

**THE POLICY PROJECT**

**THIRD-YEAR WORKPLAN**

OCTOBER 1, 1997-SEPTEMBER 30, 1998

Contract No CCP-C-00-95-00023-04

*Submitted to*

**Policy and Evaluation Division**

**Office of Population**

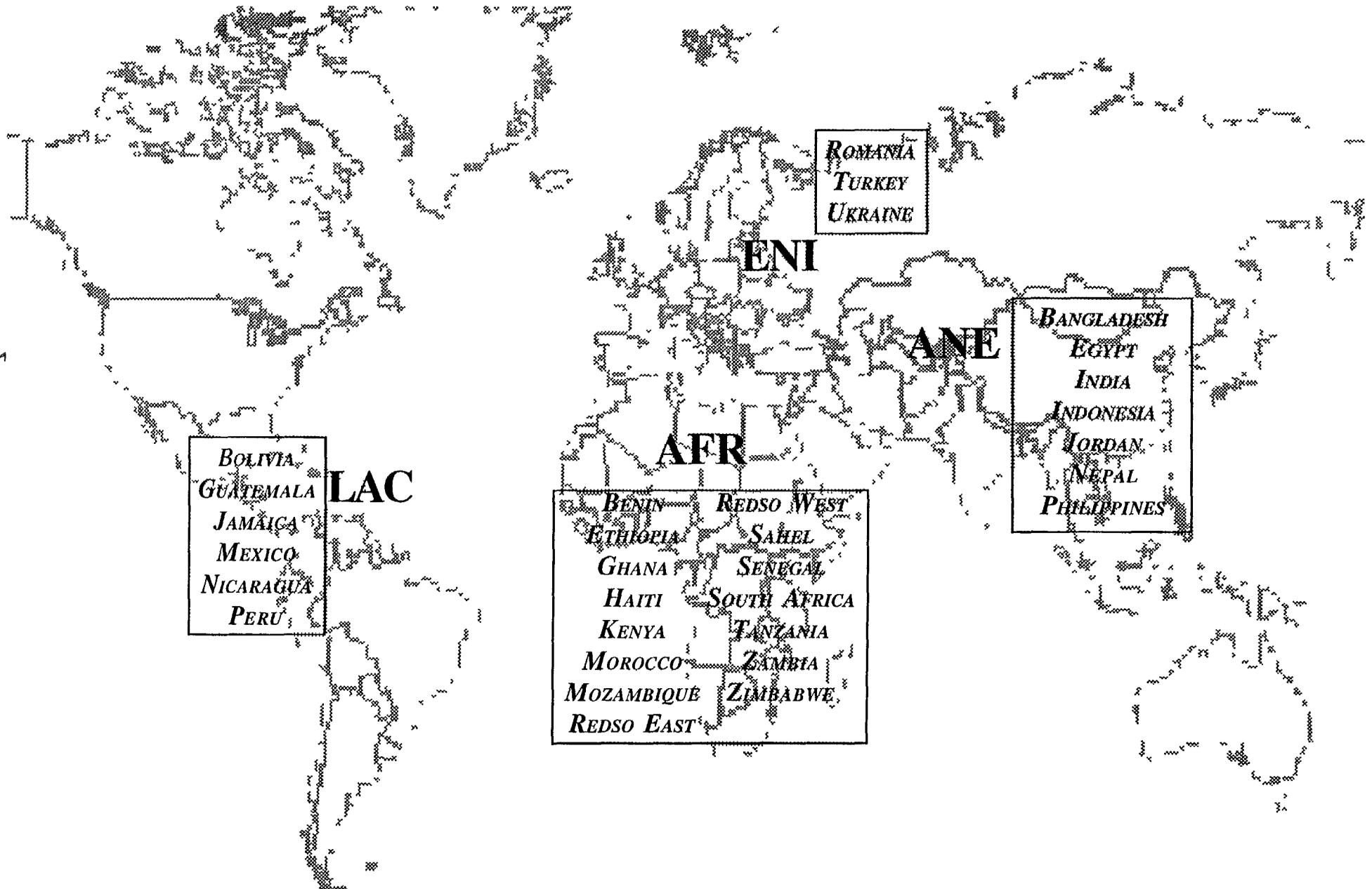
**The United States Agency for International Development**

# CONTENTS

<b>PROJECT OVERVIEW</b>	<b>1</b>
<b>WORKPLAN HIGHLIGHTS</b>	<b>2</b>
<b>RESULTS FRAMEWORK FOR THE POLICY PROJECT</b>	<b>3</b>
<b>EXPECTED RESULTS FOR YEAR III</b>	<b>6</b>
<b>ELEMENT ACTIVITIES</b>	<b>9</b>
POLICY DIALOGUE AND FORMULATION	9
PARTICIPATION	15
PLANNING AND FINANCE	21
RESEARCH	26
EVALUATION	29
<b>AFRICA</b>	<b>30</b>
<i>Benin</i>	31
<i>Ethiopia</i>	32
<i>Ghana</i>	33
<i>Kenya</i>	34
<i>Madagascar</i>	35
<i>Mozambique</i>	36
<i>REDSO/ESA Postabortion Care (PAC)</i>	37
<i>REDSO/WCA</i>	38
<i>Sahel (Collaboration with CERPOD)</i>	39
<i>Senegal</i>	40
<i>Tanzania</i>	41
<i>Zambia</i>	42
<i>Zimbabwe</i>	43
<b>ASIA/NEAR EAST</b>	<b>44</b>
<i>Bangladesh</i>	45
<i>Egypt</i>	46
<i>India</i>	47
<i>Indonesia</i>	49
<i>Jordan</i>	50
<i>Morocco</i>	51
<i>Nepal</i>	52
<i>Philippines</i>	53

<b>EUROPE/ NEWLY INDEPENDENT STATES</b>	<b>55</b>
<i>Romania</i>	56
<i>Turkey</i>	57
<i>Ukraine</i>	58
<b>LATIN AMERICA/CARIBBEAN</b>	<b>59</b>
<i>Bolivia</i>	60
<i>Guatemala</i>	61
<i>Haiti</i>	62
<i>Jamaica</i>	63
<i>Mexico</i>	64
<i>Nicaragua</i>	65
<i>Peru</i>	66
<b>COUNTRIES IN THE PLANNING STAGE</b>	<b>67</b>
<i>Kazakstan</i>	67
<i>Russia</i>	67
<i>South Africa</i>	67
<b>MANAGEMENT STRUCTURE</b>	<b>69</b>
<b>MANAGEMENT OF COUNTRY PROGRAMS</b>	<b>70</b>
<b>FINANCIAL SUMMARY</b>	<b>71</b>

# THE POLICY PROJECT



## PROJECT OVERVIEW

---

The purpose of the POLICY Project is *to create a supportive environment for family planning (FP) and reproductive health (RH) programs* through the promotion of a participatory policy process and population policies that respond to client needs. To achieve this purpose, the project addresses the full range of policies that support the expansion of FP and other RH services

- National policies as expressed in laws and in official statements and documents,
- Operational policies that govern the provision and use of services,
- Policies affecting gender and the status of women, and
- Policies in related sectors that affect population such as health, education and the environment

### *Project Elements*

Policy Dialogue and Formulation The POLICY Project builds consensus and mobilizes support among policymakers for FP and RH policies and programs

Broadened Participation in the Policy Process The POLICY Project promotes and strengthens the participation of stakeholders, including beneficiaries, in the policy development process by increasing the ability of NGOs to represent stakeholder needs and interests

Planning and Finance The POLICY Project helps to translate national population, FP and RH policies into action. This element also emphasizes the mobilization and efficient allocation of resources for FP/RH

Policy-Relevant Research The POLICY Project supports global and country research that helps direct the attention of policymakers to the critical issues underlying FP and RH needs, policies, and programs

### *Cross-Cutting Issues and Approaches Receiving Special Priority*

The POLICY Project pays special attention to three technical areas that cut across the four elements. These are RH (including prevention and management of STDs and HIV/AIDS, postabortion care, maternal health, and adolescents), intersectoral linkages, and gender

Cross-cutting approaches permeate all project work. These are increasing participation in all activities, improving dissemination, expanding partnerships with host-country institutions, and focusing on results

## WORKPLAN HIGHLIGHTS

---

This workplan covers the 1998 fiscal year beginning on October 1, 1997, and ending on September 30, 1998. At the end of FY97, POLICY was active in 28 countries and with three regional organizations and made significant progress on the technical elements and cross-cutting concerns. FY98 promises to be another busy and productive year for the project. The workplan highlights are depicted below.

- ✓ *Implement new country programs in Indonesia, Jamaica, Morocco, Mozambique, Mexico, and Nicaragua*
- ✓ *Continue POLICY activities in 22 countries and with three regional organizations*
- ✓ *Foster new initiatives in HIV/AIDS including model development, strategic planning, and a focus on human rights*
- ✓ *Collaborate with USAID, UN, and the State Department in preparation for Cairo plus Five*
- ✓ *Place Resident Advisor in Indonesia and continue to hire long-term advisors in appropriate project countries*
- ✓ *Improve inter-element coordination in country program work*
- ✓ *Update and monitor workplans for all project countries*
- ✓ *Complete, translate and disseminate SPECTRUM user manuals and software*
- ✓ *Train all project staff and selected counterparts in use of SPECTRUM models*
- ✓ *Monitor five ongoing multyear research studies under the Global Policy Research Program and fund 6-10 additional global studies*
- ✓ *Monitor performance of country and element activities and track achievement of project results*
- ✓ *Complete occasional papers on RH status and interventions and disseminate to worldwide policy audiences*
- ✓ *Complete RH case studies in eight countries and prepare synthesis paper for dissemination to worldwide policy audiences*

## **RESULTS FRAMEWORK FOR THE POLICY PROJECT**

---

The results framework for this project is modeled on PHNC's strategic objectives framework. The framework on the following page lists POLICY Project inputs, which are activities and resources organized around the project's four elements. These activities are designed to achieve POLICY Project results that correspond to five of PHNC's intermediate results. Our 10 project results in turn combine with other PHNC-funded projects and activities to help achieve PHNC's intermediate results as they appear in the right-hand column of the framework. Achievement of PHNC's intermediate results leads to the attainment of PHNC's strategic objectives.

In this reporting framework, country activities and results percolate upward to the element level. At the element level, country results are combined with core-funded element activities and results to yield element results. Finally, the principal results from the elements are contributed to "Project Results."

## RESULTS FRAMEWORK FOR THE POLICY PROJECT

POLICY INPUTS	→POLICY RESULTS	→PHNC STRATEGIC OBJECTIVES/ INTERMEDIATE RESULTS
Total Project	<i>Improved policy environment for FP/RH</i>	SO1 Increased voluntary behavior to reduced fertility SO2 Increased use of key RH interventions SO4 Increased use of proven interventions to reduce HIV/STD transmissions
Policy Dialogue and Formulation	<p><i>Improved knowledge base for understanding, setting priorities, and applying new or improved technologies and approaches</i></p> <p><i>Products, tools, technologies, approaches, and knowledge transferred in a form that can be received, utilized and sustained</i></p> <p><i>National and operational policies relating to FP/RH formulated disseminated and implemented and barriers to service availability removed</i></p> <p><i>Enhanced knowledge or awareness among policymakers of the social economic and health impacts of HIV/AIDS</i></p>	<p>1 1 New and improved technologies and approaches for contraceptive methods and FP identified developed, tested, evaluated, and disseminated</p> <p>1 2 Improved policy environment and increased global resources for FP programs</p> <p>2 2 Improved policies and increased public and private sector resources and capacity to deliver key RH services</p> <p>4 3 Enhanced capacity for public, private, NGO and community-based organizations to design, implement, and evaluate effective HIV/STD prevention and care programs</p>
Participation	<p><i>Strengthened collaboration and cooperation among relevant institutions to achieve the national FP/RH goals</i></p> <p><i>National and operational policies relating to FP/RH health formulated, disseminated, and implemented and barriers to service availability removed</i></p>	<p>1 2 Improved policy environment and increased global resources for FP programs</p> <p>1 3 Enhanced capacity for public, private, NGO and community-based organizations to design, implement, and evaluate sustainable FP programs</p>

Continued

POLICY INPUTS	→POLICY RESULTS	→PHNC STRATEGIC OBJECTIVES/ INTERMEDIATE RESULTS
Planning and Finance	<p><i>National and operational policies relating to FP/RH formulated, disseminated and implemented and barriers to service availability removed</i></p> <p><i>Total financial and human resources for FP/RH programs increased and sustained</i></p> <p><i>Human and financial resources in the FP/RH sector are allocated to have maximum impact in achieving sector goals</i></p> <p><i>Increased institutional financial self-reliance while continuing to provide quality FP/RH services to institutions' identified target population(s)</i></p> <p><i>Strengthened collaboration and cooperation among relevant institutions to achieve the national FP/RH goals</i></p> <p><i>Increased and sustainable public sector resources and broader public and private support for safe pregnancy maternal health and other key RH interventions</i></p>	<p>1 2 Improved policy environment and increased global resources for FP programs</p> <p>1 3 Enhanced capacity for public, private, NGO and community-based organizations to design, implement, and evaluate sustainable FP programs</p> <p>2 2 Improved policies and increased public and private sector resources and capacity to deliver key RH services</p>
Research	<p><i>New and improved products, strategies, and technologies developed and evaluated</i></p> <p><i>Improved knowledge base for understanding, setting priorities, and applying new or improved technologies and approaches</i></p> <p><i>Products, tools, technologies, approaches, and knowledge transferred in a form that can be received, utilized and sustained</i></p>	<p>1 1 New and improved technologies and approaches for contraceptive methods and FP identified, developed, tested, evaluated, and disseminated</p>

## EXPECTED RESULTS FOR YEAR III

---

Achievements in the policy field are often the result of long-term and intensive investments. The most rationally conceived plans do not always produce the intended result in the area of policy development. However, given the performance of the project in its first two years, the following results have a good probability of being achieved. (Note that this is only a sampling of the expected results. A variety of other expected results appear in the following pages that detail element and country plans.)

- National and operational policies relating to FP/RH formulated, disseminated, and implemented, and barriers to service availability removed
  - ⇒ *Result* Increased ability of host-country officials at the national and sub-national levels) to plan strategically in Bolivia, Egypt, Ghana, India, Jamaica, Nepal and Senegal
  - ⇒ *Result* Strategic plans for the FP sector officially adopted for 9 Egyptian governorates
  - ⇒ *Result* Philippine program managers promote the National Family Planning Strategy as well as increased private sector involvement in the program
  - ⇒ *Result* Ministers from nine CILSS countries endorse a Program of Action, prepared with substantial input from NGOs in the region, during a regional conference
  
- Strengthened collaboration and cooperation among relevant institutions to achieve national FP/RH goals
  - ⇒ *Result* Local groups/NGOs participate in meetings with public/private sector to improve collaboration in Jordan, Romania and Zambia
  - ⇒ *Result* NGO advocacy networks engaged in policy dialogue with policymakers in Haiti, Jordan, Peru, Romania, Turkey, and Zambia
  - ⇒ *Result* Strategic plan for the NPC in Ghana clearly defines the council's role in the national FP/RH program
  - ⇒ *Result* Strategic plan for national program in Jamaica prioritizes policy issues and outlines roles and responsibilities of partner organizations
  - ⇒ *Result* Public and private sector organizations collaborate to provide FP/RH information for program planning in Bolivia
  - ⇒ *Result* Policymakers, donor agencies and partner organizations in Mozambique and Nepal participate in planning workshops to revise program directions

- Total financial and human resources generated by other mechanisms for FP/RH increased and sustained
  - ⇒ *Result Turkish Ministry of Health continues to use its own funds to purchase contraceptives on open market as part of regular procurement system*
  - ⇒ *Result Willingness-to-pay survey methods used by Ecuadorian NGOs to obtain information needed to set prices for FP/RH services*
  - ⇒ *Result Policymakers in four countries have improved understanding of financial requirements for meeting national RH goals*
- Human and financial resources in the FP/RH sector are allocated to have maximum impact in achieving sector goals
  - ⇒ *Result Increased understanding among policymakers of the importance of allocating sufficient resources to FP/RH in Bangladesh, Ghana, and Nepal*
  - ⇒ *Result Officials in Egypt, India Indonesia, Jordan, the Philippines, and Turkey use market segmentation techniques and results for strategic planning and policy dialogue activities*
  - ⇒ *Result Nepalese officials make informed decisions about the impact and cost of RH interventions*
- New and improved products, strategies and technologies developed and evaluated
  - ⇒ *Result Policy Environment Score applied in Bolivia, Egypt, Guatemala, Jordan, and Senegal*
  - ⇒ *Result Improved methodologies for costing 'Cairo and expanded RH programs*
- Improved knowledge base for understanding, setting priorities, and applying new or improved technologies and approaches
  - ⇒ *Result Policymakers incorporate RH concerns and approaches in policy statements, documents and strategic plans in four countries*
  - ⇒ *Result Policymakers program managers, Mission staff, and CAs in India and Nepal use POLICY Occasional Papers on RH to strengthen programs*
- Products, tools technologies, approaches, and knowledge transferred in a form that can be received utilized and sustained
  - ⇒ *Result Local counterparts in five countries use SPECTRUM models to analyze FP/RH policy issues*

- Increased and sustainable public sector resources and broader public and private support for safe pregnancy, maternal health, and other key RH interventions
  - ⇒ *Result Application of Safe Motherhood Model in Bolivia to build support for maternal health and the need to provide effective services*
  
- Enhanced knowledge or awareness among policymakers of the social, economic and health impacts of HIV/AIDS
  - ⇒ *Result Managers of national HIV/AIDS prevention programs in Zambia and Zimbabwe set priorities for future program directions*
  - ⇒ *Result Key officials from up to 11 West African countries increase their knowledge and awareness of HIV/AIDS through regional workshop*
  - ⇒ *Result Officials in Mexico, Tanzania, and Zimbabwe use strategic planning methodology for national and subnational planning for HIV/AIDS*
  - ⇒ *Result Improved capacity to advocate for expanded HIV/AIDS programs in South Africa*

## ELEMENT ACTIVITIES

---

### POLICY DIALOGUE AND FORMULATION

---

Beginning in Year III, the Policy Dialogue and Formulation (PDF) element proposes the following approach to improve knowledge of and methodologies in policy dialogue and to foster policy dialogue on a broader range of RH issues, including HIV/AIDS and young adults. First, POLICY staff will improve PDF methodologies by conducting a literature review of policy processes and developing strategies to integrate HIV/AIDS and RH issues into PDF activities. Second, PDF will strengthen and disseminate its policy models and approaches, including the standard FP models, in addition to RH and HIV/AIDS models. Third, PDF will provide technical support to country programs in policy dialogue and processes. Fourth, PDF will strengthen collaborative efforts with other projects, such as Focus on Young Adults, and strengthen inter-element coordination within the POLICY Project. In addition to its technical leadership role, PDF element staff will serve as technical resources for POLICY staff in their country applications of PDF models and approaches.

#### **1 Improve knowledge of and methodologies in PDF and develop strategies to integrate HIV/AIDS and RH issues in PDF activities**

*Documenting the policy process* PDF will conduct a literature review of policy processes. This effort will be complemented by case studies that document the process of policy formulation and implementation in different countries. PDF will sponsor brown-bag luncheon discussions to inform staff of different approaches to policy dialogue.

*Strengthen integration of RH into the policy process* PDF will develop strategies to improve the integration of RH concerns into policy dialogue as its primary activity. POLICY staff will complete RH case studies that assess each country's recent experience with developing and implementing RH policies. The country reports will be synthesized in a summary document that presents patterns, key issues, positive and negative experiences, and outcomes across countries. Case study results will be disseminated to various audiences, including CAs, donors, POLICY staff, and host countries. Additional case studies may be conducted to feed into the Cairo plus Five Conference to be held in 1999.

In addition, two occasional papers on RH status and interventions will be completed and disseminated. In an effort to increase inter-element collaboration, PDF will support (jointly with strategic planning) the application of priority setting for RH in Nepal.

*Improve HIV/AIDS policy dialogue and advocacy efforts* PDF will continue to refine approaches to HIV/AIDS issues in policy modeling in the area of HIV/AIDS through the following activities:

- Improve the section on program interventions in AIM continuing the update of AIM presentation material

- Modeling collaborating with UNAIDS to develop a new Epi model
- Strategic planning cooperating with UNAIDS in the implementation of strategic planning and development of materials and tools, including resource allocation, cost-benefit, and cost-effectiveness, needed to implement strategic planning
- Private sector analyzing market segmentation and barriers affecting greater commercial sector participation in HIV/AIDS prevention and care
- Develop staff skills in HIV/AIDS policy development by conducting AIDS advocacy training workshops
- Policy statements preparing a compendium of national AIDS policy statements and providing opportunities for developing-country counterparts to share experiences in policy development
- Discrimination, human rights, and participation of vulnerable groups in the policy process acting as a resource to USAID and other CAs of HIV/AIDS division on these issues
- Respond to requests from the Office of Health to participate in HIV/AIDS policy activities

## **2 Strengthen and disseminate policy models and approaches**

In Year III, PDF will focus its efforts on improving policy models, including the standard FP models in addition to the RH and HIV/AIDS models. Staff will complete the programming and documentation of SPECTRUM, train U.S. and overseas staff in its use, and transfer SPECTRUM to counterparts. Country applications of SPECTRUM will include transferring the model system from DOS to the Windows platform, training counterparts, building and using the models to address specific policy issues, and developing presentations based on modeling results. To further validate the models and the manuals, PDF will support an external review of some of the SPECTRUM modules. To complement the policy models, PDF will also develop guidelines on how SPECTRUM and other analytical approaches can be used in PDF. At the end of Year III, POLICY will have

- Completed programming of SPECTRUM,<sup>1</sup> which includes the DemProj, FamPlan, AIM, RAPID, and Cost-Benefit modules
- Completed manuals in English, French, and Spanish for each module listed above
- Developed and applied training curricula for SPECTRUM and each module in two countries
- Trained POLICY staff in the use of SPECTRUM and its training curricula
- Applied SPECTRUM in five countries

---

<sup>1</sup> SPECTRUM is the name for the consolidated set of policy models which have been converted to the Windows 95 operating environment. SPECTRUM includes the DemProj, RAPID, FamPlan, AIM, and Cost-Benefit modules.

### 3 Provide technical support to country programs

In addition to providing technical guidance in policy processes, PDF element staff will also serve as technical resources for country managers and their programs. PDF will support country programs by

- Documenting and disseminating innovative approaches in POLICY country programs
- Providing TA to country programs through various channels (country assessments, program review, PDF design, etc )
- Providing resources for promising approaches in PDF in one or more countries
- Providing resources for publications of special documents required for disseminating results of model applications
- Providing resources for application of the Safe Motherhood Model in Bolivia

### 4 Strengthen inter-project and intra-project collaboration

*Strengthen collaborative activities with the Focus on Young Adults Project (FOCUS)* The POLICY Project, through PDF, has identified areas of collaboration with FOCUS. Activities will include

- Creating a model that addresses the impact of interventions on young adult RH issues (explore the possibility of making it a part of the SPECTRUM system)
- Testing the FOCUS model in at least one POLICY country program
- Disseminating tools developed by FOCUS to all POLICY staff

*Strengthen inter-element activities to enhance staff skills* PDF will work on special topics to increase the collaboration between the various elements with the POLICY Project. These activities will fall under the following categories

- Planning and Finance element develop guidance documents that can assist in enhancing staff skills in strategic planning for HIV/AIDS and RH
- Participation element enhance advocacy skills of POLICY staff through training seminars designed to strengthen facilitation skills, knowledge of training approaches, and ability to develop advocacy plans
- Research element provide resources for documenting the policy process and conducting case studies

Policy Dialogue and Formulation Inputs/Activities	Policy Dialogue and Formulation → Element Results	POLICY → Project Results
<p>Conduct literature review of policy processes</p> <p>Complete up to four case studies to document the policy process</p>	<p><i>Improved knowledge base for understanding, setting priorities and applying new or improved technologies and approaches in policy dialogue and formulation</i></p> <p><b>Indicators</b> Literature review on policy processes completed and disseminated to field</p>	<p>Improved knowledge base for understanding, setting priorities and applying new or improved technologies and approaches</p>
<p>Develop strategies to integrate RH issues into PDF</p> <p>Complete the ongoing RH case studies in eight countries and finalize country reports and cross-national comparisons</p> <p>Disseminate the findings from case studies to project staff at TD week, PAA session and host meetings for other CAs and donors</p> <p>Finalize, publish, and disseminate two papers on RH issues and interventions</p>	<p><i>National policies and strategic plans, and their implementation embody public health principles and reflect commitments as agreed to in Cairo and Beijing</i></p> <p><b>Indicators</b> Project staff better able to address RH in their country workplans and strategies</p> <p>Policymakers incorporate RH concerns and approaches into policy statements, documents, and strategic plans</p>	<p>National and operational policies relating to FP and RH formulated, disseminated and implemented and barriers to service availability removed</p>
<p>Develop a compendium of existing HIV/AIDS policies and raise awareness of African policymakers on the process of developing HIV/AIDS strategies through regional conferences focusing on lessons learned</p> <p>Continue to upgrade AIM modeling efforts and collaborate with UNAIDS to develop other AIDS models</p> <p>Develop staff skills in HIV/AIDS policy activities through technical updates, resource center, training in AIM approach, guest speakers, attending conferences, etc</p> <p>Field test the APES in select number of countries (if feasible)</p>	<p><i>Enhanced knowledge or awareness among policymakers of the social economic and health impacts of HIV/AIDS in policy development</i></p> <p><b>Indicators</b> Compendium of HIV/AIDS policies developed</p> <p>Key officials from up to 10 African countries share lessons learned in HIV/AIDS policy development through two regional workshops</p> <p>AIM upgrade completed</p> <p>Twenty percent of staff able to provide TA in HIV/AIDS policy</p>	<p>Enhanced knowledge or awareness among policymakers of the social economic and health impacts of HIV/AIDS</p>

Continued

Policy Dialogue and Formulation Inputs/Activities	Policy Dialogue and Formulation → Element Results	POLICY → Project Results
<p>Develop materials to support market segmentation activities that help to define the appropriate role for the commercial sector in AIDS prevention and care. Develop materials to support the identification of barriers to greater private sector participation and activities to address those barriers.</p> <p>Enhance project expertise in the area of human rights, discrimination, access to services for HIV/AIDS, potentially through a long-term consulting agreement.</p>	<p><b>Indicators</b> HIV/AIDS market segmentation activities developed and applied in at least one country</p> <p>Staff and counterparts support policy processes more effectively in HIV/AIDS</p>	<p>Enhanced knowledge or awareness among policymakers of the social, economic and health impacts of HIV/AIDS</p>
<p>Complete programming and debugging of SPECTRUM models</p> <p>Complete SPECTRUM manuals in three languages and training curriculum to transfer to field</p> <p>Train U.S. and overseas staff in use of SPECTRUM</p> <p>Field test models and conduct training in two countries, transfer SPECTRUM to counterparts</p> <p>Apply SPECTRUM in five countries</p> <p>Develop guidelines on how SPECTRUM and other analytical approaches can be used in PDF</p> <p>SPECTRUM modules evaluated by external reviewers</p>	<p><i>Products, tools, technologies, approaches, and knowledge transferred in a form that can be received, utilized and sustained</i></p> <p><b>Indicators</b> Models completed and field-tested in two countries</p> <p>Fifty percent of staff and long-term advisors able to utilize SPECTRUM in country programs</p> <p>SPECTRUM models applied in five country programs</p> <p>SPECTRUM models evaluated and review comments incorporated</p>	<p>Products, tools, technologies, approaches and knowledge transferred in a form that can be received, utilized and sustained</p>
<p>Provide technical support to country programs by</p> <ul style="list-style-type: none"> <li>• Documenting innovative approaches in country programs with limited resources</li> <li>• Providing TA to country programs in area of PDF through various channels (participating in country assessment, reviewing country programs, designing innovative strategies to PDF for a country program)</li> <li>• Providing resources for promising approaches in PDF in one or more countries</li> </ul>	<p><i>Improved knowledge base for understanding setting priorities and applying new or improved technologies and approaches in policy dialogue and formulation</i></p> <p><b>Indicators</b> Technical support in PDF provided to two or more POLICY country programs</p>	

Continued

Policy Dialogue and Formulation Inputs/Activities	Policy Dialogue and Formulation →Element Results	POLICY →Project Results
<p>Develop a policy model that examines the impact of investing in youth programs</p> <p>Develop one field application for the model</p> <p>Disseminate tools to staff and field</p>	<p><i>Inappropriate barriers to information and services for special population groups (e.g. young adults and men) are removed</i></p> <p><b>Indicators</b> Models focusing on young adults developed and field-tested in one country</p> <p>Staff and counterparts support policy development work that addresses adolescent RH in two countries</p>	<p>Products, tools, technologies, approaches, and knowledge transferred in a form that can be received, utilized and sustained</p>
<p>Develop guidance documents and enhance staff skills in strategic planning for HIV/AIDS and RH</p> <p>Provide support to up to two countries for strategic planning in RH and HIV/AIDS</p> <p>Enhance advocacy skills of POLICY staff through advocacy training seminars</p>	<p><i>Improved knowledge base for understanding, setting priorities and applying new or improved technologies and approaches in policy dialogue and formulation</i></p> <p><b>Indicators</b> Documents to support strategic planning for HIV/AIDS developed and applied in up to three countries</p> <p>RH strategic planning activities implemented in Nepal</p> <p>At least 20 percent staff trained in advocacy skills</p>	

## PARTICIPATION

---

Emphasis on broadened participation in the area of FP/RH emerged after the 1994 ICPD when the NGO Forum demonstrated the impact of NGOs in shaping international RH policy as well as the need for enabling stakeholders at all levels to shape the formulation and implementation of national policies. The POLICY Project's goal is to create a supportive policy environment for FP/RH programs through the promotion of a participatory policy process and population policies that respond to client needs. The Participation element helps attain POLICY's goal through the element's strategic objective (SO) "*Multisectoral networks and coalitions effectively advocate for FP/RH*." The SO contains two key components: multisectoral alliances involved in advocacy efforts since FP/RH concerns affect various segments of society, and the effectiveness of such efforts, so that they reach the right people at the right time. Achieving the Participation element's SO requires the attainment of three intermediate results: (1) **enhanced capability of networks and NGOs to plan FP/RH advocacy efforts**, (2) **enhanced capability of networks and NGOs to represent communities**, and (3) **strengthened collaboration among NGOs and other policy stakeholders**.

Working toward each intermediate result at the country level requires a range of overarching and result-specific inputs provided by the element using core and local resources. In Year III, Participation staff will continue working in 11 countries and initiate Participation activities in at least five new countries. The Participation element directs much of its core resources, especially local participation coordinators and minigrants, to networks and local NGOs such as women's groups, grassroots organizations, professional groups, FP/RH associations, and other civic groups. The element also works with national and local governments needing assistance in broadening participation.

The following are the overarching TA activities of the element that are being used in Participation countries or are being developed for use across all countries:

- Placement of and support to local participation coordinators. During Year III, the element expects to support seven participation coordinators in Benin, Bolivia, Egypt, Ghana, Jordan, Romania, and Turkey.
- Development and dissemination of advocacy tools, with Year III efforts centering on finishing and disseminating the *Advocacy Training Guide* that contains (a) modules on building networks, analyzing the policy environment and stakeholders, and understanding the policy process; and (b) examples of network concerns and innovative strategies of partner networks in Participation countries. The element also continues to develop approaches to broaden participation in policy processes with guidelines for participation in policy research slated for dissemination early in Year III.
- Award of minigrants and subcontracts with 25 minigrants envisaged for Year III.
- Continued development of case studies documenting participation and advocacy efforts, including progress, problems, and lessons learned.

**Enhanced capability of networks to plan FP/RH advocacy efforts.** This result emphasizes the ability of networks and NGOs to plan campaigns to draw the attention of decision makers to RH issues. Well-defined advocacy plans will include the following components: (1) identification of the key policy issue through FP/RH data analysis; (2) the goal and objectives of the campaign; (3)

strategies to identify and reach key stakeholders (4) the advocacy message, (5) channels of communication (6) fundraising activities and (7) a monitoring and evaluation plan. Moreover, the advocacy plan should ensure that relevant data are collected and used throughout the entire process.

In Bolivia, for example, the element will assist in consolidating the decentralization process in the health sector and broadening participation in local planning and policymaking by supporting local networks to design and implement RH advocacy campaigns targeted at municipal, departmental, and national leaders. Participation TA in Turkey in Year III will be directed to the KIDOG network in mobilizing members to advocate for contraceptive self-reliance in the public sector and to plan and implement regional advocacy workshops for NGOs. In Egypt, the element will provide TA to the National Population Council (NPC) to design and implement a national advocacy strategy targeted to national leaders and youth to promote RH issues. The element will also provide continued support to local advocacy networks in two pilot districts in Ghana. Participation inputs are expected to support efforts to replicate the successful strategies of these advocacy networks in other districts and link NGO advocacy efforts with the NPC's plan to develop its National Advocacy Strategy.

One lower-level result directly influences intermediate result *partner networks train their constituents on advocacy*. Activities to achieve this subresult include conducting and supporting (a) advocacy training, including training-of-trainers (TOT), (b) advocacy planning workshops, (c) development of advocacy materials, and (d) training in monitoring and evaluating advocacy strategies. Two other lower-level results, which directly affect other element intermediate results, also indirectly influence this intermediate result: *improved knowledge of FP/RH policy processes among NGOs and networks* and *use of timely and appropriate FP/RH data among NGOs and networks*. The element ensures attainment of these two results through (a) training and TA on policy processes (e.g., political mapping), (b) including NGOs in DHS presentations and workshops on data analysis, and (c) providing TA and grants to NGO networks to collect data.

In Peru, TA to NGOs and other civil society groups advocating for RH and women's development will include assisting a women's network, whose members participated in an earlier element-sponsored TOT workshop in advocacy, in undertaking subnational advocacy techniques workshops with participants from government agencies, political parties, and other organizations. In Jordan, TA to strengthen the capability of various women's organizations to participate in the policy process will include enhancing the advocacy and RH knowledge of the Jordanian National Forum for Women (JNFW) RH core technical group, which will be forming regional groups responsible for community awareness-raising and mobilization on RH-related policies and providing inputs to the implementation plan of the Jordanian government's National Population Strategy. In Romania, the Participation element is helping raise awareness of FP/RH issues by strengthening the advocacy capabilities of the nascent RH coalition POLICY helped launch. Participation's Year III TA will include conducting advocacy training workshops and supporting small-scale advocacy activities using the RH booklet, wallchart, and presentation developed by POLICY in collaboration with the coalition in Year II.

**Enhanced capability of networks and NGOs to represent communities** This intermediate result involves increased ability of networks and NGOs to represent constituents' needs and interests through their experiences and work at the grassroots level. Two lower-level results lead to this intermediate result: *improved knowledge of FP/RH policy processes among NGOs and networks* and *the use of timely and appropriate FP/RH data among NGOs and networks*.

ELEMENT ACTIVITIES  
PARTICIPATION

Element activities toward achieving these results include “mapping” of formal and informal policy processes and identifying those who make and influence policies, training in participatory strategic planning of FP/RH programs, and supporting the participation of NGOs and networks in policy forums. The element will also provide TA aimed at understanding political processes like elections better, as in the TA on women’s political participation that the Participation element is providing in Jordan. Other activities leading to these results will include training in data utilization and policy analysis, participatory research, data collection (using surveys and focus group discussions), and dissemination.

Element inputs in Bolivia will include continuing TA in data utilization and policy analysis to the PROCOSI network, which has become an important source of FP/RH data to the newly elected government. At the same time, the element is also working with national government institutions and local networks to use research results on population/RH as inputs to municipal planning. In addition, Participation will collaborate with Family Health International (FHI) in assisting the Benin Women’s Civic Committee, local and prefecture government officials, and university researchers to develop and implement FP/RH and gender research proposals.

The Participation element also taps or creates opportunities that bring together country-level NGO networks and high-level representatives of the public sector to undertake policy analysis and discuss and prioritize FP/RH problems. In the Sahel region, the element will provide minigrants to local NGOs for follow-up activities to the October 1997 Regional Population Ministers’ Conference and the resulting declaration on FP/RH. These NGO activities will include country-level meetings to review conference agreements and identify country-level priorities, the production of newsletters to disseminate information on the conference, and related NGO efforts. In Benin, TA to a local health network will include organizing NGO participation in POLICY’s RH and HIV/AIDS activities, including AIM model training, application and presentations, and data-for-decision-making workshops that make use of DHS data for planning and advocacy. TA in Ghana will include support for the dissemination of the results of two POLICY-assisted baseline surveys at a workshop in November 1997. The workshop aims to present the activities of the two networks and to develop strategies in which the NPC and POLICY can collaborate on additional advocacy efforts at the regional level. In Jordan, the element will help stimulate policy-relevant research by providing TA to the Princess Basma Women’s Resource Center in preparing a literature review of women’s studies, which will form a basis for identifying research priorities and developing a policy-relevant research agenda on women’s issues.

**Strengthened collaboration among NGOs and other policy stakeholders** brings the “top” and “bottom” perspectives together by emphasizing that NGOs and other stakeholders in the policy process need to collaborate to ensure client-responsive policy development and implementation. In Year III, Participation will continue working with Bolivian government agencies in charge of popular participation and population policies and two major NGO networks (PROCOSI and CNM) along with selected local NGOs to support the implementation phase of nine departmental social sector strategic plans developed in Year II through multisectoral participation. In Benin, POLICY will continue providing TA and training to the ROBS health network to strengthen members’ technical skills. A study tour will be organized for the ROBS president, chief finance officer, and POLICY’s participation coordinator to visit the RH network in Mali to learn how networks function and how to coordinate and work with the public sector. TA on organizational development will also be furnished. In Turkey, where KIDOG is the first ever NGO network supporting women’s status and FP/RH, can potentially serve as a mechanism for strengthening communication within the nongovernmental sector, TA for Year III will include a training workshop on group management and a minigrant to enhance e-mail

capabilities The migrant will be awarded to KIDOG's Coordinating Committee members to strengthen the network's communication infrastructure

The Participation element will also work with country staff to identify needs and appropriate TA to ensure the active involvement of partner NGOs and networks in country-level preparations for the Cairo plus Five Conference in 1999 Initial discussions on element-related strategies for this particular activity will be undertaken during the LAC meeting in October 1997

One lower-level result feeds into this intermediate result *FP/RH advocacy networks formed or expanded* In Romania, for example, Participation will support efforts of the country's only FP/PH coalition to expand NGO membership The element will also collaborate with a CA to provide TA in organizational development including a review of the coalition's mission statement In Jordan, the element will provide TA to JNFW's efforts to establish community-level RH core groups, which are envisioned to establish linkages between grassroots groups and the National Population Commission

Participation Inputs/Activities	Participation Element Results	POLICY Project Results
<p>Tool development and dissemination, especially the Advocacy Training Guide</p> <p>Advocacy minigrants and subcontracts</p> <p>Conduct and support advocacy training including TOT</p> <p>Organize advocacy planning workshops</p> <p>Support development of advocacy materials</p> <p>Assistance in evaluating advocacy strategies</p> <p>Political mapping</p> <p>Training in participatory strategic planning of programs</p> <p>Support for NGOs and networks to participate in policy forums</p> <p>TOT in political participation</p>	<p><i>Enhanced capability of networks and NGOs to plan advocacy efforts</i></p> <p><b>Indicators</b> Number of countries with advocacy plans prepared by partner NGOs and networks</p> <p><i>Partner networks train their constituents on advocacy</i></p> <p><b>Indicators</b> Mean number of advocacy TOT or training conducted by partner NGOs and networks in a country</p> <p><i>Improved knowledge of FP/RH policy processes among NGOs and networks</i></p> <p><b>Indicators</b> Number of formal and informal policy process “maps” prepared by NGOs and networks by country</p> <p>Number of analyses of supporting and opposing stakeholders prepared by NGOs and networks by country</p>	<p>National and operational policies relating to FP/RH formulated, disseminated, implemented and barriers to service availability removed</p>
<p>Training in data utilization and policy analysis</p> <p>Participatory research data collection, and dissemination</p> <p>Minigrants to networks for data collection and analyses</p>	<p><i>Enhanced capability of networks and NGOs to effectively represent communities</i></p> <p><b>Indicators</b> Mean number of country-level meetings held by partner networks and NGOs with communities to identify problems</p> <p><i>Use of timely and appropriate data among NGOs and networks</i></p> <p><b>Indicators</b> Number of policy analyses using DHS/CDC data made by partner NGOs and networks by country</p>	

Continued

Participation Inputs/Activities	Participation Element Results	POLICY Project Results
Placement and support of participation coordinators Development of case studies Stakeholder analysis Facilitate formation/expansion of networks Training in participatory techniques and consensus-building TA for networking and joint activities TA in organizational development Minigrants to improve network communication infrastructure	<p><i>Strengthened collaboration among NGOs and other policy stakeholders</i></p> <p><i>FP/RH advocacy networks formed or expanded</i></p> <p><b>Indicators</b> Number of new networks formed by country            Number of new NGO members of partner networks by country            Number and types of organizations working together in the network by country</p>	<p>Strengthened collaboration and cooperation among relevant institutions to achieve the national FP/RH goals</p>

## PLANNING AND FINANCE<sup>2</sup>

---

The Planning and Finance element focuses on policies that affect the planning and financing of FP/RH programs. National policies should, but often do not, set forth goals and objectives for both the public and private sectors, providing a framework for program approach and implementation. Effective sector plans define needs, set priorities, and identify target groups for government and private sector attention. Planning requires the skills to analyze the service delivery environment (as with market segmentation studies) and design policy and program improvements (as with implementation of decentralized management and expanded participation of NGOs). The need to make good use of scarce financial and human resources links planning to finance and resource allocation. Who pays for programs, what staff (public or private) work in them, and how efficiently do money and time get spent, are key questions facing governments and private entities with which the POLICY Project works.

Work on planning and finance contributes to POLICY's strategic objective *Improved policy environment for FP/RH programs including HIV/AIDS*, and focuses in particular on the following components:

- *National and subnational policies, guidelines and plans developed in support of FP/RH, and*
- *Financial and other resources mobilized for FP/RH needs*

The work of this element concentrates on three key functional areas and one special emphasis topic (HIV/AIDS)

**Setting Priorities for RH Programs** Implementing the Cairo Plan of Action is impeded by many governments' inability to prioritize and sequence the often costly health interventions these plans require. Without an agreed upon framework identifying the costs and benefits of possible actions, governments and donors cannot readily agree on resource allocation or on how to expand pilot activities into national programs. Setting priorities can help point to least-cost solutions and best-case sharing of duties between public, private, and NGO sectors.

**Decentralization and Local Capacity Building** Many national governments recognize the need to shift service delivery to entities closer to clients, be they state and local governments or NGOs. Implementation capacity, however, is often weak in these organizations. They need, and this element offers, technical assistance in planning, financial management and goal setting that together can enhance the efficiency and effectiveness of client-focused programs.

**Sustaining Program Capacity** One of the biggest challenges facing developing countries is how to close the gap between client demand for reproductive health services and limited government and donor resources. Government needs to do three things with its limited resources: (1) provide

---

<sup>2</sup> This element is called *Strategic Planning and Resource Allocation* in the contract. The shorter name chosen here may provide greater clarity and simplicity for readers and host-country counterparts. Indicators of element results should be considered provisional as the monitoring and evaluation plans for this element are currently under development.

public goods (e.g., public information and preventive care) that families underfinance, (2) create a legal and regulatory framework in which the private sector can flourish and respond to client demand for services, and (3) target its own and donor resources on RH needs of the very poor

**Confronting HIV/AIDS** Planning to meet the enormous prevention and treatment needs of the HIV/AIDS epidemic is carried out in an *ad hoc* manner in most countries and often is driven by donors' special interests rather than an overall strategic plan. There is a critical need to understand the epidemiology of the disease, determine the most effective pathways to prevention and treatment, design comprehensive programs, and finance them adequately and cost-effectively. At the request of USAID, the Planning and Finance element will manage a significant part of the AIDS Economic Network, including planned meetings of the group in May 1998 and later in the year as appropriate.

Each of these four areas of concentration combines aspects of both planning and finance. The paragraphs below explain briefly how Year III activities will support effective planning and improved financing.

### *Effective Planning*

POLICY will improve the planning process by increasing the use of data, involving a broader range of stakeholders, considering costs and resources, evaluating impact and feasibility, and laying out roles and responsibilities for implementation. Priority setting involves a systematic process of looking at a range of RH interventions and picking those that are feasible and will have the greatest impact. The element's work in decentralized planning emphasizes involving local planners and stakeholders and using data about local needs and resources to develop plans that will better stimulate local development. The HIV epidemic has come on with great force at a time when many donors are reducing support, which calls for careful selection and planning of prevention and treatment responses to the disease. In Year III, POLICY will implement the following planning activities:

- National planning and priority-setting activities in Jamaica, Nepal, and Zambia,
- Decentralized and subnational planning activities in India, Egypt, Bolivia, and Senegal,
- HIV/AIDS planning activities in Kenya, Zambia, Tanzania, and Mexico,
- A review of existing tools for HIV/AIDS planning and a paper documenting the findings and recommendations for POLICY contributions to HIV/AIDS planning,
- A half-day workshop for POLICY staff on the Financing and Resource chapter of the Strategic Planning manual, and
- Documentation of the planning processes in Bolivia, Nepal, and Mexico to capture lessons learned and potential tools for future use in other countries. The planning processes in these countries will be highlighted as examples of integration between planning and finance.

### *Improved Financing*

The POLICY Project facilitates policy processes that seek to enlarge the amount of resources used in implementing RH programs. Effective policies also ensure that available resources are used to best effect. The POLICY Project works with governments to incorporate cost-effectiveness, cost-benefit, and budget and expenditure analyses into RH policy and planning processes. The project also supports policy efforts to enlarge the role of the private for-profit and not-for-profit sectors for RH services. In Year III, POLICY will implement the following core-funded finance activities:

**ELEMENT ACTIVITIES  
PLANNING AND FINANCE**

- Reviewing the literature on costs and cost-effectiveness of reproductive health care,
- Analyzing issues of shared, joint, and overhead costs relating to reproductive health care,
- Examining cost-effectiveness using existing data,
- Conducting workshops on analytical approaches to costs and benefits of the Cairo Plan of Action,
- Compiling country data on costs from POLICY field work in selected countries, and
- Preparing an overview paper for Cairo +5 meeting

Complementing this core-funded work, the Planning and Finance element will help governments and USAID Missions organize FP/RH cost and cost-benefit information in Bolivia, Nepal, Romania, and selected additional countries

The element will also continue its RH financing policy support activities. In Indonesia, POLICY will analyze the implications of the current economic crisis for poverty groups. In Jordan, Kenya, Egypt, Turkey, Zambia, Bangladesh, and India, POLICY will be working on specific public sector financing issues, including projections of expenditures, understanding the impact of user fees, resource allocation training, and commodity procurement. In Mexico, POLICY is facilitating state-level planning in response to the AIDS epidemic and will be actively integrating cost information into program plans.

Work by finance staff members will continue to focus on finding the means to expand the role of the private sector in both the financing and provision of FP/RH services. These efforts include support for market segmentation activities in India, Morocco, and Jordan, and for promotion of the private sector in Egypt, the Philippines, and Turkey. Activities in these countries include disseminating market segmentation results, creating public/private partnerships, developing strategic plans, and identifying operational policy interventions for expanded private sector provision.

Inputs/Activities	Planning/Finance →Element Results	POLICY →Project Results
<p>Create public/private partnerships in Egypt, India, Jordan, Morocco, Philippines, and Turkey by applying market segmentation analysis findings</p>	<p><i>Strengthened collaboration among government and nongovernmental sectors</i></p> <p><b>Indicators</b> Number of private/public partnership meetings held by POLICY counterparts</p> <p><b>Indicators</b> Creation of government policies that promote private sector and NGO involvement in FP/RH service delivery</p>	<p>Strengthened collaboration and cooperation among relevant institutions to achieve national FP/RH goals</p>
<p>TA to develop strategic plans for FP/RH at the national level in Jamaica, Nepal, and Zambia</p> <p>TA to develop strategic plans for FP/RH at subnational and decentralized levels in Bolivia, Egypt, India, and Senegal</p> <p>TA to develop strategic planning in HIV/AIDS in Kenya, Mexico, Tanzania, and Zambia</p> <p>Review of existing strategic planning tools</p> <p>Document strategic planning process in Bolivia, Mexico, and Nepal</p> <p>Hold half-day workshop for POLICY staff on the financing/resources chapter of the Strategic Planning Manual</p> <p>Hold consultations and provide guidance, information, and TA to POLICY staff for strategic planning</p> <p>Undertake market segmentation analyses in Egypt, India, Jordan, Morocco, Philippines, and Turkey</p>	<p><i>Effective planning for FP/RH</i></p> <p><b>Indicators</b> Strategic planning meetings held with multi sectoral stakeholders from FP/RH and HIV/AIDS fields</p> <p><i>Information used for policy and program development</i></p> <p><b>Indicators</b> Staff attending workshop better able to incorporate planning and finance components in country programs</p> <p><b>Indicators</b> Research methodologies used to gain better understanding of FP/RH market structures in countries and for guiding programmatic and policy decisions</p>	<p>National and operational policies relating to FP/RH formulated, disseminated, and implemented, and barriers to service delivery removed</p>

Continued

Inputs/Activities	Planning/Finance →Element Results	POLICY →Project Results
<p>Review literature on costs and cost-effectiveness of RH care</p> <p>Assess shared, joint, and overhead cost issues related to RH care</p> <p>Conduct workshops on approaches to costs and benefits of the Cairo Plan of Action</p> <p>Amass costing data from selected POLICY countries for analysis</p> <p>Prepare an overview paper of RH costing for Cairo Plus 5 meetings</p>	<p><i>Improved financing for FP/RH</i></p> <p><b>Indicators</b> Continued or increased government support for FP/RH in country programs</p> <p><i>Strengthened ability to use information</i></p> <p><b>Indicators</b> Literature review expands information base on health care financing for staff and in-country counterparts and decision makers to use</p>	<p>Human and financial resources in FP/RH sector are allocated to have maximum impact in achieving sector goals</p>

## RESEARCH

---

Under the Research element, the POLICY Project supports research and skill-building activities that help policymakers understand the critical issues underlying FP and RH needs and effective policy and programmatic responses. Year III activities will focus on monitoring ongoing studies from Round 1 of the Global Policy Research Program and implementing Round 2 of the program. Emphasis will also be placed on completing several internal research studies, providing assistance to country-level research activities, launching a *Research Highlights* publication series, and disseminating research results.

***Approaches to Assessing the Policy Environment*** The objective of this activity is to monitor the use of data collection forms that were developed by the Research element to measure the status of the policy environment. In Year III, Policy Environment Scores (PES) will be used again in Egypt to obtain measures of change and in Jordan, Bolivia, and several other countries to obtain baseline measures of the policy environment. Research staff will also encourage use of the Policy Inventory checklist in countries using the PES. The Policy Inventory is a comprehensive list of national and operational policies affecting the delivery of FP and RH services and complements the PES. The Research element will monitor country applications and provide guidance in the use of these protocols as necessary.

***Global Policy Research Program—Commissioned Studies*** In Year III, Research staff will monitor the four ongoing research studies from Round 1 of the program. In addition, a fifth study awaits contract approval and will get underway before the end of calendar year 1997. Round 2 of the program is now underway. Twenty-one concept papers have been selected from the 111 submitted for consideration. Following a proposal review process, POLICY staff will select studies for funding, review the final proposals and budgets, prepare subcontract documentation, and monitor implementation. It is anticipated that up to 10 research studies will be selected for which subcontracts will be awarded to conduct the research. Round 2 commissioned research studies are expected to begin around May-June 1998. Once Round 2 studies are in place, the element will assess the research portfolio in relation to the five priority research themes to determine whether additional studies should be commissioned to fill in gaps in the knowledge base.

***Global Policy Research Program—Internal Studies*** The Research element will also support studies carried out by POLICY staff during Year III on topics that are directly related to the project's priority research themes. Results from these studies will be used to support policy dialogue and formulation and strategic planning/FP/RH finance activities in the field. Proposed studies are described below.

***Contraceptive Method Choice in Developing Countries*** (Approved in 1997, but not carried out due to retirement of the principal investigator, new principal investigator selected for completion of study in FY98) This study makes use of the series of program effort scores and a databank of national surveys of contraceptive use and related variables to examine the issue of wider choice of contraceptive methods and the policy changes needed to advance it. The study will also explore the relationship between the mix of contraceptive methods by level of contraceptive prevalence and region. Planning personnel and program managers will benefit by knowing what combination of methods is typical by level of contraceptive prevalence and region, and what appears to be the upper limit of use of specific

methods The results of this analysis will help to establish the importance of a wide method choice for various outcome measures

*Analysis of Unmet Need and Its Impact for Postpartum/Postabortion Programs* (contingent on internal review and USAID approval) In the initial phase of this study, data from three DHS surveys will be used to examine the level of unmet need for contraception among women in the postpartum period DHS data will then be used to explore characteristics of these women in terms of fertility and FP desires, preferences for service types, and preferred contraceptive choices On this basis, the results may demonstrate the increased relevance of postpartum (and potentially postabortion) programs, and may suggest changes in service delivery mechanisms that could decrease unmet need If results warrant a broader comparative analysis, the findings from this exploratory phase will feed into a larger scale study involving 15-20 countries, including one or more Indian states Such findings will be useful in POLICY Project work in countries seeking more effective and efficient means of addressing the problem of unmet need

*Country-level Research* Country-level research activities are underway or are being initiated in 15 countries using field support funds The Research element will provide ad hoc support to country-level research through discussion with researchers, review of SOWs and reports, scheduling of brown bags to present results of studies, participation in training workshops, and consultation during regional meetings In addition, the element will consider the possibility of initiating more formalized research programs in selected countries Using core funds in Year III, the Research element will contribute technical support to a study on the impact of shifting abortion services to appropriate FP/RH services and provide funds for dissemination activities in-country

Training and TA in data analysis will continue as part of field-supported country programs Using core funds, the Research element also sponsors participation in overseas and regional training programs In addition the Research element is hosting a study tour to the United States of researchers from the National Population Council in Egypt, who are responsible for designing, contracting for, monitoring, disseminating, and following-up on population research Presentations prepared for that meeting will be available for use in other country settings These activities are designed to strengthen institutional capabilities of research organizations to conduct high-quality policy research and convey the results to appropriate audiences

*Dissemination* As a means of integrating research results into a broader policy context, the Research element will prepare Policy Issues Briefs one to two-page synopses of completed country-level and global research studies emphasizing the policy-relevant implications and uses of the research findings These documents will become part of a *Policy Issues* publications series Three to five issues are envisioned in Year III

*Inter-element coordination* Research contributed to the completion of the document 'Guidelines for Wider Participation in Country-Level Policy Research' and will work with country managers to ensure that these guidelines are distributed and used where relevant in-country In addition, research will also contribute limited resources to a study documenting the policy process and implementing case studies in several countries This work will build on the literature review of the policy process sponsored by the PDF element Research will also continue to involve other elements in the review process for the Global Research Program and distribute information about ongoing studies to element and country staff

Research Inputs/Activities	Research →Element Results	POLICY →Project Results
<p>Adapt PES protocol for use in project countries to assess the policy environment</p> <p>Use Policy Inventory checklist to assess policy environment in selected countries</p> <p>Monitor and assist with country applications</p>	<p><i>New and improved methodologies, tools, and technologies for policy developed and tested</i></p> <p><b>Indicators</b> Policy Environment Score interview protocol applied in Egypt, Jordan, Bolivia, and other countries</p>	<p>New and improved products, strategies, and technologies developed and evaluated</p>
<p><b>Commissioned research</b></p> <p>Monitor five ongoing Round 1 studies</p> <p>Round 2 review concept papers, review proposals, select up to 10 studies for funding, prepare subcontracts, and monitor studies</p> <p><b>Internal research studies</b></p> <p>a) Contraceptive method choice in developing countries</p> <p>b) Unmet need and postpartum/postabortion programs</p>	<p><i>Improved knowledge base for understanding, setting priorities, and applying new or improved technologies and approaches in five priority research areas</i></p> <p><b>Indicators</b> Global studies funded on FP/RH financing, human capital, impact of FP in preventing abortion, young adult RH, and impact of policy change on program outcome</p> <p>Findings from research studies used in policy dialogue and strategic planning pertaining to FP/RH</p>	<p>Improved knowledge base for understanding, setting priorities, and applying new or improved technologies and approaches</p>
<p>Continuation/initiation of research studies and policy analysis in 15 countries *</p> <p>Research and dissemination support for study on the impact of FP in the Ukraine</p>	<p><i>Improved knowledge base for understanding, setting priorities and applying new or improved technologies and approaches at the country level</i></p> <p><b>Indicators</b> Information from research studies used in policy dialogue and strategic planning in support of FP/RH programs</p>	
<p>Training and TA in data analysis in country programs *</p> <p>Training and study tours for host-country counterparts</p> <p>Launch <i>Policy Issues</i> series</p> <p>Disseminate research findings through working papers, occasional papers, research highlights *</p>	<p><i>Products tools technologies approaches, and knowledge for research transferred in a form that can be received, utilized, and sustained</i></p> <p><b>Indicators</b> Strengthened local capability to conduct research and use research in policy arena</p> <p>Engage national experts in policy research and analysis</p> <p>Results of research disseminated to target audiences</p>	<p>Products, tools, technologies, approaches, and knowledge transferred in a form that can be received, utilized, and sustained</p>

\* not exclusively funded by the Research element

## EVALUATION

---

The original results framework for the POLICY Project was modeled directly on PHNC's results framework. As part of the government's reengineering, each Field Mission is required to develop its own strategic plan and results framework. In some cases, Mission strategic objectives correspond to PHNC strategic objectives or intermediate results, in other cases, Mission strategic objectives correspond to lower-level PHNC results. Since POLICY country work is funded primarily by Mission field support, using the PHNC framework language made it difficult to communicate to the Missions about how the POLICY country plans were contributing to achieve the Mission's agenda. One of the recommendations of TD Week/1997 was to reorient the country workplans to reflect local Mission strategic objectives and intermediate results.

Evaluation activities in the second half of Year II focused on developing a new format for country workplans. All workplans are now expected to include the following three elements: (1) a graphic presentation of the local Mission results framework, down to the level of results to which POLICY country work is expected to contribute directly, (2) a graphic presentation of the POLICY country results framework, building up to the Mission result(s) identified as POLICY objectives, and (3) a performance monitoring chart listing for every result one or more indicators in the POLICY country results framework and the data source(s) for each indicator. Workshops for POLICY technical staff were held at the end of Year II to explain USAID reporting terminology and requirements, the use of results frameworks, and preparation of country workplans.

Also at the end of Year II, the structure for providing TA in evaluation to project staff was revised and new review procedures implemented. There are now regional evaluation coordinators for LAC, Africa, ANE, and ENI. The regional evaluation coordinator (backstopped by the evaluation coordinator) must approve each country workplan's evaluation section before the workplan document is submitted to project management.

Evaluation activities during Year III will focus on the following results:

1. Approved country workplans with complete results frameworks and performance monitoring charts.
2. Revised element results frameworks and performance monitoring charts, reflecting element-related activities across the country workplans.
3. Implementation of a project wide database system, linking country activities and elements.
4. Development of standard indicators for shared results (e.g., capacity for advocacy).

For the most part, project evaluation will be limited to performance monitoring (did the desired results happen) and not to impact assessment or attribution (to what extent did POLICY project activities *cause* the results to happen). Impact assessment of policy activities is difficult to carry out, primarily because these activities are usually conducted at national or regional levels, and there are not enough separate units of analysis to permit either an experimental design or a multilevel regression. Nevertheless, during Year III, the POLICY Project will explore possibilities for designing a few impact assessments. One possibility is Bolivia, where the project is working at the municipality level. There are over 300 municipalities in Bolivia, the POLICY Project will be working in only five. POLICY will explore the possibility of selecting matched comparison municipalities in which policy assistance is not being given to directly assess the impact of project activities.

# AFRICA (AFR)



**BENIN**

Status	Staff
<p>Although Benin's National Population Policy (NPP) was adopted in 1996, the country is plagued by a lack of awareness among decision makers of the severity of population/RH problems facing the country, by the strong influence of the Catholic church and by outdated legal and regulatory constraints. Yet the 1996 DHS data show a desire on the part of the Beninese to space and even limit their births. Policymakers appear to be out of touch with the country's real situation and the needs of their grassroots constituency. POLICY has designed an approach that focuses on raising the awareness of senior officials of the status of population, FP/RH and HIV/AIDS in Benin, while simultaneously strengthening the capability of the burgeoning NGO sector to represent the needs and concerns of the grassroots to the policymakers.</p> <p>POLICY has hired a long-term advisor and a participation coordinator to implement the program. POLICY staff, working with a national team, has prepared an AIM application for Benin and developed a draft of the accompanying AIM brochure. In addition, POLICY has identified the best approaches for using DHS data to raise awareness and advance the NPP, and has designed strategies for disseminating DHS findings through departmental seminars. POLICY also provided TA to local NGOs to formalize an RH network and to plan additional TA and training to develop management, financial, and technical capabilities of the network's member organizations.</p>	<p>Country Manager S Richiedi</p> <p>Affiliated Staff L De Souza (local) N Bella (local) T Gandaho (local) J Jordan</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Finalize the AIM brochure, conduct presentation training, and prepare a dissemination strategy to reach key decision makers</li> <li>• Provide TA, training, and minigrants for NGO network members to establish network headquarters, conduct assessment of member organizations design and implement advocacy strategy, and formulate approaches for community outreach and public sector collaboration</li> <li>• Develop and disseminate computer presentation and brochure on "Population, Reproductive Health, and Sustainable Development" for policymakers and other key stakeholders to raise awareness of challenges and strategies</li> <li>• Design and train counterparts to conduct departmental-level seminars on DHS results for ministry representatives, NGO leaders, health authorities, communities, and women's groups</li> <li>• Provide minigrants to local groups working on legal and regulatory constraints</li> </ul>	<p>\$ 200,000 FY96 Field Support (FS) \$ 200,000 FY97 FS <u>\$ 100,000 AIDS</u> \$ 500,000 total obligations <u>\$ 199,161 expenditures to date</u> \$ 300,839 remaining</p>
Expected Country Results	
<p>⇒ Greater awareness among national and departmental-level policymakers of key population and development issues and strategies</p> <p>⇒ Strengthened NGO capability to represent beneficiaries in advocating, planning, and implementing RH policies and programs</p> <p>⇒ Enhanced knowledge among policymakers of the social, economic, and health impacts of HIV/AIDS</p>	

**ETHIOPIA**

<b>Status</b>	<b>Staff</b>
<p>In 1993 Ethiopia formulated and promulgated a National Population Policy (NPP) The NPP calls for achieving a TFR of 4.0 by the year 2015 During 1994-95, Ethiopia implemented a major devolution/decentralization process that established nine semiautonomous regional governments Each regional government is expected to formulate and implement its own population, health, and development policies</p> <p>POLICY assistance is needed to help overcome key policy constraints that might limit or slow down (1) implementation of the NPP and regional policies on population FP, RH and HIV/AIDS, (2) expansion of FP/RH and basic health services programs—especially in priority regions, and (3) implementation of the national and regional HIV/AIDS control programs There is also a need to build institutional capabilities for developing and disseminating advocacy materials and for improving policy analysis and advocacy in the national and regional Offices of Population, the Ministry of Health, regional health bureaus, other government agencies and in relevant NGOs</p>	<p>Country Manager J Kocher</p> <p>Affiliated Staff M Pendzich J Stover A Johnston W Winfrey</p>
<b>Proposed Activities</b>	<b>Funding</b>
<p>POLICY has planned an ambitious program of activities, which is pending approval from government authorities Gaining this approval has been problematic for other USAID-funded projects</p> <ul style="list-style-type: none"> <li>• Conduct a two-week observational study tour to Bangladesh for national and (especially) regional leaders</li> <li>• Conduct a regional-level training course to develop advocacy materials and skills</li> <li>• Complete RAPID-Ethiopia model</li> <li>• Conduct a regional-level training course on policy analysis and data analysis</li> <li>• Conduct a national-level training course and a regional-level course on finance and resource allocation for FP/RH</li> <li>• Provide one computer system to each of two regional population offices (RPOs) and additional technical resources to these and other selected RPOs, for capacity-building for advocacy and technical analysis</li> <li>• Conduct an AIM training course</li> <li>• Provide support for HIV/AIDS policy development</li> <li>• Provide other resources to national and regional organizations engaged in HIV/AIDS policy and program activities</li> </ul>	<p>\$150,000 FY95 FS \$125,000 FY96 FS \$ 12,500 FY96 FS (AIDS) \$ 12,500 FY96 FS (CS) <u>\$200,000 FY97 FS</u> \$500,000 total obligations <u>\$ 17,400 expenditures to date</u> \$482,600 remaining</p>
<b>Expected Country Results</b>	
<ul style="list-style-type: none"> <li>⇒ Strong constituencies built in support of the NPP and its central and regional implementation</li> <li>⇒ Awareness raised about population and health issues at national and regional levels</li> <li>⇒ Capabilities of key national agencies and RPOs developed to produce and disseminate advocacy materials</li> <li>⇒ Capacity built at the national level and in key RPOs for analysis of FP, RH, and HIV/AIDS</li> <li>⇒ Improved capabilities of key national and regional agencies to raise awareness and develop regional-level policies for HIV/AIDS</li> </ul>	

GHANA

Status	Staff
<p>For the past 20 years, Ghana has had a population policy intended to curb population growth, however, few actions were ever taken to vigorously implement the policy. As a result, Ghana has had difficulty meeting the goals outlined in the original policy. A revised population policy was drafted and adopted in 1995 and signs of progress in meeting the objectives of the policy are appearing.</p> <p>Although much progress has been made, much work remains. Unmet need and fertility are still quite high, as is the demand for assistance with policy analyses and presentations on emerging RH issues. In addition, Ghanaian policymakers are increasingly focusing on efforts to improve the efficiency and sustainability of RH and on efforts to make better use of data in decision making. These and other efforts will require support from the POLICY Project.</p>	<p>Country Manager E Abel</p> <p>Affiliated Staff B Ababio (local) K Parkes (local) S Richieder C Bickert J Freymann K Olson A Johnston V Dayaratna</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Provide training in advocacy and policy analysis skills to relevant Ghanaian governmental institutions and the NGO sector</li> <li>• Assist the National AIDS/STD Control Program (NACP) in developing a strategic framework for STD/HIV/AIDS research, analysis, and dissemination</li> <li>• Provide training, financial and technical assistance to the NACP to equip NACP staff with skills and tools necessary to enhance awareness about HIV/AIDS among policymakers</li> <li>• Assist the NACP in finalizing the current draft of the national AIDS/STD plan</li> <li>• Assist the MOH in determining why the short-term method couple years of protection target was not met</li> <li>• Provide financial and technical assistance to the NACP in developing a strategic plan for the NACP and in conducting district-level strategic planning workshops</li> <li>• Develop high-level awareness-raising presentations and conduct workshops to disseminate results from policy analyses</li> <li>• Conduct relevant policy analyses to improve the understanding of population/FP issues</li> </ul>	<p>\$ 200,000 FY95 FS \$ 250,000 FY96 FS \$ 100,000 HIV/AIDS <u>\$ 384,000 FY97 FS</u> \$ 934,000 total obligations <u>\$ 410,176 expenditures to date</u> \$ 523,824 remaining</p>
Expected Country Results	
<p>⇒ Enhanced capability for government institutions and NGOs to use data for policy analysis, priority setter and advocacy in FP/RH</p> <p>⇒ Improved understanding by policymakers of the costs of RH interventions and the factors that influence these costs</p> <p>⇒ Enhanced awareness of HIV/AIDS among policymakers</p>	

**KENYA**

Status	Staff
<p>POLICY activities in Kenya are designed to help overcome key policy constraints that might limit or slow down the expansion of Kenya's FP program or implementation of the national AIDS control program Policy challenges include</p> <ul style="list-style-type: none"> <li>• Need for a more coordinated intersectoral effort to implement the National Implementation Plan (NIP) for expanding FP</li> <li>• Better-informed strategic planning</li> <li>• Greater involvement of NGOs in advocacy activities</li> <li>• Strengthening leadership support and greater understanding of the impact and cost-effectiveness of interventions and targeting strategies</li> </ul>	<p>Country Manager A Johnston Affiliated Staff E Abel M Pendzich J Stover K Agarwal F Houck</p>
Proposed Activities	Funding
<p>POLICY will undertake policy support activities as follows (* marked activities are conditional on FY98 field support)</p> <ul style="list-style-type: none"> <li>• TA on analysis of sentinel surveillance data and program</li> <li>• TA and support for dissemination of the AIM presentation and development of an advocacy strategy to reach senior civil servants, politicians and other leaders to support implementation of the new National AIDS Policy</li> <li>• Development of an advocacy strategy and presentation on 'Adolescents and HIV/AIDS "</li> <li>• Legal and regulatory analysis for "Adolescents and HIV/AIDS" presentation *</li> <li>• Training for District Intersectoral AIDS Committees</li> <li>• Assisting the National AIDS/STD Control Programme (NAS COP) with research agenda-setting for HIV/AIDS and developing two proposals for research with either core or field support * Potential topics include the impact of AIDS on child mortality and surveys to corroborate sentinel surveillance data on observed patterns and trends</li> <li>• Policy advocacy workshop for FP NGOs, MOH's Division of Primary Health Care (DPHC), and the National Council for Population and Development (NCPD)</li> <li>• TA to train NCPD, DPHC, and NGO staff to update FP projections using SPECTRUM</li> <li>• TA to train NCPD, MOH, and NGO staff to update FP financial resource requirements</li> <li>• Assessment of the policy environment and policy process for FP in Kenya</li> <li>• Workshop on the use of AIDS models for strategic planning</li> <li>• Training visit to U S for two Kenyans involved in POLICY AIDS activities (U S costs only)</li> <li>• Provide WWW access and training to NAS COP and NCPD</li> </ul>	<p>\$ 75,000 FY96 FS \$ 153,000 FY96 HIV/AIDS <u>\$ 200,000 FY97 FS</u> \$ 428,000 total obligations <u>\$ 183,854 expenditures</u> \$ 244,146 remaining</p>
Expected Country Results	
<ul style="list-style-type: none"> <li>⇒ Improved FP and HIV/AIDS information and data for decision making</li> <li>⇒ Public sector and NGO advocacy capacity improved</li> <li>⇒ Public sector and NGO policy analysis capacity improved</li> <li>⇒ Public sector and NGO strategic planning capacity improved</li> </ul>	

**MADAGASCAR**

<b>Status</b>	<b>Staff</b>
No field support or core funding is currently programmed for Madagascar in 1998	Country Manager Bill Winfrey
<b>Proposed Activities</b>	<b>Funding</b>
<p>In 1998, the POLICY Project will complete all activities as outlined in the 1997 workplan. Specifically, the project will</p> <ul style="list-style-type: none"> <li>• Arrange for the printing of a brochure pertaining to syndromic management of STDs, which will be disseminated to all relevant health care professionals in Madagascar</li> <li>• Continue the monitoring of a subcontract for the dissemination of the AIDS Impact Model</li> <li>• Evaluate 1997 activities as outlined in the 1997 workplan</li> </ul>	There are no funds slated for Madagascar for FY98

**MOZAMBIQUE**

Status	Staff
<p>As Mozambique moves beyond the period of post-war humanitarian relief, USAID is working in conjunction with the government of Mozambique, other donors, and NGOs to support the reconstruction and strengthening of health service delivery as well as the capacity building of policymakers. POLICY has begun to provide both technical and financial support to achieve the above objectives. POLICY has provided assistance to the Department of Population and Social Development by printing brochures to raise awareness on the implications of rapid population growth. These brochures will be utilized as tools during the dissemination of the National Population Policy. Prior assessment trips made by POLICY staff also revealed the need for better utilization of available information.</p>	<p>Country Manager TBD</p> <p>Affiliated Staff K Olson J Smith S Subramaniam</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Provide technical and financial assistance to the Department of Population and Social Development for the dissemination of the National Population Policy</li> <li>• Update the RAPID slideshow with new DHS data, which will become available in June 1998</li> <li>• Conduct a training workshop in EASEVAL for policymakers in the National Statistics Institute, the MOH, and the Department of Population and Social Development for further analysis of DHS data</li> <li>• Discuss AIM application using HIV prevalence data from the MOH to increase HIV/AIDS awareness among Mozambican policymakers</li> <li>• Conduct an advocacy workshop at the central and provincial levels for RH stakeholders from various sectors</li> <li>• Provide support to the MOH and key PVOs as they build a collaborative, multisectoral approach to FP/RH activities in Mozambique</li> </ul>	<p>\$ 222,000 FY96 FS  <u>\$ 140,000 FY97 FS</u>            \$ 362,000 total obligations  <u>\$ 22,937 expenditures to date</u>            \$ 339,063 remaining</p>
Expected Country Results	
<p>⇒ The workplan and corresponding results framework is under development</p>	

**REDSO/ESA POSTABORTION CARE (PAC)**

Status	Staff
<p>The brochure, "What Can You Do Postabortion Care in East and Southern Africa," was produced in March 1997 and about 3,000 copies have been distributed. Requests for the brochure continue from CAs, donors, and others. An accompanying presentation was developed and delivered in Zambia, Zimbabwe, Uganda, State-of-the-Art (SOTA) workshop, Tanzania, and USAID/PHNC. TA visits were made to Kenya, Zimbabwe, Uganda, and Tanzania, a needs assessment and follow-up planning were conducted in Uganda and Zambia.</p>	<p>Country Manager S Settergren Affiliated staff POLICY staff working in ESA countries, consultants</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Conduct situation analyses/needs assessments in Kenya, potentially Tanzania and Zimbabwe</li> <li>• Support regional delegation to the Ghana MotherCare Operations Research dissemination workshop</li> <li>• Provide TA in data analysis to Marie Stopes clinics in Tanzania</li> <li>• Provide research support to the Zimbabwe PAC advocacy demonstration project</li> <li>• Write and disseminate papers that highlight key PAC issues</li> <li>• Host a regional workshop to share lessons in PAC</li> <li>• Network with the USAID PAC Working Group and the CAs' PAC Consortium</li> <li>• Provide research support to the Uganda PAC Operations Research Project (provisional)</li> <li>• Document approaches, outcomes, and lessons learned in the REDSO initiative</li> </ul>	<p>\$ 100,000 FY96 \$ 200,000 FY97 <u>\$ 200,000 HIV/AIDS</u> \$ 500,000 total <u>\$ 172,030 expenditures to date</u> \$ 327,970 remaining</p>
Expected Country Results	
<ul style="list-style-type: none"> <li>⇒ Increased investment in PAC from USAID, CAs, NGOs, other donors, and governments</li> <li>⇒ Increased awareness of unsafe abortion and PAC among USAID, CAs, other donors and counterparts</li> <li>⇒ Strengthened regional and local capacity to advocate for PAC issues and programs</li> </ul>	

**REDSO/WCA**

<p><b>Status</b></p> <p>The RH situation in WCA countries continues to be characterized by high fertility, generally low contraceptive prevalence with much higher traditional method use, substantial demand, high maternal mortality, significant levers of HIV transmission and AIDS and considerable ambiguity regarding the overall policy environment with few explicit legal and policy constraints but equally few favorable policy actions. Health services are delivered primarily through a resource-poor public sector, with the commercial sector offering only limited opportunities to meet RH needs. The primary USAID effort to address the RH situation in WCA countries is the Family Health and AIDS Prevention Project (SFPS). An early major thrust by POLICY was support for the IPPF-initiated Francophone symposium on legal barriers. In addition, POLICY and the SFPS entered into a memorandum of understanding (MOU) in which POLICY would focus its resources supporting SFPS efforts in its four priority countries (Cote d'Ivoire, Burkina Faso, Togo, and Cameroon) and on selected regional efforts to follow up the legal symposium, reform pre-service education, and address AIDS issues. A POLICY LTA in Benin was contracted to devote 25 percent of his time on REDSO/WCA activities. However, due to a major change in the organizational structure during the year, SFPS has been unable to implement activities contained in the MOU slowing POLICY efforts, especially in preservice education reform and assistance to develop country-specific action plans to follow up the legal symposium. Furthermore, a workshop on the AIM was postponed in order to evaluate the outcome of a World Bank AIM workshop in Cote d'Ivoire, a POLICY AIM workshop in Benin, and a December 1997 Africa conference on AIDS. Therefore, the primary area of attention since the March legal barriers symposium has been DHS analysis to support both SFPS resource planning and the strategic planning efforts of counterparts. Country plans for specific application of the DHS data are being developed and include preparation of a population and RH interactive presentation in Cote d'Ivoire to support the advocacy activities being planned by that country's delegation to the legal barriers symposium.</p>	<p><b>Staff</b></p> <p>Country Manager N Jewell</p> <p>Affiliated staff T Gandaho (local) L Heaton N Burton N Bella (consultant)</p>
<p><b>Proposed Activities</b></p> <p>Under a new MOU to be negotiated with SFPS, and in collaboration with IPPF, POLICY will undertake several activities aimed at</p> <ul style="list-style-type: none"> <li>• Transferring technology and skills for the effective use and dissemination of DHS and other pertinent data for use in strategic planning and advocacy,</li> <li>• Preparing interactive presentations on population and RH,</li> <li>• Providing TA and financial support for the legal barriers symposium follow-up, and</li> <li>• Strengthening of NGO participation in the policy process</li> </ul>	<p><b>Funding</b></p> <p>\$ 400,000 FY96 FS \$ 250,000 FY97 FS \$ 600,000 total \$ 170,498 expenditures to date \$ 429,502 remaining</p>
<p><b>Expected Country Results</b></p> <ul style="list-style-type: none"> <li>⇒ Policies formulated through a participatory process</li> <li>⇒ Products tools, technology transferred</li> </ul>	

**SAHEL (COLLABORATION WITH CERPOD)**

Status	Staff
<p>The First Conference of CILSS Countries Population Ministers, which was the third regional population conference organized by CERPOD, took place October 13-17, 1997, in Ouagadougou, Burkina Faso. This was the first conference at the ministerial level to discuss population issues in the region. POLICY provided financial and technical support, with additional funding from USAID and a contribution from UNFPA. The main conference document, the plan of action, prepared with TA from POLICY during calendar year 1996, was designed to provide a framework for population and RH priorities in the region. During the conference, the plan of action was reviewed, revised, and approved. The ministers also issued a declaration at the conference's conclusion pledging to adhere to the plan of action. The ministers' declaration was echoed by one from the NGOs attending the conference, that also pledged support to the plan of action. The POLICY Project contributed to</p> <ul style="list-style-type: none"> <li>• Drafting the regional plan of action,</li> <li>• Publicizing the conference with a brochure and a poster,</li> <li>• Organizing NGO forums before and during the conference, and</li> <li>• Providing assistance to country delegations in preparing country reports from which the plan of action was developed</li> </ul>	<p>Country Manager Nadine Burton</p> <p>Affiliated Staff J Grove</p>
Proposed Activities	Funding
<p>POLICY will continue collaborating with CERPOD to</p> <ul style="list-style-type: none"> <li>• Develop a post-conference brochure to disseminate the common plan of action and the declaration of collaboration signed by the ministers attending the conference</li> <li>• Work with the NGOs that were present at the conference to disseminate the conference results to their constituencies</li> </ul>	<p><u>\$ 150,000 FY95 FS</u>            \$ 150,000 total obligations  <u>\$ 115,492 expenditures to date</u>            \$ 34,508 remaining</p>
Expected Country Results	
<p>⇒ National and operational policies relating to FP/RH formulated, disseminated, and implemented</p> <p>⇒ Strengthened collaboration and cooperation among relevant institutions to achieve national FP/RH goals</p>	

SENEGAL

Status	Staff
<p>Contraceptive prevalence in Senegal remains extremely low (8%) and fertility high (6), even after 20 years of investment in FP programs. This lack of progress is in part because of cultural preferences for large families and resistance to the idea of reducing fertility, which has led to a lack of use of contraceptive methods by women and a lack of commitment to FP programs by Senegalese decision makers and health workers. A major focus of POLICY is to increase support for FP programs through advocacy activities emphasizing the health and other benefits of FP. POLICY is disseminating four regional computer models designed to create awareness of the impact of high rates of population growth on health, education, economic development, and the environment. Another model has been developed for Islamic leaders, who are extremely influential in Senegal, demonstrating how FP is compatible with Islamic teachings. Finally, a model has been developed for health workers demonstrating the health benefits of FP, in order to increase their commitment to providing high quality FP services.</p> <p>In 1997 the government of Senegal began a process of decentralization, transferring the responsibility for planning and resource allocation to locally elected leaders. In this context, POLICY will need to focus its advocacy activities on these newly influential decision makers many of whom have limited knowledge of population and FP issues. In addition, POLICY will work with these leaders to improve their strategic planning skills and to develop plans that adequately provide for the delivery of FP/RH services.</p> <p>The following two research activities will support POLICY's work in Senegal: (1) an ongoing analysis of long-term trends in mortality and fertility, which will help program planners to understand the underlying causes of any changes and to best determine priorities and lines of action, and (2) an economic analysis exploring the possibilities of cost recovery in the provision of FP services. This research should help provide an understanding of how health committees and pharmacies can benefit financially from a strengthened FP program.</p>	<p>Country Manager E Wilson</p> <p>Affiliated Staff A Diop (local) B Seye (local) V Cakir N Burton</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• FP advocacy activities at municipal, regional, and national levels to raise awareness of the impact of population growth on development and increase political commitment to FP</li> <li>• Advocacy activities with health workers to promote the health benefits of FP</li> <li>• Advocacy activities with Islamic leaders</li> <li>• Training for regions and municipalities in strategic planning for health/RH services</li> <li>• Research on trends in mortality and fertility</li> <li>• Research on the economic possibilities for marketing of contraceptives</li> </ul>	<p>\$ 125,000 FY96 FS \$ 350,000 FY97 FS <u>\$ 100,000 CS</u> \$ 575,000 total obligations <u>\$ 279,539 expenditures to date</u> \$ 295,461 remaining</p>
Expected Country Results	
<ul style="list-style-type: none"> <li>⇒ Increased political support for FP programs</li> <li>⇒ Improved allocation of resources to health sector in targeted departments</li> <li>⇒ Improved understanding of trends in fertility and mortality</li> <li>⇒ Improved knowledge of contraceptive market</li> </ul>	

TANZANIA

Status	Staff
<p>At the request of the Mission and the National Family Planning Programme (NFPP), POLICY facilitated a workshop to help launch efforts to integrate program activities within the MOH Preventive Services Department. The department developed a vision for integration and an action plan for its promotion and implementation within the broader health sector reform initiative. POLICY support for integration efforts will continue in FY98. In August, POLICY staff attended the national dissemination seminar for the Tanzania Demographic and Health Survey (TDHS) and the Services Availability Survey (TSAS), and met with NFPP and USAID CAs to develop a collaborative strategy for conducting secondary analysis and disseminating survey results. In FY98, POLICY will begin advocacy and strategic planning work with the National AIDS Control Programme (NACP).</p>	<p>Country Manager S Settergren Affiliated staff Consultants</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Provide TA to the NFPP to develop a “user-friendly” guide and presentation materials on the <i>National Reproductive Health and Child Survival Strategy 1997-2001</i> using TDHS/TSAS results</li> <li>• Provide TA to the NFPP to conduct subnational workshops on the RH and child survival strategy</li> <li>• Repackage and disseminate results and secondary analyses of the TDHS/TSAS</li> <li>• Develop an AIM application and/or policy presentations with the NACP</li> <li>• Design and facilitate the NACP multisectoral strategic planning process</li> <li>• Facilitate a workshop to develop a national postabortion care plan and to improve collaboration and coordination</li> <li>• Design and facilitate workshops and meetings of MOH managers to develop a vision, plans, and systems for integrating services</li> </ul>	<p>\$ 100,000 FY95 FS \$ 200,000 FY96 FS <u>\$ 100,000 FY97 FS</u> \$ 400,000 total obligations <u>\$ 62,103 expenditures to date</u> \$ 337,897 remaining</p>
Expected Country Results	
<ul style="list-style-type: none"> <li>⇒ Strengthened local capacity to manage and coordinate FP, HIV/AIDS and other RH services</li> <li>⇒ Awareness of key RH issues and strategies among national- and district-level health managers and policymakers</li> <li>⇒ Effective planning and coordination in support of RH goals among government of Tanzania, donors, NGOs, and other implementing organizations</li> <li>⇒ Appropriate MOH organizational structures and management processes to support integrated and collaborative RH strategies</li> </ul>	

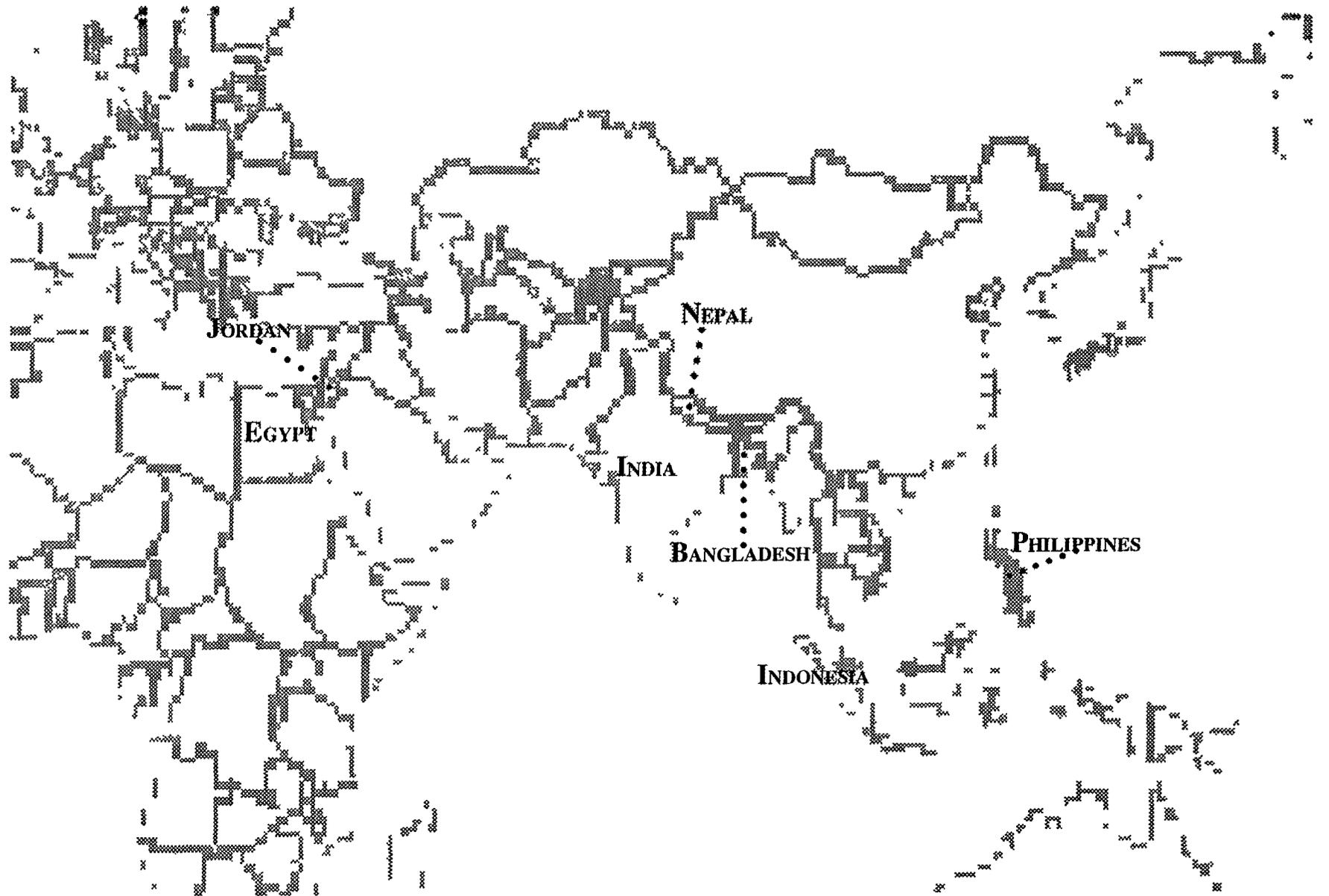
ZAMBIA

Status	Staff
<p>POLICY Project activities are designed to support the overall health reform program in Zambia and to improve policies, planning, and delivery of PHN interventions, especially those for FP/RH and HIV/AIDS. The defining characteristic of the health sector in Zambia at the present time is the sweeping program of health reform that is transforming the system from top to bottom. All work carried out by the POLICY Project will take place within the context of a reformed, decentralized, and integrated health system that delivers an essential package of care. The central challenge for the POLICY Project is to ensure that FP/RH and HIV/AIDS programs receive solid political, financial, and implementation support within Zambia's changing and evolving system. POLICY is working closely with the MOH/Central Board of Health to implement these reforms.</p>	<p>Country Manager R Hollister</p> <p>Affiliated Staff T Goliber C Camlin M Pendsich</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Policy analysis skills workshop at the national level, focusing on FP/RH unmet need, goal setting, and costing</li> <li>• Rapid situation assessments and strategic planning meetings for FP/RH in two to three selected districts</li> <li>• Development of FP service delivery planning guidelines and information for use in districts</li> <li>• AIM application and presentation development of results, impact and policy recommendations</li> <li>• Training of focal point persons and mounting of a national dissemination campaign on HIV/AIDS</li> <li>• Development of HIV/AIDS guidelines and planning support information at national and district levels</li> <li>• Rapid situation assessments and strategic planning meetings in two to three districts for HIV/AIDS</li> <li>• Policy dialogue meetings at national level based on both the FP/RH and AIM analyses</li> <li>• An advocacy skills development workshop for NGOs</li> </ul>	<p>\$ 250,000 FY95 core \$ 100,000 FY96 CS \$ 400,000 FY97 FS <u>\$ 100,000 FY97 HIV/AIDS</u> \$ 850,000 total obligations <u>\$ 209,354 expenditures to date</u> \$ 640,646 remaining</p>
Expected Country Results	
<ul style="list-style-type: none"> <li>⇒ Increased capacity for policy analysis and for national and district-level planning for FP/RH, HIV/AIDS</li> <li>⇒ Increased public leader support for FP/RH and HIV/AIDS programs</li> <li>⇒ Increased capacity of the MOH/Central Board of Health to plan agendas and prepare presentations for the cooperating partners meetings</li> <li>⇒ Improved advocacy capacity of FP/RH NGOs</li> </ul>	

ZIMBABWE

Status	Staff
<p>Zimbabwe is suffering from one of the worst HIV/AIDS epidemics in the world, yet the government response has not been commensurate with the crisis. The key policy question then becomes: What are the barriers to a more effective government response? The answer is probably a combination of lack of political will among the top leadership, including regional leaders and the non-health sector, and a lack of consensus about what to do. Based on this assumption, POLICY opted to begin its activities in Zimbabwe with an AIM presentation intended to (1) provide accurate information about the status of the HIV/AIDS epidemic and the key dynamics, (2) stimulate a dialogue about the importance of the epidemic, and (3) develop agreement that a more detailed strategic planning process is required to develop a national consensus on the response to the epidemic. The AIM analysis is now being used by the National AIDS Coordination Programme across the country.</p> <p>USAID/Harare now wants additions to the AIM presentation to respond to a changing policy environment, including (1) a new section on program options, (2) consideration of the costs of different program interventions, and (3) some additional work on the economic impact of the epidemic. The funding for these new activities is not yet determined.</p>	<p>Country Manager T Goliber Affiliated Staff L Heaton</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Develop new sections for AIM presentation</li> <li>• Train presenters with new materials</li> <li>• Print briefing books and disseminate them</li> </ul>	<p>\$ 300,000 FY96 FS  <u>\$ 159,000 HIV/AIDS</u>            \$ 459,000 total obligations  <u>\$ 382,661 expenditures to date</u>            \$ 76,339 remaining</p>
Expected Country Results	
<p>⇒ Improved policy environment and enhanced capacity to design, implement, and evaluate HIV/AIDS prevention and care programs</p>	

# ASIA/NEAR EAST (ANE)



**BANGLADESH**

Status	Staff
<p>Consistent with the recommendations of the ICPD, the Bangladesh FP program is moving in a new direction "Family planning" now is part of a broader "family health" program, which includes RH, child health, and other elements of basic health. The government of Bangladesh (GOB), USAID, the World Bank, and other development partners agreed that family health would embrace the concept of Essential Services Package (ESP) to address the critical population and health needs of Bangladesh.</p> <p>USAID/Dhaka has recently begun the National Integrated Population and Health Program (NIPHP), which the Mission is implementing along with seven development partners and the GOB. NIPHP will support those selected services of the ESP that have the highest impact and are consistent with USAID's comparative advantage. The program will provide \$210 million in TA from July 1997 to June 2004. The purpose of NIPHP "is to improve the quality of life in Bangladesh by directly supporting the GOB's National Population and Health Program—and the country's longer term development objective of self-reliance." The program will focus on reducing fertility and improving family health, and USAID will work closely with the GOB on contraceptive logistics and urban immunization, national operations research, and IEC programs, and through support of selected service delivery programs at the Ministry of Health and Family Welfare (MOHFW) thana/union-level.</p>	<p>Country Manager D Chao</p> <p>Affiliated Staff M Pendzich E Mumford J Kocher</p>
Proposed Activities	Funding
<p>The POLICY Project will conduct three major activities in Bangladesh, which have been carefully designed in collaboration with USAID/Dhaka to support the goals of the NIPHP. The Mission has recently rethought its strategy and is now looking for POLICY to greatly expand activities, which includes hiring a local long-term advisor. Specific activities include:</p> <ul style="list-style-type: none"> <li>• Assist the MOHFW, through a collaborative and participatory process, to develop two presentations about community participation—one for district-level officials and another for community leaders</li> <li>• Collaboratively develop a computerized Bangladesh Family Health Model for NGO program managers and GOB planners to help them more efficiently allocate resources for competing essential health interventions, including FP, maternal care, child survival, RTIs, and STDs</li> <li>• Perform analyses and develop a presentation about mobilizing national resources for family health to create a general consensus among policymakers and improve the long-term financial sustainability of the family health program</li> </ul>	<p>\$ 100,000 FY95 FS \$ 151,000 ANE Bureau <u>\$ 107,000 core</u> \$ 358,000 total obligations <u>\$ 114,346 expenditures to date</u> \$ 243,654 remaining</p>
Expected Country Results	
<p>⇒ Community involvement in family health increased</p> <p>⇒ Dissemination of the community participation presentations</p> <p>⇒ Consensus built to increase the amount of resources for the family health program</p> <p>⇒ Dissemination of the "Mobilizing National Resources for Family Health Presentation"</p> <p>⇒ Improved capability of government planners and NGO managers for conducting cost-effectiveness analysis</p>	

**EGYPT**

<b>Status</b>	<b>Staff</b>
<p>USAID/Cairo's strategic objective in the population/FP sector is to reduce fertility, specifically from its 1995 level of 3.63 to 3.45 by 2001. Fertility reduction contributes to achieving the Mission's goal of broad-based sustainable development with improved quality of life, and is closely linked with the Government of Egypt's (GOE) strategic objective for the population sector. The GOE has a long-term strategic objective of achieving replacement level of 2.1 children per family by 2015.</p> <p>The following four intermediate results need to be achieved before reaching USAID's strategic objective: (1) enhancing the supply of FP services, (2) increasing the demand for FP services, (3) strengthening institutions responsible for expanding FP service delivery, and (4) improving the policy environment within which these factors operate. The fourth result, improving the policy environment, is the primary focus of POLICY Project activities in Egypt.</p>	<p>Country Manager E. Abel</p> <p>Affiliated Staff M. Khalifa (local) M. El-Fiki (local) T. Valenzuela E. Wilson J. Ross K. Olson J. Urrutia B. Ravenholt</p>
<b>Proposed Activities</b>	<b>Funding</b>
<ul style="list-style-type: none"> <li>• Conduct high-level, awareness-raising presentations and workshops to disseminate results from policy analyses</li> <li>• Liaise with other donor agencies/programs to achieve desired change and conduct high-level policy strategy meetings</li> <li>• At the governorate-level, provide financial and technical assistance to strategic planning activities and provide an evaluation of the activity to improve strategic planning capacity</li> <li>• Provide training in policy analysis skills to GOE institutions and develop self-reliance strategies</li> <li>• Provide training in advocacy to GOE institutions and the NGO sector (if requested)</li> <li>• Conduct relevant policy analyses to improve the understanding of population/FP issues</li> <li>• Update demographic/socioeconomic projections for national and subnational levels and develop service delivery and financial requirement projections</li> </ul>	<p>\$ 50,000 FY95 core  <u>\$ 500,000 OYB</u>            \$ 550,000 total obligations  <u>\$ 281,369 expenditures to date</u>            \$ 268,631 remaining</p>
<b>Expected Country Results</b>	
<ul style="list-style-type: none"> <li>⇒ Increased knowledge about population/FP issues among policymakers</li> <li>⇒ Increased communication among institutions responsible for population/FP activities</li> <li>⇒ Improved institutional technical capacity for policymaking</li> <li>⇒ Improved knowledge base of population/FP issues</li> </ul>	

INDIA

Status	Staff
<p>POLICY will focus on policy formulation, district planning, operational policies, assessment of SIFPSA subcontracts, design and implementation of new systems, and development of new benchmarks for the Innovations in FP Services (IFPS) Project in FY98. Thus far, POLICY has initiated policy formulation work in three major states of India to ensure broader participation in policy formulation, integrate population policies with RH policies, improve political commitment to new policies and disseminate new FP/RH policies and strategies. The project has also prepared 14 computerized audio-visual presentations based on PERFORM survey results in Uttar Pradesh (UP), to aid in advocacy and dissemination.</p> <p>POLICY has undertaken district planning work and conducted five workshops to prepare district action plans funded by the IFPS Project. The Rampur district action plan, prepared by POLICY, was approved and funded by SIFPSA. POLICY was asked to prepare five more district action plans in the next six months. An example of the urgent need for POLICY's TA is in UP, India's largest state. UP has the highest total fertility rate and the lowest contraceptive prevalence rate. FP performance in the past three years is declining, due mainly to barriers created by government operational policies. POLICY has identified 12 different areas, studies related to these areas are now in progress. POLICY will conduct a workshop to share the studies findings and to streamline FP/RH service delivery systems.</p> <p>USAID and SIFPSA asked POLICY to conduct rapid assessments of 10 projects designed to improve quality, access, and demand of FP services in UP. With one exception, all are private sector projects. POLICY completed the rapid assessments and shared the findings in a workshop. The findings were used to conduct a mid-project assessment of the IFPS Project and to scale up activities of selected private sector projects. POLICY will prepare the monographs and fliers for dissemination of the findings. POLICY will conduct more assessments of IFPS-funded projects and will also develop the technical skills of local agencies to conduct rapid assessments. The IFPS Project is currently a performance-based disbursement system. POLICY will help USAID and SIFPSA develop new benchmarks and identify indicators to measure benchmark achievements.</p>	<p>Country Manager G Narayana (local)</p> <p>Affiliated Staff H Cross E Mumford K M Sathyanarayana (local) A Singh (local)</p>

Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• <i>Policy formulation</i> subcontract work to local agencies, conduct six dissemination workshops at the state level and 23 at the district level, provide TA to prepare policy documents for approval by the governments, prepare printed material and computer based audio-visual presentations to disseminate new RH/population policies</li> <li>• <i>District planning</i> conduct workshop on methodology to prepare district action plans, monitor data collection activities in five districts, conduct five workshops to identify district-specific strategies, prepare five district action plans to SIFPSA for funding</li> <li>• <i>Operational policies</i> monitor work of local agencies subcontracted to conduct studies, prepare analysis plan, prepare papers based on findings, conduct workshop for senior UP government administrators, design new information system</li> <li>• <i>Assessment of SIFPSA subcontracts</i> prepare SOWs and identify local agencies to carry out work, design studies in collaboration with local agencies, based on findings, prepare scaling-up strategies and monographs for wide dissemination</li> <li>• <i>New benchmarks</i> analyze current benchmarks, identify new benchmarks and indicators, provide support to USAID in monitoring achievement of indicators</li> </ul>	<p>\$ 1,149,329 FY 95 FS            \$ 850,000 FY 96 FS            \$ 1,045,000 FY 97 FS  <u>\$ 150,000 Health</u>            \$ 3,194,329 total obligations  <u>\$ 1,774,205 expenditures to date</u>            \$ 1,420,124 remaining</p>
Expected Results	
<p>⇒ Increased private sector participation            ⇒ Increased resources to health and family welfare            ⇒ New and improved public programs</p>	

INDONESIA

Status	Staff
<p>Between 1971 and 1994, Indonesia reduced its fertility rate from 5.6 to 2.9 live births per woman with, according to the 1994 DHS, approximately 55 percent of married women using contraceptives. Accordingly, under the leadership of the National Family Planning Coordinating Board (BKKBN), Indonesia has established itself as an international resource in FP program management. However, if Indonesia, the world's fourth most populous nation, is to reach its TFR goal of 2.1 by 2005 (thereby increasing its CPR to 70 percent), Indonesia's FP program will need to determine ways to extend its services to a larger sector of the population, while working simultaneously with acceptors to increase cost sharing by those families able to afford the burden. Finally, confronted with USAID/Jakarta's anticipated phaseout of financial and technical support, BKKBN will need to work with USAID in effectively responding to the many challenges of the 1998-2000 USAID transition period.</p>	<p>Country Manager W. Emmet (Resident Advisor)</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Assist BKKBN in strengthening its managerial capacity focused on the promotion of increased private sector support of costs associated with FP.</li> <li>• Work with BKKBN on developing policies and practices to serve as catalysts in marketing increased contraceptive prevalence among underserved sectors of Indonesian society. Two studies based on IUD utilization and the use of the Target-Cost Model, which has been customized for Indonesian use, are now being designed.</li> <li>• Assist BKKBN in promoting the capability of its staff and services in the interest of ensuring the Board's expanding position as an international resource for quality FP program management. With the collaborative BKKBN/POLICY workplan scheduled for early 1998, POLICY anticipates having its own activities included in Indonesia's April 1998-March 1999 workplan.</li> </ul>	<p>\$ 504,000 FY 96 FS  <u>\$ 500,000 FY 97 FS</u>            \$1,004,000 total obligations  <u>\$ 95,056 expenditures to date</u>            \$ 908,944 remaining</p>
Expected Results	
<p>⇒ A results framework will be created to correlate with POLICY activities once a scope of work is agreed to with USAID/Jakarta.</p>	

**JORDAN**

<b>Status</b>	<b>Staff:</b>
<p>Jordan has one of the highest population growth rates in the world, however, there has been little official support for FP programs. Contraceptive prevalence is about 32 percent and unmet need about 26 percent. Most FP services are provided by the private and NGO sectors. The government program is weak. However, in April 1996 the cabinet adopted a national population strategy. Efforts are now underway to revise the goals of the national strategy and develop a national implementation plan. There are a number of women's groups in Jordan working to improve conditions for women in Jordanian society. Most of these groups are long on enthusiasm but short on staff.</p> <p>POLICY's overall objective in Jordan is to improve the policy environment for FP/RH through a variety of activities to enhance the capabilities of the Jordan National Population Commission (JNPC) and the Jordan National Forum for Women (JNFW).</p>	<p>Country Manager J Stover</p> <p>Affiliated Staff S Richieder B Winfrey J Ross T Valenzuela I Feranil I Almasarweh (local)</p>
<b>Proposed Activities</b>	<b>Funding</b>
<ul style="list-style-type: none"> <li>• Complete the application of the Policy Environment Score</li> <li>• Assist JNPC to conduct RAPID presentations for parliamentarians</li> <li>• Assist JNFW to develop advocacy presentations</li> <li>• Assist the Women's Research Center to develop a research agenda</li> <li>• Stimulate grassroots participation in policy dialogue about FP/RH</li> <li>• Assist JNPC to analyze DHS to revise goals and conduct market segmentation and unmet need analysis</li> <li>• Complete study of FP expenditure</li> <li>• Conduct study of barriers to greater private sector participation</li> </ul>	<p>\$ 260,000 FY95 FS \$ 360,000 FY96 FS <u>\$ 200,000 FY97 FS</u> \$ 820,000 total obligations <u>\$ 427,042</u> expenditures to date \$ 392,958 remaining</p>
<b>Expected Results</b>	
<ul style="list-style-type: none"> <li>⇒ Increased political support for FP/RH</li> <li>⇒ Increased participation of women in the policy process</li> <li>⇒ Improved planning of the FP/RH program</li> </ul>	

**MOROCCO**

<p><b>Status</b></p> <p>The Moroccan FP and maternal and child health (FP/MCH) programs have contributed significantly to improving the health and well-being of Moroccans for the past 25 years. Accomplishments in the sector, reflected in recent DHS data, were achieved through the provision of services by the public sector service delivery network, with increasing participation by the private sector. While progress over the decades has been swift and impressive, the accomplishments are regarded by all parties as “fragile” and, in light of USAID/Rabat’s scheduled termination of bilateral assistance by the year 2000, far from sustainable.</p> <p>Additionally, the government of Morocco (GOM) and donors that support activities in PHN recognize that critical trends and conditions remain to be addressed beyond the challenge of sustaining existing impacts and approaches without continuing donor assistance. For example, great unmet need exists for essential FP/MCH services, there is a very high rate of maternal mortality, an increased rate of neonatal mortality since 1992, a significant and increasing gap between access and quality of FP/MCH services in the urban and rural areas and in FP, an excessive reliance on the pill. To meet these challenges, policymakers and program managers agree that it is important to continue to increase GOM resource allocation for FP/RH services, increase participation of the private sector and NGOs, implement effective decentralization of services, improve quality and expand method choice, and introduce alternative financing mechanisms such as cost recovery.</p> <p>The Partners for Health Reform (PHR) Project is the lead CA in Morocco, and POLICY will coordinate its work in Morocco with them. In 1996 POLICY and PHR made a joint trip, in conjunction with a representative of USAID/W, to assess policy priorities and mechanisms for addressing policy needs. PHR has assigned a long-term resident advisor. The Policy Strategic Objective Team, composed of the GOM, USAID, and a select group of other CAs concerned with population and FP has been meeting regularly to develop a program of activities that will help to strengthen policy in Morocco during USAID’s phaseout of assistance in population and FP. One of the first steps is PHR’s development of an awareness-raising presentation to gain the attention of the GOM—beyond the MOH—and its commitment to the phaseout.</p>	<p><b>Staff:</b></p> <p>Country Manager J Smith</p> <p>Affiliated Staff V Cakır</p>
<p><b>Proposed Activities</b></p> <ul style="list-style-type: none"> <li>Conduct two studies at the request of the Policy Strategic Objective Team to provide data for planning during the transition period: 1) a FAMPLAN application to look at levels of service delivery, by method, and associated costs, and (2) a market segmentation study to determine whether there are contraceptive users who are better-off and could afford services through the private sector and whether the public sector could better target its resources to the poor and other risk groups.</li> <li>Host the PHR LTA for a briefing in November and commence the studies after January 1, 1998.</li> </ul>	<p><b>Funding</b></p> <p>\$ 100,000 FY95 FS  <u>\$ 203,000 FY96 FS</u>          \$ 303,000 total obligations  <u>\$ 32,520 expenditures to date</u>          \$ 217,198 remaining</p>
<p><b>Expected Results</b></p> <p>⇒ A results framework will be created to correlate with POLICY activities once a scope of work is agreed to with USAID/Rabat.</p>	

NEPAL

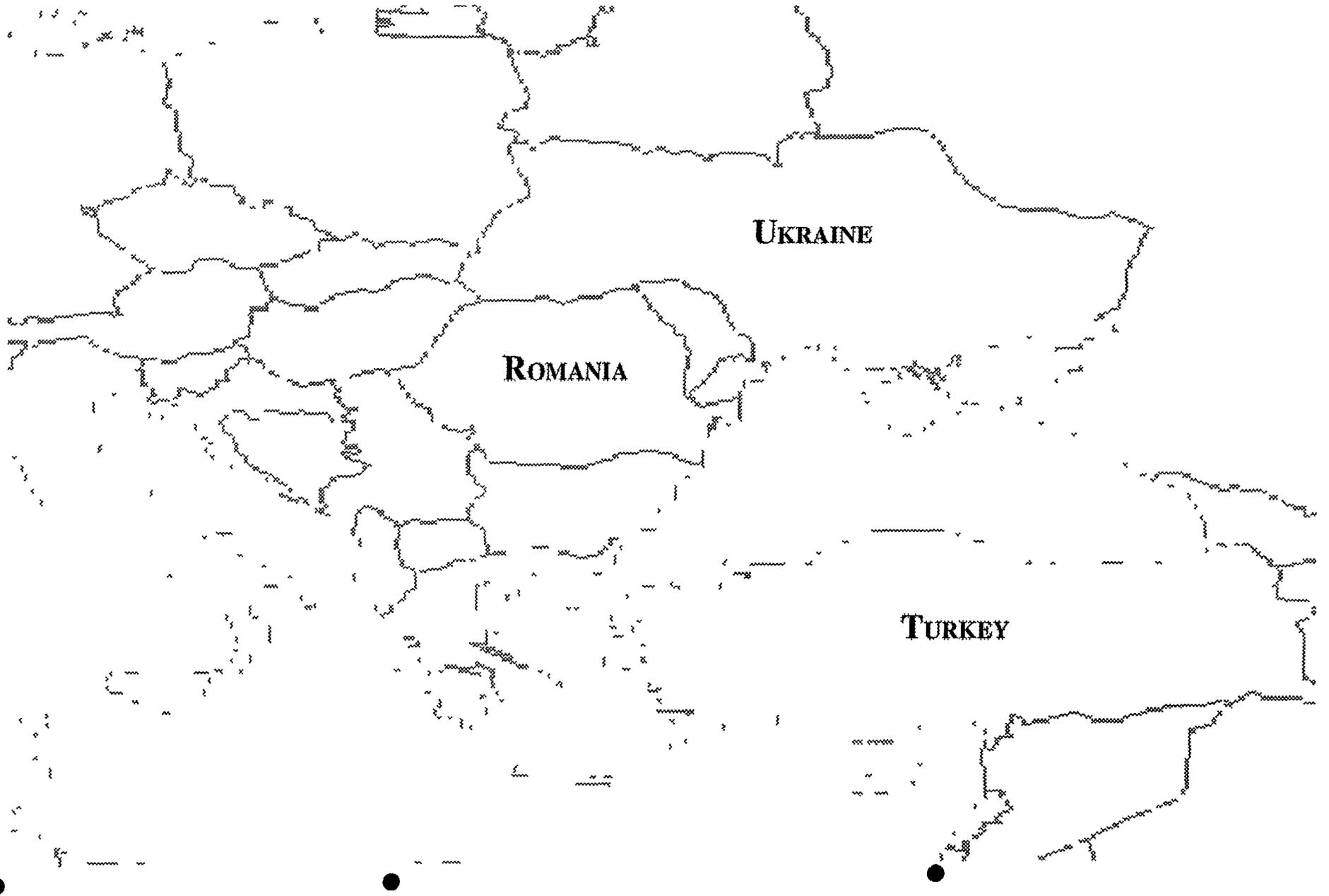
Status	Staff
<p>Policy work in Nepal is hampered by an unstable political situation. In November 1995, a Ministry of Population and Environment (MOPE) was created to replace the existing Population Division of the National Planning Commission. In not quite two years of existence, there has been considerable turnover among MOPE's senior-level staff. The Mission's emphasis in its population/RH program is service expansion. The MOH has asked for policy support to build consensus for its service delivery activities and to prioritize RH services and interventions. This need for support is an important opportunity, coupled with the continued need for strengthening advocacy skills. Given the Mission's strategic objectives, the POLICY Project will provide assistance to the MOH and MOPE in their efforts to eliminate policy barriers that influence contraceptive use and fertility, build wider support for FP through policy dialogue, prepare presentations to increase the understanding of the magnitude and impact of unmet need and RH problems in Nepal, assist MOH in efforts to define and prioritize an RH package for its program, and assist MOPE to enhance its role in policy formulation and coordination of FP/RH activities.</p> <p>POLICY Project activities for Nepal are designed to achieve the goals of Strategic Objective 2 (SO2), Reduced Fertility and Improved Maternal and Child Health. Policy efforts in Nepal will continue the policy dialogue and awareness-raising efforts through MOH/MOPE and work with MOH to operationalize the RH strategy the MOH developed in March 1996.</p>	<p>Country Manager K Agarwal</p> <p>Affiliated Staff E Mumford J Smith J Sine K M S Sathyanarayana (local)</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Update policy dialogue tools, such as the RAPID model videos, and the cost-benefit model and presentation with 1996 Nepal Fertility and Health Survey</li> <li>• Train MOPE and MOH staff to utilize FP/RH information for policy dialogue and planning through SPECTRUM, PowerPoint, and presentation training</li> <li>• Develop a systematic dissemination program that makes use of the different policy advocacy presentations listed above and carry out widespread dissemination of all policy presentations</li> <li>• Conduct a strategic planning workshop for prioritizing of RH issues and interventions that are feasible and acceptable in Nepal</li> <li>• Provide support to MOPE to develop a 15-year prospective plan for population and environment</li> </ul>	<p>\$ 100,000 FY95 FS \$ 66,000 FY96 core \$ 100,000 FY96 ANE Bureau <u>\$ 92,000 FY97 ANE Bureau</u> \$ 358,000 total obligations <u>\$ 114,346 expenditures to date</u> \$ 243,654 remaining</p>
Expected Country Results	
<ul style="list-style-type: none"> <li>⇒ Increased political commitment for FP/RH</li> <li>⇒ RH priorities developed and operationalized for MOH</li> <li>⇒ Enhanced capacity for long-term population planning by MOPE</li> </ul>	

PHILIPPINES

Status	Staff
<p>The goal of the POLICY Project in the Philippines is to improve the policy climate for FP/RH. The Philippines faces three crucial factors with ramifications for the FP program. First, national and local elections take place in 1998, and due to term-limit laws, the president and more than half of the legislators and local government chief executives cannot run again. None of the current candidates are openly supportive of the FP program. The new president will likely select a new Secretary of Health, who will determine the priority of the program for the next six years. Second, the enacted Local Government Code transferred implementation of virtually all public sector programs, including FP, to LGUs, complicating the policy situation. Third, there is growing recognition that the public sector cannot meet the needs of current users, much less new acceptors, as prevalence and women of reproductive age increase. In addition, USAID is phasing out its donation of contraceptives by 2001, meaning the government will need to either purchase contraceptives, a highly controversial move in this country where the Catholic church commands great influence, or find other donors to provide commodities.</p> <p>POLICY's mandate, in light of this background, is to assist USAID/Manila in achieving two of three results packages (RPs) RP2, strengthening national systems to support the FP program, and RP3, increasing participation of the private sector in the FP program. POLICY's primary activities include (1) advocacy at both the national and local levels, (2) institutional strengthening of POPCOM, which has the mandate to formulate policy, provide overall coordination of the population program, and is the lead agency for advocacy and (3) a set of activities to foster policy reform that will contribute to program sustainability by expanding the private sector's role in the FP program.</p>	<p><b>Country Manager</b> Mark Sherman (Resident Advisor)</p> <p><b>Affiliated Staff</b> Vilma Aquino (local) Roy Brookes Joan Cortez (local) Sheila Rejano (local) Felix Taneda (local) Bill Winfrey</p>

Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Follow up its 1996 benchmark of developing a National Population and Development Advocacy Plan (NPDAP) and 1997 benchmark of developing one national and 15 regional RAPID models by providing technical and financial assistance to POPCOM and selected NGOs to implement the NPDAP</li> <li>• Strengthen POPCOM's capabilities by designing institution-building activities to undertake activities that fall under its mandate both at the national and regional levels including policy analysis, planning, and provision of TA to LGUs</li> <li>• Build public-private partnerships to continue dialogue between the two sectors that will lay the groundwork for needed policy reform to increase participation of the private sector in the FP program</li> <li>• Conduct a series of studies on the private sector, including the first part of a contraceptive market structure (a demand analysis), a study on existing donation policies in the public sector an examination of existing LGU "natural experiments" with cost recovery schemes such as means testing and user fees, and a legal and regulatory analysis. These studies complement earlier studies or those currently underway a market segmentation study, a consumer intercept study to learn why those who can afford to pay for FP use the public sector, and the second part of the contraceptive market structure (supply analysis). These studies will provide for a process to foster policy reforms to guide current users who can afford to pay to shift from the public to the private sector as well as to guide new acceptors who have the ability to pay to the private commercial and NGO sectors. The studies will also be used in a sectorwide strategic planning/market segmentation plan to identify appropriate niches for public, private commercial, and NGO sectors and attempt to match consumers with the most appropriate providers</li> </ul>	<p>\$ 200,000 FY95 core            \$ 983,000 FY96 FS  <u>\$ 900,000 FY97 FS</u>            \$1 883,000 total obligations  <u>\$ 987,781 expenditures to date</u>            \$ 895,219 remaining</p>
<b>Expected Country Results</b>	
<ul style="list-style-type: none"> <li>⇒ Increased support at the national, regional and local levels</li> <li>⇒ Strengthened capabilities within POPCOM for advocacy policy analysis, planning, and for providing technical assistance to LGUs</li> <li>⇒ Two policy reforms leading to increased participation of the private sector in the FP program</li> </ul>	

# EUROPE/NEWLY INDEPENDENT STATES (ENI)



ROMANIA

Status	Staff
<p>Although political and socioeconomic restructuring started after the 1989 revolution, changes in Romania have been gradual and problems persist, making life difficult for the most vulnerable segments of the population. Contraceptive use remains low. Around two million women have an unmet need for FP or more modern effective contraception. Low contraceptive prevalence rates and use of predominantly traditional methods have resulted in abortion and abortion-related maternal mortality rates among the highest in Europe. The policy environment is not supportive of FP/RH activities. An FP/RH analysis (POLICY 1997) showed the lack of clear national population or RH policies. Although FP centers were recently established across the country as part of a health sector loan package, the government of Romania does not view FP/RH as crucial.</p> <p>The POLICY Project will assist USAID/Bucharest to attain "improved welfare of children and women" (SO3 2) by focusing on "increased use of women's health services" (IR2) subresults emphasizing access and quality of women's health services. The goal of POLICY/Romania is an 'improved policy environment for FP/RH'. Improving the overall policy environment can be achieved through more government support for FP/RH, which, in turn, will contribute to increasing access to and improved quality of FP/RH services. POLICY will utilize continuing TA from the central office, its local office, other Romanian partners, and other USAID CAs to implement the country program.</p>	<p>Country Manager I Feranil</p> <p>Affiliated Staff D Draghici (local) M Clyde T Valenzuela Participation specialist Policy consultant (local) Media consultant (local) Administrative assistant (local)</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Awareness-raising activities—identifying and training FP/RH advocates in the use of policy tools, development of a plan to reach decision makers, preparation of policy presentations, presentation of policy presentations to Cabinet, MOH leaders and the parliament</li> <li>• Consensus-building workshops—multisectoral forums aimed at defining RH and its component elements for a national RH program</li> <li>• Development of FP/RH service delivery policy guidelines—assemble Task Force, conduct workshop to initiate the process, prepare guidelines, conduct workshop to resolve regulatory issues, provide production and dissemination of guidelines</li> <li>• Media workshops on FP/RH using FP/RH press kits developed earlier by POLICY, policy dialogue with media owners, publishers, and editors</li> <li>• Coalition skills-building—workshops in organizational strategic planning, advocacy, working with the media, and communicating to policymakers, provide minigrants to NGOs</li> </ul>	<p>\$ 400,000 FY95 FS \$ 390,000 FY96 FS <u>\$ 350,000 FY97 OYB</u> \$1,140,000 total obligations <u>\$ 796,439 expenditures to date</u> \$ 343,561 remaining</p>
Expected Country Results	
<p>⇒ Increased and accurate media coverage of FP/RH issues</p> <p>⇒ Enhanced advocacy capabilities of RH Coalition</p>	

**TURKEY**

<p><b>Status</b></p> <p>Turkey's country strategy has three long-term objectives (1) achieve contraceptive self-reliance in the public sector, (2) foster efficient use of FP resources, and (3) ensure greater participation of NGOs and commercial and governmental organizations in policy processes. Dedicated teamwork among U.S. and Turkey-based personnel continues to progress. Toward achieving contraceptive self-reliance, POLICY conducted research to analyze the market structure for FP service delivery and identify private sector leaders in building partnerships with the government of Turkey (GOT). Applying findings from this research, POLICY facilitated policy dialogue at the May 1997 Public-Private Partnership Workshop. Additionally, GOT is restarting its first trial procurement of contraceptives. The <i>National Strategic Plan for Women's Health (WH) and Family Planning</i> was produced/disseminated and implementation planning is underway.</p>	<p><b>Staff:</b></p> <p>Country Manager M Clyde</p> <p>Affiliated Staff J Sine T Valenzuela S Richiedi D Boztok (local) S Ozdilekcan (local) V Cakir</p>
<p><b>Proposed Activities</b></p> <ul style="list-style-type: none"> <li>• Create a strategic planning approach and monitor its implementation for efficient use of resources. continue TA for MOH to finalize a National Implementation Plan for WH/FP, cosponsor a dissemination seminar, conduct a training workshop on monitoring and evaluation, and provide TA to develop an evaluation component for the National Strategic Plan in WH/FP</li> <li>• Complete GOT self-reliance initiatives with respect to contraceptive commodities for public sector services. provide TA for 1999 budget analysis update, monitor procurement process, and provide TA for developing cost-recovery strategies</li> <li>• Develop a market segmentation plan to foster efficient resource use. conduct follow-on analysis of the baseline study, assist in developing a market segmentation plan, and cosponsor a workshop for gaining commitment among the main groups of FP policymakers</li> <li>• Strengthen communication between the public and private commercial sectors to build effective partnerships. facilitate communication and meetings with private FP providers to explore the possibilities of forming an alliance (pilot initiative)</li> <li>• Strengthen KIDOG to advocate for FP/RH. develop an advocacy strategy and support implementation through training, tool development and advocacy projects</li> </ul>	<p><b>Funding</b></p> <p>\$ 200,692 FY 95 FS \$ 450,000 FY 96 FS <u>\$ 375,000 FY 97 FS</u> \$1,412,192 total obligations <u>\$ 663,998 expenditures to date</u> \$ 361,694 remaining</p>
<p><b>Expected Country Results</b></p> <ul style="list-style-type: none"> <li>⇒ Involvement of key ministries, NGOs and the commercial sector in the strategic planning process</li> <li>⇒ Implementation plan ratified and disseminated</li> <li>⇒ Identification of recognized leaders willing to engage in ongoing public-private sector collaboration</li> <li>⇒ Market segmentation plan for targeting MOH resources developed</li> <li>⇒ Improved understanding in the public and private sectors in regard to the current market structure and the preferred market structure for FP service delivery</li> <li>⇒ Updated budget forecast report used to secure GOT FY99 funds</li> <li>⇒ GOT FY98 funds allocated for FY99</li> <li>⇒ Technical knowledge of KIDOG members in RH/population dynamics acquired</li> <li>⇒ KIDOG advocacy action for FP/RH issues among GOT policymakers implemented</li> <li>⇒ Infrastructure for communication via e-mail established</li> </ul>	

UKRAINE

Status	Staff
<p>A POLICY team made an assessment trip to Ukraine in June 1997. The team learned that, overall support for FP at all levels of the government is low. In addition, many policymakers are concerned that FP/RH programs will lead to further declines in the birth rate, which they refer to as a 'demographic crisis'. In the face of this situation, MOH and oblast health officials have expressed the need to be able to demonstrate to leaders and those who affect resource allocation that FP/RH programs are crucial for achieving national health goals, that such programs are economically feasible, and that they will not lead to a further decline in birth rates.</p> <p>POLICY aims to improve the policy environment in Ukraine by focusing on two main technical areas: (1) advocacy and policy dialogue and (2) strategic planning. The initial POLICY activities, however, will focus on advocacy. POLICY is currently proposing a two-phase study that will examine the positive impact of FP/RH programs on the health of the population and on the economic feasibility of FP/RH services. The findings from each phase of the study will be used by MOH and oblast health officials in advocacy activities to raise awareness among high-level decision makers. The POLICY work in Ukraine will focus on the national level and in Odessa oblast.</p>	<p>Country Manager C Bickert</p> <p>Affiliated Staff M Clyde B McGreevey K Foret L McCallister Local consultant to be named</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• TAG meetings with representatives from the national coordinating committee for the national FP program, oblast health departments, and NGOs to prepare the advocacy strategy and reach consensus on policy issues to be addressed by the study</li> <li>• Subcontracts with local research agencies to conduct Phase I of the study on the impact of FP/RH programs in Ukraine</li> <li>• TA to research agencies in design and implementation of the study</li> <li>• TA to MOH and oblast health officials in preparing advocacy materials using the findings from the study</li> <li>• Financial and technical support in the implementation of advocacy seminars at national and oblast levels</li> </ul>	<p><u>\$ 200,000 FY95 FS</u> \$ 200,000 total obligations <u>\$ 67,849 expenditures to date</u> \$ 132,151 remaining</p>
Expected Country Results	
<ul style="list-style-type: none"> <li>⇒ Increased awareness of decision makers about FP/RH</li> <li>⇒ Improved capacity of Odessa oblast decision makers and national officials to advocate for FP/RH programs</li> <li>⇒ Increased availability of data for decision makers in Odessa oblast and the MOH</li> </ul>	

# LATIN AMERICA/CARIBBEAN (LAC)



**BOLIVIA**

Status	Staff
<p>The government of Bolivia has helped transformed Bolivian society during the last four years by making large strides in democratization. A critical element of this transformation has been the implementation of two groundbreaking laws: the Popular Participation Law (1994) and the Administrative Decentralization Law (1995). In August 1997, the new government announced extensive reforms to improve the effectiveness of the two laws and to reduce the municipalities' dependency on coparticipation funds to pay for productive and social services. With the change in government, POLICY and its local counterparts are now building the capacity of the many new officials at the municipal, departmental, and central levels who generally have limited knowledge about FP/RH. Additionally, the new government is more conservative than its predecessor, with a strong affiliation to the Catholic church. Many of its leaders are characterized as having a 1950s view of family and sexual health, and some high-ranking officials have been critical of USAID and other donors' assistance. POLICY's role in this context should be to ensure that the advances of the last five years are not reversed.</p> <p>POLICY's objective in Bolivia is to contribute to the consolidation and success of the decentralization process in the health sector, focusing on FP/RH policies. Activities are designed to build local capacity and maximize collaboration among counterparts, donors, and other CAs. The most important implication of a program based on these philosophies is the sustainability of its development interventions. POLICY relies heavily on its local team to implement the program in Bolivia, which consists of a full-time LTA, program coordinator, and a part-time participation advisor.</p>	<p><b>Country Manager</b> M Kincaid</p> <p><b>Affiliated Staff</b> G Pinto (local) S Aliaga (local) B Murillo (local) P Mostajo T Valenzuela</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Advocacy activities about FP/RH and priority topics (gender, adolescents) at municipal, departmental, and national levels) to encourage participation in local planning and policymaking, advocacy training and events in nine departments with local NGOs, TOT in leadership</li> <li>• Training for municipalities in strategic planning for health/RH services (including introduction to financing issues)</li> <li>• Research on policy impacts of decentralization/popular participation laws on FP/RH and priority topics (gender, adolescents), training to improve quality of policy-oriented FP/RH research and proposals submitted by local NGOs, workshops to translate research results for policymakers at municipal, departmental, and national levels, as inputs to local planning</li> <li>• Departmental-level PES application to assess gaps and priorities about FP/RH and related gender issues, use of results in policy dialogue/strategic planning workshops with departmental governments</li> <li>• Research/TA to increase quantity and quality of RH cost data that are available for departmental/municipal-level planning</li> <li>• Training to Directorate for Population Policies to improve quality and availability of FP/RH information and to improve the efficacy of dissemination efforts</li> </ul>	<p>\$ 300,000 FY95 FS \$ 100,000 FY96 FS <u>\$ 200,000 FY97 FS</u> \$ 600,000 total obligations <u>\$ 441,219 expenditures to date</u> \$ 158,781 remaining</p>
Expected Country Results	
<ul style="list-style-type: none"> <li>⇒ Broad-based participation in local planning</li> <li>⇒ Planning process reflects discussion of alternatives and priorities, including population/RH and related gender issues</li> <li>⇒ Improved allocation of resources to health sector in targeted departments</li> </ul>	

GUATEMALA

Status	Staff
<p>The generally negative attitude toward RH from certain high-level officials and influential parties in Guatemala continues to dampen the policy environment for RH. Hostility persists within many government circles, as does inaction from the MOH. In addition, there is great uncertainty as to the outcome of an internal executive branch debate over RH issues, which the country's vice president has doggedly supported. Even some officials responsible for implementing the Peace Accords, which promise expanded health and human services for the Mayan population and a greater role for women, view women's health as taboo for discussion. However, encouraging developments include a decision by the vice president and the Social Cabinet to propose a positive official RH policy. Furthermore, the National Statistics Institute (INE) and the MOH cosponsored a long-postponed seminar on the 1995 DHS during which the DHS was formally recognized as an official source of information on demographic and health issues. POLICY has been furnishing assistance in both of these areas and is now developing a longer term collaborative effort with INE in the effective use and dissemination of the DHS. The primary hope for improving the policy environment is a more activist civil society and a supportive legislative branch. POLICY has increased its technical and financial support to a wide range of civil society organizations, including a new women's network for building peace, the National Association of Women Physicians, and a legal rights organization, and is working with a prominent legislator to organize public hearings on women's health and RH.</p>	<p>Country Manager N Jewell Affiliated Staff L Merino V H Fernandez (local) L Lima (local consultant) P Mostajo T Valenzuela (Local participation staff)</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• <i>Policy dialogue and formulation</i> to ensure leaders and decision makers in both executive and legislative branches receive current, timely, and readily available data, activities include development of interactive presentations on population and human development, RH, and status of women, support for legislators to conduct public hearings to educate their colleagues and solicit opinions of specialists and perspectives of their constituents, and TA and financing for effective use and dissemination of DHS and other pertinent data</li> <li>• <i>Participation</i> to help civil society organizations engage in public dialogue and policy formulation, activities include continued support for institutional development of the public-private sector Women's Network for Building Peace, technical and financial assistance for groups with strong credibility who can responsibly focus public attention on sensitive issues of human sexuality and women's rights, without which it is extremely difficult to improve the policy environment for reproductive health in Guatemala</li> </ul>	<p>\$ 250,000 FY95 FS \$ 160,000 FY96 FS <u>\$ 250,000 FY97 FS</u> \$ 660,000 total obligations <u>\$ 330,487 expenditures to date</u> \$ 329,513 remaining</p>
Expected Country Results	
<p>⇒ Guatemalan leaders and decision makers better informed ⇒ Local organizations engaged in advocacy and policy process in Peace Accords and women's integrated health</p>	

HAITI

Status	Staff
<p>During the August visit to Haiti of U S Undersecretary of State Tim Wirth it was evident that a serious vacuum in leadership and direction from the Government of Haiti (GOH) exists in all sectors impacted by population growth and human development planning. Despite the high unmet demand for FP services, there has been little action to implement population policies and strengthen the nation's RH program. However, President Preval pledged to Mr Wirth that he would appoint a high-level population advisor. Immediately following this pledge Mr Wirth met with key players in Haiti's population and RH activities to share concerns, one result of which was the formation of an ad hoc Haitian task force to develop a strategic vision of a national population and RH effort. With technical direction and support from the POLICY Project the task force developed and forwarded to Mr Wirth a document describing their vision, underlining the critical need to focus on political will, leadership and meaningful community participation in a national population and RH program including strong civil society activism, RH services responsive to client needs particularly adolescents and young adults, and empowerment of women including girls' education. The Mission is using the group's vision to prepare its strategic plan for the next year, and Mr Wirth has requested that it be used to prepare an action plan for Haiti following the principles of the Cairo Program of Action, which he will use to secure significant additional resources from other donors. The POLICY Project will provide technical direction for developing the plan through a collaborative effort with the task force. In addition, POLICY continues to pursue its approved workplan, supporting strategic planning in expanding RH services through a memorandum of understanding with MSH, policy dialogue through the effective use and dissemination of data and support for civil society participation in policy. With additional field support, POLICY has been able to employ two key local consultants as full-time personal services contractors and establish an office in-country.</p>	<p>Country Manager N Jewell Affiliated Staff L Eustache (local) E Ade (local) E Gaillard (local consultant) J Jordan J Smith W McGreevey E Monin C Pill (consultant) N Bella</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• <i>Planning and finance</i> strengthen the decision-making process fundamental to an ongoing operational national RH plan, furnish technical support for the Haitian plan of action in collaboration with the task force, and in collaboration with MSH/HS2004 and other projects provide strategic planning assistance and training at central and subnational levels in identifying and generating needed data</li> <li>• <i>Policy dialogue and formulation</i> develop institutional capacity in population policy formulation and implementation through transfer of technology and skills to key officials and planners in the executive and legislative branches at central and decentralized levels, and in data generation, analysis, and use of planning tools to support population policy development, awareness raising, integration of demographic variables into national planning for socioeconomic development, and intersectoral strategies to achieve fertility reduction</li> <li>• <i>Participation/advocacy</i> assist civil society to shape public policies and to support local government, empower women in RH decision making, and identify policies to meet RH needs of adolescents and young adults</li> </ul>	<p>\$ 300,000 FY95 core \$ 200,000 FY97 FS \$ 500,000 total obligations \$ 159,803 expenditures to date \$ 340,197 remaining</p>
Expected Country Results	
<p>⇒ Civil society organizations capable of advocating for and participating in population and RH policy process ⇒ Expanded capacity of public sector to integrate population variables into national planning in sustainable human development ⇒ Collaborative strategic planning and resource allocation among government, NGOs, civil society, and donors on population and RH</p>	

**JAMAICA**

<b>Status</b>	<b>Staff</b>
<p>Contraceptive prevalence in Jamaica is currently 63 percent and the TFR is 2.9. The National Family Planning Board (NFPB) is a government agency empowered to coordinate and monitor FP activities under the National Family Planning Act of 1970. Since 1991, the NFPB has been working through a seven-year bilateral project with USAID to shift its primary focus from the implementation of subprojects to advocacy and coordination of the National Family Planning Program, which stands at a crucial point in its 30-year history. Among the challenges facing the program is a phaseout of donor financing for most of the contraceptives distributed through it. At the same time, Jamaica's economic decline has reduced the government's revenues available to expand the program. POLICY staff conducted a preliminary country assessment in October 1996 and identified several potential areas for collaboration with USAID/Kingston and counterparts, including internal strategic planning for the NFPB, sector-level strategic planning, and adolescent RH. In August 1997, the NFPB and POLICY developed and submitted a scope of work for the evaluation of the NFPB's current strategic plan, which will assist NFPB in a new cycle of planning (1998-2002).</p>	<p>Country Manager K. Hardee</p>
<b>Proposed Activities</b>	<b>Funding</b>
<ul style="list-style-type: none"> <li>• Support the evaluation of the NFPB's 1993-1998 strategic plan</li> <li>• Review the results of the evaluation with the NFPB and work with the board to carry out strategic planning at the national level</li> <li>• Include the public, private commercial, and NGO sectors in strategic planning</li> <li>• Develop a more detailed country workplan in December</li> </ul>	<p><u>\$ 120,000 FY96 FS</u> \$ 120,000 total obligations <u>\$ 685 expenditures to date</u> \$ 119,305 remaining</p>
<b>Expected Results</b>	
<p>⇒ A results framework will be created to correlate with POLICY activities once a scope of work is agreed to with USAID/Kingston</p>	

MEXICO

Status	Staff
<p>The government of Mexico (GOM) completed decentralizing the health sector in 1997, devolving responsibility for programming service delivery, and budget management to the states. The GOM requires that each state provide a basic package of health services to state residents, however, HIV/sexually transmitted infections (STI) services are not included. The decentralization process has also included a change in the role of the National AIDS Council (CONASIDA), now charged with overseeing policy and norms regarding HIV/AIDS and STIs, and the role of the State AIDS Councils (COESIDAs), which will be responsible for formulating policy proposals and operational plans at the state level, and organizing public support/lobbying for funds to support HIV/STI programs and interinstitutional coordination.</p> <p>In light of the heavy migration between the U.S. and Mexico and Mexico and Central America, and related public health and political issues, USAID/Mexico City has identified HIV/STI prevention and control as a priority area for development assistance. USAID/Mexico City is still finalizing its Results Package for this area, but gave approval in early November to the proposed program of assistance from POLICY. POLICY will support CONASIDA's efforts to strengthen the COESIDAs during the decentralization process by developing and piloting a strategic planning methodology for HIV/STI in two to three target states. By the end of 1998, the program expects to have state-level action plans for HIV/STI that identify the role of both government and nongovernmental actors and strategies to mobilize resources for HIV/STI programs. The proposal was submitted to CONASIDA in early November and tentatively approved, final approval is expected by the end of November, with activities to begin in January 1998. The program will be implemented with support from a local long-term advisor.</p>	<p>Country Manager M Kincaid Affiliated Staff L Merino</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Application of the AIDS Policy Environment Score at the national level and in 2-3 states</li> <li>• Preparation of a situation analysis report in two to three states</li> <li>• Strategic planning workshops in two to three states that follow the four UNAIDS modules (situation analysis, response analysis, strategic planning, and resource mobilization)</li> <li>• Conduct research with CONAPO on market segmentation and demand analysis pending resolution of overarching issues regarding the USAID population assistance program in Mexico</li> </ul>	<p>\$ 50,000 FY97 POP  <u>\$ 250,000 FY97 HIV/AIDS</u>            \$ 300,000 total obligations  <u>\$ 24,632 expenditures to date</u>            \$ 275,368 remaining</p>
Expected Country Results	
<p>⇒ Improved allocation of resources (human and financial) for HIV/STI programs in target states            ⇒ Active support and participation of civil society in HIV/STI policy dialogue and formulation</p>	

NICARAGUA

Status	Staff
<p>POLICY conducted a needs assessment trip to Nicaragua in August 1997. Although staff identified many areas of need in which POLICY assistance would be opportune and invaluable, the lack of strategic direction and immediate field support from the Mission necessitates that the project's involvement in Nicaragua during the next few months be narrow in scope.</p> <p>The POLICY Project thus proposes to focus its attention and available core funds on a single activity designed to promote the participation of key stakeholders in the implementation of the National Population Policy (NPP). Toward this end, POLICY will provide technical support to the Ministry of Social Action (MAS) in organizing and conducting a series of workshops to disseminate and promote a dialogue on the NPP and a draft action plan as well as to receive feedback and recommendations from the various sectors that will be responsible for the implementation of the NPP.</p> <p>Further POLICY involvement in Nicaragua will depend on the receipt of field support from the Mission in FY98.</p>	<p>Country Manager V Dayaratna</p> <p>Affiliated Staff L Merino P Mostajo T Valenzuela</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Provide TA to MAS in organizing and conducting a series of workshops to disseminate the NPP and draft action plan among key stakeholders</li> <li>• Conduct and facilitate a series of workshops for stakeholder groups (NGOs, business leaders, the National Legislative Assembly) to formulate and document their recommendations/responses to the NPP and draft action plan</li> <li>• Provide TA to MAS in reviewing and incorporating stakeholder feedback into a final population action plan</li> </ul>	<p>\$50,000 core</p>
Expected Country Results	
<p>⇒ Participation of key stakeholders in the implementation of the NPP</p>	

PERU

Status	Staff
<p>During 1997, POLICY activities focused on the implementation of a comprehensive Advocacy Model in Peru with the Red Nacional de Promocion de la Mujer (RNPM—National Network for the Promotion of Women) As a result of FY97 activities, RNPM members initiated active participation in the population policy process, through local forums, raising awareness about key issues on reproductive rights, health, and women's participation In addition, the RNPM strengthened its collaboration with other actors such as the REPOSALUD Project, which expressed to POLICY its interest in developing an advocacy strategy and program, including training and TA</p> <p>For FY98, POLICY s activities in Peru are expected to continue supporting civil society at the national and subnational levels and to encourage active and effective participation in the population policy process POLICY will be working with national and regional representatives of the RNPM (a national network of 200 NGOs), the REPOSALUD Project and its local partners, and Redes Jovenes (an NGO working with adolescents) With the purpose of supporting the integration process's among civil society, national and local governments POLICY activities consider the involvement of the Ministries of Women and Health Training and TA will be conducted in close collaboration with UNFPA and other contracting agencies working with USAID funding</p>	<p>Country Manager L Merino Affiliated Staff T Valenzuela P Mostajo Participation advisor (local) Research consultant (local) Training consultant (local)</p>
Proposed Activities	Funding
<ul style="list-style-type: none"> <li>• Enhancing the advocacy capabilities of RNPM, the REPOSALUD national and regional committees and local partners, and Redes Jovenes by providing training TA, and financing to develop and implement an advocacy strategy and plans for better quality FP/RH programs</li> <li>• Enhancing the technical capabilities of RNPM, the REPOSALUD national and regional committees, and Redes Jovenes for effective use of data in advocacy and policy dialogue activities</li> <li>• Enhancing the technical capabilities of MOH PROMUDEH and the REPOSALUD national and regional committees to integrate a client approach within the strategic planning process by providing training and TA in preparation of FP projections, needs analysis, demand scenarios, and other needed quantitative data analysis</li> <li>• Strengthening the REPOSALUD national and regional committees to serve as a base for a technical coordinating group for FP/RH analysis by providing TA in the development of plans and inputs preparation</li> </ul>	<p>\$ 100 000 FY95 FS  <u>\$ 100,000 FY96 FS</u>            \$ 200,000 total obligations  <u>\$ 203,510 expenditures to date</u>            \$ (3,510) remaining</p>
Expected Results	
<p>⇒ NGO's women's groups and other civil society/groups/individuals advocating for RH, women's rights, gender equity and other key women's key issues at the national and local levels</p> <p>⇒ Broadened participation in the RH policy process, including participation of public sector, NGO's women's group and other civil society groups/individuals at the national and selected regional levels</p>	

\* Contingent on approval, \*\* Approved

## **COUNTRIES IN THE PLANNING STAGE**

---

**KAZAKSTAN**

**RUSSIA**

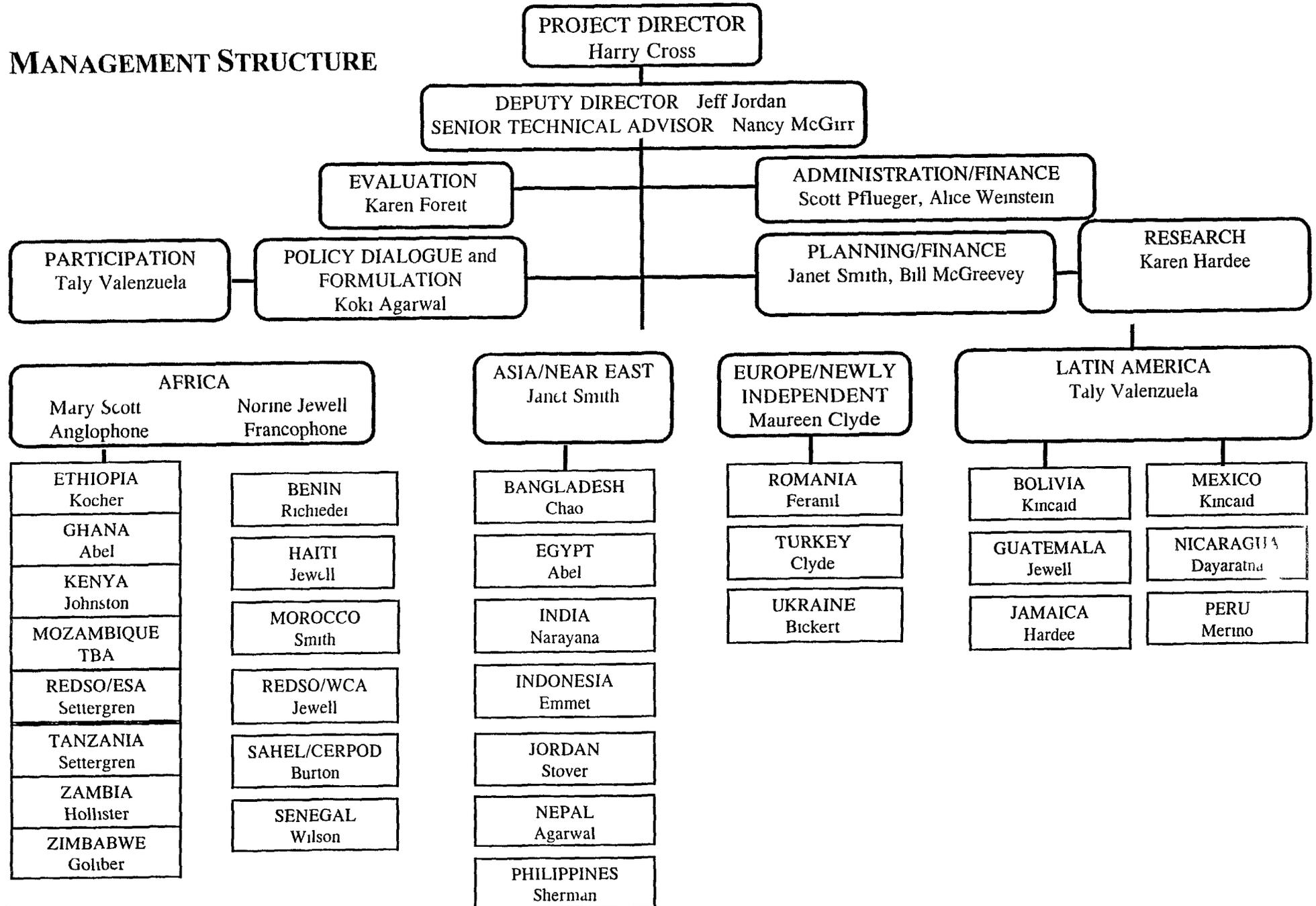
**SOUTH AFRICA**

Preliminary inquiries for POLICY assistance have been made by USAID Missions in Malawi and Mali

# APPENDICES

APPENDIX A	MANAGEMENT MATRIX
APPENDIX B	MANAGEMENT OF COUNTRY PROGRAMS
APPENDIX C	FINANCIAL SUMMARY

MANAGEMENT STRUCTURE



109

## MANAGEMENT OF COUNTRY PROGRAMS

The project's field work is managed through the regional managers as depicted above, and through country and activity managers. Several new country managers have been named. These assignments and other modifications are reflected in the table below.

Regional Managers	Country	Country Manager	Administration and Finance	CTO
<i>Africa</i> Mary Scott Norine Jewell Backstop Jeff Jordan	Benin	Sue Richiedi	Alice Weinstein	Barbara Crane
	Ethiopia	Jim Kocher		
	Ghana	Ed Abel		
	Kenya	Alan Johnston		
	Madagascar	Bill Winfrey		
	Mozambique	TBA		
	REDSO/ESA	Susan Settergren		
	REDSO/WCA	Norine Jewell		
	Sahel/CERPOD	Nadine Burton		
	Senegal	Ellen Wilson		
	Tanzania	Susan Settergren		
	Zambia	Bob Hollister		
	Zimbabwe	Tom Goliber		
<i>Asia/Near East</i> Janet Smith Backstop Harry Cross	Bangladesh	Dennis Chao	Scott Pflueger	Elizabeth Schoenecker  (India Barbara Crane)
	Egypt	Ed Abel		
	India	Gadde Narayana		
	Indonesia	Bill Emmet		
	Jordan	John Stover		
	Morocco	Janet Smith		
	Nepal	Koki Agarwal		
	Philippines	Mark Sherman		
<i>Europe/New Independent</i> Maureen Clyde Backstop Harry Cross	Romania	Imelda Feranil	Alice Weinstein	Elizabeth Schoenecker
	Turkey	Maureen Clyde		
	Ukraine	Courtney Bickert		
<i>Latin America</i> Taly Valenzuela Backstop Jeff Jordan	Bolivia	Mary Kincaid	Scott Pflueger	Barbara Crane
	Guatemala	Norine Jewell		
	Haiti	Norine Jewell		
	Jamaica	Karen Hardee		
	Mexico	Mary Kincaid		
	Nicaragua	Varuni Dayaratna		
	Peru	Lucia Merino		

## FINANCIAL SUMMARY

<b>Core-supported activities</b>		<b>Year III</b>
Caro Plus Five		\$ 138 514
Country-Specific		443 243
Evaluation		249,324
Global		50,000
Model Review		110,811
Participation		886,486
Policy Dialogue and Formulation		997,297
Planning/Finance		1 218,919
Project Development		100,000
Research		1,080 405
Special Initiatives		83,108
TD Week		287,838
Working Groups		554 054
<b>Total core activities</b>		<b>\$6,199 999 00</b>
<b>Field Supported Activities</b>		<b>Year III</b>
Bangladesh		79 925
Benin		249 000
Bolivia		140 311
Ecuador		3,904
Egypt		218,631
Ethiopia		62,500
Ghana		346 312
Guatemala		250,000
Haiti		244 772
India		950,000
Indonesia		400,000
Jamaica		75 000
Jordan		325 000
Kenya		224 146
Madagascar		9,680
Mexico		242,101
Morocco		150,000
Mozambique		175,000
Nepal		208 654
Peru		2 970
Philippines		700 000
REDSO/ESA		150,000
REDSO/WCA		175,000
Romania		333,561
Sahel/CERPOD		34 508
Senegal		195 461
Tanzania		145,000
Turkey		361 694
Ukraine		122,151
Zambia		394 928
Zimbabwe		138 047
<b>Total country activities</b>		<b>7,108,256</b>
<b>TOTAL YEAR III</b>		<b>\$13,308,255</b>