

**POLICY II PROJECT
SECOND SEMI-ANNUAL UPDATE**

January 7, 2001 – July 6, 2001

Contract No. HRN-C-00-00-00006-00

Submitted to:

**Policy and Evaluation Division
Office of Population
U.S. Agency for International Development**

Submitted August 20, 2001

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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANE	Asia/Near East
ARH	Adolescent reproductive health
AWG	AIDS Working Group
CAs	Cooperating agencies
CEDPA	Center for Development and Population Activities
CDC	Centers for Disease Control
CSO	Civil Society Organization
DHS	Demographic and Health Surveys
E&E	Europe and Eurasia
ESA	East and Southern Africa
FP	Family planning
GWG	Gender Working Group
HIV	Human immuno-deficiency virus
HRWG	Human Rights Working Group
ICASA	International Conference on AIDS and STDs in Africa
ICPD	International Conference on Population and Development
IEC	Information, education, and communication
IGWG	Interagency Gender Working Group
IR	Intermediate result
LAC	Latin America/Caribbean
LTA	Long-term advisor
MCH	Maternal and child health
MOH	Ministry of Health
MTCT	Mother-to-child transmission
NGO	Nongovernmental organization
P&F	Planning and Finance
PES	Policy Environment Score
PHC	Primary health care
PLWHA	Persons living with HIV/AIDS
PHN	Population, health, and nutrition
RCH	Reproductive and child health
RH	Reproductive health
RTI	Research Triangle Institute
SADC	Southern Africa Development Council
SO	Strategic objective
SOTA	State-of-the-art
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TA	Technical assistance
TOT	Training-of-trainers
UNGASS	United Nations General Assembly Special Session
UNAIDS	United Nations AIDS Organization
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VAT	Value-added tax
WCA	West and Central Africa

PROJECT OVERVIEW

POLICY II is a five-year project awarded by USAID G/PHN/POP/P&E on July 7, 2000, to The Futures Group International (FUTURES), The Centre for Development and Population Activities (CEDPA), and Research Triangle Institute (RTI).

The POLICY Project facilitates the development of policies and plans that promote and sustain access to high-quality family planning and reproductive health (FP/RH) services. Laws, regulations, and operational policies—and the plans and financial mechanisms through which they are implemented—should promote access to reproductive health information and services by all who need and want them. Broadening the base of support for these policies through involvement of civil society is essential to the process as is addressing the financial issues associated with the provision of FP/RH services. Only then will access to high-quality FP/RH services be sustained, even in the face of changes in government or donor participation.

While maintaining a strong emphasis on FP/RH, the project also explicitly addresses HIV/AIDS and maternal health policy issues. The project addresses the full range of policies that support the provision of high quality FP/RH and HIV/AIDS services, including:

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

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

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

At the end of POLICY's first year, the project was active in 26 countries and with three regional organizations. The following sections of this semi-annual update present the project's results framework and results achieved during the second six-month period from January 7 to July 6, 2001. This is followed by a summary of major activities for each of the project's main technical components (IRs and working groups) and each of the countries in which POLICY was active during the reporting period. The final section reports on the various ways in which POLICY collaborates with other USAID CAs and donors. The appendix shows the management structure and contains a list of all staff affiliated with the POLICY Project.

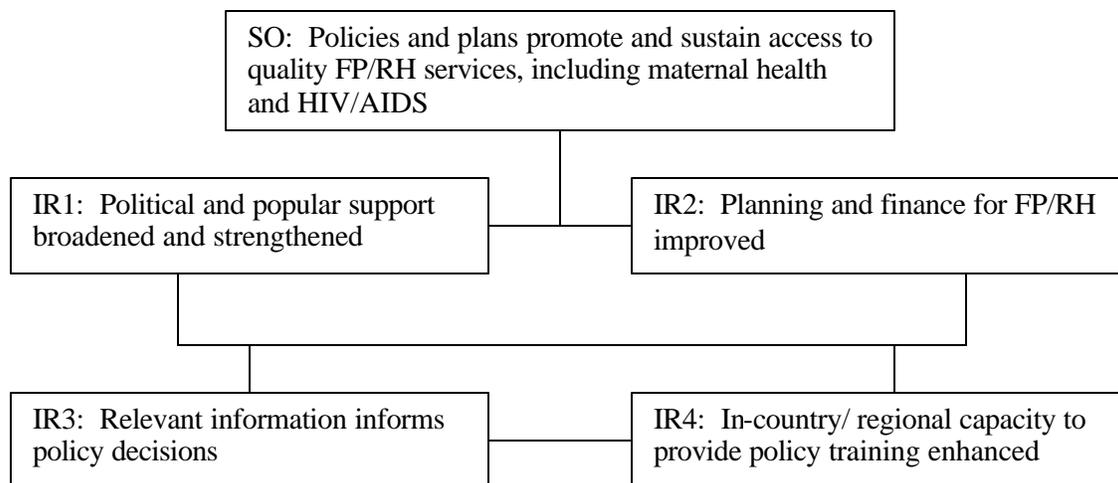
RESULTS FRAMEWORK

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

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

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

Figure 1
Policy Project Results Framework



PROJECT RESULTS

Every POLICY country workplan includes a results framework that clearly links achievement of results in country to the USAID Mission results framework. Country results are also linked to the project's results framework and the G/PHN framework. Each reporting period, POLICY tracks the achievement of country results and verifies accompanying documentation. To facilitate and systematize this process, the project uses a relational database to track results, indicators, and associated documentation.

The project substantially exceeded its performance benchmarks for the second reporting period. Overall, 12 SO-level results are presented below for 10 countries, and 32 IR-level results are presented for 14 countries. Two additional results are reported at the “global” level, which refers to results that are not specific to a particular country. Table 1 shows the total number of results achieved by country in this reporting period. A complete listing of results achieved in the second reporting period follows.

Table 1. Project Results Tally (# of results) for Period 2

COUNTRY	SO	IR1	IR2	IR3	IR4	Total Results
Africa						
Ghana					1	1
Kenya	1					1
Mozambique					1	1
Nigeria	1	1	1		1	4
Sahel		1				1
South Africa	2	1	1		2	6
Asia/Near East						
Egypt						
India	1		2	1		4
Jordan	1		1			2
Philippines	1			2		3
Europe and Eurasia						
Russia	1					1
Turkey			1	1		2
Ukraine	1	1		2	1	5
Latin America/Caribbean						
Guatemala	1	2			1	4
Haiti					1	1
Mexico	2	1		1	1	5
Peru		2			1	3
Total Countries	10	7	6	5	9	44*
Global				1	1	

* Total in this cell refers to number of results, not number of countries.

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

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

- President Obasanjo, **Nigeria**, signed and formally launched the HEAP, a short-term (36 month) national strategy for HIV/AIDS that identifies a budget and key interventions, which is intended as a multisectoral national blueprint for HIV/AIDS. The President launched the HEAP during the Africa Heads of State Summit in April 2001. POLICY provided extensive technical assistance to the National Action Committee for AIDS in preparing the document and organizing advocacy activities in support of its implementation.
- APROFAM (family planning association) and IGSS (social security institute), **Guatemala**, each published newly approved sets of norms for service delivery (June 2001 for APROFAM and February/March 2001 for IGSS). The norms address barriers to family planning access and quality that were identified in the 1999 Study on Medical and Institutional Barriers to Family Planning, conducted with technical assistance and financial support from POLICY, and are based on the resulting recommendations. The new IGSS norms include those that eliminate previous age restrictions on access to pills and prohibit using number of children as a criterion for female sterilization. One new APROFAM norm mandates that all health promoters receive the technical training necessary to provide information on all family planning methods. Another one removes limitations on the number of pill cycles that a user is eligible for—prior guidelines only allowed one cycle per visit, thus requiring users to return each month or risk pregnancy. These are but a few examples of the revised norms.
- POLICY helped develop or gain approval for the following operational plans in **South Africa**:
 - The Inter-Departmental Committee (IDC) on HIV/AIDS formally adopted the operational plan on HIV/AIDS (2001/2002) on May 8, 2001. The IDC is a committee composed of representatives from all national government departments, which supports individual departments to manage the implications of HIV/AIDS within their specific areas of responsibility. The Nelson Mandela Metropolitan Municipality (Port Elizabeth) adopted an HIV/AIDS operational plan (2001/2002) in March 2001, which is now being implemented. POLICY played a key role in the development of these plans by facilitating strategic planning sessions with relevant parties.
- The National Civil-Military Alliance Executive in **South Africa** approved the 2001/2002 strategic plan for the National Civil–Military Alliance (SACMA). POLICY played a key role in the preparation of the strategic plan by facilitating strategic planning workshops in February 2001, which involved all stakeholders within the alliance. Following POLICY’s capacity building work with SACMA in December 2000, five provincial arms of SACMA successfully applied for funding from the national DOH to carry out specific provincial activities in the next six months.
- In **Russia**, on September 21, 2000, the Regional Duma of Tula Oblast passed the law, “About Defense of Population’s Rights to Create a Family and Preserve its Health in Tula Oblast.” The law is published in the magazine “Family Planning.” In spring 2000, POLICY awarded a minigrant to Network member Irina Bogatova’s nongovernmental organization (NGO), to prepare a package of lessons learned from successfully advocating for a regional reproductive health law and amendments

in Ivanovo Oblast, and to share these lessons with colleagues in other oblasts. Dr. K. Khodarzeva, head of the Tula Family Planning Center, stated that the Ivanovo law served as the model for the Tula law and acknowledged that Bogatova's information package helped her organization successfully advocate for the law's passage.

- In late 2000, the Ministry of Health (MOH) submitted the National Reproductive Health Policy (NRHP) to the Cabinet of Ministers and President of **Ukraine**. The cabinet approved the program in February and the president adopted it by presidential decree on March 26, 2001. The broad, performance-based national program's objectives are to decrease (1) maternal mortality, (2) infant mortality, (3) the number of unplanned pregnancies and number of abortions, (4) the level of unwanted infertility, (5) the incidence of STDs and the rate HIV infection, and (6) the rate of oncological morbidity. POLICY provided technical assistance to the MOH to guide the development of the program and a budget for each activity. This constitutes the adoption of a national program.

of countries that increase resources available for FP/RH

- On March 7, 2001, the government of **Kenya** signed a new loan agreement with the World Bank that includes a commitment by the government to use \$10 million in loan funds to purchase condoms. The agreement will permit the government to procure about 300 million condoms during 2001–2004, which is projected to be about 80 percent of Kenya's condom needs. Under previous World Bank loans, the Kenyan government procured a total of 66 million condoms. POLICY's analysis and projections of condom needs for 2001–2004 and extensive policy dialogue with government and international stakeholders contributed to this decision by the government. Prior to POLICY interventions, the government was not planning to purchase any condoms with these loan funds.
- Planning and finance for FP/RH was improved in five districts of Uttar Pradesh, **India**. In March 2001, Innovations for Family Planning Services (IFPS) Project committed \$2.4 million (Rs112 million) to implement district action plans over three years. IFPS also committed to mobilizing additional resources from the postal network and railways in these districts. POLICY facilitated the entire process leading up to the allocation of additional resources. POLICY conducted baseline surveys and facilities surveys in the five districts to identify the status of FP/RH and issues related to program management. POLICY also worked with the state IFPS agency to identify specific strategies and to prepare district action plans and budgets for implementation.
- Advocacy efforts in Villanueva, **Philippines** resulted in the passage of a municipal ordinance (effective September 6, 2000) allocating a budget line item of P300,000 (approximately \$7,000) for FP/RH activities for 2001. The Municipal Advocacy Team of Balingasag, one of the pilot sites of the Local Advocacy Project (LAP I) supported by POLICY in 2000, replicated the project in the adjacent municipality of Villanueva. The team served as resource persons to introduce and implement the LAP in the new area, where the advocacy project has already conducted several FP/RH advocacy activities at the municipal and barangay levels.
- In **Mexico**, the coordinator of the state HIV/AIDS Program in the State of Mexico, Beatriz Ramirez, who is a member of the POLICY-supported multisectoral citizens group (MCG), lobbied the State Secretary of Health for several months to establish a social co-investment fund for health, modeled after the state Secretary for Social Development's fund of the same nature that provides financial support to civil society organizations to pursue social development programs. In April 2001, the state Secretary of Health created the 1st Social Co-investment Fund for Health 2001, with a budget of 5 million pesos. Ramirez successfully negotiated with the Secretariat of Health to designate 1 million pesos (US\$110,000) of this year's budget to fund proposals from NGO members of the multisectoral citizens group (MCG) working on HIV/AIDS issues.

- In the State of Mexico, **Mexico**, the MCG organized a triangulated, rapid response to a shortage of HIV/AIDS medications in March and April 2001. The MCG coordinated with the state HIV/AIDS Program HIV/AIDS and local NGOs to get temporary loans of medications from one organization to another in need, to make up for the shortages groups were experiencing in the state. This coordinated effort also resulted in a series of donations:
 - 45 flasks of the medication Fortovase to a state hospital on April 5.
 - 400 boxes of Aciclovir on May 3 to two state hospitals and two NGOs that provide treatment for PLWHA (100 boxes to each of the four institutions).
 - 10,000 syringes on May 16 from ISSSTE/Toluca to the Toluca branch of the Mexican Foundation for the Fight Against AIDS, which the NGO subsequently distributed to the via the state HIV/AIDS Program and in the name of the MCG/Yucatan, to state hospitals and NGOs that provide treatment to PLWHA.

Identified barriers to private sector participation in FP/RH policy development and service delivery reduced or eliminated

- In May 2000, POLICY completed a study, “Policy, Legal, and Regulatory Barriers to Improved Reproductive Health Services in **Jordan**.” The study revealed duties, tariffs, and sales taxes imposed by the Jordanian government on imported modern contraceptives and free family planning services provided at public sector service sites as barriers. Through continuous follow-up and advocacy by the POLICY Project, National Population Commission (NPC), and the CMS Project, two policy barriers were removed:
 - On January 9, 2001, the Minister of Finance, Minister of Industry and Commerce, and General Director of Customs issued a decision, to be published in *Jordan Gazette*, exempting all modern contraceptives from duties and tariffs.
 - On January 23, 2001, the Council of Ministers decided to exempt all modern contraceptives from sales taxes.

IR1: Political and popular support broadened and strengthened

of countries with increased public official and/or NGO support of FP/RH

- In **Nigeria**, the Minister of Defense showed increased support for HIV/AIDS prevention within the armed forces. On March 20, 2001, the Minister of Defense stressed the seriousness of HIV/AIDS in the Nigerian military and said that the primary factor in its spread was “the lack of practice of safe sex or abstinence.” He advocated for improved efforts to deal with the epidemic and promised “more equipment, medication, and other relevant resources.” He also said, “The responsibility for fighting AIDS is not only for the government,” and called upon the general public to make private donations to NGOs and the Armed Forces Program for AIDS Control (AFPAC). The minister went beyond his prepared speech and promised that a stand-alone line item on HIV/AIDS would be added to the budget for each of the services and that funding to AFPAC would be increased. Currently, AFPAC relies on funds allocated to it from other competing sources, and it is grossly underfunded. The minister also offered to immediately provide a project vehicle to AFPAC for use as logistics support for prevention, communication, and outreach activities. POLICY helped AFPAC organize Military HIV/AIDS Awareness Week in March 2001, the first-ever public event on HIV/AIDS in the military. This provided the minister with a forum to publicly support HIV/AIDS programs.
- In **South Africa**, at least 15 developmental NGOs, which had previously not focused on HIV/AIDS, have now included HIV/AIDS activities in their work. POLICY hosted provincial business meetings, which led to the establishment of four corporate sector forums in Free State, Northern Cape, North West Province, and Northern Province. While the specific functions of these forums may differ, they

aim to support local businesses in developing and strengthening existing AIDS responses. At sensitization workshops aimed at organizations addressing women's issues, six provincial "Women in Partnership" committees were formed in the Eastern Cape, North-West, Gauteng, Northern Cape, Northern Provincial, and Mpumalanga provinces. A national committee to guide the "Women in Partnership Against HIV/AIDS" was established. Provincial workshops initiated by POLICY and conducted for local religious leaders and home-based care organizations led to the establishment of self-sustaining forums, including two provincial faith-based forums in Free State and Eastern Cape to support religious leaders in addressing some of the care and counseling needs related to the HIV pandemic.

- Seventeen NGOs and 14 opinion leaders in **Guatemala**, many of which were supporting reproductive health publicly for the first time, issued a press release on February 15, 2001, in support of the National Reproductive Health Program. The press release followed an advocacy campaign conducted by the Guatemalan Association of Medical Women (AGMM), the Center of Legal Action for Human Rights (CALDH), and the Network of Women for Building Peace, with support from POLICY.
- In **Guatemala**, the Cairo Action Group (GAC) conducted an advocacy campaign, "Key Actions for Implementing the National Reproductive Health Program (NRHP)," with technical and financial support from POLICY. As a result of advocacy efforts, decision makers signed an agreement ensuring that the implementation of the NRHP will be sensitive to human rights and gender equity. The Minister of Health and Presidential Secretary of Women, signatories of the agreement, specifically committed to promote dialogue with women, include their viewpoints and proposals, and recognize their potential role in reproductive health programs. This represents strengthened commitment to human rights and gender equity within the NRHP.
- In **Peru**, vice presidential candidates of the two parties in the June 2001 run-off election signed an agreement committing their parties and presidential candidates to promote through state policy (1) participation and citizen surveillance on behalf of youth; (2) defense of young people's sexual and reproductive rights; (3) prevention of drug abuse and treatment in cases of dependency; and (4) prevention of youth violence. The agreement was signed during a forum, organized by three local NGOs—Cedro, Redess Jovenes, and Transparencia—with technical and financial support from POLICY. The forum, which took place on May 7 prior to the run-off election, and its achievements were the culmination of an advocacy process that began in March before the first round of elections and consisted of working breakfasts with the planning committees of the main parties in the elections. The NGOs will use the signed agreement as a tool for advocacy and accountability with President Toledo's government, which will be inaugurated in July 2001.
- Public and NGO sector participants in the POLICY workshop on multisectoral participatory planning for HIV/AIDS in Chiapas, **Mexico**, produced a consensus document outlining priority areas of intervention and proposed activities and agreeing that NGOs and PLWHAs would be included in the planning and implementation of HIV/AIDS activities in the state. After presentation of the consensus document to the state Secretary of Health on March 27, 2001, the secretary responded by asking for a comprehensive strategic plan for the state before the end of May with clearly outlined activities, for which he said he is prepared to allocate state resources. The secretary also declared that he would send an official request to CONASIDA and the USAID Mission requesting technical assistance from POLICY to carry out the strategic planning process. In a departure from previous directives, the secretary ordered that, during the next coordination meeting on HIV/AIDS activities and programs in the municipality of Tonalá on March 30, local health officials and the state HIV/AIDS coordinator will meet with local NGOs and PLWHAs to solicit their input to the planning process. The secretary's public support for a coordinated and systematic approach to HIV/AIDS is an excellent point of entry for activities to improve the policy environment in Chiapas and clearly demonstrate an

increase in public official support for the HIV/AIDS in the state. Further, during the POLICY meeting, participants agreed to coordinated actions between NGOs, PLWHAs, and the public sector, which represents a welcome change from a two-year virtual stalemate on efforts to coordinate actions between these groups.

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

- The Policy Development Group (PDG) in **Ukraine** incorporated 11 additional governmental and nongovernmental members from five oblasts in policy and program formulation efforts as a result of POLICY-supported activities between June 1999 and June 2000, such as policy dialogue roundtables, workshops, and meetings. The PDG, a multisectoral group of reproductive health stakeholders, created a task force to identify and remove operational policy barriers. The task force has met monthly since January 2001 to develop a set of recommendations for submission to the MOH in June.

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

- The Sahelian Journalists Network (a regional network in the **Sahel** to which POLICY has provided support) was formed in January 2001. The network elected a board, adopted a plan of action for 2001, and developed national plans of action for eight countries.
- In **Peru**, the National Network for the Promotion of Woman (RNPM) was strengthened through the elaboration of its strategic and programmatic plan. In December 2000, POLICY conducted a three-day planning workshop for members of the network's 25 departmental branches. The draft plan that was subsequently developed went through several discussions at meetings of RNPM's National Council and via e-mail with the departmental branches and was finalized in March 2001 with technical assistance from POLICY. The plan lays out objectives and strategies that will serve as a basis for project development and fundraising at both the national and departmental levels. This is a first step toward sustainability for the RNPM.

IR2: Planning and finance for FP/RH improved

of countries that develop plans or policies that promote increased resources for FP/RH

- In **Nigeria**, the National Action Committee on AIDS (NACA) adopted the HIV/AIDS Emergency Action Plan (HEAP) (formerly the Interim Action Plan) and forwarded it to the president for his signature. In March 2001, POLICY helped NACA prepare the final version of the plan and is assisting NACA in organizing a state-level advocacy visit in support of its implementation. The HEAP is expected to increase funding for HIV/AIDS, since it defines in detail the roles of various partners in the coordinated program, especially the government's role. In addition, completion of the HEAP was necessary for the preparation of a large loan for HIV/AIDS (in excess of 80 million) from the World Bank.
- On October 30, 2000, the Minister of Health of **Jordan** issued a decision, which was circulated to all regional health directors, asking them to start charging fees to clients for family planning services provided at the MOH hospital-based MCH centers, which serve half of the family planning users in the country. The fees will be consistent with the rates that govern medical services provided by the MOH. The POLICY Project, the National Population Council, and the CMS Project brought about this change through continuous follow-up and advocacy with the MOH and the Jordan Finance team working with line ministries to improve reproductive health finance.

- In **India**, the Uttar Pradesh (UP) Cabinet of approved the Operational Plan for the UP Population Policy on June 12, 2001. POLICY was instrumental in promoting the idea of an operational plan and in providing extensive TA in its preparation. The operational plan includes activities designed to promote increased resources for the reproductive and child health (RCH) program. Specific mechanisms include allocation of development funds to *panchayat* institutions to increase their role in the RCH program, inclusion and strengthening the role of NGOs and cooperatives in the program, strengthening the private health sector, contraceptive marketing, improvements in the efficiency of the logistics system, and introduction of user charges in government health institutions.
- In June 2001, POLICY **South Africa** sponsored a national summit for representatives from the hospitality and tourism sector. As a result of this meeting, a task team was established to oversee the development of a coordinated response to HIV/AIDS from the hospitality sector—an initiative to which the Chief Directorate: HIV/AIDS and STD committed R1.37 million (US\$171,250) in funding to support follow-up activities in the coming year.

of countries that identify, test, or adopt new financing mechanisms

- In **India** in March 2001, Uttar Pradesh's Principal Secretary of Health and Family Welfare has approved a privatization strategy for the government health system outlined in the Mirzapur District Action Plan, which is an unprecedented policy initiative. A community health center, serving a population of more than 120,000, will hand all its staff, buildings, and equipment over to a private agency. If the strategy succeeds in achieving better results, it will have far-reaching consequences for Uttar Pradesh's government-controlled health service delivery systems. POLICY has supported the development and implementation of district action plans in Uttar Pradesh.
- The Minister of Health in **Turkey** approved the national implementation plan for the voluntary donation policy for contraceptive commodities, which serves as a partial cost recovery mechanism. In a letter dated June 20, 2001, Minister of Health, Dr. Osman Durmus, made it clear that pilot intervention results were sufficiently successful to expand the program to 14 additional provinces (16 total now), including more populated and large provinces. The donation policy involves collecting voluntary payments from clients based on the client's ability and willingness to pay. The minister also specified that the MOH would collaborate with the Health and Social Aid Foundation (HSAF), which will collect the fees and channel most of the revenue generated to the central MOH for contraceptive commodity procurement. POLICY helped the MOH/General Directorate for Mother and Child Health and Family Planning conduct the pilot test and develop the implementation plan.

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

of national/subnational policies/plans that use information produced with support from POLICY

- In **Mexico**, CONASIDA's five-year plan for HIV/AIDS/STI used information produced with support from POLICY. Through a series of meetings with CONASIDA's technical directors and department heads, HIV/AIDS experts, state health service directors, and state HIV/AIDS/STI coordinators, POLICY staff collected information about the current situation and response to HIV/AIDS/STI. This information was used by CONASIDA in its planning process to identify priority areas and activities and strategies to address the most pressing problems. The information appears in various chapters/sections of the draft five-year plan, which was released for comments in March 2001.
- In the **Philippines**, the *Directional Plan for the Philippine Population Management Program 2001–2004*, published in December 2000, cites projections of contraceptive requirements produced by POLICY.

- In the **Philippines**, the Department of Health Reproductive Health Investment Plan, which includes FP services and commodities, was completed on April 28, 2001. The plan contains POLICY-generated data on the projections of contraceptive requirements and budgetary implications under different total fertility rate (TFR) scenarios using SPECTRUM. It now serves as guide for the DOH Family Planning Services Office and the DOH Executive Committee.
- Between January and June 2001, the PDG used “Health Sector Reform Profile: A Background Paper to Identify Operational Policy Issues in **Ukraine**,” written by POLICY’s Andriy Huk, to draft recommendations in a MOH Order: “On improving the system of outpatient obstetric-gynecologic care,” to be submitted to the MOH in fall 2001.
- In June 2001, the United Nations General Assembly incorporated estimates of the financing required to provide an expanded response to HIV/AIDS (\$7-10 billion) into the UNGASS declaration on HIV/AIDS. The estimates came from the article, “Resource Needs for and Expanded Response to HIV/AIDS,” prepared by POLICY staff in collaboration with UNAIDS and the National Institute of Public Health in Mexico.

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

- A letter from the head of the Health Care Administration of Donetsk Oblast, **Ukraine**, to the MOH, MCH Department, March 29, 2001, states that “SPECTRUM has been used in the planning of the Oblast State Administration’s yearly activities on public health.” The letter references the following ways in which SPECTRUM has been used by those trained by POLICY: (1) while meeting with local administrations in cities and *raions* (county) to reorganize and improve Ob/Gyn service delivery; (2) in published articles regarding reproductive health problems, such as HIV/AIDS and its consequences (including the newspapers *Zhizn’*, *Donetsk Novosti*, and *DonBass*); (3) in training sessions with the NGO, League of Business Women, on adolescent issues, FP/RH issues, and trafficking of women; and (4) in press conferences and roundtables with NGOs on the prevention of STDs and unwanted pregnancies and problems of reversing the dependency ratio in Ukraine. This constitutes information used in planning and awareness raising.
- POLICY’s SO2 Indicator Survey helped track the Mission’s SO2 R4 indicator results in **India**. The Mission shared results with SIFPSA and Uttar Pradesh government officials to review IFPS Project strategies and set objectives for next year. In addition, the committee established by the national government to revamp the system used the findings from POLICY’s review of the implementation of the Community Needs Assessment (CNA) approach. MOHFW officials asked for copies of the CNA report and suggested that donor agencies read the report and suggest ways to improve the system. The CNA report also provided the Tiaht Review Committee that visited India with a comprehensive overview of the target-free approach and the current status of implementation in Uttar Pradesh.
- In **Turkey**, an MOH planning document included results from the POLICY-supported pilot study testing the donation policy for achieving contraceptive self-reliance. POLICY/Turkey assisted the MOH to prepare a detailed implementation plan for implementing the donation policy in 14 additional provinces. The document includes details on expansion to the 14 additional provinces, timing of the rollout, schedule for training-of-trainers (TOT) and provincial orientation sessions, and clarification of roles and responsibilities for MOH, provincial health directorate staff, and POLICY. POLICY also helped MOH with budgeting the expansion work, which was also included in the planning document.

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

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

- Eugenia Mijangos, one of POLICY's LTAs in **Guatemala**, served as an instructor for a session on lobbying in a training workshop on February 22, 2001, "Advocacy for Policy Reform of the Penal Code." The workshop was organized by the Center for Research, Training, and Support to Women.
- In June 2001, Advocacy Advisor Theresa Effa provided advocacy training to a group of 25 NGOs in Bauchi, **Nigeria** as part of the NGO/CSO workshop that reviewed the population policy. The training was part of a POLICY initiative to setup an NGO network in support of the population policy and FP/RH issues.
- POLICY **Mexico's** LTA, Edgar Gonzalez, together with POLICY's regional advocacy consultant, Sandra Alliaga, conducted a four-day training workshop in June 2001 on political mapping and strategic planning in HIV/AIDS for 30 representatives of Mexican and Latin American NGOs working in HIV/AIDS. Participants included representatives from ASICAL member NGOs from seven countries that focus on HIV programs targeted at men who have sex with men. The workshop was sponsored by FUNSALUD, the HIV/AIDS Alliance, ASICAL, and POLICY.

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

- The first postgraduate diploma in Management of HIV/AIDS in the World of Work, which is being offered jointly by the University of Stellenbosch and the National School of Public Health at MEDUNSA in **South Africa**, uses POLICY information, facilitation, and research. POLICY provided information for six of the core modules of the approved (by the Higher Education Qualifications committee) curriculum. The modules were integrated into the curriculum beginning February 16, 2001, with ongoing efforts to test and revise as implementation occurs. In June 2001, four of the six modules were presented to 104 students during their Winter School Program.
- In **South Africa**, a revised version of POLICY's local government HIV/AIDS information and training toolkit formed the basis for a set of training materials used in a local government master training program in May 2001. Eighteen master trainers (former local government councilors/politicians) have now incorporated HIV/AIDS into their training programs responsibilities. Between July and December 2001, they will train approximately 600 local government councilors and officials from 300 local municipalities on basic HIV/AIDS information and the importance of supporting and/or financing local initiatives that aim to curb the epidemic.
- POLICY developed a curriculum, "Health in the Context of Human Rights," for the Masters Program in Social Policies at San Marcos University in **Peru**. The course will be offered from April to July 2001 and will be taught by POLICY staff. The curriculum has a strong emphasis on sexual and reproductive rights and includes sessions on strategies to integrate these rights in legislation, policies, and program planning.
- The Eduardo Mondlane University's School of Medicine in **Mozambique** incorporated POLICY-produced materials (demographic projections from AIM) into the module on infectious diseases for fifth-year medical students in the spring 2001 semester.

- In **Haiti**, a curriculum on RH supervision developed by POLICY was used in a training workshop on supervisory systems in which 20 institutions of the HS2004 Project participated. POLICY's LTA, Laurent Eustache, served as a co-facilitator of the workshop.

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

- In **Ghana**, the National Population Council (NPC), a POLICY counterpart, conducted a two-week training session in January 2001 on policy analysis and advocacy using POLICY-developed curricula. The course was then conducted for the Regional Population Councils (RPACs) in two regions of Ghana.
- In the raion of Lviv, **Ukraine**, a counterpart trained by POLICY conducted advocacy training for local reproductive health stakeholders. Svitlana Bichenko, of her own accord, provided an advocacy training workshop in March 2001 in which she presented the basics of advocacy learned from POLICY's NGO network training workshops and the NRHP. As a result, the group decided to develop a local reproductive health program and advocate for its adoption. This result exemplifies how a counterpart trained by POLICY shared her knowledge by conducting training on her own in advocacy and concurrently initiated the development of a local reproductive health program.

of instances in which POLICY contributes curricula and/or instructors in policy analysis, planning, finance, and advocacy to other training programs

- John Stover served as an instructor and developed the curriculum for a module on AIDS Modeling as part of a training course on HIV/AIDS offered by the University of East Anglia, Norwich, UK, from May 21 to June 27, 2001. The module on AIDS Modeling took place over eight days from June 18-27 and included 15 students from eight countries, primarily from Africa.

CORE-FUNDED ACTIVITIES

Core Packages

Core packages are designed to complement field programs and to advance our technical knowledge, demonstrate or test new or innovative approaches, or provide additional resources that would shed light on a critical policy issue that a Mission might not otherwise fund. Between January and June 2001 three core packages—Romania, Ukraine, and Nigeria—have been developed and approved by the CTOs and Missions. Romania core package activities were initiated during this reporting period; Ukraine and Nigeria core package activities will start in the next reporting period.

Romania Core Package: Initiated in early March 2001, this package is assisting Romania's Ministry of Health and Family (MOHF) to identify and eliminate operational constraints to the implementation of recently approved national contraceptive security policies. These policies aim to channel free contraceptives to disadvantaged segments of the population and ensure affordable supplies to low-income groups, especially in rural areas.

Three policy research reports are being finalized: (1) an assessment of operational barriers to implementing contraceptive security policies in Romania; (2) an analysis of contraceptive marketing strategies; and (3) contraceptive financing in the public sector. Research results will form the basis of policy dialogue to develop recommendations for action by high-level decision makers. Additionally, the process of network formation is currently underway in three USAID priority *judets*.

Ukraine Core Package: This core package is designed to help implement Ukraine's National Reproductive Health Program (NRHP) 2001–2005 by eliminating operational policy barriers and strengthening the capacity to set reproductive health program priorities and more effectively allocate resources at the local level. Activities include collecting and analyzing data on specific barriers impeding the efficiency with which reproductive health services are delivered. The findings will be presented in policy papers. The Policy Development Group (PDG), a multisectoral group of reproductive health stakeholders, will use the findings to develop recommendations for the Cabinet of Ministers, and detailed guidelines for implementing the recommendations. The priority-setting initiative will involve introducing priority-setting models to local counterparts and determining the approach to be used. Then POLICY will convene a workshop to apply the model and set priorities. It is expected that the information will be used to incorporate priorities into a local reproductive health program(s).

The POLICY/Ukraine core package team is in the process of finalizing sites for the operational policy studies and the priority-setting initiative. A local subcontractor has been identified to undertake the fieldwork, which is expected to begin in August 2001. Adaptation of the Columbia Framework for use in setting reproductive health program priorities is underway. Core package activities will be launched in September.

Nigeria Core Package: The package, scheduled to begin in August 2001, will use the full range of POLICY tools and strategies in a single state in Nigeria in support of young adult reproductive health (YARH). It will result in state government approval of a YARH strategic plan and increased funding for YARH programs in the state. The strategy will outline interventions that target specific YARH programs and subpopulations and have resource requirements and a detailed budget. A youth advocacy network will also be formed to participate in the development of the plan, garner political and budgetary support of the strategy, and provide ongoing support for other YARH issues.

IR1: Political and popular support broadened and strengthened
Director: Sue Richiede

IR1 activities are designed to build political and popular support for client-focused FP/RH, HIV/AIDS, and maternal health policies and programs through the formation of sustainable NGO advocacy networks; development and support of private and public sector policy champions; and creation/strengthening of private–public sector partnerships in policy processes.

Summary of Major Activities:

- *Finalized Network Sustainability Module.* The training module will be used with experienced networks to guide the development of network sustainability plans. The training is the first step in a process of helping advocacy networks implement systems and structures aimed at achieving sustainability.
- *Initiated development of Partnerships Module.* The module is designed to strengthen public and NGO leaders' understanding of and commitment to building partnerships to foster participatory policy processes.
- Finalized data collection tools to measure IR1 indicators:
 - Network Member Profile—captures information needed to demonstrate that networks include organizations representing human rights, maternal health, and adolescents.
 - Advocacy Network Questionnaire—demonstrates formation of new networks.
 - Advocacy Network Sustainability Assessment—a process for developing network sustainability plans and assessing network efforts to implement plans.
- Collaborated with Maternal and Neonatal Health (MNH) Project to develop joint MNH/POLICY proposal to support advocacy and leadership workshops in three regions for midwives associations.

IR2: Planning and finance for FP/RH improved
Director: Koki Agarwal

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

Summary of Major Activities:

- Prepared two presentations to inform USAID Missions about the need to address P&F issues in their countries and to help country managers develop skills necessary to use this tool in support of project objectives. One of the presentations, “Approaches and Actions,” focuses on setting the context, defining P&F, and demonstrating the link between P&F. The other presentation, “Key Issues and Challenges for Governments and Donors,” demonstrates approaches to addressing the key policy challenges that governments, donors, and private providers face in the area of P&F.
- Contributed to article, “Resource Needs for an Expanded Response to HIV/AIDS,” published in the June issue of *Science* written by 11 persons, including two from UNAIDS and four from POLICY. The paper is being used extensively in the HIV/AIDS community to inform policy discussions.
- Provided technical assistance to the Commonwealth Regional Health Community Secretariat (CRHCS) in the preparation of HIV/AIDS strategies for the 14 member governments, which included:

- Prepared a background analysis paper, “Issues and Strategies for Sustainability of Family Planning Service in Egypt,” for the Population Sector Sustainability Conference held in Alexandria, Egypt, from May 3–4.
- Participated and provided assistance in the ongoing sustainability strategy development process in Egypt. Prepared the conference report, “Sustainability Issues, Proposed Strategies, and Policy Dialogue Outcomes,” in collaboration with the POPIV counterparts, which was submitted to the recently constituted FP Sustainability Committee of the MOH.
- Provided technical guidance to Philippine work to develop improved financing through local government units (LGUs) in the Philippines via support of “convergence workshops” in up to eight localities.
- In Romania, conducted an assessment on how national contraceptive financing and targeting policies are being implemented by local entities, including FP clinics and primary care family doctors. The findings of the assessment will be presented at a roundtable in October.

IR3: Relevant information informs policy decisions

Director: Karen Hardee

Development and use of information are crucial to successful policy assistance. The objective of IR3 is to provide information, generated from primary or secondary research, or the application of computer models, to understand reproductive health dynamics, explore answers to key policy questions, advocate for change, and estimate the resources required to achieve reproductive health goals. Having policy-relevant information will allow national or local policymakers, planners, and researchers to explore the implications of current trends in data, develop evidence-based solutions to existing problems, and define the actions and resources required to achieve their goals.

Summary of Major Activities:

- Continued to disseminate the SPECTRUM system of models through the Internet and mail. DemProj and AIM were translated into Portuguese, AIM and FamPlan were translated into Spanish, and the French version of SPECTRUM was updated.
- Began work on the new Safe Motherhood Model. The model links the Maternal and Neonatal Program Index (MNPI) with various estimates of maternal mortality and social setting to show the relationship between safe motherhood programs (mediated by social setting) and maternal mortality.
- Drafted a paper on operational policies, “Addressing Barriers through Operational Policy Reform: Improving Reproductive Health Programs,” which was sent to all project technical staff for review and comments.
- Drafted two sections of the efficacy guide for reproductive health interventions (Safe Motherhood and Mother-to-Child Transmission (MTCT)).
- Provided assistance to the Ukraine country program to develop and review a research protocol on operational policy barriers.
- Submitted a paper for publication to *International Family Planning Perspectives*, “Contraceptive Method Choice in Developing Countries,” which draws on analysis undertaken during POLICY I.

IR4: In-country/regional capacity to provide policy training enhanced
Director: Joseph Deering

The purpose of IR4 is to develop local and regional training capabilities in order that the training of current and future policy champions and authorities responsible for formulation of health policy and policy advocates is self-sustaining. IR4's two objectives are to (1) improve the skills of POLICY LTAs, in particular, but of all POLICY staff as well, to advance the policy process; and (2) strengthen institutional training capacities in policy topics at regional and local institutions and universities.

Summary of Major Activities:

IR4 Washington staff conferred with three regional coordinators of capacity development for several months. Together they established a general agreement regarding the IR4 strategy and selected approaches to implementing the strategy at universities and key training institutions in Egypt, Jordan, and the Philippines. Discussions also produced an agreement to meet late 2001 or early 2002 to standardize capacity development approaches in the field, identify and refine prototypic policy course learning packages, and devise an action plan and timetable based on field realities for meeting IR4 objectives over the life of the project.

These exchanges also resulted in the elaboration of concepts regarding policy internships supervised by LTAs and in the development of a practical brochure explaining IR4 activities and potential support for use by LTAs at universities and training institutions. Additional progress took place in the development of a practical inventory of existing policy and policy-related courses relative to health and population issues that POLICY could utilize to strengthen and insert specific modules on policy analysis, formulation, and advocacy.

In February 2001, Dr. Mona Khalifa, Country Director, POLICY/Egypt, conducted several presentations and provided overall guidance during the three-day course for 38 high-level participants of the Ministry of Health and Population. The course, Executive Course in Finance and Economics, was funded largely through the POP IV Project with inputs from Management Sciences for Health (MSH). IR4's interest and support related specifically to assessing this course for possible modification and replication in subsequent years. To this end, Dr. Khalifa engaged two consultants to assist in this assessment, and conferral continues with IR4 staff in Washington regarding future replication of the course.

With a similar objective in mind regarding future replication of a specific course, conferral took place between LTA, Edgar Gonzalez, POLICY/Mexico and IR4 regarding a four-day collaborative training workshop in the use of the policymaker software and political mapping methodology, which took place June 2001. One of the course sponsors, ASICAL, has requested further training by Gonzalez and POLICY, in advocacy (including political mapping), for in-country members of its NGO network.

Three members of POLICY staff, Koki Agarwal, Joseph Deering, and Kevin Osborne participated in a Training Working Group established by USAID/PHN and coordinated by the Synergy Project for the planning and design of the USAID SOTA Course on HIV/AIDS. Kevin Osborne was assigned as one of three co-facilitators and principal designers of the definitive course scheduled for July 2001 in Washington.

Joseph Deering participated as a cochair of the Capacity Human subgroup of the HIV/AIDS New Indicators Working Group (HANIG), established by USAID/HPN and coordinated by the Synergy Project. POLICY and DHS/Macro developed a joint workplan for strengthening CRHCS senior staff

capabilities in the interpretation and use of health and population data relative to policy analysis, formulation, and advocacy.

SSO2 Core Activities (Maternal Health)

Director: Koki Agarwal

To develop advocacy tools to increase the political and popular support for maternal health and to improve planning and resource allocation in maternal health services.

Summary of Major Activities:

- Jeff Sine participated in USAID’s Maternal Health Finance Workshop, hosted by Abt Associates, in June.
- *Maternal and Neonatal Program Index (MNPI)*. MNPI has been initiated in Turkey, Romania, and Ukraine. POLICY is requesting approval and is in the design phase in Russia. MNPI Country Briefs are being produced for the 49 countries that participated in data collection for the index. In addition, POLICY completed MNPI Country Briefs for nine Francophone countries for the Regional Symposium on the Reduction of Maternal and Neonatal Mortality, held in Bamako in May. POLICY staff also participated in this symposium.
- *Midwifery Leadership Development and Advocacy Project*. POLICY is collaborating with MNH and ICM in the design and implementation of the “Midwifery Leadership Development and Advocacy Project.” A concept paper for this project has been vetted and approved by senior management of POLICY, MNH, and ICM, and approved by the CTOs and SSO2 Team. Specifically, the activity is geared toward building the capacity of midwives to advocate for policies and programs that promote quality midwifery care and women-responsive health care systems. This goal will be achieved through a regional advocacy workshop for midwives in Africa. MNH will coordinate logistical support for the workshop, and POLICY will serve as the technical lead for activities through agenda development, advocacy training and technical assistance. In preparation for the regional meetings, MNH developed a maternal health supplement to POLICY’s Advocacy Training Manual, which will be used in the training. A first draft of the supplement has been submitted to POLICY and is currently being reviewed by Sue Richiedei, Koki Agarwal, and Nicole Judice.

SSO4 Core Activities (HIV/AIDS)

Director: Kevin Osborne

Through its numerous HIV/AIDS activities, the POLICY Project’s goal is to improve the multisectoral policy environment to support an effective and expanded comprehensive response to the HIV/AIDS epidemic. Multisectoral field-based activities are supported by developing tools and information to build political commitment, formulate appropriate policies, plan the national response, and foster broad participation. Building and strengthening the *policy synergy* between the HIV/AIDS responses of both national governments and key sectors of civil society is a key ingredient of a sustained HIV/AIDS response. A special focus is our work to improve understanding of human rights issues, with a special emphasis on stigma and discrimination, and to develop approaches to protect the human rights of those both infected and affected by the epidemic.

Summary of Major Activities:

- *Promoting Human Rights*. We are working to improve the human rights environment for HIV/AIDS through training, awareness raising, legal and regulatory reviews, networking, and technical

assistance. During this reporting period, POLICY provided advocacy training for ASICAL, an association of organizations in Latin America that support the rights of men who have sex with men. POLICY collaborated with the PASCA Project to adapt the presentation on AIDS and human rights for Central America.

- *Zambia Human Rights Initiative.* We are implementing an activity in Zambia to use mass media to inform people about their human rights and refer them to a network of human rights organizations that can provide assistance to those who need it. Subcontracts were developed with NZP+ for counseling, WLSA for legal analyses, and ZAMCOM for media programs. ZAMCOM has designed a new media campaign, which will start this summer.
- *U.S. Ambassadors' Small Grants Program.* These programs provide small grants to development NGOs that are not currently active in HIV/AIDS. POLICY provides training in integrating HIV/AIDS into project plans and transfers skills in proposal development and in monitoring and evaluation. The NGOs develop proposals and conduct activities to add an HIV/AIDS component to their existing project activities. Programs are underway in Swaziland, Lesotho, and Botswana under the auspices of the U.S. Ambassador in each country.
- *AIM Update.* A new module has been added to AIM that demonstrates the impact and cost-effectiveness of programs to reduce mother-to-child transmission of HIV.
- *National HIV/ AIDS Policy Compendium.* Regular updating of the HIV/AIDS policy database continues and the latest version is posted on our website. In addition, POLICY conducted a survey of the HIV/AIDS policies of USAID CAs and reported on the results at the IWG meeting in June.
- *Southern African Development Commission (SADC).* POLICY is working with the Health Sector Coordinating Unit of SADC to analyze HIV/AIDS policies in member states and develop model policies and recommendations. Consultants in member countries have collected national and sectoral policies. A summary report has been prepared and is under review at SADC.
- *UNAIDS Reference Group on Models, Estimates, and Projections.* During the reporting period, the reference group in which POLICY participates developed a new estimation and projection model to replace EpiModel for preparing the annual estimates of HIV infection in all countries. POLICY has implemented this model in Excel and begun using it in country and training applications.
- *UNAIDS Reference Groups on AIDS and Economics.* During this period, POLICY collaborated with UNAIDS and the National Institute of Public Health in Mexico to prepare an analysis of the costs of meeting the goals of the declaration of the UN Special Assembly on HIV/AIDS. The results of this work were published in *Science* in June.
- POLICY conducted a training course on AIDS modeling for 15 participants from developing countries. The course was organized by the University of East Anglia; John Stover served as one of the instructors.

Quality Assurance and Evaluation

Director: Nancy McGirr

The Quality Assurance and Evaluation team ensures adherence to the project's reporting requirements; provides technical oversight for workplan development and evaluation activities; and oversees document review, production, and dissemination. The QA team also provides guidance on the results framework, indicators, and data sources and develops guidelines on how to report results.

Summary of Major Activities:

- Completed the "Project Design, Evaluation, and Quality Assurance Guidelines" binder and the Results Database and its accompanying documentation. The binder is intended to provide uniform guidance to staff on the project's results framework and indicators, evaluation procedures and tools, deadlines and reporting requirements, and quality control procedures. More than 100 copies of the

binder have been distributed thus far. In addition, electronic copies of all the files included in the binder are available on the Intranet and will be updated as needed.

- Reviewed strategies and workplans for four countries.
- Completed the Results Database and its accompanying documentation. The Results Database assists staff in storing workplan and semi-annual results data for countries participating in the project. It provides a user-friendly interface for entering relevant data and automating the generation of reports, which combines and analyzes the data as needed.
- Completed first round of improvements to POLICY's Intranet. In addition to an improved interface, improvements include a revised travel section, updated databases of staff listings, and resource collection materials, and expanded content for working groups. Further improvements are underway.

Gender Working Group (GWG)

Chair: Mary Kincaid

The GWG's purpose is to help POLICY staff better address gender as a crosscutting issue in the project's core and field activities by providing information, technical assistance, and training to POLICY staff and by participating on the PHNC Interagency Gender Work Group (IGWG).

Summary of Major Activities:

- The GWG prepared a new Gender web page for the POLICY Intranet and updated relevant materials, links, and the searchable database.
- Jeff Jordan, Mary Kincaid and Susan Settergren served as co-chairs for the Gender and Policy subcommittee (through April) and provided the majority of technical inputs to the subcommittee's work. Among other activities, POLICY staff helped design and served as co-trainers for "Workshop on Gender and Health," held for representatives from the PopTech, MEDS, and Synergy projects (January); "Gender and PHN Programs: Issues, Approaches, and Tools" for USAID staff from the Population Leadership Program (February); and a presentation on gender and PHN, for the IWID Fellows Training Program in March. Additionally, POLICY staff participated in the development of gender training workshops for the PRIME Project and for MSH in Boston; provided logistical and material support for all gender training events; and prepared a comprehensive training resources notebook for IGWG trainers, with electronic and print documentation of all IGWG training workshops to date, materials used, and transparencies.
- Karen Hardee served as a cochair for the Research and Indicators Subcommittee (through April), providing technical input to the subcommittee's work.
- Hardee, Jordan, Settergren, and Kincaid served on the IGWG Steering Committee during this period, helping to determine the new structure of the IGWG and its guiding principles. Jordan was asked to be a member of the newly formulated Technical Advisory Group for the IGWG. Kincaid is serving as the Task Force Leader for the Gender and HIV/AIDS Task Force, formed in April (Settergren, Kincaid, and a POLICY consultant are the primary technical staff executing the jointly funded POP/DHIV activity). Hardee organized and serves as the Task Force Leader of the newly created IGWG Evidence-Based Examples Task Force. She also served as one of the technical leaders on the Quality, Access, and Gender Task Force, developing the field questionnaire and conceptual framework for the task force's activity.

Adolescent Reproductive Health (ARH) Working Group

Acting Chair: Christina Varga

The purpose of the ARH Working Group is to create a shared understanding of critical issues in ARH, both globally and regionally, and to explore ARH issues in the context of sexual and reproductive health

policy. A primary role of the ARH Working Group is to educate POLICY staff about ARH issues to promote greater integration of ARH policy activities into country programs. Another important purpose of the ARH Working Group is to create and collect relevant supporting information, resources, and tools for POLICY staff to use in their efforts to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

Summary of Major Activities: This period was characterized by staff restructuring. Christine Varga briefly assumed leadership. The group's major activities included finalizing and printing the ARH pamphlet; a brown bag luncheon that highlighted the activities and achievements of Youth Now, an ARH project in Jamaica with speakers including Pauline Brown, the Program Director, and Cate Lane, the Deputy Director; initiation of a survey on ARH needs and interests among POLICY staff; and planning and initiation of the development of several tools to be used in the ANE region, including a module for an upcoming SOTA course and an in-depth case study of ARH policy issues in the Philippines.

Human Rights Working Group

Chair: Lane Porter

The Human Rights Working Group (HRWG) defines crosscutting human rights issues; determines their applicability to core and country activities concerning FP/RH, maternal health, and HIV/AIDS; develops human rights tools through collaboration of staff, CAs, USAID, and outside professionals; and then raises awareness of human rights issues throughout the project.

Summary of Major Activities:

- The HRWG met April 25 to discuss and determine Year 2 workplan activities.
- “Incorporation of Human Rights into POLICY Country Workplan and Attribution of Project Results to Human Rights” and the “HIV/AIDS Legislation Score (HALS),” an indicator for discrimination provisions in national or subnational HIV/AIDS legislation, were published in the POLICY evaluation binder and posted on the HRWG web page.
- Megan Noel, Genevieve Grabman, and Lane Porter began work on HRWG activities designed to improve communications and discussion of human rights within POLICY and among POLICY CAs, including: preparation of abstracts of key human rights texts; reorganization of the human rights resource collection; additions to and reorganization of the HRWG website. The HRWG organized six “brown bag” luncheon presentations as follows:
 - February 7, by Scott Burris, Professor of Law, Temple University, Philadelphia, on “Health, Law and Human Rights: Exploring the Connections.”
 - February 14, by David Patterson, Consultant, Canadian HIV/AIDS Legal Network, Montreal, on “HIV/AIDS and Human Rights: Evolving Approaches.”
 - April 25, by Richard Wilder, former Director/Advisor, Office of Legal and Organization Affairs, World Intellectual Property Organization, Geneva, on “Intellectual Property and Human Rights: Tension or Complementarity?”
 - April 25, by Anju Jain, Lawyers Collective HIV/AIDS Unit, Bombay, India on “Access to Treatment: Country Experiences.”
 - June 20, by Stella Iwuagwu, MPH, The Center for the Right to Health, Lagos, Nigeria, on “HIV/AIDS and Human Rights in Nigeria”.
 - July 11, by Mark E. Wojcik, Associate Professor of Law, The John Marshall Law School, Chicago, on “The Future of AIDS and Human Rights.”

AFRICA

ETHIOPIA

POLICY Project activities in Ethiopia are directed toward scaling up the national population, reproductive health, and HIV/AIDS efforts by providing support in policy development and strategic planning to the National AIDS Council Secretariat (NACS), Regional AIDS Councils, key HIV/AIDS NGOs, and public and NGO family planning/reproductive health (FP/RH) programs. POLICY supports the implementation of Ethiopia's multisectoral HIV/AIDS program by providing TA in the areas of policy advocacy, priority setting, and use of information for policy and program development. POLICY support for FP/RH focuses on analyzing barriers of the expansion of programs and on the development of policy advocacy materials. POLICY also assists in increasing the understanding of crosscutting issues of gender and human rights in relation to RH and HIV/AIDS.

Summary of Major Activities:

POLICY organized a national launching workshop for the booklet, *AIDS in Ethiopia, Third Edition*, for high-level political and program officials, international donors, and the media. The January workshop received widespread media coverage, and the publication was declared the official HIV/AIDS document of the Federal Democratic Republic of Ethiopia. POLICY also supported the translation into Amharic of *AIDS in Ethiopia*, which was approved by the MOH and printed as part of the advocacy strategy to reach a much broader leadership audience. An accompanying Amharic PowerPoint presentation was prepared to assist in the dissemination of the document. Electronic versions of the presentation were shared with all USAID CAs, UN agencies, and other local agencies that requested this information.

To address gaps in information in two areas critical to understanding the spread of the HIV epidemic, POLICY supported two research projects: "Community and Personal Perception of Risk and Vulnerability to HIV Infection and AIDS," and "Factors Affecting Accessibility and Utilization of Condoms." Study results were disseminated and discussed at the launching workshop in January.

POLICY has also supported the NCS Secretariat (NCS/S) in building capacity for effective implementation of the Ethiopia Multisectoral HIV/AIDS Project (EMSAP). POLICY assisted the NAC by providing it with an executive assistant and public relations officer; mapping HIV/AIDS implementing agencies by implementation theme; organizing and participating in technical meetings on monitoring and evaluation and on setting up a behavioral surveillance system; participating in a situation and needs assessment tour to four regions (Afar, Dire Dawa, Harari, and Somali); conducting a training needs assessment with the NAC/S; and preparing a format for Regional AIDS Profiles. Together with the NAC/S, POLICY has identified the need for a "training manual" covering five topic areas: proposal development, proposal appraisal, advocacy, communication, and public mobilization. This material will serve to train members of the advisory and proposal review boards at national, regional, and *woreda* (district) levels, as well as governmental, nongovernmental, and community organizations that prepare and submit proposals for funding. POLICY is currently in the process of hiring a consultant to prepare this document.

As part of its capacity-building activities, POLICY provided computer equipment with Internet access to the Tigray Regional Health Bureau AIDS Control Team (ACT), Harari Regional Health Bureau ACT, and Addis Ababa Regional AIDS Council Secretariat (RAC/S). POLICY continued to provide Internet access to the central MOH/ACT and the ACTs of five regional health bureaus (Addis Ababa, Amhara, Oromia, Southern Nations and Nationalities Peoples' Region (SNNPR), and Tigray), and the Tigray RAC/S. POLICY also provided TA to the Harari Regional Health Bureau in the data entry and analysis of HIV

sentinel surveillance results, and provided technical support to the MOH/ACT in updating reported AIDS cases and HIV sentinel surveillance results from all regions.

POLICY worked in conjunction with the RAC/S of SNNPR, the regional health bureau, and other USAID CAs, such as Family Health International (FHI) and the John Snow, Inc./Essential Services for Health in Ethiopia (JSI/ESHE) Project on the preparation of a regional AIDS profile for this region. POLICY staff provided technical support in the design of the data collection instrument as well as financial support to the data collection process. The data collected at the health institution and woreda levels will be analyzed both at the regional and central levels. Data collection is expected to be complete by the beginning of the next quarter. POLICY will continue its support to the RAC/S by providing TA in data management, analysis, and development of advocacy presentations. This exercise will involve a multisectoral approach and will include a team of experts from the regional population office, regional statistical authority, health and education bureaus, and several NGO's working in the area of HIV/AIDS.

POLICY LTAs have actively participated in several meetings as a full member of the Technical Working Group on Mother to Child Transmission of HIV/AIDS and the Technical Working Group on Care and Support for HIV/AIDS. These working groups were established jointly by the central MOH, NAC/S, UNAIDS, and other UN agencies. POLICY LTAs also participated in the National HIV/AIDS Strategic Framework workshop, organized by NAC/S and UNAIDS. POLICY staff participated in a special two-day meeting conducted for all members of Parliament to bring HIV/AIDS to the forefront of Parliament's agenda in order that individual members could conduct their own advocacy campaigns. POLICY staff provided TA to several presenters from the MOH and NAC.

POLICY, in collaboration with PACT/Ethiopia, organized a one-half day meeting to establish a technical working group on HIV/AIDS and human rights. The meeting discussed the terms of reference for the technical working group, a situation analysis of HIV/AIDS and human rights in the country, and an outline for future plans. POLICY also hosted a meeting for an expanded group of 11 international and community organizations working in the field of HIV/AIDS and human rights in order to include them in the technical working group and outline future activities.

POLICY initiated dialogue with the private sector through the largest private insurance company in Ethiopia, "The Nyala Insurance Company." The company held a workshop on June 8 for mid- to high-level managers in the country to monitor the progress of the industry. POLICY staff conducted a technical presentation on HIV/AIDS and led discussion groups, which were attended by 70 officials. Following this training, the company established a technical committee to initiate anti-AIDS programs within the organization.

As a means of building and expanding the response of health institution staff against the HIV/AIDS epidemic, POLICY collaborated with the central MOH and central referral hospitals to conduct a three-day training workshop, June 20–22, for health institution support staff. The training included discussion of issues related to universal precautions against HIV/AIDS, prevention of infection, care to hospitalized AIDS patients, stigma and discrimination, and other topics that could help caregivers and visitors have a clearer understanding of the epidemic and help them get involved in the fight against it.

POLICY staff developed a job description and advertisement for an FP/RH specialist to join the POLICY LTA staff. This position will be filled early next quarter. POLICY LTAs participated in the Ethiopian 2000 DHS report dissemination workshop. They also initiated discussions with the National Population Office on preparations for updating the national population projections to incorporate the demographic impact of HIV/AIDS.

FAMILY HEALTH AND AIDS/WEST AND CENTRAL AFRICA (FHA/WCA)

The goal of POLICY Project assistance to Family Health and AIDS (FHA) is to strengthen political commitment to FP/RH and HIV/AIDS programs. Assistance focuses on generating information critical to policy decision making in FP/RH and HIV/AIDS and expanding the role of parliamentarians, NGOs, and other key groups in these areas. This will be accomplished by assisting the government of Burkina Faso in its role as host country for the next AIDS in Africa Conference (ICASA), including application of the AIDS Impact Model (AIM) and dissemination of results to national and district leaders; preparation of regional presentations and booklets on the HIV/AIDS situation for such audiences as U.S. Ambassadors and national decision makers; and workshops directed at parliamentarians and NGOs to strengthen their role in implementing the ICPD *Programme of Action* and in taking actions to address HIV/AIDS. Regional partners that are critical for POLICY activities to succeed include the Forum for African/Arab Parliamentarians for Population and Development (FAAPPD), CERPOD, Center for African Family Studies (CAFS), and the Family Health Project (SFPS).

Summary of Major Activities:

POLICY staff worked with the FAAPPD to prepare and conduct the second subregional workshop, “Adapting and Enacting the Model Reproductive Health Law,” aimed at implementing the ICPD *Programme of Action*. Policy worked with the FAAPPD to develop the goal, objectives, methodology, results, and organization of the workshop. Four WCA countries (Benin, Cameroon, Guinea, and Togo) were invited to share experiences, and a parliamentarian from Guinea’s FAAPPD chapter shared his recent successful experience in enacting reproductive health legislation. The workshop was held in Lome, Togo.

POLICY staff worked with the National AIDS Control Program (PNLS) to complete an AIM application and PowerPoint presentation on HIV/AIDS in Burkina Faso. POLICY assisted the government of Burkina Faso in developing a long-term plan for using AIM data for policy analysis and advocacy efforts throughout 2001 and to the ICASA scheduled for December. POLICY also met with the PNLS, the UNAIDS representative in Burkina Faso, Burkina Parliamentarians Network for Population and Development, and several NGOs involved in the fight against AIDS to better involve them in the AIM application and dissemination.

POLICY completed AIM applications for nine Francophone countries in preparation for a meeting of U.S. Ambassadors to FHA countries. The project collected data from UNAIDS and the UN, supplementing those data with country-specific data directly or from SFPS resident advisors and CERPOD; entered the data into AIM; projected and analyzed results; and drew conclusions, which were presented in a PowerPoint presentation and four-page handout to FHA and POLICY staff. POLICY is developing a process for carrying out a participatory regional AIM application with the PNLS of eight Francophone countries in collaboration with CERPOD.

POLICY met with the Organizing Committee of the ICASA to discuss a pre-conference satellite workshop POLICY plans to organize. POLICY and CERPOD met to prepare materials for the satellite workshop.

GHANA

The goals of the POLICY Project in Ghana are to assist the government in implementing the national HIV/AIDS and STI policy and to increase the level of support to FP/RH by national and district decision makers. Project assistance focuses on institution building for the National AIDS Control Program (NACP); expanding the advocacy efforts of the National Population Council (NPC), Regional Population Councils (RPACs), and NGOs; and supporting policy dialogue for newly elected members of the executive and legislative branches. This is accomplished through technical, material, and financial assistance and training for the NACP and its partner institutions; TA for regional and district advocacy events; and information dissemination through counterpart organizations, including the Population Impact Project (PIP).

Summary of Major Activities:

POLICY and USAID/Accra agreed on an expanded workplan for additional funds granted through a MAARD, with a focus on implementing the national AIDS policy when approved and on strengthening commitment among newly elected officials in the executive and legislative branches. POLICY collaborated with the NPC to conduct a capacity-building workshop on policy analysis and advocacy for FP/RH/HIV/AIDS for 22 RPAC team members from the Central and Greater Accra regions. The workshop completes the policy and advocacy training of RPACS in all of Ghana's 10 regions, and 107 team members have now benefited. In collaboration with the NPC and the Eastern Regional RPAC, POLICY completed a report on NGO advocacy at the local level and a "toolkit" in the form of a pamphlet for other organizations and donors to use in replicating the experience in additional districts and regions. POLICY collaborated with the NPC and the Eastern Region RPAC to conduct a one-day workshop to share the Eastern Region experience.

Staff from POLICY/Ghana, POLICY/Washington, and POLICY/Nigeria participated in a one-week regional Uniformed Services Working Group Meeting, held in Accra to develop a comprehensive package on HIV/AIDS/STIs for uniformed services in the African region. POLICY collaborated with Family Health International (FHI), the Civil Military Alliance to Combat HIV/AIDS, UNAIDS, USAID, and the U.S. Department of Defense Project (L.I.F.E.) to organize the meeting.

POLICY participated in a three-day workshop of members of the UNAIDS communication subcommittee to develop an HIV/AIDS communication strategy for Ghana. POLICY also collaborated with the National AIDS Commission and participated in and chaired the opening session of a one-day workshop to prepare for the African Heads of State Summit on HIV/AIDS to be held in Nigeria in April. POLICY participated in a one-week MOH "Health Summit" to prepare for its next five-year plan. POLICY is now preparing materials to submit to the MOH as follow up to help elevate the reproductive health program to a higher position on the agenda. For the Christian Council of Ghana, POLICY outlined a strategic framework for the prevention of HIV/AIDS, stressing on prevention education, pastoral care, and social ministry. POLICY then presented a paper and facilitated in an HIV/AIDS consultation May 30–31 for priests, pastors, and laity.

KENYA

POLICY/Kenya is working to improve the enabling environment for the provision of FP/RH/Child Survival (CS)/ HIV/AIDS services. POLICY/Kenya's principal strategic priorities are to strengthen and improve FP/RH information, advocacy, planning, and services; strengthen advocacy, build capacity, and improve the effectiveness of HIV/AIDS prevention, care, and mitigation initiatives of key government and NGO stakeholders; and strengthen the MOH's capacity to increase health sector revenue recovery (under Kenya's health sector reform and cost-sharing program); and remove key operational policy barriers to efficiency, effectiveness, and equity in health services delivery.

Summary of Major Activities:

At the request of USAID/Nairobi and the MOH, POLICY staff led and participated in an eight-person Health Finance Assessment Team that produced the report, *Health Care Financing: Recommendations for USAID Assistance for July 2001–June 2004*. The report will guide the design and implementation of the next phase of USAID/Nairobi's health finance assistance program, to be carried out by POLICY. This new program began on July 1, 2001. POLICY staff also managed the transition from the APHIA Finance and Sustainability (AFS) Project, implemented by Management Science for Health (MSH), which ended on June 30, 2001.

POLICY/Kenya added two other new full-time staff members effective July 1, 2001: Julie Odhiambo as Program Officer for HIV/AIDS and Alice Wanjuu as POLICY/Kenya Office Manager. POLICY recruited the following new consultants: Colette Obunga to lead the capacity-building task for AIDS Control Units (ACUs); Mungai Wairimu to develop curricula for capacity-building for ACUs; and Margaret Crouch to produce draft policy guidelines for HIV/AIDS home-based care.

POLICY/Kenya produced and printed 15,000 copies of a popular version of the National HIV/AIDS Strategic Plan. The project also sponsored the following three Kenyans to the UN General Assembly Special Session on HIV/AIDS (UNGASS) in New York City (June 25–27): Dr. Margaret Gichara, Executive Director of the National AIDS Control Council (NACC); Hon. Marsden Madoka, Minister for State in the Office of the President; and Rosemary Okello, journalist.

POLICY/Kenya provided technical support to the Kenya AIDS NGOs Consortium (KANCO), the Africa Medical and Research Foundation (AMREF), and the National Nurses Association of Kenya (NNAK). In addition, the project led two NACC task forces: Gender and HIV and Orphans and Vulnerable Children.

MALAWI

POLICY/Malawi activities started in the second quarter of 2001. Both the workplan for the POLICY Project in Malawi and USAID/Lilongwe's new SO Agreement are being finalized. Currently, the SO for POLICY/Malawi is *Improved policy environment for HIV/AIDS and RH*, and the following are POLICY/Malawi's principal strategic priorities: (1) to improve the RH and HIV/AIDS policy environment through support of key government, NGO, and other stakeholders in the development, dissemination, and implementation of national policies on HIV/AIDS and sexual and reproductive health (SRH); and (2) to develop the capacity of the National AIDS Secretariat (NAS) and the soon-to-be formed National AIDS Control Commission (NACC), to fulfill their roles in coordinating the national multisectoral response and providing technical and other support in implementing organizations.

Summary of Major Activities:

POLICY/Malawi Workplan. POLICY staff conducted meetings with the Mission, government of Malawi, NGOs, and other key stakeholders to develop a draft workplan for POLICY/Malawi activities for the next 2–3 years. The plan was presented to the Mission HPN office and is being finalized.

Sexual and Reproductive Health (SRH) Policy. POLICY staff facilitated a policy drafting workshop on behalf of the Ministry of Health and Population's Reproductive Health Unit (MOHP/RHU), during which key stakeholders produced the second draft of the national SRH policy, which is being circulated for comments.

Update of National HIV/AIDS Prevalence Estimates. POLICY staff worked with NAS staff to plan and conduct a two-day workshop to update Malawi's national HIV/AIDS prevalence estimates for 2001. Workshop participants were from the government, local NGOs, and international cooperating agencies. The new prevalence estimates were released nationally in June.

MALI

USAID/Bamako has requested POLICY assistance to achieve two objectives of its HIV/AIDS strategy: an enabling environment for a multisectoral response to HIV/AIDS and a PNLs (National AIDS Program) capability for providing leadership and direction. Assistance will take the form of (1) information generation and analysis using the AIM, (2) advocacy and policy dialogue using presentations based on AIM results, and (3) institutional strengthening of the PNLs by carrying out the first two activities through the PNLs and its related advisory bodies. To promote a sustainable capacity for information analysis and advocacy, POLICY will also carry out activities in close partnership with NGOs and other key stakeholders. The Mission has also requested that POLICY support two MOH offices: the nutrition unit (DSAN), located within the planning office; and the newly established Nutrition Division (DN) of the health services department. POLICY will help to strengthen the institutional capacity of the DSAN and the DN to implement their respective roles by focusing on two areas of activity: (1) nutrition advocacy using PROFILES and (2) TA in strategic planning.

Summary of Major Activities:

A POLICY team traveled to Mali to finalize the workplan and initiate activities. In consultation with the Mission and counterparts, POLICY finalized a workplan and budget through December 2002 and hired a coordinator for the period through December pending recruitment and employment of a long-term advisor (LTA). POLICY and PNLs agreed on a detailed set of activities for TA and training and set the dates for initiating the AIM process. A list of members was developed for a technical committee to work on the AIM, with representatives of several public and private sector agencies and organizations from multiple disciplines. Steps were taken to secure the commitment of organizations represented on the technical committee and to organize the first training workshop scheduled for July 16.

POLICY and PNLs conducted meetings to formally launch the organization and install members of each of the seven specialized theme committees (CTS), which act as the advisory bodies to the PNLs. A second round of meetings was held with five of the CTS prior to the POLICY team's departure to elect officers and agree on rules by which each will operate.

Plans for TA and training were prepared for the Groupe Pivot, which is a key player in developing a sustainable advocacy effort in HIV/AIDS as well as implementing the national program's Local Response Initiative. In-country assistance will begin in October. POLICY, the Mission, and PNLs reached agreement regarding the conditions under which POLICY will finance the completion of a video about CESAG, a health center providing services to people living with AIDS. Several meetings were held with UNAIDS and PNLs to ensure that the resources of UNAIDS and POLICY are used effectively and that there will be close collaboration.

POLICY analyzed documents authorizing the creation of the nutrition offices and providing for the expansion of the national nutrition program. POLICY met separately and jointly with the two offices and prepared a tentative plan for institution building and updating the PROFILES nutrition presentation with more recent data.

MOZAMBIQUE

The goal of POLICY Project assistance in Mozambique is to help ensure that uniform, timely, and accurate information on HIV/AIDS is available to partners in the National Program to Combat STDs/HIV/AIDS, and that intervention efforts apply to information for program planning and financing, monitoring, and evaluation. Project assistance focuses on strengthening the capacity of a local multisectoral, multidisciplinary technical group (GT) to update projections as new data become available and provide TA to other counterparts in their use. POLICY trains counterparts and provides training and internships for university students; coordinates linkages between the GT and the National AIDS Council (NAC), line ministries, and the private sector; and participates in NAC's donor coordination activities.

Summary of Major Activities:

POLICY activities during this period focused on broadening the membership of the GT, improving its analytic capacity, and disseminating information contained in the official HIV/AIDS fact book. A one-week training seminar on the use of SPECTRUM for HIV/AIDS analysis and planning was held in January 2001. The seminar expanded the number of trained people from four to 20 and incorporated four new institutions into the GT (ministries of Education and Agriculture, Faculty of Medicine, and the NAC), bringing the number of institutional members to eight.

A second training workshop was held in June 2001, in collaboration with CDC/LIFE, to examine the results of the 2000 sentinel surveillance round and update HIV prevalence estimates and projections. The purpose of the training was to extrapolate from the 20 sentinel posts to provincial, regional, and national prevalence estimates, using a weighting methodology proposed by POLICY. GT members reviewed and revised the draft prepared by the MOH; the final projections will be submitted to a consensus workshop in August 2001.

Highlights of dissemination included a briefing on HIV/AIDS for the National Director of the Customs Service and the Director of the Technical Restructuring Unit; participation in a regional event held by Aro-Juvenil, a national youth NGO, to present an overview of the HIV/AIDS epidemic in the country and discuss the implications of the epidemic on youth; a briefing for mass media representatives, including TVM, TV MIRAMAR, RTPAfrica, Noticias, Radio Mozambique, and Domingo; and a briefing on the HIV/AIDS situation for directors from Mitsubishi, the Portuguese Industrial Association, PLISEGUROS (insurance), Salvor Hotels, CBE Mozambique, and GT Invest. The businessmen's group is beginning to develop a common action plan against HIV/AIDS, which would be implemented in each company. POLICY and the GT will maintain contact for future collaboration.

NIGERIA

The POLICY Project in Nigeria, in conjunction with stakeholders and interest groups, is working through a multisectoral approach to increase political support, planning, and financing for high-quality HIV/AIDS and FP/RH services. Activities include development of HIV/AIDS policies in the civilian and military population, development of a national population policy, development of strategic plans and advocacy for HIV/AIDS/FP for young adult RH, research on the effects of HIV/AIDS on vulnerable segments of the population, and using accurate information for advocacy and planning.

Summary of Major Activities:

POLICY provided TA to the National Action Committee on AIDS (NACA) to finish the HIV/AIDS Emergency Action Plan (HEAP), a national three-year multisectoral plan. The HEAP was approved by NACA and forwarded to the president and members of the Executive Council. The president launched the HEAP during the African Heads of States Summit on HIV/AIDS, TB, and Other Related Infectious Diseases held in Abuja, April 24–27, 2001.

In collaboration with the Federal Ministry of Health (FMOH) and UNFPA, POLICY organized a one-week National Population Review Workshop that resulted in a draft of a revised population policy. The draft is being reviewed by NGOs and other stakeholders at the regional level in a series of five zonal workshops organized by POLICY in collaboration with the NGOs.

Work began on updating the RAPID model and presentation for Nigeria, which will serve as a tool to garner support for Nigeria's revised population policy. Activities during this period included a training course on the use of the model for FMOH and National Population Commission members, formation of a Technical Advisory Group to steer development, and data collection.

In collaboration with Pathfinder International and the Focus on Young Adults Project, POLICY cofunded and co-organized a one-week state-of-the-art (SOTA) course on Young Adult Reproductive Health in Abuja in February 2001. More than 100 participants attended, largely from NGOs but also from donor agencies, other CAs, and federal and state governments. The SOTA, a one-day session focused on policy issues, was organized in conjunction with a three-day advocacy training workshop in Abuja on young adult reproductive health, which yielded more than 30 participants drawn largely from NGOs.

Several activities were carried out in support of the Armed Forces Program in AIDS Control (AFPAC). In March, POLICY, in collaboration with NACA, Family Health International (FHI), and the Society for Family Health, cosponsored a Military HIV/AIDS Week, as part of activities across all military formations in the country, to improve awareness to HIV/AIDS and stimulate top military policymakers and commanders. POLICY also collaborated with FHI and the Civil Military Alliance (CMA) in February in organizing a regional meeting to develop a comprehensive package on HIV/AIDS/STIs for the Uniformed Services in Accra, Ghana. Members of AFPAC and other Nigerian military outfits as well as more than 40 delegates attended the meeting from the military, police, and prison services from five other African countries. POLICY provided TA in design and data collection (sample size, 1,600) for a knowledge, attitudes, and practices (KAP) survey of the military, which will provide valuable information for advocacy purposes. Data entry commenced in late June at AFPAC with assistance from POLICY's consultant.

POLICY collaborated with and supported the Journalists Against AIDS (JAAIDS). JAAIDS opened and launched an HIV/AIDS Media Resource Center in Lagos, intended as a resource and training center where print journalists improve their reporting of the HIV/AIDS epidemic. In addition, POLICY assisted JAAIDS in establishing a website (www.nigeria-aids.org) that houses a JAAIDS-moderated email forum and contains documents and other current information on HIV/AIDS in Nigeria.

REDSO/ESA

POLICY activities seek to build the capacity of HIV/AIDS and reproductive health institutions in the region. One of the three principal African partners receiving REDSO support is the Commonwealth Regional Health Community Secretariat (CRHCS). POLICY will build the capabilities and capacity of the CRHCS to strengthen policy analysis, formulation, dialogue, and advocacy activities within the CRHCS itself and across the 14-member countries. The Ministers of Health in these states have charged CRHCS with producing a regional HIV/AIDS strategy and resource mobilization plan. POLICY's objectives are, therefore, to assist in developing and advocating for the strategy and to strengthen CRHCS capabilities in policy work for key health issues and interventions.

Summary of Major Activities:

In accord with initial discussions between REDSO and POLICY staff, Joseph Deering, IR4 Director, participated in REDSO/ESA's Partners' Meeting held in Nairobi, Kenya, February 26–28, 2001, for key African partners and CAs to review regional objectives, the results framework, and collaborative efforts.

After discussions with REDSO and CRHCS, POLICY drafted and submitted a scope of work (SOW) to REDSO, which was facilitated by direct discussions between POLICY and CRHCS in Arusha, Tanzania, during early March. REDSO suggested subsequent revisions that were incorporated into a final SOW with a budget. Arrangements were made during March for POLICY's participation in the Consultative Meeting of 14 member countries to draft a regional HIV/AIDS strategy and resource mobilization plan to present to several major donors, culminating with the G7 in October 2001.

Prior to the Consultative Meeting, CRHCS was provided with a package of 13 documents on HIV/AIDS that POLICY had assembled. Dr. William McGreevey, Senior Financial Advisor, provided TA at the Consultative Meeting for interpretation and presentation of data on the extent of HIV/AIDS in the region, financial allocations to HIV/AIDS interventions in the region, and costs of selected interventions in HIV/AIDS programs of prevention, treatment, and mitigation. Considerable portions of POLICY's written inputs at the Consultative Meeting were incorporated by CRHCS into the first draft, "Regional HIV/AIDS Strategy and Resource Mobilization Plan." POLICY subsequently assisted in revising the second draft of the document.

SAHEL REGION/CERPOD

POLICY's goal in working with CERPOD is to strengthen the role of government agencies, parliamentarians, NGOs, and journalists in promoting the Ouagadougou Plan of Action of the CILSS countries, which addresses the ICPD goals, and in reinforcing political commitment for HIV/AIDS programs. Assistance focuses on technical and financial assistance for networks representing each of the three nongovernmental groups (parliamentarians, NGOs, and journalists) and assisting government counterparts to make effective use of the SPECTRUM system of models. POLICY will organize periodic workshops and conferences for each network and provide financial assistance to carry out advocacy activities and will support training and application of the SPECTRUM models.

Summary of Major Activities:

POLICY provided support to NGO networks, including TA in the development of minigrants for each country to continue advocacy activities and to the NGO Network Secretariat to provide leadership and direction to the country networks. POLICY also assisted in the development of national plans of action for seven countries in the NGO Network.

CERPOD staff and the Sahelian Journalist Network organized a meeting in Niamey, Niger, with POLICY assistance, electing a board committee, adopting a plan of action, and developing national plans of action for eight countries.

POLICY participated in the development of the Parliamentarian Network Plan of Action, based on a review of results of recent TA missions to parliamentarian networks and of changes due to parliamentarian elections. The plan was initiated at the end of the reporting period with preparations for a TA mission to Cape Verde.

POLICY and CERPOD met to develop POLICY's proposed workplan for Year 2, and POLICY submitted a concept paper to USAID to support a request for Year 2 funding. In addition, POLICY/CERPOD worked with other POLICY and CERPOD staff to plan joint activities related to a regional AIM application and the HIV/AIDS conference to be held in Ouagadougou, Burkina Faso, in December 2001.

SOUTH AFRICA

The goal of POLICY Project assistance in South Africa is to continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STD program. This is accomplished by assisting different role-players in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

Summary of Major Activities:

The POLICY Project program in South Africa is designed to increase, strengthen, and build the HIV/AIDS capacity of a multisectoral group of role-players, as identified by the South Africa National AIDS Council (SANAC), the country's highest HIV/AIDS decision-making body. All activities conducted by POLICY are facilitated in collaboration with the Department of Health and include the following:

- Providing technical input and managerial support to the Policy and Legislation Task Team and the Workplace Policy Framework and Minimum Standards Task Team of the HIV/AIDS Impact and Action Project of the Department of Public Service and Administration (DPSA)—a project that is ensuring that public service is able to maintain a level of quality in spite of the progression of the HIV pandemic.
- Supporting the Social Mobilization and IEC Technical Task Team of SANAC by convening and facilitating two national task team meetings and supporting the development of a national IEC campaign in August 2001.
- Providing support to three provincial government departments in the Eastern Cape, Northern Province, and Gauteng Province, and to STATISTICS (South Africa) and University of the Western Cape in the development and/or implementation of HIV/AIDS policies and programs.
- Supporting the national interdepartmental committee (IDC) on HIV/AIDS in developing an operational plan for 2001; the Chief Directorate, HIV/AIDS and STDs, in developing an operational plan (April 2001–March 2002); and the Nelson Mandela Metropolitan Municipality (Port Elizabeth) in developing their annual operational plan for HIV/AIDS in 2001.
- Facilitating a local government master training program for representatives from all South African provinces, who in turn will train local government officials and councilors in approximately 300 local municipalities around South Africa.
- Facilitating a series of four capacity-building programs for 38 nongovernmental organizations (NGOs), 17 of whom were successful in applying for small-grant funding to update work related to HIV/AIDS within their existing developmental programs. Following similar principles, POLICY funded seven hospice organizations to run a training program for community-based carers in seven communities around the country.
- Facilitating the development of a national plan for 2001–2002 and a standardized peer education program for South African National Civil-Military Alliance (SACMA).

- Strengthening a business response to HIV/AIDS by facilitating a review of the current HIV/AIDS workplace policy and program of *Impala Platinum*, a local mining company in the North West Province; providing the South African Business Council on AIDS with technical support in developing their website; cohosting, with the SANAC and the Chief Directorate, HIV/AIDS and STDs, a national summit for the hospitality industry, which identified ways that HIV/AIDS interventions can be strengthened in the sector; and sponsoring Pat Sidley, a reporter on *Business Day* to the UNGASS meeting on HIV/AIDS, who wrote a number of articles published in the national newspaper.
- Providing TA to the Postgraduate Diploma in the Management of HIV/AIDS in the World of Work (a diploma offered jointly by the University of Stellenbosch and the National School of Public Health at MEDUNSA) by facilitating four sessions at the Summer and Winter School Programs, designing four of the web-based modules, and mentoring 104 students that are currently enrolled in the program.
- Cofacilitating a national summit of the Women in Partnership Against AIDS initiative—an initiative that had reached over 100 women’s organizations across the country—and which presented a set of recommendations in relation to women and HIV/AIDS to members of SANAC.
- Cofacilitating with the South Africa Federal Council on Disability four HIV/AIDS Educational Workshops for people with disabilities in order to capture the specific needs of this sector in relation to the pandemic.
- Facilitating three provincial meetings with faith-based leaders and home-based care associations to explore the role of faith leaders and the unmet care needs demanded by the HIV pandemic; hosting a workshop for national “celebrities” to support their advocacy efforts as public figures and role models “championing” the struggle against HIV/AIDS; and convening with the MOH and Department of Health a national consultative forum to strengthen the responses by traditional leaders to HIV/AIDS.

TANZANIA

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

Summary of Major Activities:

In consultation with USAID/Dar es Salaam during January, POLICY completed its country workplan for January 2001–July 2002. The workplan involves players from government and civil society organizations across key sectors. POLICY collaborated with its primary institutional counterpart, the Tanzanian Public Health Association (TPHA), to conduct an assessment of Tanzania's HIV/AIDS and RCH policy environment. This study will provide a baseline for monitoring changes in the policy environment and a guide for planning activities to improve the policy environment over the next two years. POLICY also supported the first network meeting of Tanzanian AIDS NGOs, held in Morogoro, June 11–13. In June, POLICY, in support with the TPHA, assisted the MOJ in carrying out a priority setting and activity planning workshop in support of their HIV/AIDS activities.

In March, POLICY assisted the Ministry of Justice's (MOJ's) Law Reform Commission (LRC) in conducting a workshop on HIV/AIDS issues, which spurred the thinking of the LRC about placing HIV/AIDS on its agenda. In April, the MOJ requested the Tanzanian Womens' Lawyers Association (TAWLA) to undertake a review and assessment of laws affecting HIV/AIDS and recommend changes to better support HIV/AIDS prevention and care. The TAWLA review is supported by POLICY.

In mid-April POLICY hosted and facilitated together with the TPHA a one-day meeting with the HIV/AIDS coordinators of the four main faith groups in Tanzania—Tanzanian Episcopal Conference (TEC), Anglican Church of Tanzania (ACT), Muslim Supreme Council (BAKWATA), and the Evangelical Lutheran Church In Tanzania (ELCT). The HIV/AIDS coordinators initiated discussions to speak with one voice and to combine efforts to strengthen political commitment and support. This one-day meeting was the first opportunity these groups had to share their experiences and discuss the challenges and opportunities of promoting their programs within their organizations.

In May, POLICY supported BAKWATA in its first major meeting on HIV/AIDS with the Mufti of Tanzania and the Ulama Council (Tanzanian National Islamic Advisory Council). The Mufti and the Chairman of the Islamic Medical Association of Uganda facilitated this two-day meeting along with the TPHA. POLICY will continue to support BAKWATA as it begins to develop a strategy to address the HIV/AIDS issue.

In late June, representatives of Tanzanian NGOs, attending the UN General Assembly Special Session on HIV/AIDS, came to POLICY's Washington, D.C., offices for a series of working sessions with the Tanzanian AIDS Commissioner, before returning to Tanzania.

UGANDA

The goal of POLICY Project assistance in Uganda is to strengthen the commitment of national leadership to population and reproductive health issues as a means of achieving national development goals as described in the government's Vision 2025 document. Assistance focuses on collaborating with the Population Secretariat in the application of RAPID, development of an accompanying RAPID presentation with input from NGOs, and implementation of a dissemination plan aimed at national decision makers. POLICY transfers equipment, skills, and other tools to the Population Secretariat for the application and dissemination of RAPID, and provides limited technical support and training for consolidation of a national NGO network to enable it to participate in finalizing and disseminating the RAPID presentation.

Summary of Major Activities:

POLICY completed the application of the RAPID Model and drafted a RAPID briefing book, in collaboration with the Population Secretariat, the RAPID technical team, the local POLICY consultant, and a group of professionals contracted to prepare chapters in their areas of expertise. Review meetings are planned early in the next reporting period to obtain input from key stakeholders before finalizing and producing the booklet. At the invitation of the Population Secretariat, POLICY proposed an updated version of the secretariat's 1998 advocacy strategy that incorporates a plan for disseminating RAPID and using it to advocate for stronger FP/RH programs.

POLICY also supported the development of a 15-minute RAPID presentation for the Consultative Group (CG) meeting, a powerful forum hosted each year by the government of Uganda and attended by representatives of major donors, senior government officials, and others. POLICY staff and Kampala-based POLICY consultants provided assistance to the Population Secretariat to organize and practice this presentation. A draft of the CG presentation was provided for the senior staff of the Ministry of Finance, Planning and Economic Development Management, to obtain their input for the final version.

The Director of the Population Secretariat gave the presentation at the CG meeting and it was well-received. Among the requests for a presentation that grew out of the CG meeting was one for senior staff of the Ministry of Health Management, including the Director of Health Services, deputy directors, commissioners, and heads of departments. Also, the USAID Mission Director used some of the same slides in a different presentation at a CG session that President Museveni attended.

POLICY and the Population Secretariat devised strategies for district-level capacity building in policy and advocacy and NGO network building, as part of workplan activities for Year 1. However, following the Mission's announcement of lower level field support than originally envisioned, POLICY and the Population Secretariat revised the workplan to reduce the level of support to the NGO network and eliminate plans for district capability during Year 1. POLICY continued to provide limited support to the evolving NGO network, including assistance with completion of a report on the NGO workshop in December to introduce advocacy, review, and feedback on action plans produced during the workshop, and consultation regarding steps in network building.

POLICY met with the Mission to discuss plans for Year 2, including resumption of support for NGO advocacy and district capacity building.

ZAMBIA

The current vision of the POLICY strategy has two basic components. The first objective is to enhance HIV/AIDS advocacy, community mobilization, and planning skills at the district level. The second objective is to promote HIV/AIDS related human rights. These objectives are supported by three activities: a legal effort in which Zambian laws and regulations related to HIV/AIDS and human rights are being summarized and put into a manual for use by public and private sector employers; a media campaign to disseminate key information about human rights and referral services; and an HIV/AIDS and Human Rights Referral Center to provide counseling and advice.

Summary of Major Activities:

The HIV/AIDS advocacy and planning work at the district level is a new activity. POLICY intends to hire a Zambian national to lead this effort. Toward the end of the reporting period, POLICY placed a newspaper advertisement for this position, and project staff are now in the process of evaluating the applications.

Per the HIV/AIDS and Human Rights component, the following activities were undertaken during the reporting period:

- POLICY contracted with Women and Law in Southern Africa (WLSA) to develop the manual on laws and regulations related to HIV/AIDS and human rights. WLSA initiated the activity and neared completion of the first draft.
- The Zambia Institute of Mass Communication (ZAMCOM) Educational Trust taped a pre-launch television program explaining the forthcoming media campaign. ZAMCOM also revised earlier TV and radio advertisements. These are ready for airing, subject to the availability of funding from POLICY.
- Zambian People Living with HIV/AIDS (NZP+) continued to administer the HIV/AIDS and Human Rights Referral Center. However, the effective functioning of the center has been hampered by turnover among the voluntary staff.
- POLICY engaged a consultant to conduct a baseline survey on HIV/AIDS and human rights issues. This effort is in process.
- POLICY also supported a workshop in June involving NZP+, ZAMCOM, and representatives from organizations receiving referrals from the center. The purpose of the workshop was to develop monitoring indicators for the human rights activities, including the Referral Center.

ASIA/NEAR EAST (ANE)

BANGLADESH

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

Summary of Major Activities:

Activities relating to the greater role of NGOs in health service delivery. A working group was formed with representatives from USAID, Department of International Development (DfID), the World Bank, POLICY/Bangladesh, and government officials to review the outcome of the workshop, "Role of NGOs in Delivery of the Essential Services Package." The working group recommended that NGOs play the role of catalytic agents in helping establish communities, required to oversee the functions of government community clinics; and that some NGOs be directly involved in running the community clinics being established by the government. The Health Minister accorded approval to these recommendations.

Meeting on National Integrated Population and Health Project (NIPHP) issues. POLICY also held meetings to resolve issues regarding the value-added tax (VAT) for NIPHP airtime, the use of USAID condom sales proceeds, and JiVita's CD/VAT payment for vehicles and fortification materials. The following were agreed upon:

- VAT will be paid by the government and the actual airtime cost will be paid by NIPHP CAs.
- US\$100,000 of USAID's condom sales proceeds will be spent for expansion of the Technical Training Unit of the Directorate General of Health Services (DGHS).
- The contradictory agreement between the government and the Bangladesh Institute of Research for the Promotion of Essential and Reproductive Health Technologies (BIRPERHT), related to the issue of the CD/VAT payment for the vehicles and fortification materials for implementing the JiViA Project, will be redrafted as per the decision of the meeting.

Policy formulation activities. POLICY/Bangladesh printed and distributed the English version of the National Health Policy. POLICY's Country Director also presented the final draft of the National Population Policy to the Health Minister on January 29, 2001. The policy was then placed before the National Committee on Population Policy and approved.

Activities related to social marketing. The Health Minister approved the marketing of Social Marketing Company's oral contraceptives through nonpharmaceutical outlets. Representatives of the SMC and USAID met to address the government's claim for sale proceeds of condoms provided for the SMC by the European Union. A number of meetings of the SMC Oral Rehydration Sales (ORS) Factory Construction Committee were held to follow up on the construction work of the ORS Factory.

Drug license for the NGOs. POLICY/Bangladesh is discussing with stakeholders the problem of the ultimatum by the Chemist and Drug Association of Bangladesh to the pharmaceutical companies that are supplying drugs to NGOs without a license in an attempt to resolve it.

CAMBODIA

The goal of POLICY assistance in Cambodia is to build and strengthen the HIV/AIDS capacity of selected organizations and institutions across all sectors to design, implement and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. The POLICY Project will assist USAID/Phnom Penh and its local partners in support of instituting a multisectoral approach toward the management of the HIV/AIDS epidemic in Cambodia. POLICY assistance will contribute to an improved enabling policy environment for HIV/AIDS, STD, and TB programs and services, which will include strengthened mitigation strategies for HIV/AIDS and TB.

Project assistance will focus on improving the multisectoral capacity and involvement in the country's *National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2001–2005*. This will be accomplished by assisting different role players in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs, and increasing the information used for policy and program development.

Summary of Major Activities:

POLICY/Cambodia activities during this reporting period include the development of a draft workplan and the participation of key stakeholders in its creation. USAID/Phnom Penh is currently redesigning its Results Framework and reviewing the draft POLICY Project workplan. POLICY activities have, however, been designed to match the needs of the National AIDS Strategy of the National AIDS Authority in Cambodia and are expected to commence in the next reporting period.

EGYPT

POLICY is assisting with the formulation of a long-term sustainability strategy for Egypt's family planning program by raising awareness about related financial issues, building capacity within the Ministry of Health and Population (MOHP) and its partners to resolve financial and planning issues, and developing a formulation process for the required strategies. To achieve USAID's objective in Egypt—to reduce fertility—the coverage and quality of services offered by the Egyptian family planning program are being expanded and the program's institutional and financial sustainability improved. POLICY is helping by providing technical and financial support to Egyptian institutions in the development and presentation of FP/RH policy analyses; developing FP/RH financial analyses and presentations in order that systematic attention can be given to sustainability issues; engaging in policy dialogue with relevant and influential government policymakers and institutions; and helping to strengthen the ability of NGOs to engage in constructive policy dialogue and advocacy.

Summary of Major Activities:

Following awareness-raising activities, POLICY prepared a synthesis document that outlines sustainability issues under four themes: Financial Sustainability, Building Capacity, Enabling Environment, and Sustaining Demand. The document was presented at a Sustainability Strategy Conference in early May, which was convened under the auspices of the Minister of Health and Population, who attended the opening session and delivered a speech about the government's vision and priorities in population and health. The conference report, prepared by POLICY, outlines the priority issues and strategic options and will be used in preparing the draft Sustainability Strategy for the National Population Program.

POLICY encouraged and trained champions to develop activities that could be implemented in their own societies, with POLICY assistance, to address the issues of gender, youth, and reproductive rights to affect policy change. The champions organized a session on reproductive health at the conference, "Women's Issues: An Islamic Perspective," at Al-Azhar University.

The Aswan Coalition of NGOs completed three activities that were proposed at its first meeting hosted by the Regional Union of NGOs. The board of directors, including community members, was formed for an underutilized MOHP center and two family planning clinics were established in underserved areas and donated to the MOHP. The Aswan Coalition and the Health Directorate will also conduct a baseline survey to assess community needs in the two villages.

Arrangements were made with the MOHP Planning Department to include the family planning component in the National Health Budget Tracking System. Information on young adult reproductive health programs and policies was prepared for the regional workshop that FOCUS is planning with POLICY. POLICY generated population projections that show what would have happened in the absence of family planning for the Minister of Health and Population and USAID. POLICY also prepared a presentation, "Projecting Contraceptive Requirements Using Demographic Goals," for the MOHP/Population Sector and USAID. POLICY provided TA to the MOHP to issue a Pamphlet on Population and Family Planning in Egypt. At the HIV/AIDS and Social Development Workshop, POLICY staff spoke of the project's HIV/AIDS efforts in other countries and the information that POLICY can produce to assist with advocacy efforts and project publications. In addition, USAID/Cairo collected data for the fifth PES, which POLICY analyzed and presented in a report. Finally, preparations for a training workshop in policy analysis for the South-South, Partners in Population and Development were completed. Participants and facilitators' manuals were prepared, as was the program's agenda. Several publications were completed including Procedure Manual for Strategic Planning at the District Level (Arabic and English) and at the Governorate Level (Arabic), "How Much Does it Cost to Achieve Egypt's Population Goal," "A Manual for Population Indicators," and "Training Materials for Finance and Economic Concepts in Family Planning."

INDIA

POLICY Project activities in India focus primarily on supporting the USAID Mission's major bilateral project in Uttar Pradesh (UP), the Innovations in Family Planning Services (IFPS) Project. The objective of the \$325 million IFPS Project is to improve the quality of FP/RH services. POLICY works closely with the Mission and their NGO counterpart, the State Innovations in Family Planning Services Agency (SIFPSA). Technical assistance includes activities related to planning, monitoring, and evaluation, data collection and analysis, website design and management, operational plans, and development of a management information system. POLICY also works with the UP state government to implement the state's population policy, which was enacted in July 2000.

Summary of Major Activities:

POLICY designed a website for SIFPSA-supported IFPS Project activities, funded by USAID. Senior administrators of the Indian and UP governments and the Director, PHN Division, USAID, formally launched the website on February 12. POLICY trained staff and transferred the skills for website maintenance to SIFPSA staff in June.

POLICY conducted the third SO2 IR4 Indicator Survey with a sample size of 10,000 households and presented the results to PHN staff and all CAs on February 16. A detailed report was submitted to the Mission on February 19. The mission advised all CA country directors to analyze the results and suggest ways to improve IFPS Project performance. POLICY Country Director, in collaboration with country directors of other CAs, analyzed all the secondary data available and prepared report on IFPS Project Impact Analysis. POLICY collaborated with the USAID Mission to prepare an online presentation on IFPS Impact Analysis, and the PHN Director presented the findings to SIFPSA staff on May 28. POLICY presented the results to all CA staff on June 4. SIFPSA constituted four committees with CA, USAID, and SIFPSA staff as members to suggest new IFPS strategies and to refine existing ones.

POLICY conducted studies on the implementation of the community needs assessment approach in nine Indian states and prepared a synthesis paper based on these studies. The report, *Review of Implementation of Community Needs Assessment Approach for Family Welfare in India*, was printed and distributed to 200 individuals and institutions.

POLICY prepared an operational plan to implement the UP population policy and made several online presentations to senior government administrators of UP. The UP Cabinet of Ministers approved the plan on June 12.

POLICY conducted baseline surveys in seven districts of UP, and analyzed data, prepared reports, and prepared presentations for seven workshops conducted in these districts. POLICY also conducted facility surveys in these seven districts and presented the baseline survey and facility survey results to CA staff and USAID. After the selection of strategies in district-level workshops, POLICY prepared seven district action plans specific to each district. SIFPSA approved the plans and allocated funds for implementation. USAID and SIFPSA requested POLICY to extend the district action plans to eight more districts. POLICY initiated baseline surveys and facilities surveys in these districts.

JORDAN

The POLICY Project is assisting USAID/Amman and its local partners improve access to and quality of reproductive and primary health care services. POLICY is accomplishing this by promoting the adoption and dissemination of the revised National Population Strategy (NPS); increasing the awareness of and support for the NPS among members of Parliament, government policymakers, private sector, civil society organizations, NGOs, religious leaders, women's groups, and other key leaders; developing a national plan to implement the NPS; and enhancing the capability of the National Population Commission's General Secretariat (NPC/GS) to plan, monitor, evaluate, and coordinate the national implementation plan for the NPS. In addition, POLICY is working closely with national Jordanian NGOs to enhance their capacity in building a network of women's groups that promotes their participation in the policy process for RH with special emphasis on gender, human rights, and adolescent issues.

Summary of Major Activities:

Forum on building partnerships for women's health (April 18, 2001). POLICY worked with the Jordanian National Committee for Women (JNCW) to determine alternative approaches to strengthen its current NGOs network capacity to advocate for women's health and RH issues. POLICY also organized a one-day forum at the Princess Basma Women's Resource Center (PBWRC) to raise awareness of key women's health issues, including RH; reach consensus on the importance of collaboration to address these issues; and develop commitment to advocate for women's health issues within the NGO network.

Workshop on policy and legal barriers to improved RH (April 25, 2001). POLICY supported NPC/GS in organizing the workshop to disseminate POLICY-sponsored research on policy, legal, and regulatory barriers to improved RH in Jordan. Eighty participants representing public sector policymakers at central and regional levels, NGOs, donor organizations, and academic institutions attended the workshop. At the end of workshop, participants discussed barriers and suggested recommendations to overcome them. The workshop produced a list of 20 operational policy barriers to be used to survey the views of participants for prioritizing the barriers in order for the NPC to work at removing them. Also, a letter has been prepared to the new Minister of Health clarifying the barriers and recommendations to overcome them.

Task force for developing a Reproductive Health Action Plan (RHAP). POLICY provided assistance to a national task force to develop an RHAP that will provide the government with a long-term (2002–2005) set of programs and activities and will define a proactive and dynamic approach to implement the NPS. Key issues for the RHAP were grouped in six major components: Information System Development, Financial Sustainability, Advocacy, Policy Development, Coordination, and Service Accessibility.

Other activities. POLICY staff reviewed, revised and distributed the Arabic versions of two POLICY qualitative studies on RH knowledge and needs of Jordanian youth and menopausal women and the Jordan 2000 Annual Fertility Survey. POLICY presented a paper on RH status in Jordan, "The Gap Between Reproductive Desires, Intentions and Practices of Jordanian Women," at the Conference on Contemporary Women Issues. POLICY's Country Director participated in the Forum of African and Arab Parliamentarians on Population and Development (FAAPPD), and in response to USAID/Amman's request, participated in a team charged with evaluating proposals for conducting research on tubal ligation in Jordan, utilizing hospitals' records. POLICY provided TA to NPC/GS to produce a PowerPoint presentation on youth health status and participated on a committee to provide technical feedback to different PBWRC projects in gender mainstreaming and research proposals. POLICY also worked with the Commercial Market Strategies Project to prepare an advocacy presentation for private sector FP service providers; conduct activities for FP within the health insurance and self-insured companies; and plan for collecting information on modern contraceptive brands after the removal of sales tax. POLICY also responded to the JNCW's request to review the final draft of National Strategy for Women, which has an explicit RH component.

PHILIPPINES

POLICY Project assistance in the Philippines aims to strengthen the capability of community-based people's organizations and institutions, both national and local, in the design, implementation, and evaluation of population policies and plans for resource mobilization and use, as embodied in the Contraceptive Interdependence Initiative activities with the Commission on Population and the development of the Operational Plan of the Department of Health's FP/RH program thrusts for 2001–2004. In addition, emphasis is given to local advocacy for increased domestic resources in local government units to improve access to sustainable and quality FP/RH services. Project assistance focuses on gradually achieving FP/RH program financial sustainability and improving the quality of FP/RH services that promote the health of Filipino families. This is to be accomplished through an effective, multisectoral, and participatory advocacy plan and implementation of population policies that will increase domestic resources for FP/RH services in both the public and private sectors and enhance private sector participation in the provision of such services.

Summary of Major Activities:

In support of the objective of sustaining access to quality FP/RH services—including maternal health and HIV/AIDS—through clear and definitive policies and plans, POLICY designed and facilitated a workshop for all USAID CAs that identified and prioritized FP/RH policy issues, cognizant of the thrusts of the new administration. Major policy issues identified were the financial and operational sustainability of the FP/RH program in the public sector and the low coverage of FP/RH services by the private sector.

Prior to the workshop, POLICY's activities were focused on the financial and operational sustainability of the FP/RH program. A substantial amount of its time and resources from January–June 2001 were spent on advocacy for policy reforms to increase budgetary allocations for FP/RH services at both national and local levels of the government on one hand and increased participation of the private sector in the provision of FP/RH services through social insurance schemes on the other. Specific activities addressing these concerns can be grouped into advocacy events and activities for the policy reforms at both national and local levels. At the national level, the activities were as follows: (1) development of the operational plan for the FP/RH thrusts to 2004; (2) creation of and support for the Contraceptive Interdependence Initiative Steering Committee; (3) networking of people's organizations, particularly of women's groups, and other NGOs concerned with population, health, and development to advocate for the Philippine Population Bill; and (4) private sector consultative meetings for policy reforms in both public and private sectors to increase private sector provision of FP/RH services. At the local level, specific activities were implementation of the Local Advocacy Project II; advocacy for alternative FP/RH services financing mainly through social insurance schemes (i.e., Health Passport Initiative) at selected pilot areas in collaboration with the Management Sciences for Health (MSH); and dialogue with different religious groups, most specifically the Catholic Bishops Conference of the Philippines.

POLICY advocacy work continues to be guided by studies that generate information for data-based advocacy plans and events. Results of a political mapping of electorates completed in February were widely disseminated through print materials and media advocacy, specifically press conferences for respected media groups. The most recent political mapping was that of the newly elected members of the Philippine Congress. All these studies map out the views and opinions of the general population and policymakers in Philippine society, with respect to increasing budgetary resources for FP/RH services by the Philippine government.

The two-pronged activities of POLICY were conducted in a participatory manner in collaboration with key stakeholders of the FP/RH program, engaging participation by civil society. While attention is given to national policy reform, there is greater emphasis on operational policy reforms at the local-level in support of the current thrust of strengthening devolved health services.

EUROPE AND EURASIA (E&E)

ROMANIA

The goal of POLICY in Romania is to ensure that policies and plans promote and sustain access to high-quality FP/RH services by removing critical policy barriers and financing concerns. Building on past successes that included health insurance coverage of FP/RH services, POLICY initiated a core package on contraceptive security. Assistance includes helping the government identify and eliminate operational barriers affecting the implementation of three national contraceptive security policies approved in August 2000. The SO of the package is *Contraceptive security policies and plans promote and sustain access to FP/RH*, which will be achieved through increased political and popular support, improved financing, and data-based policy development.

Summary of Major Activities:

POLICY TA under field support focused on finalizing a policy brief on key operational barriers affecting RH access under the health insurance system. POLICY staff also met with health insurance decision makers of the new government to ensure continued coverage for FP/RH.

POLICY also reached agreement with USAID/Bucharest and the General Directorate for Mother and Child Care (MCH/GD) of the Ministry of Health and Family (MOHF) for a POLICY core package for contraceptive security. This core package focuses primarily on Romania's recently approved contraceptive security policies that include contraceptive financing, targeting, and rural access. A team composed of U.S.-based and local POLICY staff visited three USAID priority *judets* (Cluj, Constanta, and Iasi) and another county (Targu Mures) to assess field implementation of the new contraceptive security policies and facilitate local network development around the contraceptive security issue. Local POLICY staff returned to the four areas in April and May to interview the staff in other clinics. NGO members of local networks also conducted exit interviews of clients from the clinics in the study. A paper is being prepared on the field assessment. Two other policy analyses are being undertaken by POLICY staff and local counterparts: a study on contraceptive market segmentation using the 1999 Romania Reproductive Health Survey, and an analysis of government funding for contraceptives in 2000 and 2001.

POLICY also worked with multisectoral NGOs in the three USAID priority *judets* to form local advocacy networks to support contraceptive security. As a result of POLICY-supported meetings conducted in March, each *judet* network formulated a network-building plan and formed working committees to ensure that implementation includes development of communication trees and organizational structures. Each *judet* network also chose a name and elected a local Network and Advocacy Coordinator. The working committees also met to develop small-grant proposals that will cover meeting-related costs, equipment, and materials production. POLICY approved small grants for two networks in June.

Other activities included attendance in the Final Conference of the 1999 Romania Reproductive Health Survey, where the Centers for Disease Control (CDC) and the Romanian Association of Public Health and Health Management (ARSPMS) agreed to facilitate POLICY access to the survey data. POLICY also reached agreement with Dr. Mihai Horga, Director of the MOHF MCH/GD for POLICY TA in drafting a national operational policy on the organization of FP services that includes the role of FP centers, FP clinics, family doctors, and rural pharmacy depots. This TA provides POLICY with an early opportunity to initiate work on one dimension of contraceptive access.

RUSSIA

POLICY's goal in Russia is to strengthen the capacity of the Advocacy Network for Reproductive Health (Network) to advocate for policy change that promotes access to quality FP, maternal health, and STD/AIDS prevention services. This is accomplished by providing technical and financial assistance to the Network to plan, implement, and evaluate its ongoing advocacy campaign. POLICY assistance focuses on the Network's programmatic, institutional, and financial sustainability.

Summary of Major Activities:

During this reporting period, the rate of POLICY activity was relatively slow for two reasons. First, POLICY was poised to close its Russia program in March, when USAID/Moscow expressed its intentions to obligate FY01 funds. USAID/Moscow and POLICY agreed to continue support for the few ongoing activities, but not to initiate any major new work until funding was obligated. Second, the U.S. government's reinstatement of the restrictive Mexico City policy required POLICY to cancel a minigrant for the Network to conduct a roundtable with policymakers in April. Once USAID regulations and POLICY guidance were revised, a new minigrant was awarded in late May and the roundtable rescheduled for September. In the meantime, the Network is monitoring the changing policy environment and developing its strategy. In addition, the Network member who volunteered as editor for the second newsletter on the topic of adolescent health has collected articles from other Network members and is compiling a draft newsletter for review at the upcoming July Network meeting.

Although the workplan for this bridge-funding period did not envision other major activities, previous advocacy training shows far-reaching effects. For example, a Network member from Udmurtia reports that her NGO collaborated with others to create and advocate for an FP package that is currently under review by regional authorities. Recent reports from Network members in Perm, Archangelsk, and Moscow highlight their personal and organizational involvement in various RH policy initiatives at regional and national levels. Particularly since these efforts are not supported by POLICY, or conceived during POLICY-sponsored Network meetings, POLICY considers these reports as indications that its advocacy TA and training has taken root.

Preliminary plans for future activities are underway. POLICY core funds will support the conduct of the Maternal and Neonatal Program Index (MNPI) in Russia this fall in collaboration with Russia's Women and Infant's (WIN) Health Project. POLICY is considering a request by UNFPA to conduct advocacy training for UNFPA staff working in HIV/AIDS. Initial plans for a TOT session in advocacy this fall are ongoing; pending confirmation of FY01 funding, CEDPA's Women's Leadership Program will sponsor this event.

During this period of fiscal restraint and limited Network activities, POLICY took advantage of CEDPA's full scholarship to its Women in Management training program, and Ms. Yusupova, Local Coordinator, traveled to Washington from June 4–July 6 to participate. She reports that her new knowledge and skills will significantly increase her contributions to the project, both technically and operationally.

In terms of project administrative matters, POLICY completed its application for value-added tax (VAT) exemption, and CEDPA's Representative Office successfully completed a three-year renewal of its official registration with federal and local governments and obtained new certifications from banking and tax officials as mandated under the Russian 2001 tax code.

TURKEY

POLICY Project assistance in Turkey is aimed at helping the government achieve public sector contraceptive self-reliance in response to foreign-donor phaseout. In addition, POLICY helped create and now supports the strengthening of the capacity of the NGO Network for Women (KIDOG), whose mission is to advocate for women's health, education, and legal rights. POLICY's partnership with the Turkish Ministry of Health (MOH), other key ministries, and KIDOG combines policy analysis, dialogue, and advocacy with the aim of securing ongoing and reliable funding for contraceptive supplies for the most needy people.

Summary of Major Activities:

POLICY completed the analysis and evaluation of its pilot study and finalized the report, "The Key to Contraceptive Self-Reliance in Turkey: Pilot Testing an Effective Cost-Sharing Mechanism." This report highlights salient findings and recommendations from the pilot study, jointly conducted by the MOH, POLICY, and the Health and Social Aid Foundation (HSAF). The pilot study tested cost-recovery mechanisms for public sector contraceptive distribution in three provinces. Study results indicate that 60 percent of all public sector users made a donation payment, whereas the remaining 40 percent did not. Study findings show that public sector consumers are willing and able to pay (through a donation) for contraceptives obtained through public sector outlets. Revenue projections based on implementation of the donation policy across the country go a long way toward filling the financing gap.

POLICY/Turkey spearheaded an extensive policy dialogue to discuss the results of the pilot study and to identify policies for the national rollout plan. As a result, the MOH agreed to expand the donation policy (cost-sharing mechanism) to 16 provinces, expecting to generate approximately 30 percent of the public sector's annual financial requirement for contraceptives. Subsequently, POLICY's work focused on intensive collaboration with the MOH to (1) finalize the national rollout plan, (2) prepare detailed implementation plans for each province, and (3) review and revise the provincial implementation guide that will be distributed to health care providers during orientation sessions. POLICY initiated expansion, organized planning meetings, and participated in orientation sessions in four provinces: Adana, Icel (at health centers not covered during the pilot study), Izmir, and Manisa (where these policies will be effective by mid-July). As a result of POLICY TA to the MOH and HSAF, the Minister of Health signed an official letter approving the donation policy and expansion to the selected provinces, specifying that money should be collected through the HSAF. In response to effective advocacy by the MOH, POLICY accepted in June a time-and-funding extension from March–December 2002 to support the expansion.

POLICY's assistance to KIDOG reinvigorated the network. POLICY/Turkey carried out structured interviews with 16 KIDOG member organizations; and based on need, POLICY supported a workshop with 14 member NGOs. Participants reviewed and revised operational parts of their sustainability plan and developed a one-year workplan. The workshop resulted in KIDOG members renewing their commitment to remain a pure advocacy network. KIDOG completed its scheduled activity: the translation of the POLICY Advocacy Training Manual into Turkish. KIDOG also prepared a proposal to initiate training sessions in Antalya and Canakkale Provinces for NGOs supporting women's empowerment and will use the Advocacy Manual for training.

Last year, POLICY initiated a partnership with Planned Parenthood Association of Utah (PPAU) and KIDOG through the Planned Parenthood Global Partners in Local Communities Project. Three members of PPAU visited Turkey/KIDOG the first week of May 2001. PPAU collaborators were impressed with KIDOG's advocacy efforts and proposed to adapt and replicate KIDOG's Bursa meetings activities in Utah. Representatives from KIDOG will visit PPAU in late October 2001.

UKRAINE

POLICY's goal in Ukraine is to strengthen the ability of the MOH and local partners to implement the National Reproductive Health Program 2001–2005 (NRHP) and policies that improve RH services. This is accomplished by providing technical and financial assistance to two groups: (1) the Policy Development Group (PDG) as it assists two local sites in developing city/oblast RH programs, identifies operational policy (OP) barriers that impede successful program implementation, and sets up a monitoring and evaluation (M&E) system for the NRHP; and (2) the Ukrainian Reproductive Health Network (URHN) to advocate for adoption and funding of the NRHP at regional levels in Ukraine.

Summary of Major Activities:

One key to successful implementation of the NRHP includes identifying and revising OP issues within an evolving health care delivery system. At a January PDG workshop, PDG members and clinical experts (tasked with developing RH standards of care) launched the first of several monthly meetings to identify OP barriers in Ukraine's health system and to write recommendations to the MOH and Cabinet of Ministers on removing them. The PDG task force will continue to refine its first set of recommendations and submit them to the MOH in 2001.

Although the NRHP is a strategic document that clearly presents a vision for RH achievements, it must be implemented and funded locally. Another key to the successful implementation of the NRHP is strong oblast and city-level RH programs that promote effective and efficient use of resources. POLICY's assistance to the city of Kaminets-Podilsky and Odessa Oblast is expected to provide strong examples for other locations. During the first workshop, Odessa colleagues voiced concerns that the MOH required programs to be developed in one month. POLICY's assistance in the short timeframe allotted may not yield the strong programs envisioned. However, the MOH seems amenable to further support to these two locations beyond the official deadline. Time permitting, POLICY will provide further support.

POLICY provided further technical and organizational assistance to the URHN in message development, use of data in support of policy advocacy, advocacy action plan development, and proposal writing. From the outset, POLICY wanted to provide the URHN with a noncompetitive financial award to jumpstart its first advocacy campaign. USAID/Kyiv's initial preference, however, was for the network to apply for Counterpart Alliance Partnership's (CAP's) minigrants. Unfortunately, CAP did not fund the URHN's proposal. The network decided to resubmit a revised proposal for the next CAP competition in July. In the meantime, to avoid losing momentum, USAID/Kyiv and POLICY agreed that POLICY would provide the URHN with a small (core-funded) award to infuse its advocacy campaign with the necessary resources.

In its 2000–2001 workplan, POLICY proposed to commission a local expert to review Ukraine's HIV/AIDS laws. In the spring, as POLICY was about to initiate the study, a colleague identified an inventory completed in Poltava that largely serves this purpose. About the same time, the Mission asked POLICY to support two people at the UN General Assembly Special Session (UNGASS) on HIV/AIDS in New York; therefore, POLICY provided resources to send Ukrainian representatives to New York. Also, POLICY began initiating information gathering from people living with HIV/AIDS (PLWHA) to prioritize the problems they face in obtaining social services and employment. POLICY is now adapting a questionnaire used in India to share with local colleagues; it intends to collaborate with the URHN, PLWHA Network, HIV/AIDS Alliance, *CEELI*, and UNAIDS to facilitate advocacy and policy dialogue.

LATIN AMERICA/CARIBBEAN (LAC)

GUATEMALA

The goal of POLICY assistance in Guatemala is to help create a favorable policy environment for FP/RH and population issues. To achieve this objective, POLICY will support the active participation of private and public sector organizations in public information campaigns, advocacy activities, and RH policy formulation; and will provide TA in developing and/or strengthening policies, laws, regulations, and plans that promote and improve access to FP/RH services. POLICY also will provide TA to develop, update, and transfer policy tools and methodologies to ensure that up-to-date and relevant information informs policy decisions.

Summary of Major Activities:

POLICY provided technical and financial assistance to several NGOs, including the Guatemalan Association of Medical Women (AGMM), the Center of Legal Action for Human Rights, the Cairo Action Group (GAC), and the Network of Women for Building Peace (Network) to conduct advocacy campaigns to build support for the National Reproductive Health Program (NRHP). The campaigns included appearances on popular talk shows to promote the program, meetings to build consensus between government and civil society, and public forums for policy dialogue on sexual and reproductive health with decision makers. As a result of one such campaign, 17 organizations and 14 opinion leaders issued a press release in February in favor of the NRHP.

Also in support of the NRHP, POLICY provided TA directly to the MOH to prepare press bulletins to counteract attacks on the NRHP by the opposition. Seven such bulletins were prepared between January–February 2001 for use by the MOH on a range of RH issues, such as demand for FP/RH services, benefits of birth spacing, and adolescent pregnancy. POLICY also prepared a summary of commonly used arguments against the NRHP and a guide of possible responses that are based on legal and human rights arguments.

POLICY facilitated a workshop for the Women’s NGO Network to help create a citizen surveillance campaign for RH. The workshop focused on topics such as the right to RH care and mechanisms for ensuring those rights. The network prepared an outline of a proposal for citizen surveillance of FP, safe motherhood, and HIV/AIDS, identifying human rights and adolescents as crosscutting issues. The final proposal will be presented to POLICY for funding consideration.

POLICY provided TA to a multisectoral group, led by the Secretary of Women, in analyzing the proposal for a Law of Social Development (Population and Development), and advocating for changes that make it more responsive to the needs of the Guatemalan population. POLICY assistance included development of materials for advocacy directed at Congress and TA during workshops designed to obtain feedback from civil society organizations. The law, along with the suggested amendments and changes submitted by the Secretary of Women, is currently awaiting final approval by Congress.

To encourage health facilities to institute policies and practices that eliminate barriers to FP access and quality, POLICY disseminated the results and recommendations of its 1999 study on Medical and Institutional Barriers to family planning to service providers throughout the country. In June, POLICY also provided TA to the MOH, Guatemalan Social Security Institute (IGSS), and Asociacion Pro-Bienestar de la Familia de Guatemala (APROFAM) in the initial stages of analyzing the impact of new/revised medical and institutional norms that have been put in place as a result of the study.

POLICY also conducted research on a specific barrier to FP that is of special interest to the Mission: advertising restrictions on prescription drugs, including oral contraceptives. The preliminary research report prepared by POLICY recommends advertising the benefits of pill use, such as birth spacing, without mentioning oral contraceptives per se. Similar approaches have been used in advertising other

drugs, such as Viagra®, in Guatemala. POLICY will present the findings, recommendations, and conclusions of the study to USAID and the expanded Health Strategic Objective (HSO) Team.

In Guatemala, as in most countries, the media plays an important role in shaping their public's perception and attitudes toward RH and reproductive rights. Reflecting the opposition of previous governments to RH, media coverage on the issue in the past has been far from positive. In recognition of these realities, POLICY is providing technical and financial assistance to APROFAM in implementing a program that seeks to use the media to mobilize decision makers, opinion leaders, and the general public in support of legal initiatives, policies, and programs that favor RH.

Since March, POLICY has been actively collaborating with the Centers for Disease Control (CDC) in preparing for the 2002 National Family Health Survey. POLICY organized an initial meeting to establish an interinstitutional committee for technical and political support, and two subsequent meetings to analyze the contents of three modules that will be included in the questionnaire. POLICY staff will continue to be an integral part of the core research team and as such will be involved in analyzing and disseminating the results of the survey.

POLICY and USAID conducted several meetings with the Del Valle University to finalize the creation of the Center for Population and Demographic Analysis. In June 2001, the center was formally established through an internal university decree. POLICY and the University are currently refining a proposal for POLICY TA to the center.

During the first quarter of the year, POLICY developed a FamPlan application to help USAID estimate contraceptive requirements for 2002. Since then, POLICY has modified the application, taking into account both the more positive policy environment for RH under the new government, and the unexpected trend changes that may take place with the implementation of the NRHP. To shape the new scenario, POLICY carried out key informant interviews with service providers and directors from the public and private sectors.

POLICY and the Economic Planning Secretariate (SEGEPLAN) collaborated to develop a plan of activities in the establishment of a National Population and Development Policy. POLICY TA will begin next month with the preparation of technical inputs, such as the framework for the policy and the generation of demographic data and SPECTRUM projections for use in developing the policy.

In March, POLICY presented to USAID's Interagency Gender Working Group (IGWG) Guatemala's experience in creating an in-country Gender Working Group. POLICY also organized the first 2001 meeting of the Guatemala Interagency Gender Working Group (GIGWG) and prepared a report on training needs within the GIGWG.

HAITI

The goal of POLICY Project assistance in Haiti is to fill the RH policy void resulting from a severely weakened public sector by strengthening civil society's role, building public–private sector partnerships, and supporting the public sector's strategic planning process. Assistance focuses on helping NGOs, other civil society groups, and national and departmental officials to implement the RH, HIV/AIDS, and other objectives in the National Population Policy. This is accomplished by supporting public–private partnership efforts, providing technical and financial assistance in advocacy and fundraising to civil society organizations focused on youth, women, HIV/AIDS, and other key interests; assisting the Secretary of State for Population (SEP) with disseminating information on the National Population Policy; and collaborating with the bilateral project (HS2004), NGO grantees, and MOH officials to improve the quality of and access to FP/RH.

Summary of Major Activities:

Due to changeover in government during the reporting period, POLICY has had to make adjustments in its workplan. POLICY assisted the previous MOH in completing the mission statement and by-laws of a proposed National Reproductive Health Commission (NRHC) and in drafting a national youth and adolescents health policy. POLICY met with the new MOH staff who expressed an interest in pursuing these two initiatives.

POLICY worked with the SEP to develop strategies regarding implementation of the objectives of the National Population Policy, which was finalized in 2000 with POLICY support. Since the government changeover, the position of high-level officials remains unclear, however, it was agreed that POLICY would help the SEP organize the celebration of International Population Day, July 11, by focusing on the population policy.

POLICY continues to work closely with the Mission and the bilateral project (HS2004), administered by Management Science for Health (MSH) in supporting high quality and accessible RH services through USAID-financed NGO service providers and supportive government officials at the national and local levels. POLICY served on the team that completed a Minimum Package of Services (MPS), which defines and prioritizes services for which USAID funds are allocated, and helped organize and carry out a workshop on supervision as recommended in the MPS document. POLICY also headed a group that prepared the Strategic Plan for the Expansion of Long-term Family Planning Methods for HS2004, and subsequently organized a five-day workshop to initiate the strategy. The workshop, however, was postponed to avoid conflicts with other activities. At the Mission's request, POLICY developed recommendations on activities to achieve its expected results in SO3, (Healthier Families of Desired Size) of the Mission's Strategic Plan.

POLICY supported local organizations in the celebration of International Women's Day by preparing presentations on maternal mortality and gender and violence, and by assisting in preparing a press release, brochure, and declaration of celebration. POLICY is assisting the Association of Private Health Organizations (AOPS) to strengthen its capability for providing TA and training to USAID financed service providers. POLICY also initiated TA in strategic planning for Volunteers for the Development of Haiti (VDH), a nationwide grassroots youth organization, as a prerequisite for VDH to receive financing from the Turner Foundation.

POLICY participated in UNFPA's "Strategic Meeting for Planning Assistance to Haiti in 2002–2006," in population and RH. In addition, POLICY has initiated a retrospective study of the impact of AIDS on the professional labor force.

JAMAICA

The goal of POLICY Project assistance in Jamaica is to strengthen plans for implementation of reproductive health programs in Jamaica. POLICY works with the MOH to disseminate its National Strategic Framework for Reproductive Health (NSFRH) within the Family Health Program, 2000–2005, and to ensure that workplans at the decentralized level are consistent with the framework and developed in a participatory manner. POLICY also continues to provide support to the National Family Planning Board (NFPB) to help implement its reorganization. POLICY collaborates with Youth.now, USAID/Kingston's bilateral adolescent reproductive health project, to ensure that POLICY's more general reproductive health policy activities support Youth.now's adolescent-specific policy activities.

Summary of Major Activities:

POLICY initiated a program of decentralized work with the MOH to help disseminate the NSFRH to local health authorities and practitioners, as well as to ensure its integration into regional and parish-level programs and plans. POLICY has reached agreement with the Regional Health Authorities (RHA) in each of the four health regions to support a workshop for parish representatives to help incorporate the elements of the NSFRH into regional strategic planning and parish-level program planning processes, and provide technical updates on emerging reproductive health issues (including guidelines for access to contraceptives by minors and emergency contraception).

The first planning workshop was held on June 20–21 in the North East Region, with 28 participants from three parishes. POLICY and the RHA designed and facilitated the two-day workshop. Parish representatives developed draft action plans that were consistent with the NSFRH, and listed priority reproductive health activities, available and needed resources, roles and responsibilities, timelines, and indicators. These draft plans will be discussed with a broader group of participants in each parish and then sent to the RHA for approval and funding. POLICY will monitor the approval process to track how many final parish plans incorporate elements from the NSFRH.

POLICY staff also made arrangements during May and June for the remaining three workshops, which will be held in the third and fourth quarter of 2001. A program of follow-up TA and training for the regions and parishes was discussed with the North East Region, which is anxious to continue its collaboration with POLICY.

Also during this reporting period, POLICY staff participated and presented at the Jamaica PHN CAs meeting, held in Washington, D.C., in May. POLICY staff analyzed the results of PES follow-up survey, prepared a summary report of the NSFRH, indicating the level (national, regional, or parish) at which actions in the plan are relevant, and reviewed a presentation of the strategic framework prepared by the NFPB for delivery at a meeting of MOH technical officers in March. Additionally, POLICY, through a subcontract with Peat Marwick and Partners (KPMG), assisted the NFPB in developing scopes of work and recruiting two new directors for the board, as well as reviewing operational plans for the NFPB's new organizational structure and business plan. The agreement is part of POLICY's program of assistance to the NFPB to develop and make operational the five-year strategic plan.

MEXICO

In Mexico, the POLICY Project works to promote enhanced participation in the planning process and improve the policy environment for HIV/AIDS in targeted states by forming multisectoral planning groups composed of a broad range of state and local organizations working in HIV/AIDS and related fields and by helping them develop an integrated strategic plan for HIV/AIDS that addresses the needs of the states' vulnerable populations. POLICY provides follow-up TA to help establish the planning groups as permanent advisory boards that, among other things, advocate for HIV/AIDS policy in their states. Additionally, POLICY provides technical updates and training on key issues, including youth and adolescents, HIV/AIDS and human rights, and advocacy for HIV/AIDS. POLICY also provides assistance to the National Council for AIDS Prevention and Control (CONASIDA) in preparing its new five-year plan on HIV/AIDS prevention and treatment.

Summary of Major Activities:

In January, POLICY participated in and provided financial and planning support for an international conference on best practices in HIV/AIDS in Mexico and the role of international donors (with the Japanese Development Agency and CONASIDA). POLICY analyzed the results of the AIDS Policy Environment Score (APES) follow-up survey in the states of Guerrero, Mexico, and Yucatan, as well as the Federal District; and compared findings with 1998 baseline data. Analysis showed increases in the aggregate APES for Guerrero, the Federal District, and Yucatan (14, 13.6, and 3.6 percentage points, respectively), and a decline in the state of Mexico. Guerrero, Mexico, and Yucatan registered a decline in the legal and regulatory environment, which will be investigated further through interviews in the next quarter. Baseline surveys were conducted in Oaxaca and Vera Cruz, where POLICY recently commenced activities.

POLICY provided TA to CONASIDA to prepare the new five-year national plan for HIV/AIDS/STI. This TA included developing a conceptual framework for the plan and facilitating meetings with CONASIDA technical directors, department heads, state health service directors, state HIV/AIDS/STI coordinators, and experts in the various technical areas of HIV/AIDS. The objective of these meetings was to collect information on the current situation and response to HIV/AIDS/STI and to identify priority areas for the plan, activities, and strategies to address the most pressing problems in HIV/AIDS/STI. POLICY also assisted with the preparation and dissemination of the draft plan and designed a participatory approach for the plan's review through three regional consultative meetings with NGOs and Persons Living with HIV/AIDS (PLWHAs).

In March, in response to a request from the state coordinator for HIV/AIDS/STI, POLICY conducted a three-day workshop in Chiapas, "Mesa de Diálogo Técnico y Político en VIH/SIDA," for public sector institutions, NGOs, and PLWHAs. While Chiapas is not one of the USAID/CONASIDA/POLICY priority states, it is an important state in terms of the HIV/AIDS epidemic and its poverty levels. USAID/Mexico City provided approval for POLICY to share its experiences with HIV/AIDS and health leaders in the hope of stimulating a more coordinated response in Chiapas. Workshop participants were so encouraged by what they learned that a member of one of the most active HIV/AIDS NGOs, who also is a PLWHA, joined with an official from the state HIV/AIDS program during an interview on local television news to discuss the urgent need to develop a strategic plan for HIV/AIDS in Chiapas and to request POLICY's assistance in this endeavor. Following a presentation to the state Secretary of Health on March 27, the secretary sent an official written request to President Fox, CONASIDA, and USAID/Mexico City requesting assistance from POLICY.

During April, POLICY's local team conducted a workshop in Vera Cruz for representatives from HIV/AIDS programs and key actors in HIV/AIDS from both Oaxaca and Vera Cruz, to train them in the

methodology for situation and response analyses. This activity represents a departure from POLICY's approach in the first round of states, in which a consultant was hired to carry out the situation and response analysis in the target states. Participants left the workshop prepared to undertake the two analyses, which are the first steps in the POLICY multisectoral strategic planning process. They will present their findings at the POLICY strategic planning workshop in their states later this year.

In May and June, POLICY conducted a series of workshops for members of the multisectoral citizens' groups (MCGs) in Guerrero, Yucatan, and Estado de Mexico: a two and one-half day workshop on advocacy training was held in each state, with 20–25 participants each; and a two-day workshop on incorporating adolescent/youth issues and involving youth leaders in HIV/AIDS/STI policy was held in Yucatan and Estado de Mexico (it will be replicated in Guerrero in July). In Yucatan, following the POLICY adolescent workshop, the MCG focal group on youth conducted a two-day training workshop for 40 youth peer educators on HIV/AIDS, with independent funding. Additionally, POLICY's LTA cofacilitated a one-week workshop on political mapping and strategic planning in June. The workshop, which was cosponsored by FUNSALUD, the HIV/AIDS Alliance, POLICY, and ASICAL, was held in Guerrero for representatives from the HIV/AIDS Alliance NGOs in Mexico, NGO members of ASICAL (a LAC-wide network of NGOs working on HIV/AIDS issues among men who have sex with men), and other representatives from the HIV/AIDS community in Mexico.

The MCG of Yucatan presented its HIV/AIDS strategic plans to candidates for the position of governor, soliciting their support for the plan in the event of their election to office. In addition, a member of the Yucatan MCG began an exchange with HIV/AIDS leaders in Campeche, another state in the Yucatan Peninsula, with a similar culture and history, to share its experiences and knowledge gained through the MCG. The MCG member attended formal meetings of the Campeche State-level AIDS Council (COESIDA) and provided TA to help develop a draft strategic plan for HIV/AIDS in the state. A comprehensive exchange program will be fostered in this region, with the Yucatan MCG providing TA to Campeche and Quintana Roo to improve the policy environment for HIV/AIDS.

PERU

The goal of POLICY assistance in Peru is to strengthen civil society organizations to advocate for sexual and reproductive health and rights, and to design and survey FP/RH policies/programs to ensure that they respond to the needs of both women and men. Project assistance centers on training and TA to local partners focused on sexual and reproductive rights. POLICY supports policy dialogue and advocacy for Peru's changing political climate and conducts analyses and disseminates information on RH issues.

Summary of Major Activities:

POLICY provided TA to the National Network for the Promotion of Woman (RNPM) in the development of its national strategic and programmatic plan. The plan provides RNPM with the necessary framework for developing projects that will support financing for its activities. POLICY also provided TA to the RNPM to strengthen its citizen surveillance committees in five cities. In collaboration with USAID/Lima, POLICY conducted 44 case studies on providers and family planning users identified by the committees to document the positive impact of such services. Furthermore, POLICY provided TA to the Ministry for the Promotion of Women and Human Development (PROMUDEH) in a consultative process designed to develop "Youth Policy Guidelines." Consultative workshops were conducted for government and civil society representatives in six cities during April and May 2001, and the ensuing document on youth policies was presented to the minister for her approval.

In March, POLICY conducted a workshop for local NGOs from 11 cities to provide them with advocacy skills for RH policies and programs at the municipal level. Three of these NGOs submitted small-grant proposals for funding.

Many of POLICY's activities during this period focused on the presidential election. At a request from the ICPD Tripartite Table, POLICY conducted a workshop to help members prepare an advocacy plan for implementation during the pre-election period to ensure that the new administration is aware of the population's RH needs and that it puts those needs on its agenda. Also in preparation for elections, POLICY provided technical and financial support to Redess Jovenes and two other local NGOs to organize working breakfasts with planning committees of the four main contending political parties, to raise awareness about adolescent RH concerns and issues. In May, POLICY supported these same NGOs in organizing a forum on youth. Representatives from the two political parties that won the first round of elections presented their proposals on RH and other youth issues. The forum resulted in a written agreement to promote youth sexual and reproductive rights, signed by the vice presidential candidates, on behalf of the presidential contenders.

Responding to a request from the University of San Marcos, POLICY designed a curriculum for a seminar "Health in the Context of Human Rights," to be offered as part of the University's Masters Program in Social Policies. The curriculum has a strong emphasis on sexual and reproductive rights and includes sessions on strategies to integrate these rights in legislation, policies, and program planning.

Between January and June, POLICY prepared and disseminated 11 biweekly information sheets on FP/RH, based on a review of local and international media, and two bimonthly summaries on the international policy context on FP/RH. POLICY also prepared four information sheets on reproductive rights making specific recommendations on norms and laws that need to be modified to guarantee the Peruvian population access to these human rights.

POLICY provided TA to Movimiento Manuela Ramos in evaluating its USAID-funded ReproSalud Project, and to the MOH Office of Financing and External Cooperation in analyzing its external projects and developing a proposal to integrate them into the MOH structure.

COLLABORATIVE ACTIVITY HIGHLIGHTS

POLICY works collaboratively with other USAID projects at both the global and country levels. POLICY strives to partner with USAID CAs not only to further the project's mandate but also to promote synergies between projects thereby advancing USAID's goals. Mechanisms for collaboration vary for country and global activities; however, the primary mechanisms remain constant. These mechanisms include furthering program design and implementation, partnering with CAs in training efforts, jointly conducting workshops, and enhancing advocacy efforts. POLICY also responds to requests from other CAs to participate in meetings and share information and materials. The following highlights some of the many ways POLICY collaborates with USAID CAs and other organizations. Through cooperation with other projects, POLICY's goals are advanced at a pace that POLICY might not be able to achieve alone.

Program Design and Implementation

- POLICY is collaborating with the Maternal and Neonatal Health (MNH) Project and the International Confederation of Midwives (ICM) in the design and implementation of a "Midwifery Leadership Development Project." A concept paper for this project has been vetted and approved by senior management of POLICY, MNH, and ICM, and approved by the CTOs and SSO2 team. Specifically, the activity is geared toward building the capacity of midwives to advocate for policies and programs that promote quality midwifery care and women-responsive health care systems. This goal will be achieved through regional advocacy workshops for midwives in Africa, Asia, and LAC. MNH will coordinate logistical support for the workshops, and POLICY will serve as the technical lead for activities through agenda development, advocacy training, and technical assistance. In preparation for the regional meetings, MNH developed a maternal health supplement to POLICY's Advocacy Training Manual, which will be used in the training. A first draft of the supplement has been submitted to POLICY and is currently being reviewed by Sue Richiedie, Koki Agarwal, and Nicole Judice.
- POLICY teams with FHI, the Civil-Military Alliance (CMA), UNAIDS, and the U.S. Department of Defense CDC/LIFE Project on a Uniformed Services Task Force, which has been working to develop a comprehensive package on HIV/AIDS/STIs for the uniformed services, particularly in the African region. Benedicta Ababio (POLICY/Ghana), Jerome Mafeni (POLICY/Nigeria), Norine Jewell, and Scott Moreland participated in a weeklong meeting in late February, "Working Group Meeting to Develop a Comprehensive Package on Prevention and Care of HIV/AIDS and Sexually Transmitted Infections for the Uniformed Services." Jeff Jordan represented POLICY in a follow-up meeting for U.S.-based task force members to review results of the February meeting and arrange next steps. POLICY is working with the task force to plan and organize an autumn meeting on policy aspects of HIV/AIDS services for the military.
- POLICY/Kenya collaborated with Horizons on a cost-effectiveness analysis for components of the National AIDS Committee's Strategic Plan; with Impact (also AMREF) on assessments, advocacy, and capacity building for HIV/AIDS peer education in the police force; with Pathfinder (also with DfID's HAPAC Project) on preparing guidelines for AIDS home-based care; and with the SUNY D&G Project on preparations for a parliamentary observational study tour to Tanzania and Uganda.
- Dr. Selina Ahmed, Program Manager, POLICY/Bangladesh, is working closely with the Social Marketing Corporation and the Quality Improvement Partnership to develop a proposal for a prepackaged therapy kit for the treatment of male urethral discharge and to market the kit. She is also providing technical assistance to DELIVER in preparing a contraceptive security package.

Training

- In March 2001, POLICY/Ukraine collaborated with *Medecins Sans Frontiers* (MSF) and Counterpart Alliance for Partnership (CAP) to co-conduct an Advocacy Skills Workshop for a PLWA Network. The goal of the workshop was to provide the network with an introduction to advocacy to strengthen their capacity to represent HIV/AIDS concerns to local or national decision makers. Fourteen of the most active network members from five regions participated in this training. POLICY sponsored the trainers, CAP funded the workshop costs, and MSF paid for the participants' travel and per diem.
- Frontiers in Reproductive Health and POLICY collaborated on the implementation of a one-day course, entitled "How to Do a Willingness to Pay Survey for Reproductive Health Products/Services Price Setting," on June 27, 2001. The course, conducted by Jim Foreit (FRONTIERS) and Karen Foreit (POLICY), was designed for those familiar with survey research who may conduct willingness to pay (WTP) studies as well as managers who need to set prices, monitor research and interpret WTP results. Participants received a manual and model questionnaires. POLICY is contributing to the production of the manual for use by project staff.
- Anne Jorgensen provided training on constituency building at a day-long conference, "Constituents, Conflicts and Corruption: Adapting Democratic Governance Tools to Conservation Situations." The Biodiversity Support Program (BSP), a USAID-funded consortium of World Wildlife Fund, World Resources Institute, and The Nature Conservancy, sponsored this event on May 15, 2001. Over 100 participants representing over 40 conservation NGOs attended this event. Further, BSP adapted and reproduced portions of POLICY's Advocacy Training Manual for use with local, regional, and national environmental NGOs in Indonesia, and as part of the CD-ROM library for the program. The translation, "Perencanaan Strategi Komunikasi Advokasi: Manual untuk Fasilitator Pelatihan," by Chandra Kirana, has been published.
- POLICY collaborated with USAID, the University of Toronto, Georgetown University, and Harvard School of Public Health to conduct a two-day course offered in January 2001 to USAID staff on topics related to public health and human rights. Lane Porter served as faculty for this course, presented an overview of POLICY's human rights activities, and facilitated a breakout session.
- POLICY/Ukraine collaborated with USAID-funded CAs, the National Democratic Institute, and Counterpart Alliance for Partnership (CAP) in providing introductory sessions on fundraising and the implications of tax policies on NGOs, respectively, at the Ukraine Reproductive Health Network's (URHN), May 24–26, 2001, workshop. POLICY and CAP will provide follow-on tax policy training, and POLICY will help the URHN develop a fundraising strategy this fall.
- POLICY collaborated with Population Action International to design and conduct the advocacy workshop, "Asia Pacific Alliance: Advancing the ICPD Agenda," held February 26–March 2, 2001. Sixteen participants representing donors and national organizations from eight countries convened to strengthen skills in advocating at the national level for increased resources for ICPD activities. Sue Richiedei provided training on the foundations and components of advocacy.
- On June 14, 2001, Anne Jorgensen provided training to participants of an International Policy Advocacy course conducted by Vermont's School for International Training. Jorgensen's training concentrated on reproductive health networking and how NGOs can work effectively to influence the policymaking process.
- Sue Richiedei participated as a panelist on "NGO Reproductive Health Networks: Impacts and Lessons Learned," conducted at the Global Health Council's annual meeting.

Advocacy

- POLICY staff participated in three meetings with MNH Project and Landivar University to plan an advocacy strategy to make specific changes to the obstetrics curriculum at the university. The changes that are being sought include (1) training to nurses so that they are qualified to identify

emergency ob cases and refer them to appropriate facilities, and (2) creating a specialty in obstetrics. The collaboration initiated as a result of conversations between the two USAID officers in charge of the respective projects. At present, the development of the strategy is on hold due to internal issues within MNH.

Meetings

- In Nigeria, in collaboration with Pathfinder International and the Focus on Young Adults Project, POLICY cofunded and organized a one-week, state-of-the-art (SOTA) course in young adult RH in Abuja in February. More than 100 participants attended the event, representing NGOs, donor agencies, CAs, and representatives of the federal and state governments. The SOTA course included a one-day session focused on policy issues.
- On May 14, 2001, Karen Foreit gave a briefing on HIV/AIDS at the Solidarity Center of the AFL-CIO. They have a workplace HIV/AIDS program in Africa funded by USAID and CDC. Participants included Byron Charlton, Coordinator for Africa/Middle East, and three Africa program officers: Prexy Nesbitt, Glenn Lesak, and Andre Akou. Nesbitt covers southern Africa and will be based in Johannesburg; Lesak covers Francophone Africa, and Akou covers East Africa.
- In March, POLICY collaborated with Measure Communication in the PRB pre-PAA Policy Fellows Workshop. Jeff Jordan served as discussant providing valuable feedback to Fellows on their research presentations.
- John Ross participated in a donor meeting on contraceptive security, “Meeting the Reproductive Health Challenge: Securing Contraceptives, and Condoms for HIV/AIDS Prevention,” from May 3–5, 2001, in Istanbul, Turkey. John Ross and Rodolfo Bulatao prepared one of the background papers for the meeting, “Contraceptive Projections and the Donor Gap,” which lays out the numbers of each type of contraceptive needed for 2000–2015, by region, with special attention to condom needs for HIV/AIDS.
- John Stover, Kevin Osborne, Nancy McGirr, and Molly Strachan participated in a coordination meeting of the AIDS Profile Project of the AIDS Research Institute, University of California, San Francisco, on March 12, 2001. The purpose of the meeting was to explore collaboration in the creation of country profiles included on the website “HIV Insite.” Additional collaboration would involve information dissemination and assistance in publicizing the website.
- POLICY/Mexico cosponsored with JICA and CONASIDA the January 25–26, 2001 conference, “International Cooperation in the Face of HIV/AIDS/STI, and the Mexican Response.” The Japanese and American ambassadors and other diplomats attended the conference, along with the principal leaders of HIV/AIDS/STI programs in Mexico.
- On March 16, 2001, Jeff Jordan and Karen Foreit attended *Amy’s Agora* as discussants. *Amy’s Agora* is a series of informal conversations between distinguished academics, activists, political players, and scientists keen on creating new workable solutions to global challenges. Participation is by invitation and consists of 6–10 PAI staff, 1–3 members of PAI’s Board and Council, and 2–4 expert friends. The *agoras* are two hours long, beginning with a 30-minute presentation by the guest followed by robust discussion. The guest speaker, Dr. Nancy Yinger, Director of PRB’s International Programs and MEASURE *Communication*, focused on the topic “Expanding the Definition of Unmet Need.”

Sharing Information

- POLICY collaborated with UNAIDS, the Mexican National Institute of Public Health, and the London School of Hygiene and Tropical Medicine to develop the paper, entitled “Resource Needs for an Expanded Response to HIV/AIDS.” The paper was published in *Science Magazine* in June 2001 and provided an analytic basis for the June 25–27 discussions at UNGASS to consider expanded actions for HIV/AIDS. UNAIDS coordinated and sponsored the research, the Mexican National

Institute of Public Health developed the section on the cost of treatment, and POLICY developed the section on the cost of current and future prevention activities (Stover, McGreevey, Forsythe, and Bollinger).

- Harry Cross and Bill McGreevey served as members of a technical advisory group for a World Health Organization (WHO) sponsored the study, “The Private Sector and Child Health Care.” The document was prepared through a subcontract with Carolina Consulting Corporation and intended for use as part of a toolkit to promote use of the private sector for the provision of child health care services.
- Lori Bollinger and John Stover gave a presentation, “Improving Resource Allocation for HIV/AIDS Prevention, Cure, and Mitigation Programs,” in April 2001, attended by nine USAIDS CAs. Results of a survey of more than 20 national AIDS control program managers were reviewed. Additionally, Stover described a resource allocation analytical tool, which provides a basis for analyzing how program activities can be directed at four factors that play a substantial role in the rate of change of HIV/AIDS infection.
- On May 1, 2001 Steve Forsythe presented “The Role of Socioeconomic Impact Assessment in the Policy Process: What has Been Learned?” to staff of ADVANCEAfrica.

POLICY collaborates with numerous other organizations to share its materials. The following examples highlight just a few of these uses:

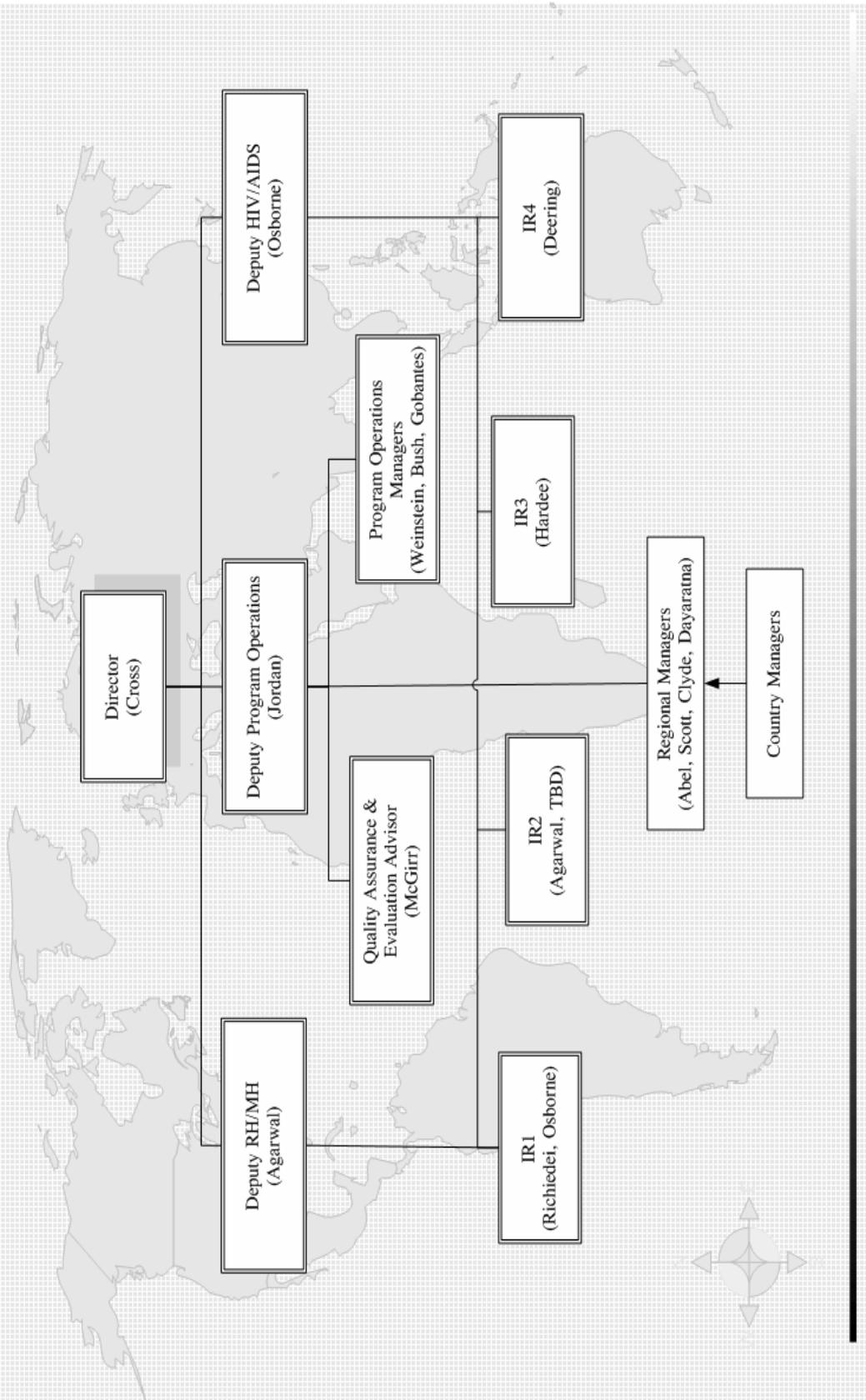
- Partners of the Americas asked to include portions of *Networking for Change: An Advocacy Training Manual* on a CD-ROM to be sent to all of the participants attending one of their capacity-building workshop for leaders in the field of reproductive health throughout Latin America.
- The AIDS Research Institute of the University of California/San Francisco will distribute copies of the *HIV/AIDS Political Commitment Toolkit* on CD-ROM, and 500 hard copies of *The Art of Policy Formulation: Experiences from Africa in Developing National HIV/AIDS Policies* at a conference on HIV/AIDS/STIs being conducted in Uganda in September.
- The University of Stellenbosch and MEDUNSA included the *HIV/AIDS Political Commitment Toolkit* on a CD-ROM that they distributed to the approximately 100 students taking the diploma program in the “Management of HIV/AIDS in the World of Work.”
- The Latin America and Caribbean Division of UNFPA has asked to include the chapter of the book *Health Reform, Decentralization, and Participation in Latin America: Protecting Sexual and Reproductive Health*, “Promoting Partnership and Participation in the Context of Decentralization to Improve Sexual and Reproductive Health in LAC,” on a CD-ROM together with other articles on health sector reform and reproductive health that is being prepared for internal use, particularly for its regional staff.
- The World Bank Institute Health and Population Team requested permission to reproduce “Implications of Decentralization for Reproductive Health Planning in Senegal” *POLICY Matters*, No.3, January 2000 on the website for the “Adapting to Change Learning Program” (see <http://www.worldbank.org/wbi/reprohealth/>). The Adapting to Change Learning Program on Population, Reproductive Health, and Health Sector Reform is a training program with the aim of improving reproductive health outcomes in accordance with the goals articulated at the 1994 ICPD.
- A partner of the Micronutrient Initiative, Helen Keller International West Africa is translating Working Paper #5: *Improving Nutrition and Reproductive Health: The Importance of Micronutrient Nutrition* into French and Portuguese to distribute at a workshop and place on the website for the Nutrition Focal Point of WAHO.

APPENDIX

MANAGEMENT STRUCTURE AND STAFF LISTING

[**Note**: POLICY amended its management structure during this reporting period to accommodate its changing portfolio, especially in the HIV/AIDS area. The amended management structure, approved by the CTOs in early June 2001, is included herein.]

Figure 3: Project Management Structure



MANAGERS OF COUNTRY PROGRAMS AND IRS/WORKING GROUPS

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Africa:</i> Mary Scott Backstop: Jeff Jordan	Africa Regional Funds	Kevin Osborne	Rodrigo Gobantes/ Megan Noel	Elizabeth Schoenecker
	Southern Africa	Kevin Osborne John Stover (SADC)		
	Ethiopia	Charles Pill		
	FH&A	Norine Jewell		
	Ghana	Norine Jewell		
	Kenya	James Kocher		
	Malawi	Shawn Aldridge		
	Mali	Norine Jewell		
	Mozambique	Karen Foreit		
	Nigeria	Scott Moreland		
	REDSO/E	Joseph Deering		
	Sahel/CERPOD	Norine Jewell		
	South Africa	Nikki Schaay*		
	Tanzania	Charles Pill		
	Uganda	Norine Jewell		
Zambia	Thomas Goliber			
<i>Asia/Near East:</i> Ed Abel Backstop: Harry Cross	Bangladesh	Syed Ahsan*	Vicky Bush/ Aguil Deng	Mai Hijazi India: Elizabeth Schoenecker
	Cambodia	Kevin Osborne		
	Egypt	Mona Khalifa*		
	India	Gadde Narayana*		
	Jordan	Ed Abel		
	Philippines	Aurora Perez*		
<i>Europe & Eurasia:</i> Maureen Clyde Backstop: Harry Cross	Romania	Imelda Feranil	Rodrigo Gobantes/ Kimberly Lohuis	Elizabeth Schoenecker
	Russia	Anne Jorgensen		
	Turkey	Zerrin Baser*		
	Ukraine	Monica Medrek		
<i>Latin America:</i> Varuni Dayaratna Backstop: Jeff Jordan	El Salvador	TBD	Vicky Bush/ Daly Salegio Haiti: Aguil Deng	Mai Hijazi
	Guatemala	Lucia Merino*		
	Haiti	Norine Jewell		

* Indicates overseas staff member

IR/Working Group Director	IR/Working Group	IR/Working Group Manager	Administrator/ Administrative Backstop
<i>Core Activities</i> Koki Agarwal (FP/RH/MH) Kevin Osborne (HIV/AIDS)	IR1	Sue Richiedi (RH/MH) Kevin Osborne (HIV/AIDS)	Rodrigo Gobantes/ Kristen Totino (RH/MH) Elisabeth Huth (HIV/AIDS)
	IR2	Koki Agarwal (RH/MH) TBD (HIV/AIDS)	Vicky Bush/ Aguil Deng
	IR3	Karen Hardee	Rodrigo Gobantes/ Aguil Deng
	IR4	Joseph Deering	Vicky Bush/ Aguil Deng
	SSO2 - Safe Motherhood	Koki Agarwal	Vicky Bush/ Kimberly Lohuis
	SSO4 – HN/HIV/AIDS	Kevin Osborne	Rodrigo Gobantes/ Elisabeth Huth
<i>Working Groups</i>	Adolescent RH	TBD	Vicky Bush/ Kristen Totino
	Gender	Mary Kincaid	Rodrigo Gobantes/ Daly Salegio
	Human Rights	Lane Porter	Rodrigo Gobantes/ Megan Noel
<i>Miscellaneous</i>	Quality Assurance and Evaluation	Nancy McGirr	Vicky Bush
	Grants	Determined by funding source	Vicky Bush/ Kimberly Lohuis

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Dennis Chao, Economist, Modeler
Maureen Clyde, Policy Analyst, E&E Regional Director
Henry Cole, Senior Advisor
Harry Cross, Project Director
Varuni Dayaratna , LAC Regional Director, Paraguay Country Manager
Joe Deering, IR4 Capacity Building Director
Imelda Feranil, Demographer, Romania Country Manager
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Karen Foreit, Evaluation Coordinator (to 7/01), Mozambique Country Manager
Steven Forsythe, Health Finance, HIV/AIDS
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