbein@advanceafrica.org
5. Cindy Stanton	MNH/JHPIEGO	cstanton@jhpiego.org
6. Isaiah Ndong	Engenderhealth	ndong@engenderhealth.org
7. Steve Wilbur	DELIVER	steve.wilbur@jsi.com
8. Susan Krenn	JHU/PCS	skrenn@jhucp.org
9. Caroline Blair	SARA	cblair@aed.org
10. Liz Kizzier	MNH/JHPIEGO	ekizzier@jhpiego.org
11. Jeff Jordon	Policy Project	jjordon@tfgi.com
12. Nomi Fuchs	G/PHN/POP/FPSD	nfuchs@usaid.gov
13. Marge Koblinsky	NGO Networks	mkoblinsky@ngonetworks.org
14. Anne Terio	G/PHN/POP/FPSD	aterio@usaid.gov
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18. Jennifer Boyle	JHU/CCP	jboyle@jhucp.org
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26. Tijuana James-Traore	FOCUS	tjames-traore@pathfind.org
27. Sambe Duale	SARA	sduale@aed.org
28. Lalla Toure	Advance Africa	ltoure@advanceafrica.org
29. Rosalyn King	Howard U.	rking@howard.edu

MEXICO CITY POLICY

EXEMPT GOVERNMENT ORGANIZATIONS

Governments are exempt from the abortion restrictions of the Mexico City Policy. If they support abortion "as a method of family planning," they are simply required to keep U.S. population assistance in a separate bank account, so that U.S. auditors can be certain that no U.S. government funds are used for prohibited abortion activities.

This government exemption also applies to government-operated universities and hospitals, including, for example, medical schools and teaching hospitals which provide abortion services as part of comprehensive health care or which engage in abortion-related research.

The exemption also applies to government-sponsored population or family planning councils, such as the Zimbabwe National Family Planning Council or the National Council for Population and Development in Kenya. These organizations are free to study and disseminate public information about abortion as long as they do not use U.S. government funds to advocate the liberalization of abortion restrictions.



FURTHER INFORMATION

For official clarifications of U.S. government restrictions on abortion activities, organizations should write directly to:

Dr. Duff Gillespie, Director
Office of Population S&T/POP
Agency for International Development
Washington, D.C. 20623

For copies of the official U.S.A.I.D. documents quoted in this summary or for assistance in understanding current U.S.A.I.D. policies please write to:

Dr. Sharon L. Camp, Senior Vice President
Population Crisis Committee
1120 19th Street, N.W., Suite 650
Washington, D.C. 20036

Other U.S. organizations which can provide information or assistance, many of which have field offices outside the United States, include:

- The Alan Guttmacher Institute (AGI)
- Association for Voluntary Surgical Contraception (AVSC)
- International Projects Assistance Services (IPAS)
- International Women's Health Coalition (IWHC)
- The Pathfinder Fund
- Planned Parenthood Federation of America/ Family Planning International Assistance (PPFA/FPIA)
- The Population Council
- Program for the Introduction and Adaptation of Contraceptive Technology (PIACT)



U.S. GOVERNMENT CLARIFIES IMPLEMENTATION OF MEXICO CITY POLICY ABORTION RESTRICTIONS

Prepared by:
Population Crisis Committee
1120 19th Street, N.W.
Washington, D.C. 20036
1991

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Officials Say Some Abortion-Related Activities Are Permitted



SUMMARY

In a recent court case challenging the Mexico City Policy (*Planned Parenthood v. Casey*), Dr. Duif G. Gillespie, Director of the U.S. Agency for International Development (U.S.A.I.D.) Office of Population, made an official sworn statement on U.S.A.I.D.'s behalf stating that some abortion activities are in fact permissible under the policy. These clarifications were also made in recent testimony by U.S. foreign aid officials before the U.S. Congress. They are summarized here, with the relevant language from official U.S.A.I.D. documents. They cover:

- demographic and health research on abortion;
- provision of training and equipment to treat septic and incomplete abortion (including illegal abortions);
- abortions to save the mother's life and abortions in cases of rape and incest;
- post-abortion counseling and services (including contraceptive services).

In addition the documents make it clear that U.S.A.I.D. funding can go to governmental organizations involved in abortion activities as long as the funding is accounted for separately. Government organizations are broadly defined to include public universities, hospitals and national councils.

e.g. ncl. prenatal

BACKGROUND

For the last several years, leading U.S. family planning organizations have challenged the U.S. government's Mexico City Policy abortion restrictions in the court system and in the U.S. Congress. So far these efforts have been unsuccessful. However, they have forced U.S.A.I.D. to clarify the specific restrictions imposed by the policy, and to acknowledge that foreign non-governmental organizations (NGOs) may use funds from non-U.S.A.I.D. sources for certain types of abortion-related activities and still remain eligible for U.S. population assistance. The longstanding prohibition of the use of U.S.A.I.D. funds for most abortion activities remains unchanged.

The written guidelines used by U.S.A.I.D. to implement the Mexico City Policy, called "The Standard Clauses," require foreign NGOs to certify that they do not and will not "perform or actively promote abortion as a method of family planning." The perception of many NGOs in developing countries who receive U.S.A.I.D. population funds, and even some U.S.A.I.D. Cooperating Agencies, has been that any involvement at all with abortion will disqualify them from U.S.A.I.D. support. This is not accurate.

DEMOGRAPHIC AND HEALTH RESEARCH ON ABORTION

Non-governmental organizations in developing countries do not risk their eligibility for U.S.A.I.D. population assistance if they engage in "research on the subject of abortion or septic and incomplete abortion." In addition to keeping routine information on clients' abortion histories, organizations may collect information on the general incidence of abortion and its causes, the health impact of illegal abortion and its cost to the health delivery system.



In the past these types of research were actually supported with U.S.A.I.D. funds and some types of data collection and analysis may still be eligible for U.S.A.I.D. support. Organizations may still not engage in biomedical research on abortion.

Demographic and health research on abortion may even be used by certain non-governmental organizations (such as a U.S. NGO or developing country NGO which does not receive U.S.A.I.D. funds) to lobby foreign governments to liberalize abortion laws in the country. The developing country NGO receiving U.S.A.I.D. funds may not itself use the results of this research (even though it is not funded by U.S.A.I.D.), or of any other research, to advocate the liberalization of abortion laws. But its eligibility for U.S.A.I.D. support is not jeopardized merely by participating in research which others use in advancing abortion law reform.

LIFE OF THE MOTHER, RAPE AND INCEST

As stated in the Mexico City Policy's Standard Clauses and recently confirmed, non-governmental organizations in developing countries do not risk eligibility for U.S. population assistance if they perform abortions in cases where "the life of the mother would be endangered if the fetus were carried to term" or "following rape or incest." The possession of equipment for vacuum aspiration or dilation and curettage (D&C) or of drugs for menses induction in such cases would not disqualify an organization for U.S.A.I.D. support.



yes - if they were post 1993

TRAINING AND EQUIPMENT TO TREAT SEPTIC AND INCOMPLETE ABORTION

According to current U.S. policy foreign non-governmental organizations can "provide medical assistance in response to septic or incomplete abortions" and still remain eligible for U.S. assistance. U.S.A.I.D. considers such conditions "serious health problems and permits its grantees to acquire or provide medical training and equipment for the treatment of septic and incomplete abortion. Organizations may provide such treatment or assist clients in getting treatment (e.g. by accompanying a woman to a hospital) and may provide post-treatment contraceptive counseling and services. It is possible that some of these activities may be eligible for support under U.S.A.I.D.'s health assistance programs, although this possibility has not been tested.

POST-ABORTION COUNSELING AND SERVICES

Non-governmental organizations may use U.S.A.I.D. funds to provide contraceptive counsel and services to clients who have had spontaneous or induced abortions, including illegal abortions. Organizations may communicate with abortion service providers in order to facilitate post-abortion contraceptive services.



March 29, 2001

MEMORANDUM FOR ALL CONTRACTING OFFICERS AND NEGOTIATORS

TO: Distribution List FAC

FROM: M/OP, Francis A. Donovan, Acting Director

SUBJECT: RESTORATION OF THE MEXICO CITY POLICY--WHITE HOUSE
MEMORANDUM FOR THE ACTING ADMINISTRATOR OF THE U.S.
AGENCY FOR INTERNATIONAL DEVELOPMENT (REVISED)

CONTRACT INFORMATION BULLETIN 01-08 (R)

Purpose: This CIB is issued in conjunction with CIB 01-06 and transmits the attached "MEMORANDUM FOR THE ACTING ADMINISTRATOR OF THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT" dated March 28, 2001 ("the White House Memorandum") for immediate implementation.

The White House Memorandum provides language to be incorporated into the standard provision entitled "Voluntary Population Activities (March 1999)" contained in CIB 99-6.

Note that when amending an existing grant or cooperative agreement that contains the "Voluntary Population Planning (June 1993)" standard provision, Agreement Officers must:

- a. Delete the 1993 version of the standard provision in its entirety and replace it with the March 1999 version; and
- b. Incorporate the new paragraphs contained in the White House Memorandum as applicable.

Direct questions about this CIB to Carol Ketrick, M/OP/P.

Attachment: a/s

<PRE>

[Federal Register: March 29, 2001 (Volume 66, Number 61)]
[Presidential Documents]
[Page 17301-17313]
From the Federal Register Online via GPO Access [wais.access.gpo.gov]
[DOCID:fr29mr01-157]

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Part IV

The President

Memorandum of March 28, 2001--Restoration of the Mexico City Policy

Presidential Documents

Title 3--
The President

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Memorandum of March 28, 2001

Restoration of the Mexico City Policy

Memorandum for the Administrator of the United States
Agency for International Development

The Mexico City Policy announced by President Reagan in 1984 required foreign nongovernmental organizations to agree as a condition of their receipt of Federal funds for family planning activities that such organizations would neither perform nor actively promote abortion as a method of family planning in other nations. This policy was in effect until it was rescinded on January 22, 1993.

It is my conviction that taxpayer funds appropriated pursuant to the Foreign Assistance Act should not be given to foreign nongovernmental organizations that perform abortions or actively promote abortion as a method of family planning in other nations. Accordingly, I direct that, except as otherwise provided below in section III, the paragraphs set forth below be included, as specified, in the Standard Provision that was issued in Contract Information Bulletin 99-06 entitled "Voluntary Population Activities (March 1999)" for use in all new grants and cooperative agreements awarded by the United States

Agency for International Development (USAID) that provide assistance for family planning activities.

In addition, except as otherwise provided below, these paragraphs are to be included in the Standard Provision when any existing grant or cooperative agreement for family planning activities is amended to add new funding. The FY 2000 population certification requirements issued in Contract Information Bulletin 00-04 remain in effect until September 30, 2001.

The foregoing directive accomplishes the objective of my January 22, 2001, Memorandum to the USAID Administrator--to reinstate in full all of the requirements of the Mexico City Policy in effect on January 19, 1993--and is issued pursuant to the authority vested in me by the Constitution and the laws of the United States of America, including section 104 of the Foreign Assistance Act of 1961, as amended (22 U.S.C. 2151b).

I. Grants and Cooperative Agreements with U.S. Nongovernmental Organizations

Paragraph (e) is replaced by the following paragraphs (e) and (f), which are to be included in the Standard Provision for use in assistance agreements with United States nongovernmental organizations:

--(e)

Ineligibility of Foreign Nongovernmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning.

(1)

The recipient agrees that it will not furnish assistance for family planning under this award to any foreign nongovernmental organization that performs or actively promotes abortion as a method of family planning in USAID-recipient countries or that provides financial support to any other foreign nongovernmental organization that conducts such activities. For purposes of this paragraph (e), a foreign nongovernmental organization is a nongovernmental organization that is not organized under the laws of any State of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

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(2)

Prior to furnishing funds provided under this award to another nongovernmental organization organized under the laws of any State of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, the recipient shall obtain the written agreement of such organization that the organization shall not furnish assistance for family planning under this award to any foreign nongovernmental organization except under the conditions and requirements that are applicable to the recipient as set

forth in this paragraph (e).

(3)

The recipient may not furnish assistance for family planning under this award to a foreign nongovernmental organization (the subrecipient) unless:

(i)

The subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and

(ii)

The recipient obtains the written agreement of the subrecipient containing the undertakings described in subparagraph (4) below.

(4)

Prior to furnishing assistance for family planning under this award to a subrecipient, the subrecipient must agree in writing that:

(i)

The subrecipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in USAID-recipient countries or provide financial support to other foreign nongovernmental organizations that conduct such activities;

(ii)

The recipient and authorized representatives of USAID may, at any reasonable time: (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the family planning activities of the subrecipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the subrecipient; (C) consult with family planning personnel of the subrecipient; and (D) obtain a copy of the audited financial statement or report of the subrecipient, if there is one;

(iii)

In the event that the recipient or USAID has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient shall review the family planning program of the subrecipient to determine whether a violation of the undertaking has occurred. The subrecipient shall make available to the recipient such books and records and other information as may be reasonably requested in order to conduct the review. USAID may also review the family planning program of the subrecipient under these circumstances, and USAID shall have access to such books and records and information for inspection upon request;

(iv)

The subrecipient shall refund to the recipient the entire amount of assistance for family planning furnished to the subrecipient under this award in the event it is determined that the certification provided by the subrecipient under subparagraph (3), above, is false;

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(v)

Assistance for family planning provided to the subrecipient under this award shall be terminated if the subrecipient violates any undertaking in the agreement required by subparagraphs (3) and (4), and the subrecipient shall refund to the recipient the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning; and

(vi)

The subrecipient may furnish assistance for family planning under this award to another foreign nongovernmental organization (the sub-subrecipient) only if: (A) the sub-subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (B) the subrecipient obtains the written agreement of the sub-subrecipient that contains the same undertakings and obligations to the subrecipient as those provided by the subrecipient to the recipient as described in subparagraphs (4) (i) - (v) above.

(5)

Agreements with subrecipients and sub-subrecipients required under subparagraphs (3) and (4) shall contain the definitions set forth in subparagraph (10) of this paragraph (e).

(6)

The recipient shall be liable to USAID for a refund for a violation of any requirement of this paragraph (e) only if: (i) the recipient knowingly furnishes assistance for family planning to a subrecipient who performs or actively promotes abortion as a method of family planning; or (ii) the certification provided by a subrecipient is false and the recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the subrecipient; or (iii) the recipient knows or has reason to know, by virtue of the monitoring which the recipient is required to perform under the terms of this award, that a subrecipient has violated any of the undertakings required under subparagraph (4) and the recipient fails to terminate assistance for family planning to the subrecipient, or fails to require the subrecipient to terminate assistance to a sub-subrecipient that violates any undertaking of the agreement required under subparagraph 4(vi), above. If the recipient finds, in exercising its monitoring responsibility under this award, that a subrecipient or sub-subrecipient receives frequent requests for the information described in subparagraph (10) (iii) (A) (II), below, the recipient shall verify that this information is being provided properly in accordance with subparagraph (10) (iii) (A) (II) and shall describe to USAID the reasons for reaching its conclusion.

(7)

In submitting a request to USAID for approval of a recipient's decision to furnish assistance for family planning to a subrecipient, the recipient shall include a description of the efforts made by the recipient to verify the validity of the certification provided by the subrecipient. USAID may request the recipient to make additional efforts to verify the validity of the certification. USAID will inform the recipient in writing when USAID is satisfied that reasonable efforts have been made. If USAID concludes that these efforts are reasonable within the meaning of subparagraph (6) above, the recipient shall not be liable to USAID for a refund in the event the subrecipient's certification is false unless the recipient knew the certification to be false or misrepresented to USAID the efforts made by the recipient to verify the validity of the certification.

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(8)

It is understood that USAID may make independent inquiries, in the community served by a subrecipient or sub-subrecipient, regarding whether it performs or actively promotes abortion as a method of family planning.

(9)

A subrecipient must provide the certification required under subparagraph (3) and a sub-subrecipient must provide the certification required under subparagraph (4)(vi) each time a new agreement is executed with the subrecipient or sub-subrecipient in furnishing assistance for family planning under the award.

(10)

The following definitions apply for purposes of this paragraph (e):

(i)

Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother, but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii)

To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals that do not include abortion in their family planning programs. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(iii)

To actively promote abortion means for an organization to commit

resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A)

This includes, but is not limited to, the following:

(I)

Operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II)

Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely);

(III)

Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV)

Conducting a public information campaign in USAID-recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B)

Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest, or if the life of the mother would be endangered if the fetus were carried to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

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(C)

Action by an individual acting in the individual's capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent that the individual is acting on behalf of the organization.

(iv)

To furnish assistance for family planning to a foreign nongovernmental organization means to provide financial support under this award to the family planning program of the organization, and includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training programs of the recipient, subrecipient or sub-subrecipient.

(v)

To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(11)

In determining whether a foreign nongovernmental organization is eligible to be a subrecipient or sub-subrecipient of assistance for family planning under this award, the action of separate nongovernmental organizations shall not be imputed to the subrecipient or sub-subrecipient, unless, in the judgment of USAID, a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (e). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The recipient may request USAID's approval to treat as separate the family planning activities of two or more organizations, that would not be considered separate under the preceding sentence, if the recipient believes, and provides a written justification to USAID therefor, that the family planning activities of the organizations are sufficiently distinct so as to warrant not imputing the activity of one to the other.

(12)

Assistance for family planning may be furnished under this award by a recipient, subrecipient or sub-subrecipient to a foreign government event though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(13)

The requirements of this paragraph are not applicable to child spacing assistance furnished to a foreign nongovernmental organization that is engaged primarily in providing health services if the objective of the assistance is to finance integrated health care services to mothers and children and child spacing is one of several health care services being provided by the organization as part of a larger child survival effort with the objective of reducing infant and child mortality.

(f)

The recipient shall insert paragraphs (a), (b), (c), (d), and (f) of this provision in all subsequent subagreements and contracts involving family planning or population activities that will be supported in whole or in part from funds under this award. Paragraph (e) shall be inserted in subagreements and sub-subagreements in accordance with the terms of paragraph (e). The term subagreement means subgrants and subcooperative agreements."

II. Grants and Cooperative Agreements with Non-U.S.,
Nongovernmental Organizations

Paragraph (e) is replaced by the following paragraphs (e) and (f), which are to be included in the Standard Provision for grants and cooperative agreements with non-United States, nongovernmental organizations:

(e)

Ineligibility of Foreign Nongovernmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning.

(1)

The recipient certifies that it does not now and will not during the term of this award perform or actively promote abortion as a method of family planning in USAID-recipient countries or provide financial support to any other foreign nongovernmental organization that conducts such activities. For purposes of this paragraph (e), a foreign nongovernmental organization is a nongovernmental organization that is not organized under the laws of any State of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

(2)

The recipient agrees that the authorized representative of USAID may, at any reasonable time: (i) inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that describe the family planning activities of the recipient, including reports, brochures and service statistics; (ii) observe the family planning activity conducted by the recipient, (iii) consult with the family planning personnel of the recipient; and (iv) obtain a copy of the audited financial statement or report of the recipient, if there is one.

(3)

In the event USAID has reasonable cause to believe that the recipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient shall make available to USAID such books and records and other information as USAID may reasonably request in order to determine whether a violation of the undertaking has occurred.

(4)

The recipient shall refund to USAID the entire amount of assistance for

family planning furnished under this award in the event it is determined that the certification provided by the recipient under subparagraph (1), above, is false.

(5)

Assistance for family planning to the recipient under this award shall be terminated if the recipient violates any undertaking required by this paragraph (e), and the recipient shall refund to USAID the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning.

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(6)

The recipient may not furnish assistance for family planning under this award to a foreign nongovernmental organization (the subrecipient) unless: (i) the subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (ii) the recipient obtains the written agreement of the subrecipient containing the undertakings described in subparagraph (7), below.

(7)

Prior to furnishing assistance for family planning under this award to a subrecipient, the subrecipient must agree in writing that:

(1)

The subrecipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in USAID-recipient countries or provide financial support to other nongovernmental organizations that conduct such activities.

(ii)

The recipient and authorized representatives of USAID may, at any reasonable time: (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the family planning activities of the subrecipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the subrecipient; (C) consult with family planning personnel of the subrecipient; and (D) obtain a copy of the audited financial statement or report of the subrecipient, if there is one.

(iii)

In the event the recipient or USAID has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient shall review the family planning program of the subrecipient to determine whether a violation of the undertaking has occurred. The subrecipient shall make available to the recipient such books and records and other information as may be reasonably requested in order to conduct the review. USAID may also

review the family planning program of the subrecipient under these circumstances, and USAID shall have access to such books and records and information for inspection upon request.

(iv)

The subrecipient shall refund to the recipient the entire amount of assistance for family planning furnished to the subrecipient under this award in the event it is determined that the certification provided by the subrecipient under subparagraph (6), above, is false.

(v)

Assistance for family planning to the subrecipient under this award shall be terminated if the subrecipient violates any undertaking required by this paragraph (e), and the subrecipient shall refund to the recipient the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning.

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(vi)

The subrecipient may furnish assistance for family planning under this award to another foreign nongovernmental organization (the sub-subrecipient) only if: (A) the sub-subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (B) the subrecipient obtains the written agreement of the sub-subrecipient that contains the same undertakings and obligations to the subrecipient as those provided by the subrecipient to the recipient as described in subparagraphs (7)(i)-(v), above.

(8)

Agreements with subrecipients and sub-subrecipients required under subparagraphs (6) and (7) shall contain the definitions set forth in subparagraph (13) of this paragraph (e).

(9)

The recipient shall be liable to USAID for a refund for a violation by a subrecipient relating to its certification required under subparagraph (6) or by a subrecipient or a sub-subrecipient relating to its undertakings in the agreement required under subparagraphs (6) and (7) only if: (i) the recipient knowingly furnishes assistance for family planning to a subrecipient that performs or actively promotes abortion as a method of family planning; or (ii) the certification provided by a subrecipient is false and the recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the subrecipient; or (iii) the recipient knows or has reason to know, by virtue of the monitoring that the recipient is required to perform under the terms of this award, that a subrecipient has violated any of the undertakings required under subparagraph (7) and the recipient fails to terminate assistance for family planning to the subrecipient, or fails to require the subrecipient to terminate assistance to a sub-subrecipient that violates

any undertaking of the agreement required under subparagraph 7(vi), above. If the recipient finds, in exercising its monitoring responsibility under this award, that a subrecipient or sub-subrecipient receives frequent requests for the information described in subparagraph (13)(iii)(A)(II), below, the recipient shall verify that this information is being provided properly in accordance with subparagraph 13(iii)(A)(II) and shall describe to USAID the reasons for reaching its conclusion.

(10)

In submitting a request to USAID for approval of a recipient's decision to furnish assistance for family planning to a subrecipient, the recipient shall include a description of the efforts made by the recipient to verify the validity of the certification provided by the subrecipient. USAID may request the recipient to make additional efforts to verify the validity of the certification. USAID will inform the recipient in writing when USAID is satisfied that reasonable efforts have been made. If USAID concludes that these efforts are reasonable within the meaning of subparagraph (9) above, the recipient shall not be liable to USAID for a refund in the event the subrecipient's certification is false unless the recipient knew the certification to be false or misrepresented to USAID the efforts made by the recipient to verify the validity of the certification.

(11)

It is understood that USAID may make independent inquiries, in the community served by a subrecipient or sub-subrecipient, regarding whether it performs or actively promotes abortion as a method of family planning.

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(12)

A subrecipient must provide the certification required under subparagraph (6) and a sub-subrecipient must provide the certification required under subparagraph (7)(vi) each time a new agreement is executed with the subrecipient or sub-subrecipient in furnishing assistance for family planning under this award.

(13)

The following definitions apply for purposes of paragraph (e):

(i)

Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii)

To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals that do not include abortion in their family planning

programs. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(iii)

To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A)

This includes, but is not limited to, the following:

(I)

Operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II)

Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely);

(III)

Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV)

Conducting a public information campaign in USAID-recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B)

Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest or if the life of the mother would be endangered if the fetus were carried to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

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(C)

Action by an individual acting in the individual's own capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent the individual is acting on behalf of the organization.

(iv)

To furnish assistance for family planning to a foreign nongovernmental organization means to provide financial support under this award to the family planning program of the organization, and includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training programs of the recipient, subrecipient or sub-subrecipient.

(v)

To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(14)

In determining whether a foreign nongovernmental organization is eligible to be a recipient, subrecipient or sub-subrecipient of assistance for family planning under this award, the action of separate nongovernmental organizations shall not be imputed to the recipient, subrecipient or sub-subrecipient, unless, in the judgment of USAID, a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (e). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The recipient may request USAID's approval to treat as separate the family planning activities of two or more organizations, which would not be considered separate under the preceding sentence, if the recipient believes, and provides a written justification to USAID therefor, that the family planning activities of the organizations are sufficiently distinct so as to warrant not imputing the activity of one of the other.

(15)

Assistance for family planning may be furnished under this award by a recipient, subrecipient or sub-subrecipient to a foreign government even though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(16)

The requirements of this paragraph are not applicable to child spacing assistance furnished to a foreign nongovernmental organization that is engaged primarily in providing health services if the objective of the assistance is to finance integrated health care services to mothers and

children and child spacing is one of several health care services being provided by the organization as part of a larger child survival effort with the objective of reducing infant and child mortality.

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(f)

The recipient shall insert paragraphs (a), (b), (c), (d) and (f) of this provision in all subsequent subagreements and contracts involving family planning or population activities that will be supported in whole or in part from funds under this award. Paragraph (e) shall be inserted in subagreements and sub-subagreements in accordance with the terms of paragraph (e). The term subagreements means subgrants and subcooperative agreements."

III. Exceptions

The paragraphs set forth in sections (I) and (II) above may be omitted from the Standard Provision in the situations described below:

(1)

While the paragraphs are to be used in grants and cooperative agreements (and assistance subagreements) that provide financing for family planning activity or activities, if family planning is a component of an activity involving assistance or other purposes, such as food and nutrition, health for education, paragraph (e), "Ineligibility of Foreign Nongovernmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning," applies only to the family planning component.

(2)

When health or child survival funds are used to provide assistance for child spacing as well as health purposes, these paragraphs are applicable to such assistance unless: (a) the foreign nongovernmental organization is one that primarily provides health services; (b) the objective of the assistance is to finance integrated health care services to mothers and children; and (c) child spacing is one of several health care services being provided as part of a larger child survival effort with the objective of reducing infant and child mortality. These paragraphs need not be included in the assistance agreement if it indicates that assistance for child spacing will be provided only in this way. USAID support under these circumstances is considered a contribution to a health service delivery program and not to a family planning program. In such a case, these paragraphs need not be included in an assistance agreement.

(3)

These paragraphs need not be included in assistance agreements with United States nongovernmental organizations for family planning purposes if implementation of the activity does not involve assistance to foreign nongovernmental organizations.

You are authorized and directed to publish this memorandum in the Federal Register.

(Presidential Sig.)B

THE WHITE HOUSE,

Washington, March 28, 2001.

[FR Doc. 01-8011
Filed 3-28-01; 11:42 am]
Billing code 6116-01-M

</PRE>

IN THE
UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

THE PATHFINDER FUND, et al.,
Plaintiffs,

v.

AGENCY FOR INTERNATIONAL
DEVELOPMENT, et al.,
Defendants.

Civil Action
No. 89-0133

SUPPLEMENTAL DECLARATION OF DUFF G. GILLESPIE

A. I am the same Duff G. Gillespie who previously submitted a declaration, dated January 27, 1989, in this action. I am familiar with each of the lawsuits against the Agency for International Development (A.I.D.) challenging the constitutionality of the standard clause in grants and cooperative agreements (the "Eligibility Clause") with domestic and foreign nongovernmental organizations ("NGOs") through which A.I.D. implements the President's "Mexico City Policy" and with Plaintiffs' Motion for Summary Judgment in this litigation, including the Supplemental Declaration of Daniel E. Pellegron dated May 9, 1990, on behalf of The Pathfinder Fund (Pellegron Supplemental Declaration) and the Declaration of Francine C. Coeytaux, dated May 9, 1990 (Coeytaux Declaration) on behalf of the Population Council. I make this supplemental declaration in order to provide information about the effect of the Eligibility

Clause on international family planning operations and on domestic and foreign NGOs.

2. Plaintiffs have successfully complied with the Eligibility Clause and implemented effective family planning programs overseas subgranting A.I.D. funds to foreign NGOs and others who are eligible for United States assistance. Attachment A to this declaration is a list of subgrants made by plaintiffs under cooperative agreements that contain the Eligibility Clause.

3. The purpose of the Eligibility Clause is to render a foreign NGO who promotes abortion as a method of family planning ineligible to associate with the United States by participating in A.I.D.'s population assistance program whether the foreign NGO does so alone, in association with other foreign NGOs, or with domestic NGOs. It is not the purpose or effect of the clause to require foreign NGOs to shun domestic NGOs who want to promote abortion, and federal funds are not used as a "lure" to "pick-off" or "buy-up" foreign organizations needed by domestic NGOs to engage in abortion counselling or research in foreign countries. Foreign or domestic NGOs who want to promote abortion in a manner that would make foreign NGOs ineligible for assistance from A.I.D., may finance their population programs through private fundraising, with assistance provided by the government of the countries where they operate, or with assistance from other international donors. Although the United States has provided approximately 40 percent of total donor assistance for population

activities, other donors obviously have provided 60 percent of those resources.

4. It is not significant to the United States population program whether particular foreign NGOs choose to participate in it or choose to promote abortion. There are many foreign governmental organizations and NGOs through whom A.I.D. can provide contraceptive services to people overseas who need family planning assistance. One standard applied in making decisions about how limited federal funds may be allocated within the total universe of potential foreign grantees and subgrantees is whether their family planning programs are consistent with the values and principles the President has decided to promote in the foreign policy of the United States. The family planning programs of foreign NGOs who perform or actively promote abortion as a method of family planning are not. The Mexico City Policy and Eligibility Clause, therefore, prevent foreign abortion advocates from representing the United States in foreign countries by excluding them from A.I.D.'s population assistance program and allocating federal funds to foreign NGOs whose activities are consistent with the values and principles the President has decided to promote. Attachment B is a letter from President Bush to Congressman Hyde of the House Foreign Affairs Committee expressing support for the Mexico City Policy.

5. The Eligibility Clause cannot and does not, by denying funds to foreign NGOs who conduct abortion-related activities, silence domestic organizations or prohibit them from using their

own funds to support such activities abroad, or stymie domestic NGOs in their efforts to educate people abroad about abortion by preventing them from finding any foreign collaborators who will give voice to their concerns. This is so for several reasons:

First, plaintiffs may restrict their abortion activities with foreign NGOs to circumstances that would not make foreign NGOs ineligible under the clause: counselling and referrals when the life of the mother is threatened or in cases of rape or incest; abortion research; training and equipment to deal with incomplete or septic abortions, which are health problems at that point and not family planning actions; post abortion counselling for women who have an obvious need for contraceptive family planning services.

Second, if plaintiffs intend to respect the abortion laws of foreign countries in which they conduct their overseas operations and wish to perform or promote abortion more extensively than when the life of the woman is threatened or in the case of rape or incest, plaintiffs may do so only in countries where abortion is legal on grounds broader than those described in the Eligibility Clause. In that case, the government of the country would share plaintiffs' objective. Plaintiffs could associate or collaborate with foreign governmental organizations which are not affected by the Eligibility Clause, as well as with local NGOs who do not require foreign assistance or receive assistance from other donors. Although plaintiffs consistently refer to their opportunity to associate with foreign NGOs as their only logical

partners in abortion activities abroad, Attachment C is a list of foreign governmental organizations these plaintiffs provide funds to and collaborate with on family planning projects.

Third, if abortion is not legal in the country under circumstances broader than those described in the Eligibility Clause, it is not the clause but the laws of the country that would prevent plaintiffs from finding any collaborators with whom to promote abortion. Attachment D is the Population Crisis Committee Legal Abortion Fact Sheet describing the status of abortion in each country.

Some foreign NGOs probably will refuse to promote abortion abroad alone, in association with other foreign NGOs or with domestic NGOs because they will prefer to participate in the United States foreign assistance program as recipients of A.I.D. funds. Plaintiffs' opportunity to use their own funds to promote abortion abroad, however, will not effectively be "prohibited" by the Eligibility Clause.

6. The Pathfinder Fund, through the Pellegron supplemental declaration, attempts to demonstrate that the clause has significantly burdened Pathfinder's ability to use its private resources to carry out abortion-related activities, including counselling, referral, training, education, public information and research. Pellegron Supplemental Declaration ¶11. The anecdotal information in this declaration, when properly placed in context, does not support even this lesser standard.

(a) Paragraph 4 of the Pellegroni Supplemental Declaration identifies the countries where Pathfinder supported abortion-related services, education and training, and policy activities. The following indicates the current status of abortion laws in each of those countries:

- Bangladesh: illegal unless there is a risk to the life of the mother.
- Nigeria: illegal unless there is a risk to the life of mother.
- Colombia: illegal unless there is a risk to the life of the mother.
- Ecuador: illegal unless there is a risk to the life of the mother or in case of rape or incest.
- El Salvador: illegal unless there is a risk to the life of the mother, or in the case of rape or incest or fetal deformity.
- Mexico: illegal unless there is a risk to the life of mother.
- Senegal: illegal unless there is a risk to the life of the mother.
- Paraguay: illegal unless there is a risk to the life of the mother.
- Honduras: illegal unless there is a risk to the life of the mother.
- Brazil: illegal unless there is a risk to the life of the mother or in cases of rape or incest.
- Peru: illegal unless there is a risk to mother's health.
- Kenya: illegal unless there is a risk to the mother's health.
- Jamaica: illegal unless there is a risk to the mother's health.

Pathfinder does not assert that its activity in those countries complied with their laws. Rather, Pellegroni states:

"Because abortion exists, whether legal or illegal, and because unsafe 'botched' abortions jeopardized the lives of millions of women . . . Pathfinder concluded that the availability of simple, medically safe and inexpensive abortion services at least in some countries in Africa, Asia and Latin America could make a significant contribution to solving a major public health problem, in particular by reducing the high level of morbidity and mortality associated with clandestine abortion." Pellegron Supplemental Declaration ¶3. Emphasis added.

(b) It is true as stated in paragraph 6 of the Pellegron supplemental declaration that the United States Government, including A.I.D., objected to the abortion-related activities conducted by The Pathfinder Fund during that period. However, between 1983 and the time A.I.D. developed the Eligibility Clause in 1985, it became clear that the U.S. could not withhold funds from domestic organizations based on their privately funded abortion activities. It is not true, as alleged in paragraph 7 of the Pellegron Supplemental Declaration, that "The Pathfinder Fund was uncertain whether it could proceed to reactivate, with private funds, the abortion-related component of its program without jeopardizing its A.I.D. cooperative agreement" or that this "uncertainty was not fully removed until this past year, when, in the context of its response to this action, A.I.D. affirmed that the Eligibility Clause would not prevent Pathfinder from using non-federal monies to support abortion-related activities." The Eligibility Clause imposes no restriction on

the abortion activities of domestic NGOs. In addition, this clause was negotiated line by line with several representatives of The Pathfinder Fund, which was represented by counsel, and Mr. Pellegroni was clearly and specifically informed that Pathfinder was eligible for population assistance from A.I.D. without regard to the abortion activities conducted by the Fund in the United States or abroad with its own private resources.

(c) Although there are some countries where there are only one or two NGOs who have expertise, financial capability and credibility to carry out effective family planning programs and these NGOs may be A.I.D. grantees, Pellegroni Supplemental Declaration ¶9, there also are many countries where there are numerous NGOs that do not receive assistance directly or indirectly from A.I.D. In those countries where there are only one or two and they are A.I.D. recipients, the reason they have expertise, financial capability and credibility, and are Pathfinder's "most logical partners" to carry out abortion programs, is because A.I.D. has invested United States resources to develop these organizations. If A.I.D. is to continue to maintain the credibility of foreign NGOs, the United States intends to do so only if the foreign NGOs implement family planning programs that are consistent with the foreign policy of the United States as established by President Reagan and endorsed by President Bush. Again, although the Eligibility Policy does reduce the universe of potential NGO collaborators, it far from eliminates the pool. Moreover, governmental organizations are

left untouched by the Eligibility Clause, and they may collaborate with Pathfinder in abortion-related activities that are lawful in those countries, even where there are only one or two credible NGOs and they receive funding from A.I.D.

(d) The allegations in paragraph 10 of the Pellegron Supplemental Declaration create a misleading impression about the impact of the Eligibility Clause:

Columbia. Although PROFAMILIA is an effective and reputable NGO who receives significant funding from A.I.D. per year, abortion is illegal in Colombia except if there is a risk to the mother's life. Pathfinder asserts that PROFAMILIA formerly provided abortion counselling and information, with Pathfinder's support, through its "promotores" prior to 1983, but stopped because of the Eligibility Clause in 1985. Pellegron Supplemental Declaration ¶10a. Knowing PROFAMILIA would not violate the laws of Columbia, I am sure PROFAMILIA would have provided this counselling and information in accordance with the laws of that country. In other words, PROFAMILIA would counsel or refer women for abortion only if there were a risk to the life of the woman which would not have made PROFAMILIA ineligible for assistance from A.I.D. under the Eligibility Clause. If Pathfinder approached PROFAMILIA in 1986 and 1987, as alleged in paragraph 10 of the Pellegron Supplemental Declaration, Pathfinder's offer of private funding to support abortion counselling and information in PROFAMILIA's clinics and outreach programs was not rejected because of the Eligibility Clause, but

because of the laws of Colombia -- which are more restrictive than the Eligibility Clause. In fact, however, I have been informed by PROFAMILIA that it did not conduct an abortion counselling program prior to 1983, as alleged. Attachment E is a letter from the Founder and President of PROFAMILIA describing its policies and practices relating to abortion.

Ecuador. Pellegrom asserts that APROFE would be interested in developing a comprehensive adolescent project in Ecuador, including information and counselling about abortion. It is not clear from the description of the new initiative what kind of abortion counselling would be provided. If it is the same as the earlier adolescent project described in paragraph 10(b)(ii) of the Pellegrom Supplemental Declaration, it would provide "contraceptive education, counselling and services to young adults, including the hospital's young, post-abortion patients." This kind of activity would not make APROFE ineligible under the Eligibility Clause. Post abortion contraceptive counselling for young adults would be an effective family planning program consistent with the Mexico policy because it targets a group of women who are in need of contraceptive services and could eliminate their turning to abortion. On the other hand, if Pathfinder proposes to associate with APROFE for pregnancy termination counselling and information for reasons broader than permitted under the Eligibility Clause, Pathfinder would be suggesting to APROFE that it violate the laws of Colombia which prohibits abortion except when the pregnancy presents a risk to

the mother's life or in cases of rape or incest -- the same circumstances permitted under the Eligibility Clause. The Pellegron Supplemental Declaration attempts to convey the impression that the Eligibility Clause is a bar to Pathfinder's association with APROFE. The Declaration simply asserts that approaching APROFE would be a futile act, because APROFE receives 75 percent of its budget from A.I.D. which APROFE would not jeopardize in order to receive \$25,000 from Pathfinder for the adolescent project. Attachment F is a letter from the Director of APROFE describing that organization's position regarding abortion.

Brazil. Abortion is illegal in Brazil except when the pregnancy presents a risk to the mother's life or in cases of rape or incest. I do not know whether BEMFAM has rejected Pathfinder's offer to collaborate in doing research on the "prevalence of abortion in Brazil, physicians and other health providers' attitudes toward abortion, and the need for possible reform of the current abortion law" there. Pellegron Supplemental Declaration ¶10(c)(ii). Although research on the prevalence of abortion and septic abortions would not make an organization ineligible for A.I.D. assistance, as I will explain more fully below, [participating in a lobbying campaign to liberalize Brazil's abortion laws would.] BEMFAM is "one of the most important family planning organizations" in Brazil, but there are many others who do not receive A.I.D. funding, and I have been informed by the A.I.D. office in Brazil that many

studies such as that proposed by The Pathfinder Fund are being conducted there as part of the current national debate about abortion in Brazil. This is not an instance in which there are only one or two credible organizations in a country and they receive A.I.D. funds. Pathfinder's effort to participate in the abortion debate in Brazil would not be stymied or even significantly burdened if BEMFAM chooses to participate in the United States foreign assistance program rather than promote abortion in association with Pathfinder.

7. Paragraph 10 of the Coeytaux Declaration asserts that: the development of the Population Council's non-A.I.D. funded septic and incomplete abortion program has been hindered, and in some countries or areas, completely blocked by the Eligibility Clause, and because of the clause, Population Council has not been able to collaborate, using non-federal funds, with many foreign recipients of A.I.D. funds with whom it would otherwise choose to work in conducting abortion-related research. Although Ms. Coeytaux acknowledges that research is not specifically prohibited by the Eligibility Clause, she asserts that almost all foreign collaborators who have signed the clause believe they are barred from having anything to do with a research project in which the word abortion is mentioned because of A.I.D.'s actions and the likely use of related research to reform abortion law. She also asserts that foreign organizations which are not clearly NGOs, such as parastatal organizations, do not want to jeopardize

their A.I.D. funding by doing any abortion-related research.
Coeytaux Declaration ¶11.

Neither the Eligibility Clause nor A.I.D.'s actions, however, restrict the research described in Ms. Coeytaux's Declaration, and the clause does not restrict the non-A.I.D. funded abortion activity ^{incl of parasitals?} of governmental organizations. If the Population Council or any of its collaborators were truly concerned, all they need do is ask for clarification and A.I.D. would be prepared to provide it.

8. Paragraph 7 of the Coeytaux Declaration describes the information desired as: "(1) data on the number of women resorting to induced abortion, to document the extent of the problem, (2) answers to the question of why women were resorting to abortion, to highlight the need for more effective family planning, and (3) an analysis of how much the treatment of abortion complications was costing the hospitals, to impress management with the need to address the problems." Research on the subject of abortion or septic and incomplete abortions are not active promotion of abortion as defined in the Eligibility Clause. This information may be useful in highlighting the need for more contraceptive services, identifying classes of people or areas that could use contraceptive services, as well as identifying and quantifying the financial and other resources needed to help women obtain adequate treatment for septic and incomplete abortions which, at that point, are serious health problems -- not family planning actions. The Eligibility Clause

not
Can
ever
be
used -
funded
req?

does not make foreign NGOs ineligible for assistance from A.I.D. if they participate in such research activities or if they provide medical assistance in response to septic or incomplete abortions.

9. As noted in the Coeytaux Declaration, such a study may be used to lobby for liberalization of abortion laws, as well as for planning contraceptive delivery and health programs. Ms. Coeytaux asserts that "after the facts are determined, the Council must work with influential local health care and family planning providers to find solutions to the problems which are documented, and to change policies to implement those solutions. Coeytaux Declaration ¶9. This is an ambiguous statement. The Council may use these studies to lobby for policy changes relating to contraceptive services and the amount of resources devoted to that purpose. This would not violate the Eligibility Clause whether undertaken by the Population Council or its foreign collaborators.

These studies also may be used to lobby foreign governments to liberalize abortion laws in the country. If this is done by the Population Council, as asserted by Ms. Coeytaux, there still would be no problem under the Eligibility Clause because its restrictions do not apply to domestic organizations. If the Council were to use the study in this manner, its action would not be attributed to the foreign collaborator; A.I.D. does not presume to examine the subjective motivation of a foreign NGO when it participates in such research. There would be no impact

on the foreign collaborator unless it is a foreign NGO and the NGO uses the study itself to lobby for the liberalization of the abortion laws of the country. If the foreign collaborator is a foreign governmental organization, there would be no impact because the Eligibility Clause is not applicable to foreign governments.

10. Paragraph 12 of the Coeytaux Declaration asserts that A.I.D. no longer finances demographic surveys which collect information regarding abortion, and therefore, it is not unreasonable for A.I.D. grantees to conclude that they would violate the Eligibility Clause if they were to participate in research activities relating to abortion. Again, this is a contrived effort to distract attention from the simple facts that abortion research per se is not within the scope of the Eligibility Clause and if foreign or domestic organizations are sincerely concerned, all they need do is ask A.I.D. for confirmation.

11. Paragraph 16 of the Coeytaux Declaration asserts that in some instances a research organization such as the Population Council may provide assistance in establishing an abortion-counselling service in order to study the effect of providing this service. This kind of research would not be conducted in countries like Zaire and Nigeria, described in paragraphs 18-22 and 32-34 of the Coeytaux Declaration, however, because abortion is illegal there except if the pregnancy presents a risk to the life of the woman. Thus, the Eligibility Clause signed by the

→ If dr NGO distrib/dissemin. w. problem.

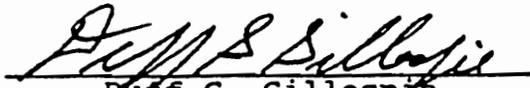
a government organization, does not want to participate in this research, it has its own reasons that are not based on the Eligibility Clause.

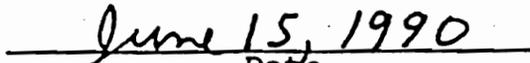
14. The National Council for Population Development (NCPD) and the Kenyatta National Hospital, mentioned in paragraphs 27 and 29 of the Coeytaux Declaration, are part the Government of Kenya and are not subject to the Eligibility Clause. I have consulted the A.I.D. Mission in Kenya regarding the assertion in paragraph 27 of the Coeytaux Declaration that unnamed A.I.D. officials in Kenya warned NCPD not do any abortion-related work if it wanted to continue receiving A.I.D funds. Although it is extremely difficult to verify the accuracy of such a statement when the A.I.D. official is not identified, I do not believe Ms. Coeytaux's statement to be true. The Eligibility Clause and A.I.D.'s agreements with Kenya and each other government receiving population assistance speak for themselves. I have been informed by the A.I.D. Mission that it does not believe anyone there made such a statement to NCPD, and that all of our staff are aware of the fact that NCPD, being part of the government, is not constrained in using funds from other sources for abortion purposes (as long as A.I.D. funds are segregated). The Mission also has informed me that a number of studies have been published on the issue of abortion in Kenya, and there are six studies on abortion funded by the Population Council with non-A.I.D. resources currently underway. These studies involve resources from Nairobi and Kenyatta Universities as well as one

local NGO. Both universities are governmental organizations under the Ministry of Education.

15. Attachment G is a copy of the Statement made by Richard E. Bissell, then Assistant Administrator of A.I.D. for Policy and Program Coordination, to the Subcommittee on International Operations of the House Foreign Affairs Committee during its hearing about the Mexico City Policy on September 21, 1989. In it, R. Bissell describes the Administration's position on international family planning and abortion.

Pursuant to 28 U.S.C. §1726(2), I declare under penalty of perjury that the foregoing is true to the best of my knowledge and belief.


Ruff G. Gillespie

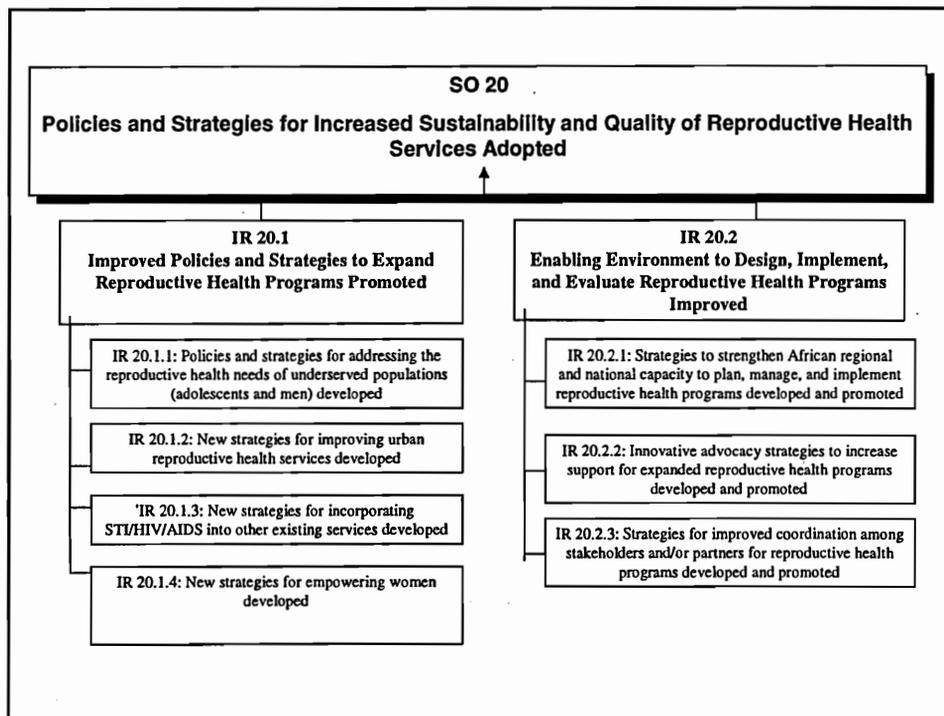

Date

**CA
PRESENTATIONS**

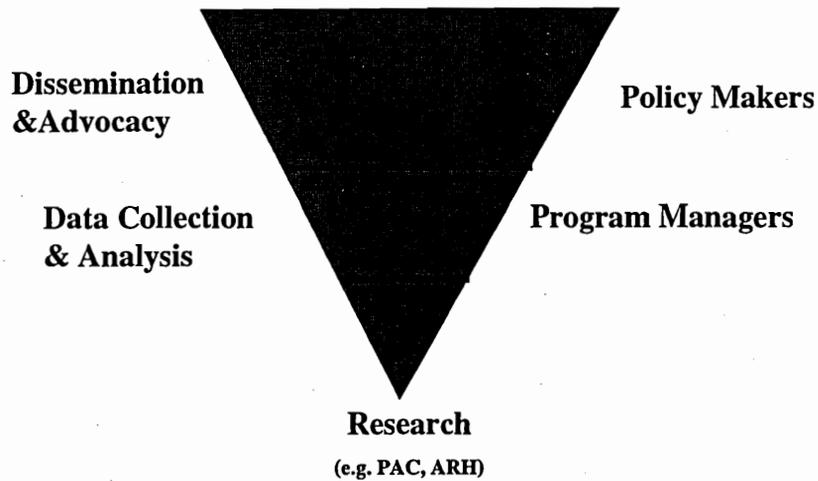
SO20: FAMILY PLANNING/REPRODUCTIVE HEALTH



**U.S.A.I.D.
Bureau for Africa
Office of Sustainable Development**



SO20 CONCEPTUAL FRAMEWORK



SO 20 RESULTS PACKAGES

- Adolescent Reproductive Health
- Urban FP (Graduated)
- Male Involvement
- Advocacy & Media Activities
- STI/HIV/AIDS Integration
- Regional Logistic Initiative
- Empowering Women
- Essential Obstetric Care (SO19)

Critical Assumptions

- Sub-Saharan Africa still has highest fertility rates averaging 6 children per woman
- SSA still has highest child and maternal morbidity and mortality rates in the world linked to high fertility and poor pregnancy outcomes including abortion.
- HIV/AIDS epidemic is compounding development and health efforts--disproportionately affecting young women under 25 years old
- Population growth continues to undermine development efforts of all sectors - 2.7% versus 1% economic growth

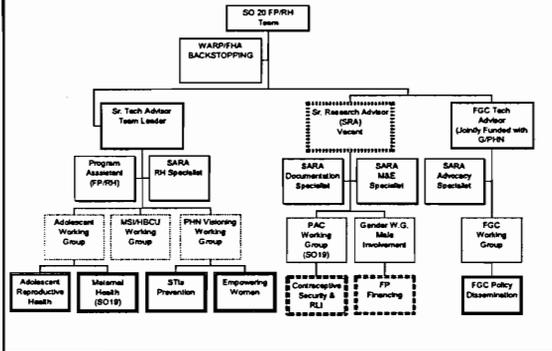
SO20 Mid-Term Review

"Policies & Strategies for Increased Sustained Quality of FPIRH Programs Adopted"



**U.S.A.I.D.
Bureau for Africa
Office of Sustainable Development**

SO20 FP/RH TEAM



Roles and Relationships

What's Working?

- SARA Project- Value for money and solid team players
- Global/PHN-Co-funding of FGC Advisor, Joint TDYs & Technical Working Groups
- Cooperating Agencies - Solid TA to African partners and leveraging mission funds
- African Institutions - Mentoring & Capacity Bldg.

Forging Links with African Institutions

- CAFS
- CEFOREP
- CERPOD
- CRHCS
- RESAR
- RCQHC
- SAGO
- Advocacy
- Agenda Development
- Research
- Analysis
- Dissemination
- Capacity Building
- Networking

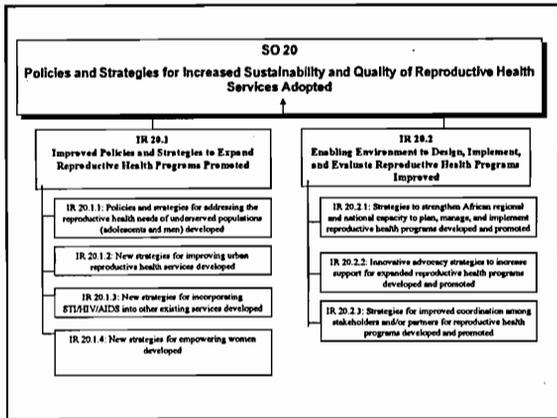
Roles and Relationships

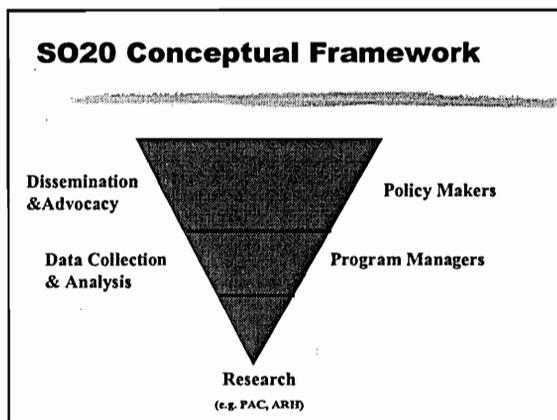
Needs Improvement:

- Front Office-Guidance on nature of requests
- Other Health SO s- Clearer links on RH with maternal health & HIV/AIDS
- Missions-Striking a balance between keeping them informed but not overwhelming them
- Donor - Coordination critical but labor intensive

Critical Assumptions

- Sub-Saharan Africa still has highest fertility rates averaging 6 children per woman
- SSA still has highest child and maternal morbidity and mortality rates in the world linked to high fertility and poor pregnancy outcomes including abortion.
- HIV/AIDS epidemic is compounding development and health efforts--disproportionately affecting young women under 25 years old
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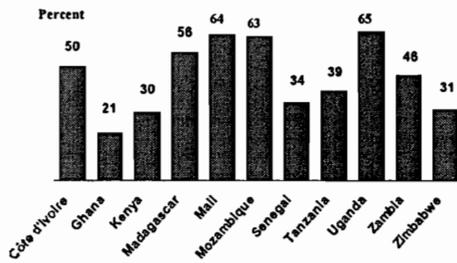
- Meeting Targets and Results**
- | | |
|---|---|
| <ul style="list-style-type: none"> ■ Adolescent Reproductive Health ■ Urban FP (Graduated) ■ Male Involvement ■ Advocacy & Media Activities | <ul style="list-style-type: none"> ■ STI/HIV/AIDS Integration ■ Regional Logistic Initiative ■ Empowering Women ■ Essential Obstetric Care (SO19) |
|---|---|

Adolescent RH Issues

- Teenage child bearing still common
- While youth sexually active, many don't use condoms
- High unmet need for contraception

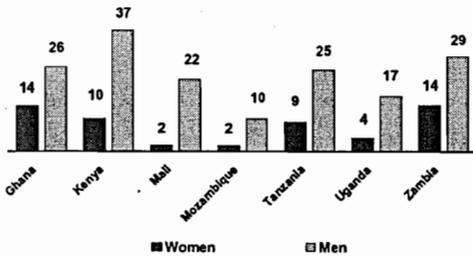


Fig.1:18-Year-Olds Who Are Mothers or Who Are Pregnant With Their First Child



Source: ORC Macro - DHS

Fig. 2: Adolescent Women and Men (15-19) Who Used Condom During Last Sexual Encounter



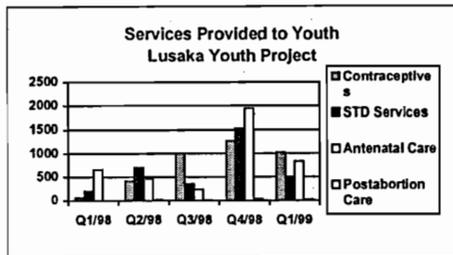
Source: ORC Macro - DHS

Urban Initiative: Activities

- 8 innovative tools developed for planning & program implementation
- 1,700 participants trained in FP, counseling and quality improvement
- Mobilized local urban leaders & community for RH
- Established 3 youth-friendly clinics



Urban Initiative: Lusaka



Urban Initiative: Results

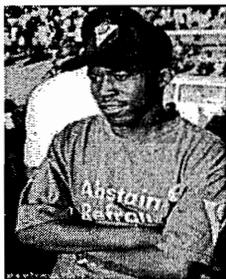
- 81,000 new contraceptive users
- 126,000 youth reached with IEC
- 5,000 youth received contraceptive services
- Strengthened democratic processes & community participation
- 2 municipalities now support FP training centers (Zimbabwe)
- 100 new or improved service delivery points

Male Involvement



- 9 more male involvement activities were implemented to promote male RH
- Caring, Understanding Partners "CUP" Sports Initiative being replicated in Rwanda & Senegal
- Men as Partners "MAP" Initiative being tested in Uganda and Guinea MOH including men's RH in national program

Male Involvement



- Testing male RH curriculum led to AVSC mobilizing \$250,000 to expand MAP Initiative in Uganda
- Collaborating with USAID/Uganda to document best practices of Pre-Packaged Therapy (PPT) "Clear 7"
- Documenting PPT in 3 countries & feasibility study in Nigeria
- Caribbean & Southeast Asia now considering PPT strategy

Advocacy/Promotion Events

- RLI study tours
- PSI advocacy on ARH in Durban, 2000
- 16 Pop Council technical conferences on Integration Issues
- Maternal health advocacy presentation

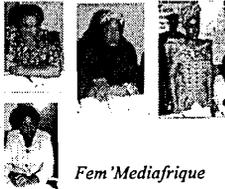


Mobilizing the Media

- Expand and sustain quality & quantity of RH media coverage
- Build coalitions between news media, health officials, & policymakers
- Setting agendas on priority RH policies and programs through the media



Mobilizing the Media



Fem' Mediafrique

- Pop'Mediafrique - network of 15 editors and health IE&C specialists
- Fem'Mediafrique - launched in FY2000; women journalists with influential leaders
- West Africa journalists at International HIV/AIDS Conference in Durban, South Africa

Mali Media Special Event

- Created in-country journalist RH network
- Conducted seminar with 60 participants on "HIV/AIDS & Youth"
- Major broadcasts and supplements timed for release on Dec. 1-- International HIV/AIDS Day



STI/HIV/AIDS Integration

- STIs including HIV/AIDS is a major health challenge for the region
- Women unable to negotiate safe or unwanted sex
- Women & girls unable to protect themselves from unwanted pregnancy & disease
- High rates of infection among females under 25 years old

STI/HIV/AIDS Integration



- 3 more strategies introduced - total 5
- Research and lessons learned disseminated in Kenya & Zimbabwe
- New approaches for screening maternal syphilis (S.Africa & Kenya)

STI/HIV/AIDS Integration

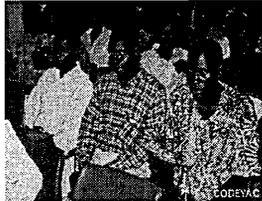
- Influencing WHO/Geneva Guidelines on syndromic management and promotion of 'dual protection'
- Disseminated research findings at 14 technical conferences in Africa & 2 in Europe
- AFR/SD research shaping the agenda on STI integration in the region

Regional Logistics Initiative

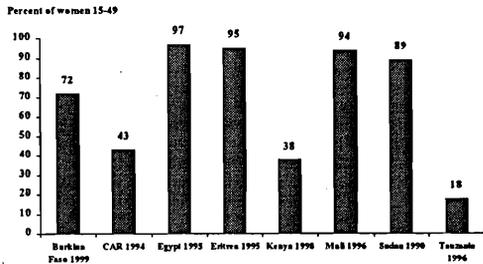
- Family planning knowledge and demand is increasing
- HIV/AIDS epidemic fueling demand for condoms
- Ability of national governments to finance family planning programs is decreasing
- Gaps in contraceptive supplies increasing

Regional Logistics Initiative

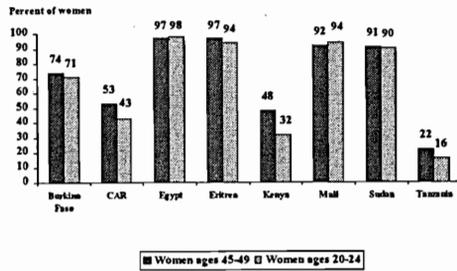
- 5 more strategies leveraging \$ 2.75m
- RCQHC held a training for 240 regional participants in logistics mgt.
- Strengthening African partner skills in logistics
- South/South study tours to share tools
- Established national private supply firm in Kenya (KEMSA)



Empowering Women-Prevalence of Female Genital Cutting (FGC)



Empowering Women: Prevalence of FGC, by Age



Empowering Women



- Co-funding of FGC Advisor with G/PHN to increase advocacy within USAID
- Documenting new strategies to eliminate FGC
- Agency FGC Policy adopted September, 2000

Empowering Women

- Nigeria Study on Women's NGO Networks & Links with RH & DG
- Mali Study on NGO roles in expanding FP/RH services
- Documented and targeted dissemination of information on Female Condoms



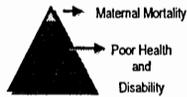
Empowering Women

- Produced and disseminated 4 country case studies on EOC Interventions
- Developed and field tested REDUCE Model with Uganda partners
- Conducted presentations to stimulate interest in promoting REDUCE as an advocacy tool



Empowering Women: REDUCE

- Computer model for estimating consequences of maternal mortality & illness
- Nine presentations made locally and internationally generating demand
- Mechanism for handling increased demands for REDUCE replication required.



Dissemination & Advocacy

- Compiled a publications list of over 130 SD-supported FP/RH and cross-cutting documents.
- Contributed to design and content of SD updated Website.
- Trained over 200 parliamentarians and health professionals in RH advocacy
- Produced RH Briefing packet
- Launched SD wide quarterly publications list

Purpose of Portfolio Review

- Review the influence of SO 20 portfolio activities on policies and programs
- Determine if activities reflect current RH priorities and approaches
- Recommend adjustments to the current mix of SO20 activities and funding allocations

Assessment Methodology

- Independent consultant (Sept. 2000-March 2001)
- Questionnaires tailored separately for Missions, CAs, African Institutions administered by e-mail, fax, and phone
- Key informant interviews with staff from SD, G/PHN, CAs
- Review of SD documents & publications
- Extensive literature review by activity area

Key Findings

- Results package and mix of activities consistent with demand in FP/RH community
- SO 20 supports innovative research, analysis and dissemination with limited resources
- Missions often associate SD work with CA or Global Bureau

Key Issues Still Relevant

- Unwanted pregnancy and disease among youth
- Low male involvement in FP/RH
- Lack of services for STI/HIV/AIDS
- Unmet need for FP services
- Limited decision making of women in RH
- Contraceptive Security threatened

KEY RECOMMENDATIONS

- Maintain current RPs with strategic allocation of resources to newly emerging issues using literature review.
- Broaden dissemination channels for new SO tools and lessons learned to increase AFR/SD visibility
- Support innovative pilot projects with potential for replication

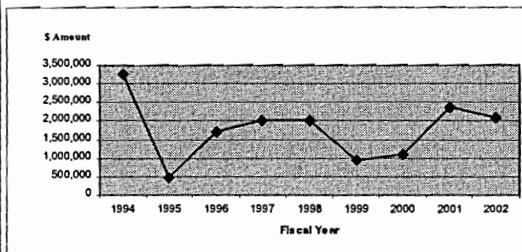
KEY RECOMMENDATIONS

- Continue to leverage funds through Global Bureau Cas-\$10 million +
- Continue capacity building of African networks and institutions, a unique niche for AFR/SD

Global Gag Rule

- Reinstated in January, 2001
- Reduces funding to organizations providing support for abortion-related counseling and services-- plus other critical RH services
- IPPF will lose \$8 million
- Impacts:
 - PPASA loses 25% of budget
 - Threatens program for 1 million youth in SA

SO 20 Pop Funding Trends (1994 - 2002)



Future Directions

- Ensure attention for FP/RH as a critical element of national development
- Stay the course on existing RPs with more intensive work across Sos 19 and 21
- Step up work on Contraceptive Security and FP Financing
- Intensify work on dual protection for both pregnancy and disease prevention

SO 20 Audit Readiness & Vulnerability

- Improvements needed in audit readiness through documentation of OYB transfers, SOWs, budgets on file.
- Improvements made in legal and legislative restrictions IEE's and TIARHT
- Improve financial mgmt, tracking SD supported activities, pipeline analysis

Issues for Resolutions

- How to keep FP on Bureau's radar screen when HIV/AIDS is getting high visibility & funding?
- How to get SD SOs working more across SOs?
- How to get relief for solo team leader and keep from being pulled in so many directions?

Advance Africa

Introducing Advance Africa

- Focus: FP/RH service delivery in sub-Saharan Africa
- Consortium: CAFS-FAWE-AED-FHI-DTT-MSH
- Mission: to scale up existing successful interventions (Appropriate - best - practices)
- Scope: multi-sectoral, clinical-non-clinical-community, donor linkages

Intermediate Results

1. Increased access to and improved quality of FP/RH clinical and non-clinical programs
2. Increased capacity for informed decision making by clients and communities
3. Increased capacity of the public and private sectors to sustain quality FP/RH service delivery programs
4. Scaled up and improved FP/RH service delivery through technical assistance to other agency/donor/foundation programs.

FP/RH in HIV/AIDS Environment: Integrating Strategic Issues

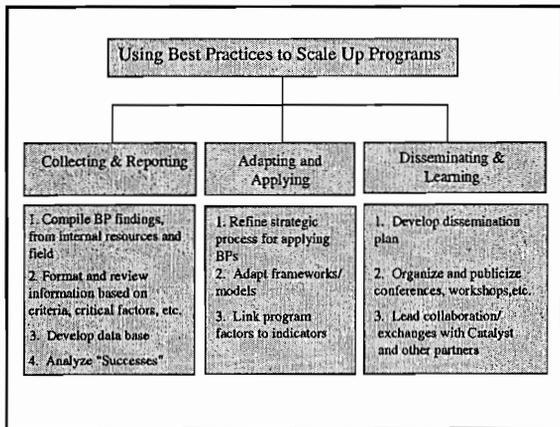
- Dual Protection
- Adolescent RH
- Needs of special groups (men, refugees, low parity women)
- Post-abortion care
- Community-based approaches

Where we are working

- Zimbabwe
 - With ZNFPC
 - Integration of HIV/AIDS into CBD program
 - Issues:
 - involvement of men
 - promotion of condoms
 - STD and HIV prevention
 - VCT referrals

New Initiatives

- Africa Bureau: Best practices for scaling up FP/RH programs
 - Identify in collaboration with local and regional partners Appropriate Practices for expanding/scaling up FP/RH service.
 - Initiate dissemination strategy for Appropriate Practices



**Support for Africa Bureau
Intermediate results**

- 8.1 Improved policies and strategies to expand reproductive health programs promoted
- 8.2 Enabling environment to design, implement and evaluate reproductive health programs improved

The Regional Logistics Initiative Activities supported by the Africa Bureau Presentation for CAS Meeting May 3, 2001

The Regional Logistics Initiative (RLI) is a joint program involving DELIVER and RPM+, receiving funds both from the Africa Bureau and from REDSO/East. It has been in operation since July 1996 with primary functions to expand Mission and MOH focus on logistics and to provide intra-regional technical assistance.

RLI Target Area

East and Southern Africa, 14 countries, 12 currently active

II.R.'s Addressed

Reproductive Health Service Provision
HIV/AIDS prevention and treatment service provision

Leveraged Funds

New USAID funds—
5 countries - \$3.3 million FY 2000/ 2001
New non-USAID funds—
9 countries - \$880,000

Publications

DRP Logistics Management Information System - Tool
Supply Chain Manager - Logistics Tool

Proceedings

Regional Quality of Care Workshop - Entebbe
Eight Regional Lesson Learned publications
Cost Estimate Strategy - Tool (RPM+)

ACHIEVEMENTS

- I. Five new countries providing Mission support for logistics
- II. Substantial Mission and donor funds leveraged
- III. Logistics technical assistance provided to 9 countries last year
- IV. Four intra-regional logistics Study Tours last year
- V. Coordinated Regional Quality of Care Conference in Uganda with 240 participants
- VI. In partnership with 5 Cas, helped establish Regional Quality of Care Center at Makerere University
- VII. Trained 39 participants from 13 countries in basic logistics practices
- VIII. Helped create KEMSA as central purchasing and distribution unit in Kenya

NEW ACTIVITIES

I. Policy Promotion and Advocacy

- A. Logistics Policy and Reproductive Health Lessons Learned Workshop
6 country policy makers workshop - July 2001
- B. HIV/AIDS Commodities and Logistics Planning Workshop
6 country workshop for national AIDS Council coordinators - August 2001
- C. Commodity Procurement Lessons Learned Workshop
6 country workshop for procurement officers - Sept 2001

II. Specific Regional Technical Assistance

- A. Eight anticipated intra-regional technical assistance visits
- B. Drug Quantification exercise - Kenya
- C. Analysis for cost information system

III. Capacity Building

- A. Work with local partners: CAFS, Nairobi; RQHC, Kampala; RCHS, Arusha
- B. Conduct practical short-courses
 1. Logistics Planning
 2. HIV/AIDS Logistics Planning
 3. Drug Management and RDU
- C. University curriculum development for drug management
- D. Logistics training for diploma course, RQHC, Makerere University
- D. Three regional study tours
- E. Develop regional technical expertise

IV. Information Dissemination

- A. Distribution of Logistics and Drug Management documents and tools
- B. Information coordination with three regional partners
- C. Maintenance of regional mailing lists

No Product? No Program. Logistics for Health

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11th Floor
Arlington, Virginia
22209 USA
Tel: 703-528-7474
Fax: 703-528-7480
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John Snow, Inc.

**MEASURE Communication Workplan
FY2001 -2002**

For the USAID Africa Bureau, Office of Sustainable Development

Background

Since 1996, AFR/SD has supported a West Africa media initiative through the Population Reference Bureau's former Cooperative Agreement and, since 1998, the MEASURE *Communication* Project. The activity, entitled *Pop'Mediafrique*, supports 15 senior print and radio journalists ("gatekeepers") and health officials from five West African countries (Burkina Faso, Cote d'Ivoire, Mali, Mauritania, and Senegal). Over the years, journalists have participated in five seminars that focused on current reproductive health (RH) research, including adolescent RH and STIs/ HIV/AIDS, and the policy implications of research findings. The initiative has three unique elements for the region: (1) a focus on working with senior-level, "gatekeeper" print and radio editors; (2) the participation of local health officials at journalist seminars; and (3) the promotion of south-to-south exchanges between high-level journalists and local researchers. Results from the activity include improvements in media content and the investigative process, and actual changes in media organization's programs and strategies (e.g., increasing the number of journalists reporting on reproductive health, regular news features, consulting UNAIDS online Internet services daily).

In 2000, the MEASURE *Communication* team launched a new media activity, *Fem'Mediafrique*, designed to support women journalists in francophone West Africa. This network brings women journalists together with key public policymakers to examine gender issues and work toward raising awareness of program and policy needs. The first seminar focused on women and HIV/AIDS and resulted in over 30 print articles and radio broadcasts on selected issues.

To enhance local media coverage of key RH issues, AFR/SD has also supported the participation of network journalists at two international conferences: ICPD+5 in The Hague (1999) and the XIII International AIDS Conference in Durban, South Africa (July, 2000). Frequently, the AFR-SD supported journalists are the only journalists representing their countries at the conferences. Owing to the limited number of West Africa participants, the journalists have access to their country delegations and work directly with these teams to arrange press briefings and, in three countries, to organize special seminars in country once they returned home.

In addition to media activities, AFR/SD has requested MEASURE *Communication* to assist with special dissemination and advocacy efforts such as the production of region-specific thematic materials, research summaries, or lessons learned documents for policy audiences. Two recently completed publications include:

- *Social Marketing for Adolescent Sexual Health: Results of Operations Research Projects in Botswana, Cameroon, Guinea, and South Africa*, produced in collaboration with Population Services International; and
- *Youth in Sub-Saharan Africa: A Chartbook on Sexual Experience and Reproductive Health*, produced in collaboration with ORC Macro.

FY 2001 – 2002 Scope of Work

For FY2001-2002, MEASURE *Communication* will support the following SO20 Intermediate Results and activities.

IR 20.2.2:

Innovative advocacy strategies to increase support for expanded reproductive health programs developed and promoted.

Pop'Mediafrique:

The original model for *Pop'Mediafrique* is evolving. In 2000, the participating editors from Mali and Burkina Faso created country-level networks of reproductive health journalists to become better advocates in their own countries and to raise awareness of RH issues by mobilizing a mix of local media, policymakers and health experts. To support these new networks, MEASURE *Communication* will continue to provide technical assistance to the *Pop'Mediafrique* editors. In collaboration with Africa Consultants International (ACI), specific activities will include:

- Organizing and facilitating a one-week seminar in Burkina Faso on adolescents and HIV/AIDS for an estimated 20 local print and broadcast journalists as well as selected public health officials, NGOs, donors, and public sector policymakers. A second week workshop will be organized for the journalists to produce 1-2 local newspaper supplements and a series of broadcasts on the topic. The seminar will be designed to lead into an International Conference on AIDS to be held in Ouagadougou in December, 2001;
- Arranging *Pop'Mediafrique* editors' participation at the UNICEF-sponsored Conference on Reducing Maternal and Neonatal Mortality to be held May 6-10 in Bamako, Mali. Prepare and distribute press-briefing packets of materials for each journalist attending (estimated 40 total). Organize and facilitate a one-day press seminar prior to the conference for all journalists. Costs will be shared with funding from the M&NH Project;
- Adding advocacy training to seminar agendas (per request of editors) with the goal of facilitating media advocacy campaigns for specific legislation and policy/program change;
- Rotating seminars among the participating countries to provide opportunities for reaching other local journalists specializing in health/social themes, e.g., teams of "beat-level" reporters from participating media outlets, reporters from media organizations outside of the *Pop'Mediafrique* members; and
- Monitoring, evaluating, and documenting results and impacts from the media activities.

IR 20.1.4: New strategies for empowering women developed

MEASURE *Communication* will initiate a women's media activity in South and East Africa. Specific tasks that are anticipated include:

- Selecting women journalists (one radio and one print) and one senior health official from each of five countries to participate in the activity. Tentative countries are Kenya, South Africa, Tanzania, Uganda, and Malawi;

- Conducting a seminar for the network members on themes relevant to AFR/SD in reproductive health and other gender issues;
- Collecting and monitoring outputs from the seminar, which will include print supplements and radio programs; disseminating print articles through the Pan Africa News Agency international wire services to ensure wide regional distribution.
- Working in collaboration with a local research or media institution, such as the Freedom Forum in South Africa, to leverage resources and build local capacity in working with the news media on RH and gender issues;
- Arranging *Fem'Mediafrique* journalists' participation at the UNICEF-sponsored Conference on Reducing Maternal and Neonatal Mortality to be held May 6-10 in Bamako, Mali; and
- Monitoring, evaluating, and documenting results and impacts from the media activities.

Respond to special requests from AFR/SD that could include, but are not limited to:

- (a) the production of policy-level booklets and fact sheets synthesized from AFR/SD-supported research, e.g., Population Services International adolescent research activities;
- (b) Support for expanded dissemination of FGC information.

What is *Africa Alive!*

- Regional Initiative in 7 African countries (Nigeria, Uganda, Kenya, Tanzania, Zambia, Zimbabwe, South Africa)
- Focuses on popular culture to influence the social norm, to encourage community action by youth as well as individual behavior change

May 3, 2001

Use of Africa Bureau funds for Promotion of Maternal and Neonatal Health Activities

Activities which are underway:

Country: Activity	Partners	Status
West Africa Region:		
-Development of 2 Burkinaabe OB/GYNs as Regional trainers in MNH - Step 1 in strengthening their hospital as regional training center		-followed up by Drs. presenting at SAGO conference on new evidence in MNH practices based on manual: Managing Complications in Pregnancy and Childbirth
-Support the finalization of preservice curriculum and materials re: EOC being developed by Repro. health experts from 9 francophone countries (facilitated by Regional trainers above	SFPS project	
Disseminate updated policies, norms and procedures in Burkina Faso; with Koupela district selected as the demonstration site	CDC	Program is underway; baseline measures for the community-based activities being collected now;
Zambia:		

Country: Activity	Partners	Status
Zambia:		
Broad support for MNH advocacy and social mobilization including: development of a Safe Motherhood network and NGO Coordinating committee serving as the secretariat/planning body; MNH is recruiting and will support the coordinator for the NGOCC;	various NGOs, MOH	Was responsible for the Launch of the White Ribbon in Zambia; they produced and distributed ~4000 fliers re: the WRA and t-shirts are being sold
Support for ZIHP media relations coordinator to attend Safe Motherhood conference on Skilled Attendance in Tunisia	ZPHP Comm	Media relations coordinator is organizing a Safe Motherhood competition among journalists to increase awareness/ visibility
Provide technical support to community activities of ZIHP/Serv, particularly re: clean delivery kits and emergency transportation; Develop information cards for Neighborhood Health Committees on Safe Motherhood topics (Malaria during pregnancy, birth preparedness, etc.)	ZIHP Serv	

Requested Scope of Work for Africa Bureau funded activities for FY01

Country: Activities	Partners	Status
West and Central Africa: support for information region-wide dissemination of manuals and guidelines such as Managing Complications of Pregnancy and Childbirth; support for regional for a re: specific technical issues such as malaria in pregnancy, managing the sick or LBW newborn.	Unicef/ Abidjan WHO/ WestAfrica	
Africa-wide Initiatives: continue to build partnerships and to promote lessons learned via south/south dialogue and technical exchange among MNH and other countries: Example - request from Kenya to support development of MNH standards/guidelines		MNH expects to share guidelines developed for Regional training in Uganda with Kenyan team, provide TA to workshop and fund participation of 2 Kenyan midwives who participated in Reg. Training in Uganda

Country: Activities	Partners	Status
Zambia: continued support of behavior change interventions w/ emphasis on social mobilization; particularly capacity building of the NGOCC secretariat to manage coalition building and reinforcing the linkages between social mobilization and efforts to improve service delivery	TBD	
Malaria Plus Up: MNH is actively supporting the USAID Malaria and Pregnancy Working Group. MNH on-going efforts in Burkina Faso and Tanzania focus on antenatal management of malaria for improved neonatal outcomes. MNH is also working with Regional Centre for Quality Health Care in Uganda to build capacity to serve as a technical resource for E/S Africa for infectious disease w/ emphasis on malaria.	TBD	
Per discussions with AFR/SD Malaria Advisor, MNH is requesting to broaden its role in malaria and pregnancy across: Policy, Service Delivery, Behavior Change and Partner Collaboration. Activities outlined include: a focus on Burkina and Zambia, Tanzania, Uganda (RCQHC), possibly Kenya.	TBD	

Country: Activities	Partners	Status
Interventions under discussion: support for promotion of Intermittent Preventive Treatment using SP through regional dissemination; promotion of insecticide treated materials among pregnant and postpartum women; development of guidelines, teaching aids, job aids for antenatal setting	TBD	

NGO Networks for Health

Network Documentation

1. **Nigeria Women's NGO Networks (Nigeria)** – synthesis report in design and production phase – due from printer third week in May (21 – 25)

Dissemination workshop to be held in Nigeria, scheduled for June 13 – 14,
Invited participants: Representatives of women's networks, MOH, USAID, other donors.

2. **Groupe Pivot/Santé Population (Mali)** – synthesis report in final edit, following approval document will be translated into French and enter design and production phase – projected to be available in mid June.

Dissemination workshop to be held in Mali and combined with a capacity building workshop focused on sustainability issues.
Invited participants: Member NGOs, MOH, USAID, other donors.

3. **KANCO (Kenyan AIDS NGO Consortium) and YEN (Youth Exchange Network) (Kenya)** – documentation in process – projected completion in September.

Dissemination workshop to be held Kenya, scheduled for late September.
Invited participants: Member NGOs, MOH, USAID, other donors.

THE POPULATION, HEALTH AND NUTRITION INFORMATION PROJECT

The Population, Health and Nutrition Information (PHNI) Project is a five-year program (begun in 2000) of the Center for Population, Health and Nutrition of USAID's Bureau for Global Programs, Field Support and Research (G/PHN). Jorge Scientific Corporation is the project's prime contractor, and The Futures Group International and John Snow, Inc., are the subcontractors. The project's objective is to provide G/PHN and others with strategic guidance in the areas of IT, analysis and communication toward the development of essential information products and services (with a focus on program needs, technologies, costs, and impacts) to support accurate priority setting, design, management, and evaluation of programmatic elements. The PHNI Project is the primary mechanism for compiling, analyzing, and communicating statistical, financial, and programmatic data needed to measure program performance and increase understanding of PHN issues and trends at the national, regional, and global levels. To achieve its objective, the PHNI Project has gathered technical expertise in three areas – information technology, analysis, and communications – that form the project's functional units.



INFORMATION TECHNOLOGY

The Information Technology (IT) Unit provides comprehensive, state-of-the-art IT operations and services to the PHNI Project. The unit's guiding philosophy is to support and develop IT systems that are easy to use and understand. While the unit's primary focus is application, database, and Web-based development, other areas of support services include:



- network administration,
- hardware support,
- Web site hosting,
- software training, and
- database administration.

The IT Unit works with the Analysis Unit to help define and meet the information needs of G/PHN and with the Communications Unit to enhance its capacity to create and disseminate effective communications products. The broad range of capabilities that the unit's staff members bring to the PHNI Project allows the unit to fulfill these functions and deliver effective solutions quickly and efficiently.

ANALYSIS

The Analysis Unit responds to the requests of G/PHN and other USAID offices for information and analysis pertaining to population, health, and nutrition-related goals, activities, and accomplishments. The unit's analysts gather, organize, synthesize, and interpret data of various types and from various sources to provide USAID with decision-relevant information. The analysts combine education, training, and expertise in:



- demography,
- epidemiology,
- service delivery,
- policy and program support, and
- health and family planning intervention strategies.

They also have substantial field experience in the developing countries of Africa, Asia, Eurasia, and Latin America. Individually and as a team, they are capable of providing valuable technical assistance to USAID/Washington and to USAID Regional Offices and Country Missions on issues related to strategic planning, performance monitoring, evaluation, and funding.

COMMUNICATIONS

Using the information available through the Information Technology and Analysis Units, and elsewhere, the Communications Unit supports G/PHN and other USAID offices by effectively communicating population, health, and nutrition issues to various target audiences through the strategic development and production of materials for broad distribution. The staff provides broad communications expertise including:



- strategic communication design and planning,
- audience segmentation and analysis,
- interpersonal and mass media message and materials development and dissemination,
- training,
- meeting and conference development, and
- information, education, and communication project/program evaluation.

The Communications Unit is designed to help G/PHN staff plan communication approaches and reach defined audiences – including Congress, other primary constituencies, and the general public – through various channels and materials including reports, multimedia presentations, briefings, pictorial displays, international and national conferences, and community outreach.



ANGLOPHONE WEST AFRICA PHARMACISTS HIV/AIDS PROJECT

SUMMARY

The United States Agency for International Development (USAID) has granted support for a collaborative effort of the Pharmacists and Continuing Education (PACE) Center at Howard University Continuing Education (HUCE) and the West African Pharmaceutical Federation (WAPF). The PACE Center provides technical assistance through specialized training and helps to maximize the resource and potential use of private and public sector pharmacists in primary health care delivery. The WAPF is comprised of the pharmaceutical societies of The Gambia, Ghana, Nigeria and Sierra Leone and the Pharmaceutical Association of Liberia. This collaboration seeks to more fully engage pharmacists of West Africa in the fight against HIV/AIDS and STIs.

PROJECT GOAL

The goal of the project is to provide information which will enable USAID and other collaborating agencies to consider support for an increased focus on pharmacists and pharmacy personnel and their potential role in the prevention of HIV/AIDS and STIs. This program is aimed at strengthening the ability of pharmacists to provide HIV/AIDS prevention information and referral services and contribute directly to the achievement of USAID's key intermediate objective 2.1 - improved access to quality services.

COMPONENTS

The project includes the following components:

1. Conducting a situational analysis of the role pharmacist and supporting personnel play in pharmacies in WAPF countries in HIV/AIDS prevention. This analysis will include an identification of current activities and projects in the WAPF countries
2. Developing a strategic framework for action by USAID and its collaborating agencies
3. Presenting the results of the analysis and the strategic framework at a regional conference

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EngenderHealth Men As Partners Program

Isaiah Ndong, MD, EngenderHealth
Africa Bureau CA Meeting
May 3, 2001
Washington, DC

AGENDA

- Background
- Objectives
- Accomplishments
- Future Plans

BACKGROUND

- 1999 - EngenderHealth developed a two-year project to test strategies to expand male involvement work in select countries in Africa
- Developed in collaboration with USAID's Africa Bureau, Missions, the SARA project, in-country partners and our own staff
- Simultaneous projects in five countries: Ghana, Guinea, Senegal, Tanzania and Uganda

OBJECTIVES

- increase men's awareness and support of the RH choices of their partners
- increase men's awareness of the need to safeguard RH, especially through STI prevention
- increase the use of contraceptive methods that require the participation of men
- increase men's access to RH services

ACCOMPLISHMENTS

- Dissemination of research on male involvement in FP/RH in Tanzania in August 1999
 - a workshop for reproductive health professionals
 - a workshop for the Tanzanian Journalists Association for Reproductive Health and Population Development

ACCOMPLISHMENTS

- National symposium on male involvement in Senegal
 - 53 experts from government and NGOs convened to create a national MAP strategy
 - established a committee to finalize the strategy and coordinate implementation

ACCOMPLISHMENTS

- Male RH Curriculum
 - Revised based on the results of pilot-tests in Uganda
 - Translated into French for pilot-testing in West Africa

ACCOMPLISHMENTS

- Qualitative research with men in Guinea
 - research was used to inform program strategy
 - integration of MAP into its current IEC work by creating messages on STIs, maternal mortality, and FGM

ACCOMPLISHMENTS

- Support to RESAR
 - planning and convening a regional conference in Guinea on male involvement and RH and dissemination of highlights
 - researching specific issues related to men in RH and disseminating the findings throughout the region (Benin, Burkina Faso, Cameroon, Togo)

FOCUS OF ACTIVITIES

- Africa Bureau support partially covered two critical activities:
 - testing a comprehensive model for working with men as partners in RH in a planned and holistic manner
 - technical assistance on research and advocacy to a key West African regional network to gather information and lessons learned

FUTURE PLANS

EngenderHealth has received additional support for follow-on activities that will build upon the work that has resulted from USAID's support for the development of the Curriculum via the IGWG and the pilot-testing of this tool via the Africa Bureau.

Focus of the Follow-on Activities

- An evaluation of the Men's RH Curriculum
 - Quantitative Survey to test provider KAPs
 - Focus Group Discussions to explore client and provider perspectives resulting from implementation

Focus of the Follow-on Activities

- Development of a publication capturing lessons learned from the pilot-tests and the evaluation of the curriculum
 - experiences from Guinea, Uganda and Senegal
 - to be shared with in-country partners, including service providers, ministries of health, NGOs, other CAs, USAID and other private donors

**Female Condom
Information Dissemination**

Presentation to USAID Africa Bureau
by Bill Finger
Family Health International
May 3, 2001

Objectives of Project

Use information dissemination to:

- # Raise awareness and stimulate discussion among health sector decision-makers about appropriate role of female condom
- # Support policy-making process re: female condom
- # Strengthen service delivery of existing female condom programs

Activities: Scope of Work

- # Information gathering
- # Information for policy-makers
- # Information for managers of existing female condom distribution programs
- # Collaboration with African institutions and country-specific efforts
- # Evaluation

Information Gathering

‡ Survey of 125 policy-makers, providers, researchers, women's advocates (Ghana, Kenya, Nigeria, Senegal, South Africa, Tanzania and Uganda)

‡ Initial responses (about 20):

- more/latest information on reuse, cost, gender relations
- a forum to share experiences on pilot projects needed
- wide variations of knowledge among respondents
- mixed opinions about length of information needed

Information Gathering (con't)

- ‡ Met with Female Health Company
- ‡ Combined bibliographic databases
- ‡ Began contacting other CA's re: project
- ‡ Began contacting African organizations working with female condom
- ‡ Began planning joint information projects

Information for Policymakers

Compiling, synthesizing, packaging through:

- ‡ Database of published materials (underway)
- ‡ Fact sheets on main topics of interest (underway)
- ‡ Information packet (planning underway)
- ‡ Updates on scientific information/findings
- ‡ Creation of Web topic page
- ‡ Distribution of these products -- meetings, mailings, electronic

Information for Program Managers

- ✦ Facilitate sharing of training materials
- ✦ Compile and distribute fact sheets on pilot projects (underway)
- ✦ Assess need for greater coordination of job aids and communication strategies for such groups as Advance Africa, PRIME, CARE
- ✦ Help adapt international materials to country-specific situations

Collaborate with African Institutions

- ✦ Planning a female condom section at 6th Reproductive Health Priorities Conference in South Africa in collaboration with RHRU, Univ. of Witwatersrand
- ✦ Beginning to explore with policymakers, PSI and others in Africa re: useful ways to update local officials on recent introduction efforts

Evaluation

- ✦ Surveys to be completed at South Africa conference re: usefulness of female condom section
- ✦ Number of hits on Web topic page
- ✦ Assessment of the number of missions and ministries of health engaged in discussions re: role of female condom in their reproductive health programs

Next Steps

- # Seek greater collaboration
- # Complete fact sheets and information packet
- # Distribute fact sheets at Global Health Council
- # Finalize plans for South Africa meeting
- # Determine other countries where specific assistance would be helpful
- # Consider providing TA in training and information dissemination in 2-3 countries that have decided to include FC in method mix (FY 02)

SD MATRIX

AFRICA BUREAU PHN ACTIVITIES

S020: Family Planning & Reproductive Health

Cooperating Agencies/ Partner	ADVOCACY	TECHNICAL ASSISTANCE	TRAINING/ CAPACITY BUILDING	RESEARCH & ANALYSIS
G/PHN		Co-funding of FGC fellow with G/PHN		
PRB	<p><i>Measure Communication-Pop-mediafrique & Femme-mediafrique:</i> Worked with two networks of print and broadcast editors in five Francophone West African countries in order to increase coverage of FP/RH issues in the region (Burkina, CI, Mali, Mauritania, Senegal). In addition, includes policy-makers and established editors network and supports improved relationship between media and medical/public health communities. New directions include creating a network of women journalists-one in Southern Africa (not active yet).</p>			<p><i>Measure Communication-FGC:</i> Support for review of best practices and re-analysis of DHS data</p>
Pop-Council	<p><i>Frontiers:</i> Support for selected African network members to present their experiences on HIV/AIDS and STI integration at Global Health Council</p>		<p><i>Frontiers:</i> Support for sharing of best practices in STI/FP integration in Francophone Africa</p>	<p><i>Frontiers:</i> Replication & documentation in Senegal of community based approaches to eliminating FGC in Burkina Faso -Research on Integration of MCH</p>

AFRICA BUREAU PHN ACTIVITIES

S020: Family Planning & Reproductive Health

Cooperating Agencies/ Partner	ADVOCACY	TECHNICAL ASSISTANCE	TRAINING/ CAPACITY BUILDING	RESEARCH & ANALYSIS
				and STIs/FP in Kenya and Zimbabwe
JHPIEGO/ MNH	-Regional sharing of lessons learned in Burkina Faso in the use of generic EOC curriculum	-Finalization of generic curriculum on essential obstetric care and use of this curriculum in Burkina Faso		
JHPIEGO/ SARA	-Sharing of best practices in Post Abortion Care (PAC) -Participation in steering committee and in holding a regional PAC meeting to take stock of on-going work and to assist West African countries to plan for PAC activities including behavioral and community mobilization issues. Partners include: CEFORP, SAGO, RESAR, CERPOD, INTRAH -TA to integrate newly finalized guidelines, standards and pre-service curriculum on essential obstetric care (EOC) into countries in the region.			

AFRICA BUREAU PHN ACTIVITIES
S020: Family Planning & Reproductive Health

	<p align="center">AFRICA BUREAU PHN ACTIVITIES S020: Family Planning & Reproductive Health</p>			
Cooperating Agencies/ Partner	ADVOCACY	TECHNICAL ASSISTANCE	TRAINING/ CAPACITY BUILDING	RESEARCH & ANALYSIS
AVSC		-AVSC preparing and pilot testing in Uganda and Tanzania a training curriculum for health workers to improve their service delivery with men. AVSC will also evaluate and document lessons learned in male involvement in Guinea		-Support to RESAR in the finalization and publication of a multi-country (Togo, Niger, Cameroon and Benin) study on male involvement in RH -Assist RESAR to disseminate findings to programmers and policy makers.
Pathfinder				Support of dissemination of lessons learned and tools for ARH programming in Nigeria by 36 youth serving NGOs
PSI				-Documentation of the Uganda experience and lessons learned in social marketing of pre-packaged STD therapy (PPT) -Support for feasibility study of social marketing of PPT in Nigeria

AFRICA BUREAU PHN ACTIVITIES

S020: Family Planning & Reproductive Health

Cooperating Agencies/ Partner	ADVOCACY	TECHNICAL ASSISTANCE	TRAINING/ CAPACITY BUILDING	RESEARCH & ANALYSIS
NGO Networks				<i>Save the Children:</i> Through NGO networks for health in Mali & Nigeria, documenting of lessons learned in how network formation can improve RH programming and service delivery
SARA Project	-Finalize and support a program of assistance for the Commonwealth Regional Health Community Secretariat (CRHCS). CRHCS will use multiple channels to share appropriately packaged state of the art RH information with 14 member countries -Document lessons learned during the phase 1 of FHA/SFPS -Provide support to various partners including International Council of Midwives Africa Regional Conference and UNICEF to include sessions on malaria in pregnancy -Work with MNH and CEFORP to follow-up to MNH workshop by disseminating and regional training on a curriculum, standards and	-Provide TA to CRHCS and CEFORP in policy monitoring	Support CERPOD to design and conduct a course on qualitative research techniques targeted to RH professionals in Francophone Africa	-Support to CERPOD to update information on adolescent RH in the region by conducting an in-depth analysis of new DHS data from the region -Assist ACNM to reformat and disseminate its database on TBAs and to disseminate the findings of its meta analysis; organize consultative meeting in DC on role of TBAs in safe motherhood

AFRICA BUREAU PHN ACTIVITIES

S020: Family Planning & Reproductive Health

Cooperating Agencies/ Partner	ADVOCACY	TECHNICAL ASSISTANCE	TRAINING/ CAPACITY BUILDING	RESEARCH & ANALYSIS
	guidelines for EOC clinical practice in West Africa			
REDSO			Training reproductive health professionals in advocacy through two regional institutions (CAFS and CESAG) and equipping these institutions to conduct training without TA.	
Contraceptive Logistics – Regional Logistics Initiative	REDSO/E with JSI/MSH through DELIVER	-Technical Tools, software, & materials -South to South	-Regional RLI training with	

AFRICA BUREAU PHN ACTIVITIES

S019: Maternal Health

Cooperating Agencies/ Partner	ADVOCACY	TECHNICAL ASSISTANCE	TRAINING/ CAPACITY BUILDING	RESEARCH & ANALYSIS
<p>SARA Project</p>	<p>Ongoing work with CEFOREP and SAGO to document experiences in improving pregnancy outcomes and essential obstetric care experiences and country-level advocacy in Benin, Mali, Senegal and Burkina to set new EOC policies (Senegal and Benin have done so as a result of this work)</p> <p>-Ongoing work with CEFOREP to document in a user friendly format experiences in improving pregnancy outcomes through essential obstetric care in Benin, Mali, Senegal and Burkina</p> <p>-Support to SAGO (Francophone West African org. of obs/gyn) for bi-annual conferences with important maternal health themes</p> <p>-Provide support to UNICEF for inclusion of malaria and pregnancy on agenda at May 2001 meeting of West African first ladies</p>	<p>-Based on successful Uganda experience field test REDUCE model (an advocacy tool for improved MH programs) in Senegal.</p> <p>-Develop strategy for REDUCE roll-out in Africa</p>	<p>-Train CEFOREP & SAGO in policy monitoring</p>	
<p>Health Financing & Health Sector Reform</p>	<p>-PRB/Measure work on contraceptive security-SOW as yet undefined</p> <p>-Futures/Policy Project:</p>	<p>-Translate & disseminate PHR work in Senegal, & Ghana on pre-paid</p>		

AFRICA BUREAU PHN ACTIVITIES

S019: Maternal Health

Cooperating Agencies/ Partner	ADVOCACY	TECHNICAL ASSISTANCE	TRAINING/ CAPACITY BUILDING	RESEARCH & ANALYSIS
	Support for regional analysis and info sharing on RH finance reform SOW as yet undefined.	community health schemes		