

HIV/AIDS

SSO4

ANNUAL REPORT

OCTOBER 1, 2002–SEPTEMBER 30, 2003

Strategic Support Objective 4:

Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

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POLICY PROJECT

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I. Introduction/Background

A. Summary Project Description

POLICY II began on July 7, 2000. The Futures Group International implements the project in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA). This report covers POLICY's HIV/AIDS activities and accomplishments during the period from October 1, 2002 to September 30, 2003.

The POLICY Project endeavors to improve policies affecting family planning/reproductive health (FP/RH), HIV/AIDS, and maternal health programs and services in developing countries. Multisectoral collaboration, community empowerment, respect for human rights and gender equality, and support for vulnerable populations, including orphans and other children affected by HIV/AIDS, characterize POLICY's approach to policy and program development. In working to promote and sustain access to high-quality FP/RH, HIV/AIDS, and maternal health services, the project addresses the full range of policies, including:

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

To achieve its main objective, the project strives to

- Broaden and strengthen political and popular support to ensure commitment to—and build an enabling environment for—effective HIV/AIDS policies and programs;
- Improve planning and financing mechanisms to provide the resources and operational arrangements needed to implement policies and programs, and also to prevent the inefficient use of resources;
- Provide and disseminate accurate, up-to-date, and relevant information that serves as the foundation for sound policy decision making; and
- Enhance in-country and regional capacity to participate in policymaking processes and thereby contribute to the long-term sustainability of policies and programs.

The POLICY Project's HIV/AIDS portfolio has grown considerably in recent years. The project receives funding from USAID's Office of Population and Reproductive Health (OPRH), Office of HIV/AIDS (OHA), regional bureaus (including Africa and Asia and the Near East (ANE)), and individual country missions to achieve the following SSO4 Intermediate Results (IRs):

- 4.3 Improved knowledge about and capacity to address the key policy, cultural, financial, and other contextual constraints to preventing and mitigating the impacts of HIV/AIDS;
- 4.4 Strengthened and expanded private sector organizations in delivering HIV/AIDS information and services; and
- 4.5 Improved availability of, and capacity to generate and use, data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts.

POLICY's Approach to HIV/AIDS

The POLICY Project embraces a multisectoral approach to HIV/AIDS. The challenge of HIV/AIDS cannot be addressed effectively if it is treated narrowly as a public health or medical issue alone. HIV/AIDS is interconnected with and exacerbated by a host of factors (e.g., human rights, poverty, gender), and it has the ability to affect all sectors of society. Meaningful strategies to prevent the spread of HIV, care for people living with HIV/AIDS (PLWHA), and mitigate the impacts of the epidemic require the mobilization and coordination of efforts and resources across sectors.

The POLICY Project collaborates with a range of in-country partners to strengthen support for and enhance the *synergy* of broad-based, multisectoral HIV/AIDS policies and programs. Enhancing personal and institutional capacity to respond to the ever-increasing demands of the epidemic stimulates improved policy, program, and operational responses, which also encourages increased funding at global, national, and local levels.

POLICY's HIV/AIDS Partners

A key component of POLICY's approach to improving HIV/AIDS programs and services is to build in-country capacity to participate in and contribute to policymaking processes. To do this, POLICY collaborates with a variety of government and civil society counterparts.

- ***Government Departments and Agencies.*** The POLICY Project's government partners include national AIDS councils, national AIDS control programs, and relevant departments at the national and local levels (e.g., health, education, labor, welfare, finance, uniformed services, women, social services, and transportation). POLICY works with these government entities to develop guidelines, strategic plans, operational policies, and financing mechanisms to address HIV/AIDS. POLICY also assists individual parliamentarians and coalitions of lawmakers in making HIV/AIDS a national priority and strengthening commitment to address the epidemic. In addition, POLICY facilitates law and policy reviews to encourage compliance with international human rights standards. The project's computer simulations enhance policymakers' understanding of the impacts of HIV/AIDS and the costs and benefits of different policy and program strategies.
- ***PLWHA Associations.*** POLICY's work with PLWHA associations and networks builds on international standards and guidelines, including the Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) Principle and the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS. Until PLWHA are meaningfully involved in policymaking, program design, and community mobilization, prospects for addressing the HIV/AIDS epidemic will be diminished. The POLICY Project encourages the active policy engagement of PLWHA by building the capacity of national, regional, and international associations of PLWHA. POLICY is also active in developing strategies to help PLWHA confront stigma and discrimination, strengthen the ability of PLWHA networks to exercise and advocate for human rights protections, and facilitate regional and international collaboration.
- ***Faith-based Organizations.*** Faith-based organizations (FBOs) in developing countries not only provide spiritual guidance for their followers, they are also often the primary providers of a variety of local health and social services. Situated within communities and building on relationships of trust and respect, FBOs also have the ability to influence the attitudes and behaviors of their fellow community members.

POLICY provides technical assistance to FBOs with the aim of strengthening their capacity to provide care and support services for PLWHA, as well as reduce the stigma and silence surrounding HIV/AIDS.

- ***World of Work.*** The POLICY Project collaborates with organizations in the world of work, such as trade unions and business associations, to develop appropriate workplace HIV/AIDS policies and programs. These policies and programs should eliminate discrimination against PLWHA, safeguard employee benefits (e.g., health insurance and leave), and serve as a conduit for awareness-raising and prevention efforts. POLICY also works with civil society groups to raise awareness of the rights of PLWHA in the employment sector, and has contributed to the development of postgraduate programs that focus on training students how to deal with HIV/AIDS and employment issues. In addition, POLICY uses computer models, such as the AIDS Impact Model (AIM) and GOALS, to project the demographic characteristics and effects of the epidemic, as well as the economic consequences of HIV/AIDS and the relative costs and benefits of different strategies to combat the disease.
- ***Development Nongovernmental Organizations (NGOs)*** HIV/AIDS has the potential to reverse—and hinder the future achievement of—hard won economic and human development gains in many countries. The epidemic can diminish workforces, limit educational opportunities, marginalize vulnerable groups, exacerbate poverty levels, usurp resources, and bring about other consequences that negatively impact a nation’s development. The POLICY Project seeks to mainstream HIV/AIDS issues into the activities of NGOs operating in the development sector, including professional associations and women’s and youth groups. POLICY provides technical and logistical assistance to NGOs to improve understanding of the links between HIV/AIDS and development, as well as enhance advocacy, strategic planning, financing, and monitoring and evaluation capabilities with regard to HIV/AIDS.

Operationalizing POLICY’s HIV/AIDS Work

The POLICY Project engages in a range of activities to facilitate the development of policies that effectively address HIV/AIDS and mitigate the impacts of the epidemic. These activities are described below.

- ***Advocacy and Awareness Raising.*** POLICY’s advocacy efforts are designed to build political and popular support for multisectoral HIV/AIDS policies and programs. POLICY conducts training workshops with a wide range of stakeholders to enhance their ability to design, implement, and evaluate advocacy campaigns to increase support for specific HIV/AIDS issues. In doing so, the project involves actors not traditionally included in policy processes, such as civil society groups, NGOs, FBOs, PLWHA networks, women’s groups, health care providers, professional associations, research institutions, individual policy champions, and others. Awareness-raising efforts also seek to inform groups, particularly PLWHA and other vulnerable groups, about their human and legal rights.
- ***Strategic Planning, Resource Allocation, and Policy Formulation.*** POLICY works with government programs and civil society and private sector organizations to conduct strategic planning exercises that include broad participation and result in realistic action plans to achieve specific goals. A primary objective is to ensure that financing mechanisms and operational policies are in place to carry out the strategic plans and national policies. To further enhance understanding of the economic impact of HIV/AIDS, POLICY staff are also active in maintaining and participating in the International AIDS-Economics Network (IAEN), whose collaborators include the World Bank and USAID. This network of

economists and interested professionals meets regularly, both in-person and electronically, to review and discuss the latest information on the economic impacts of the epidemic and program financing.

- **Information for Decision Making.** The POLICY Project is active in developing insightful policy analysis tools and informational products that are accessible to a variety of audiences. To begin with, POLICY has developed a composite index for measuring the degree to which the in-country policy environment is supportive of policies and programs. In addition, in conjunction with USAID, UNAIDS, and others, POLICY developed the *AIDS Program Effort Index*, which measures the level of effort in country responses to the epidemic. The project also utilizes and provides training in the use of computer models, such as AIM, GOALS, and EPP (Epidemic Projection Package). These computer models project the social and economic consequences of HIV/AIDS, estimate current and future national HIV prevalence rates, calculate the costs and benefits of different strategies, and more. POLICY also supports research intended to improve our understanding of the processes that lead to successful policies and maintains a comprehensive database of HIV/AIDS policy statements that can be searched via the Internet.

- **Capacity Building and Training.** At each step of the policy process—advocacy, resource allocation, research and monitoring, policy reform, and so on—the POLICY Project seeks to build the capacity of its in-country partners. POLICY provides training and technical assistance on a variety of issues and activities, including developing campaigns, using computer models, conducting strategic planning exercises, and forming networks and partnerships around HIV/AIDS issues. Capacity building fosters the development of in-country policy champions and ensures the sustainability of efforts to develop lasting, meaningful approaches to address HIV/AIDS.

POLICY's Crosscutting HIV/AIDS Issues

POLICY has identified three crosscutting issues that must be integrated into aspects of the project's work, whether it be strengthening popular support, formulating policies, generating information, or building capacity.

- **Human Rights.** Reducing stigma and discrimination and promoting human rights are priorities for the POLICY Project. POLICY views human rights not just as one important aspect of HIV/AIDS policies and programs; rather, they are the very foundation on which effective strategies to address the epidemic must be built. POLICY's activities in this arena are designed to improve understanding of the human rights issues related to HIV/AIDS and provide strategies to address these issues. This involves legal reviews and recommendations for policy and legislative reform; the development of indicators to measure human rights abuses and evaluate programs on the basis of human rights criteria; advocacy and awareness raising to reduce stigma associated with HIV/AIDS; and capacity building to help PLWHA confront stigma and discrimination.

- **Gender.** Men and women experience HIV/AIDS differently depending on gender. "Gender" refers to the characteristics, roles, and identities that societies assign to groups of people based on their sex and sexuality. Men and women's ability to benefit from prevention, care, support, and mitigation policies and programs differs according to the particular context's gender relations. POLICY promotes gender-sensitive approaches and works to enhance understanding of the interrelationships between gender and HIV/AIDS (e.g., gender-based violence or the special needs of men-who-have-sex-with-men (MSM)).

POLICY staff are also active in the Interagency Gender Working Group (IGWG) and its Task Force on Gender and HIV/AIDS.

- ***Youth, Orphans, and Other Vulnerable Children.*** Youth have special needs when it comes to HIV/AIDS policies and programs, including access to youth-friendly services and protection from harmful practices, but they also require programs that enhance life choices and opportunities (e.g. education, employment). In addition, the epidemic has given rise to the phenomenon of AIDS orphans and other vulnerable children (OVC), who are affected both physically and emotionally. The POLICY Project works with governments and civil society partners to review and develop policies that address youth and OVC issues. The project also conducts and disseminates research on the demographic impacts of HIV/AIDS and facilitates advocacy for youth and OVC issues.

In these ways, the POLICY Project encourages a multisectoral approach that encompasses target issues and populations that are critical to the success of HIV/AIDS policies and programs.

B. Summary of Activities

HIV/AIDS activities are carried out with core funds from OHA, regional bureaus (Africa and ANE), and with field-support funds from USAID Missions in individual countries. Core and regional bureau funds for HIV/AIDS are used to

- Advance and update our technical knowledge of global HIV/AIDS trends within a multisectoral framework;
- Demonstrate or test new and innovative approaches for addressing issues related to global HIV/AIDS policy constraints; and
- Shed light on a critical HIV/AIDS policy issues that otherwise would not be funded by a Mission.

In this reporting period, POLICY conducted the following activities with HIV/AIDS core and regional bureau funding:

Core funds

- ***Moments in Time (Advocacy Manual).*** As a complement to POLICY's *Networking for Policy Change: An Advocacy Training Manual*, the project produced an advocacy manual specifically for HIV/AIDS, entitled *Moments in Time: HIV/AIDS Advocacy Stories*. The manual leads trainees through 16 case studies on advocacy principles and theories in action and provides exercises to apply the lessons learned to their work. There has been considerable demand for this manual. In the first three months following its publication, approximately 2,500 copies had been distributed to community-based groups, NGOs, and PLWHA organizations engaged in HIV/AIDS advocacy, as well as to USAID Missions and implementing agencies (IAs). It has been downloaded from the POLICY website more than 3,000 times since June 2003. French and Spanish versions will be available soon.
- ***Asociación para la Salud Integral y Ciudadanía de América Latina (ASICAL)*** Policy supports ASICAL to develop tools and the capacity of MSM in Latin America to design and implement advocacy campaigns for effective HIV/AIDS prevention among the MSM population. POLICY staff conducted a training workshop in Quito, Ecuador from January 26–31 for 37 participants representing

18 NGOs from 13 Latin American countries. POLICY has also helped to develop and disseminate the advocacy training manual, *Guía de incidencia política en VIH/SIDA: hombres gay y otros HSH*. It was published in June 2003 in Spanish and Portuguese and 2,200 copies have been distributed to NGOs for use in the LAC region.

- **Human Rights** POLICY's *Human Rights Matrix* is a database of international human rights documents relevant to HIV/AIDS and reproductive health. The matrix is designed to help government planners and policymakers, civil society advocates, lawyers, and others in implementing human rights-based approaches to HIV/AIDS. Sections on integrating gender and human rights have also been added that cover equal access to health care, gender-based violence, harmful traditional practices, inequitable inheritance rights, and reproductive health rights. POLICY field staff use this matrix in developing approaches to human rights advocacy and policy dialogue. POLICY staff also served as co-chair of the USAID stigma and discrimination working group at IWG, participated in several World AIDS Day activities on HIV/AIDS and Human Rights, and planned and presented several brown bag educational programs on topics such as linking domestic violence against women, human rights, and HIV/AIDS in Botswana.
- POLICY has an ongoing core-funded collaboration with the Church of the Province of Southern Africa (CPSA) and other organizations within the Anglican Community, including the Council of Anglican Provinces in Africa (CAPA), which began in 2001. Extensive technical assistance from POLICY to develop strategic planning capacity helped CPSA and CAPA to come up with regional and country action plans. For example, during FY03, POLICY and CPSA held a training of master trainers for 12 African Anglican AIDS Coordinators and staff in Kampala, Uganda. CPSA's strategic planning process is currently being replicated in 16 African nations. In September 2002, the Synod adopted an HIV/AIDS ministry program valued at \$2.2 million. Further, a total of \$250,000 has been raised from foundation sources and the Compass Rose Society of the Anglican Communion to support additional African strategic planning activities. Based on the success of CPSA's model, the World Bank, Department for International Development (DFID), and Christian AID have also pledged ZAR 45m (about US\$6.5 million) in support for HIV/AIDS ministries in Africa.
- **AIDS and Economics.** A key way that POLICY has promoted global partnerships for improved planning and finance is through the International AIDS and Economics Network (IAEN). The IAEN is now 10 years old and has more than 8,000 members worldwide. In April 2003, POLICY organized a meeting in Washington, D.C. on "Current Issues in the Economics of HIV/AIDS" that was attended by more than 150 economists and policymakers. The meeting was simulcast on the Kaiser Family Foundation website and a written summary of the meeting was made available to IAEN members. POLICY has also begun planning for a larger conference of economists involved in HIV/AIDS during the 2004 International HIV/AIDS Conference in Bangkok and a revised version of the "State of the Art: AIDS and Economics" book.
- **UNAIDS Reference Groups** POLICY has updated the AIDS Impact Model (AIM), which projects the consequences of the HIV/AIDS epidemic, including the number of PLWHA, new infections, and AIDS deaths by age and sex as well as new cases of tuberculosis. AIM is used by UNAIDS to produce the national and regional estimates it releases every two years. The updated version includes a revised manual, new model patterns of HIV prevalence by age and sex, and a section on OVCs that estimates maternal, paternal, and dual AIDS and non-AIDS orphans by age and sex. POLICY also

participated in a training-of-trainers session in Geneva in preparation for regional workshops to teach national programs to use EPP and SPECTRUM to estimate and project national prevalence. POLICY also provided technical support to the UNAIDS Reference Group on Economics and the Reference Group on Monitoring and Evaluation. POLICY staff participated in meetings and drafted papers on “Comment on Estimates of HIV/AIDS Private Spending in Middle-income Countries” and “Resource Flows for National AIDS Accounts.”

- ***AIDS Program Effort Index(API)***. In October 2002, the API survey instrument was revised as a collective effort among USAID, POLICY, and UNAIDS. The questionnaire was finalized based on pilot tests that were conducted in Kenya and Haiti in November and December 2002. During those months and throughout January 2003, in-country consultants were identified and prepped to begin survey implementation in 54 countries in February 2003. Consultant payments were processed while preliminary country-specific reports were prepared from May to July 2003, which were shared with representatives of each country’s national AIDS program, UNAIDS, and USAID offices for review and verification of results. Adjustments are being made to scores for final analysis and report preparation by the end of October 2003.
- ***Coverage of Essential HIV/AIDS Services Survey***. The “coverage survey” was launched in May 2003 as a result of discussions among partner agencies, including USAID, POLICY Project, UNAIDS, CDC, WHO, and the World Bank. The survey instrument was revised to include the following 11 key service components: VCT, PMTCT, condoms, harm reduction, outreach to vulnerable populations, home-based care, treatment of opportunistic infections, prophylaxis for opportunistic infections, antiretrovirals (ARVs), school-based HIV/AIDS prevention education, and services for orphans and vulnerable children. “Lead” agencies (from among the partners) were designated for each of 81 survey countries in June/July 2003 and initial planning meetings to select local consultants began in July and August. As of September 30, survey implementation had begun in 26 survey countries, and all countries had agreed to conduct national consensus workshops to review and verify the coverage survey data.
- ***Orphans and Vulnerable Children (OVC)***. POLICY published and disseminated *Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead*, a paper reviewing national policies, legislation, and coordinating mechanisms and providing recommendations to USAID and others on improving national responses to protect orphans and other vulnerable children. The document has been distributed to various stakeholders, including OVC members enrolled on the CABA listserve, country parliamentary groupings, and country offices. There is considerable demand for the document.

POLICY is also assisting the OVC policy process in Uganda and Kenya. In Uganda, POLICY is collaborating with the USAID-funded Applied Research in Child Health (ARCH) Project and the Ministry of Labor, Gender, and Social Development’s OVC Policy and Program Plan Development Project, to undertake a study that analyzes OVC-related laws and policies and institutional frameworks. In Kenya, POLICY is collaborating with UNICEF/KCO, the Children’s Department, and the OVC Task Force to carry out a participatory OVC situation analysis that will provide a basis upon which to make hard choices about how and where to direct available resources to benefit the most seriously affected children and families.

- ***Nepal Core Package on IDUs.*** The IDU Core Package started in July 2003 with consultation meetings with service providers, the government, and injecting drug users (IDUs). This was the first time in Nepal that IDUs had had an opportunity to meet to discuss their perceptions, values, practices, and barriers to involvement with each other and to be involved as leaders to develop skills-capacity programs/activities for themselves. As a result of the national consultation meeting, IDUs were identified, selected, and formed a core IDU advisory group of eight to advise the project and develop clear advocacy strategies. Two IDU coordinators were selected to lead the project with assistance from the advisory group. Stigma and discrimination focus group discussions will be facilitated by and for IDUs in eight districts outside of Kathmandu to develop the training-of-trainers curriculum.
- ***Mexico Core Package on Stigma and Discrimination*** Through its core package on stigma and discrimination in Mexico, POLICY is assessing the extent to which PLWHA experience stigma and discrimination in several different environments and identifying and testing ways to reduce it in health care services, the media, and through legal and regulatory changes. The Mexican implementing partners, under the direction of the National Institute for Public Health (INSP) and in close collaboration with CENSIDA, made significant progress on all four components of the core package on stigma and discrimination during FY03. Research protocols were finalized in the first part of the year, and interviewers and focus group facilitators were trained and prepared. Field work was conducted and largely completed on all four components during the second half of the year, and analysis of the data was underway with preliminary findings due out in October. The PLWHA network, Red Mexicana de Personas que Viven con VIH/SIDA, began its analysis of interview data for Component 1 (internal stigma). INSP entered survey data into the database for Component 2 (health service providers—this component is being funded by MEASURE/DHS). The team of consultants and INSP staff working on Component 3 (legal/policy assessment) prepared a preliminary report for the legal situation analysis, conducted interviews with FRENPAVIH members to assess advocacy capacity of the network, and began work on focus groups with labor unions. Letra S completed preparations for its journalist training workshop, which will take place in October; sorted through 310 photographs of the 11 PLWHA participants for the photojournal activity, all of which were taken by a PLWHA photographer; and conducted a qualitative analysis of the over 1,100 articles on HIV/AIDS collected during the scan of newspapers from 2002.
- ***South Africa Core Package on Stigma and Discrimination.*** POLICY/South Africa is implementing the HIV/AIDS-related Stigma Research Project (the Siyam'kela Project). Work on this core package is progressing according to project timelines, and the project is being received with much interest among the various stakeholders. The main objective of the project is to identify, review, document, and disseminate indicators of internal and external stigma. In addition, the project will identify, review, document, and disseminate guidelines and recommendations for best practice. Four reference groups meet quarterly to provide guidance to the project. To date there have been four reference group meetings. A flyer, a literature review, and a media scan have been completed. The flyer introduces newcomers to Siyam'kela and familiarizes them with the objectives and the research process; the literature review presents research on HIV-related stigma; and the media scan examines coverage of HIV/AIDS issues in the press from January 1–March 31, 2003. The findings from the field work were presented at a second consultative meeting in July 2003 where they were presented to the original stakeholders from the first consultative meeting, and the indicators were reviewed and revised. During a follow-up meeting held between project partners on September 12, 2003, the proposed indicators were further refined, the guidelines and media scan critically analyzed. The final research report from this project will be released in November 2003 and will be circulated to relevant

stakeholders in December 2003. A booklet outlining best practice in stigma reduction in PLWHA and their interaction with the media, faith communities, and the workplace is currently being researched and will be available in early 2004. Guidelines to help program managers incorporate innovative ways of reducing stigma and guidelines to help leaders in FBOs address stigma effectively in their community are being developed and will be disseminated in December 2003.

- ***Swaziland Core Package on Meeting the Sexual and Reproductive Health Needs of HIV Positive Women.*** POLICY hopes to identify and address some of the prioritized operational policy barriers to improve the reproductive and sexual health rights (RSHRs) of HIV-positive women in reproductive and sexual health (RSH) care programs, including VCT, PMTCT, and ANC. In May and June 2003, POLICY staff traveled to Swaziland to meet with the National Emergency Response Committee on HIV/AIDS (NERCHA) to work on a final timeline of activities, go over contract options agreements, and develop terms of reference for the task team. During these initial consultative meetings, it was decided that the Swaziland Infant Nutrition Action Network (SINAN) would serve as the lead implementing NGO, working closely with NERCHA and POLICY to ensure activities for the core package were successfully carried out. Several NGOs and PLWHA organizations were invited to serve on the task team. On July 3, a key stakeholders meeting was held and a task team was identified. Dr. Khanya of the Ministry of Health and Social Welfare was selected to serve as the chair of the task team. The task team will meet on a regular basis every second Wednesday of each month and as the need arises. In August 2003, the task team selected a researcher to carry out the needs assessment analysis and began developing focus group discussion questionnaires. The needs assessment is scheduled to begin in October 2003.
- ***GIPA Global: Assessing the Greater Involvement of People Living with HIV/AIDS (GIPA) in the Development and Implementation of National AIDS Plans.*** During this program year, POLICY conducted a research study on the role of PLWHA in national policy and strategic planning processes and focused on the development and implementation of national AIDS strategies in five countries: Benin, Brazil, Cambodia, South Africa, and Ukraine. As part of the study, POLICY developed a qualitative GIPA-related interview guide, assessed national policies and legislation for inclusion of the GIPA Principle, and produced a draft report on common themes and recommendations for promoting meaningful involvement of PLWHA in the policy process. By December 2003, POLICY will publish and disseminate a “POLICY Issues Brief” summarizing key findings of the study.
- ***Gender and HIV Task Force.*** Policy leads the Interagency Gender Working Group’s (IGWG’s) Task Force on Gender and HIV/AIDS, which is wrapping up its work on a study on the integration of gender factors into USAID HIV/AIDS/STI programming. Major activities completed during this period include preparation of a policy brief, which serves as the final report, and draft guidance sheets on integrating gender into stigma and discrimination activities and into PMTCT programs (guidance on three other issues will be completed by early 2004). Task force members also provided TA to the PRIME II Project to develop a training program that addresses gender integration in PMTCT programming. In May 2003, the task force initiated work to integrate gender into the agency’s Expanded Response indicators for HIV/AIDS programs, including forming a new Gender Committee at the Interagency Working Group (IWG) meeting in May and a smaller working group that has met twice and is developing the recommendations for modifications/additions to the Expanded Response indicators. The IWG Gender Committee is chaired by Diana Prieto of USAID and Mary Kincaid of Futures Group and has 20 members from both the USAID and the IA community.

Regional: Africa Bureau

- ***University of Natal: Mobile Task Team on Health.*** The activity was initiated following the successful implementation of mobile task teams in education. Initial meetings were conducted with teams in South Africa and Namibia, which were designed to assist the Ministry of Health in each country in mitigating the impact of HIV/AIDS on the workforce. To date, the ministries are still trying to establish formal mobile task teams.
- ***Southern Africa Development Community (SADC).*** POLICY has been collaborating with the Health Sector Coordinating Unit of SADC to assess the status of HIV/AIDS policies in the region and address specific priority policy issues. POLICY completed work on a report that summarizes and compares the national and sectoral HIV/AIDS policies of the SADC member states. SADC printed 300 copies of “National and Sector HIV/AIDS Policies in the Member States of the Southern Africa Development Community,” and disseminated the report to member states. The report contains recommendations for SADC and individual countries to improve policy support for effective HIV/AIDS programs and provides SADC with an overall picture of the status of HIV/AIDS policies in the region.

The ministers of Health from member states selected two policy issues for in-depth analysis: guidelines for VCT and the impact of AIDS on education capacity. POLICY prepared a background document summarizing existing information on VCT guidelines and convened a workshop of VCT experts in the region. A draft of the regional VCT guidelines has been prepared that will be reviewed in a subsequent regional meeting, pending the appointment of SADC’s new HIV/AIDS coordinator.

- ***Southern Africa Regional HIV/AIDS Program (RHAP)***
 - ***Workshop on the Impact of AIDS on Teacher Supply and Demand.*** POLICY collaborated with the SADC Human Resources Unit to conduct a workshop on the impact of AIDS on teacher supply and demand for countries in Southern Africa. The Health Economics and AIDS Research Department (HEARD) of the University of Natal conducted the workshop in Johannesburg from December 2–6, 2002, for participants from 11 countries. Participants learned to use computer models to estimate the impact of AIDS on the education sector.
 - ***Headmasters Project.*** A rapid appraisal survey implemented by John T. King Associates noted that teachers are not receiving the necessary support to implement HIV/AIDS initiatives in schools. As a result, POLICY, in collaboration with the Ministry of Education, conducted a workshop for 60 headmasters on October 3–4, 2002. The purpose of the workshop was to share knowledge about current HIV/AIDS issues, facilitate networking among participants, provide the necessary support to teachers, and allow teachers, headmasters, and students to share what they thought were the best measures to combat HIV/AIDS.
 - ***Health Promoting Schools Initiative.*** In Lesotho, POLICY continues to support the Health Promoting Schools Project through the U.S. Ambassador’s Initiative. POLICY has been collaborating with the Ministry of Health and Social Welfare and the Ministry of

Education and supporting two community-based organizations (CBOs) to implement the initiative at two pilot sites. A needs analysis identified priority areas and a workshop providing guidance, information, and training on implementing the initiatives was conducted for teachers, staff, key stakeholders, and members of the community from September 15–19, 2003.

- *Support to NERCHA.* POLICY has been providing TA to NERCHA, the HIV/AIDS coordinating authority in Swaziland, to review and revise the existing National HIV/AIDS Strategy and National HIV/AIDS Policy for Swaziland. POLICY has been working with local counterparts to revise the National HIV/AIDS Strategy and Plan and provide TA on plans to operationalize the strategy and implement key programs identified. The Policy Working Group completed a final draft of the Multisectoral National Policy in September.
- *U.S. Ambassadors' HIV and AIDS Initiative.* POLICY continues to build on political and popular support of HIV/AIDS issues by providing TA and support to the U.S. Ambassador's Initiative Small Grants Program. The current grant cycle, which began October 2002 and ends September 2003, aims to carry out HIV/AIDS-related activities. From August 6-8, POLICY conducted follow-up visits to NGOs in Lesotho, in which it found that NGOs had made progress on completing their activities. The final report was received from Matelile Tajane Development Trust, which successfully advocated for the increased awareness and increased commitment among community leaders in addressing HIV/AIDS, including youth leaders.
- *Other Capacity-Building Activities.* POLICY supports NGOs in Botswana, Lesotho, and Swaziland to conduct a host of other capacity-building activities.

POLICY continues to assist the Nurses Association of Botswana (NAB) with the development of an in-service training manual, "Caring for the Caregivers," to support counselors and caregivers. The manual is scheduled to be produced and distributed in October 2003. POLICY supported the Botswana Family Welfare Association to conduct a workshop aimed at strengthening individual and institutional HIV/AIDS capacity of the north-west district CBOs through training of HIV/AIDS focal persons. In addition, POLICY provided support to carry out a one-day stakeholders meeting to provide guidance in developing an implementation plan in support of OVC; 34 participants attended, which resulted in the formation of an OVC task team.

In Lesotho, POLICY continues to enhance regional capacity to provide policy training by supporting 15 NGOs through the Leadership Development Program. This program develops the general and project management capacity of 10 senior managers from local NGOs, as well as five senior managers from CARE/Lesotho. POLICY, in collaboration with CARE/Lesotho, developed the Terms of Reference for this project and identified six potential training institutions as part of the process of selecting an institution to carry out the training.

In Swaziland, POLICY facilitated an NGO capacity development workshop on November 19–21, 2002, entitled "NGO Partnership for Change" for 23 participants. Also, POLICY supported the activities of the Good Shepherd hospital to implement a thriving VCT program. The hospital's activities included informing policymakers of the role and

importance of the VCT Initiative; engaging community leaders and local policymakers in community capacity-building efforts; planning and developing a VCT program at the hospital; and training nurses as counselors.

Regional: ANE Bureau

- ***Political Commitment Assessment.*** POLICY is conducting activities to increase understanding of political commitment in low-prevalence countries. Using the Political Commitment Assessment Tool developed by POLICY, approximately 80 interviews were conducted with high-level stakeholders in five countries (Bangladesh, India, Nepal, Philippines, and Viet Nam) representing the following sectors: national governments, international donors, NGOs, media, academia, PLWHA, and human rights groups. Transcripts of the interviews have been summarized and analyzed. A project report highlighting major findings and recommendations will be produced by the end of September 2003.
- ***GIPA CA/Mission Project.*** A questionnaire was developed to assess how the GIPA principles are being operationalized in the planning, implementation, and evaluation of HIV/AIDS programs supported by USAID and its IAs in five countries in ANE (Cambodia, India, Nepal, Philippines, and Viet Nam). The questionnaire was distributed to five USAID Missions and approximately 26 programs. Completed questionnaires have been returned by approximately 61 percent of study participants and are currently being tabulated and analyzed. A project report highlighting major findings and recommendations has been drafted and will be finalized in November 2003.
- ***Building Civil Society.*** POLICY designed and delivered a workshop, entitled “Advocacy and Resource Allocation: A New Approach,” for representatives from ANE countries in Bangkok, Thailand from December 9–13, 2002. Participating countries included Cambodia, India, Nepal, Thailand, and Viet Nam and included 30 representatives from the government sector, academic institutions, civil society, and UNAIDS. The purpose of the workshop was to build the capacity of civil society and government to engage in evidence-based, multisectoral, participatory processes for improved resource allocation. The workshop focused on two “tracks,” one on building skills in advocacy for resource allocation and the other on building skills using the GOALS Model for HIV/AIDS resource allocation. As a follow-up to the workshop, POLICY offered subcontracts to country teams in Nepal and Viet Nam. These subcontracts are designed to facilitate strengthened in-country advocacy partnerships between civil society and government for HIV/AIDS resource allocation, using data available through the completion of country-specific GOALS Model applications. Between July and September 2003, subcontract activities in Nepal and Viet Nam brought together participants from across government and civil society sectors to prepare for HIV/AIDS resource allocation advocacy using GOALS data.
- ***Sex Work and Advocacy.*** POLICY has taken an active role in advocating for reform of HIV policies targeting the sex industry and for increasing the participation of sex workers in the policymaking process. In February 2003, POLICY released the groundbreaking report *Perceptions of the Cambodian 100% Condom Use Program (CUP): Documenting the Experiences of Sex Workers*. Despite a number of reviews and evaluations in countries where the 100% CUP is operating, this was the first report to document the experiences and opinions of sex workers in relation to the CUP. The report advocated for policy reform, particularly in the areas of meaningful involvement of sex workers, development of partnerships, and protection of human rights. The report has attracted considerable interest in Cambodia and internationally and has made a significant

contribution to the debate on appropriate future directions for the 100% CUP and HIV and sex-work programs more generally. Through dissemination of the report, POLICY has been able to advocate for policy and programmatic changes to the 100% CUP. POLICY was invited to participate in a regional workshop organized by the WHO Western-Pacific Regional Office (WPRO), held in Vientiane, Lao People's Democratic Republic (PDR) from August 18–21, 2003. The purpose of the meeting, attended by representatives from six countries, NGOs, and bilateral and multilateral organizations, was to review evaluation findings, discuss lessons learned from the 100% CUP, obtain consensus on appropriate approaches to program implementation, and establish a support mechanism through partnership networks for an expansion of the 100% CUP. POLICY presented its 100% CUP report and was able to actively advocate throughout the meeting for policy reforms. POLICY proposed a recommendation that governments recognize that sex workers are subject to stigma and discrimination, which serves to increase their vulnerability to HIV/AIDS and STIs. In recognition of these factors, the meeting endorsed the need for government HIV/AIDS interventions in the area of commercial sex to address the stigma and discrimination faced by sex workers. In addition, the communiqué of the meeting reflected many of the advocacy points that POLICY made.

- ***Asia Pacific Network of PLWHA (APN+)***. In April 2003, POLICY funded a strategic planning workshop with the board of APN+. APN+ is an NGO that represents and advocates on behalf of its national affiliate organizations from a wide range of countries in the region. The affiliate organizations are composed of and represent PLWHA. This is the only PLWHA network in the Asia Pacific region and, like many regional networks, it has faced numerous challenges. The POLICY-supported strategic planning process has been significant because it has enabled the network to reconsolidate and clarify its governance structure. A strong and responsive PLWHA regional network is urgently needed in the ANE region due to the rapid development of national PLWHA-based organizations and the changing political climate surrounding HIV/AIDS. It is anticipated that APN+ can, with ongoing support from POLICY, play a leadership role in policy reform and advocacy for PLWHA, especially related to greater access to treatment, stigma and discrimination, and human rights. POLICY is continuing to play an active role in supporting APN+.
- ***Policy Assessment – China***. In FY03, USAID obligated funding to begin work in southern China in collaboration with national, regional, and local partners to address the implementation of USAID's Mekong Regional Program in Yunnan and Guangxi provinces. At the invitation of USAID, POLICY, in collaboration with FHI, PSI, and the International HIV/AIDS Alliance, participated in the planning process for the USAID/China three-year framework. This involved participation in a two-day planning workshop in Bangkok and design team visits to Yunnan and Guangxi. Each IA will be preparing its workplan based on the framework, which includes an IR specifically addressing policy—"improved policy and enabling environment". This IR will inform the development of POLICY's workplan, which will be finalized early in FY04.
- ***Regional AIDS Impact Model (AIM) Booklet***. In June 2003, 1,000 copies of *HIV/AIDS in the Mekong Region, Cambodia, Lao PDR, Thailand, and Viet Nam* were produced and are currently being distributed throughout the region. This publication provides a concise overview of the current situation, analyzes the future course and impact of HIV/AIDS in the region, outlines recommendations for responding to the epidemic, and highlights promising programs that are already underway.

C. The Status of the Project

POLICY's capacity to carry out a wide range of exemplary HIV/AIDS policy activities—from HIV/AIDS policy gaps and opportunities assessments to empowering vulnerable communities to becoming more actively involved in the policy process—has been strengthened over the past year. POLICY's HIV/AIDS portfolio has continued to expand dramatically, both in terms of the number of countries where activities are carried out but also in the range of policy interventions that fall within the project's scope. Increasingly, POLICY's response to mission requests and its ability to remain at the cutting edge on a variety of core activities is being recognized. Meeting the goals of the project's HIV/AIDS strategy has resulted in greater synergies among many of the HIV/AIDS-focused activities (through the use of both core, regional, and field funds) and has also strengthened the linkages to the other areas (family planning and maternal health).

In the past year, with the increase in both core, regional, and field support funding, the project has been able to actively pursue many strategic policy interventions aimed at creating and strengthening a supportive HIV/AIDS policy environment. The majority of the project's HIV/AIDS funds come from field support, which is a clear indication not only of the importance of the multisectoral HIV/AIDS policy interventions supported by the project but also of strong Mission support for the kind of work carried out by POLICY. HIV/AIDS field support is especially strong in Africa, which now accounts for the majority of total project field support in this region. Similar increases are also reflected in the increased number of countries in both the ANE and LAC regions that are carrying out HIV/AIDS activities.

POLICY's selected technical areas of focus reflect both the importance of the strategic direction of the project's HIV/AIDS portfolio and the clear linkages with USAID's HIV/AIDS response as reflected in *Leading the Way: USAID Responds to HIV/AIDS*. POLICY clearly addresses the following areas highlighted by USAID in support of “creating an enabling environment:”

1. *Stigma reduction* is reflected in the groundbreaking stigma and discrimination “core packages” currently being carried out in South Africa and Mexico. POLICY's innovative work on expanding and strengthening UNAIDS' two current indicators of stigma and discrimination will ensure that one of the lasting legacies of the project will be its work in this area. The core packages reflect that the process is part of the product—for in developing indicators and programmatic interventions for stigma and discrimination, POLICY has ensured that participation and involvement are key ingredients. The Siyam'kela (“We are together”) package in South Africa has the support and ownership of the National AIDS Program, and this has allowed POLICY to begin conducting much needed research in 10 national government departments. The Mexico core package has been a catalyst in shaping the design of USAID's new five-year HIV/AIDS strategy for the country, where stigma and discrimination is now a central focus area. The collective components of the two core packages (internal stigma; media analysis; legal and regulatory analysis; workplace/health care settings) will provide the platform for much of POLICY's future work in this area. In addition, in Cambodia and Viet Nam, POLICY is working to build capacity of civil society partners, such as Buddhist organizations and PLWHA networks, to confront stigma and discrimination. POLICY also supports the Ambassador's Initiative of USAID's Southern Africa RHAP, which has awarded small grants to development NGOs in Botswana, Lesotho, and Swaziland to develop innovative HIV/AIDS programs that challenge stigma.

2. *The promotion of human rights*, both as a policy principle and a crosscutting issue, is paramount within the project but is also reflected in specific activities, such as the legal assessments conducted in Ethiopia, Tanzania, and Peru, and the ongoing assessment in Viet Nam. Packaging all policy work within an understanding of human rights will continue to ensure that our policy interventions are people-centered, and thus more responsive to the pandemic. POLICY's human rights working group has also developed a human rights matrix that has assisted several countries in developing a better understanding of their status with regard to a number of international and national treaties and obligations.
3. *The greater involvement of people living with HIV/AIDS (GIPA)* is reflected not only in the staff/consultants that are hired in many local POLICY offices, but also in POLICY's specific work with the GNP+, its regional bodies, and with national HIV/AIDS councils. The importance of PLWHA involvement as a key indicator of political commitment has been universally recognized as part of an effective response. Yet while the importance of GIPA as a policy principle is well articulated in international declarations like the UNGASS HIV/AIDS Declaration and in the majority of national HIV/AIDS plans, there is little hard evidence that this involvement (at least on a policy level) makes a tangible difference. POLICY is currently conducting a five-country study (Benin, Brazil, Cambodia, South Africa, Ukraine) to assess the role, importance, and impact of PLWHA in the development and implementation of national HIV/AIDS strategies. This information will pave the way for better understanding of how GIPA can and should be put into action within the policy arena. In addition, POLICY supports the development and strengthening of the voices of those most affected to enable them to become more effective participants in the policymaking process. As part of our work in Cambodia, POLICY provides capacity development and technical assistance to the Cambodian Positive Network (CPN+) to improve its training and advocacy skills, as well as help the network cope with and respond to stigma and discrimination. Building the capacity of PLWHA networks and national associations is a critical part of ensuring their meaningful involvement in policy processes. Meaningful involvement of PLWHA is showcased in the project's work, most notably in Cambodia, Kenya, Malawi, Mexico, South Africa, and Viet Nam.
4. *Policy dialogue and advocacy* is reflected in POLICY's work with faith and community leaders and with decision makers and politicians around issues as diverse as resource allocation and policy issues facing orphans and children made vulnerable as a result of the epidemic. POLICY's GOALS Model for Resource Allocation is an excellent example of advocacy in action around an issue of global concern. The model stimulates discussion from a wide range of role players, which may also lead to increased resources allocated to HIV/AIDS issues in a number of POLICY countries. Using the GOALS Model as a catalyst, POLICY brought together economists, finance analysts, and NGO advocates from ANE countries to stimulate policy dialogue about resource allocation issues. By creating this much-needed synergy, POLICY was able to demonstrate the importance of ensuring that the HIV/AIDS policy field requires the building and strengthening of multisectoral collaboration and partnerships. POLICY's advocacy work under the pilot CORE Initiative has witnessed increased resources for the Church of the Province of Southern Africa and the global Anglican communion; enhanced the advocacy capacity of faith and community organizations around key technical areas including access to treatment and MTCT; and sewn the seeds for a strong USAID-funded project, awarded in January 2003, with a dedicated focus on the values institutionalized by POLICY under this initiative.
5. *Multisectoral engagement* is the cornerstone of POLICY's HIV/AIDS approach and reflects not

only the diversity of the many groups engaged in policy-related work but is also an approach actively supported in all interventions. Workplans for countries recently added to POLICY's portfolio (Nepal, Viet Nam) clearly reflect both the views of multisectoral parties and the policy implications of this approach. POLICY's links to the Global Fund have also been strengthened, and future activities will support an analysis of the Fund's country coordinating mechanisms (CCMs) around the world, for the smooth operation of these CCMs is critical to the success of the Global Fund.

6. *Human and institutional capacity development* is evident in the large number of local staff who are the lasting legacy of all developmental support. With the project's emphasis on enhancing and supporting in-country capacity, we have witnessed an increase in the number of local staff and consultants to meet the various demands made on the POLICY Project. POLICY's regional HIV/AIDS Program in Southern Africa is now managed by and through the local POLICY Office in South Africa, which is further proof of the need to invest in sustained human capacity. TD Weeks held this year in New Delhi, India for the ANE region; in Lima, Peru for the LAC region, and in Capetown, South Africa for the African region, were designed to strengthen the capabilities of POLICY staff and familiarize them with the latest approaches and country experiences in HIV/AIDS.

In order to optimize its global HIV/AIDS response, POLICY also strengthened its Washington, DC-based management team and hired additional staff. POLICY appointed an HIV/AIDS Advocacy Specialist (Pablo Magaz/CEDPA) to support much of POLICY's GIPA work. In addition, Philippa Lawson/Futures was hired to strengthen POLICY's expanding work in the areas of PLWHA and the Global Fund.

D. Key Accomplishments

The POLICY Project contributed to results in ten countries as well as to key regional and global activities. Several key accomplishments are listed here, which are described in greater detail in Section II.B below.

Policy Formulation

- **Cambodia.** On October 24, 2002, the Cambodian Ministry of Women's and Veterans Affairs' (MWVA) formally adopted the *MWVA Policy on Women, the Girl Child, STIs, HIV, and AIDS*.
- **Haiti.** A committee in charge of drafting a document on "Norms and Operational Policies for Care of People Affected by HIV/AIDS," submitted that document to the Ministry of Health (MSPP) for approval in December 2002.
- **Kenya.** The National AIDS Control Council (NACC) approved and adopted *Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan, 2000–2005* on November 27, 2002. This document will be useful in guiding current and future HIV/AIDS programs and will be a valuable resource for organizations that want to make gender concerns a core issue in their programs.

The Ministry of Home Affairs and the NACC approved and adopted the *National Programme Guidelines for Orphans and Other Children Made Vulnerable by HIV/AIDS* in March 2003.

- **Nigeria.** In June 2003, the president of Nigeria approved the revised *National HIV/AIDS Policy*, developed by the National Action Committee on AIDS (NACA) with TA from POLICY. The revised policy reflects a multisectoral approach to HIV/AIDS, recognizes new structures for coordinating the response, incorporates new knowledge, and extends the policy to address ARV treatment and human rights.
- **South Africa.** On March 4, 2003, the Inter-Departmental Committee (IDC) on HIV/AIDS formally adopted the 2003/2004 IDC Operational Plan.

Advocacy and Awareness Raising

- **Cambodia.** As a result of the CPN+-led Strategic Alliance on Treatments Access, Prime Minister Hun Sen issued a verbal directive during his closing address at the Second National HIV Conference on October 4, 2002 to the Ministry of Health to facilitate increased access to treatment and to antiretroviral therapies.
- **Haiti.** Following a December 2002 workshop on “The Christian Response to HIV/AIDS” and the subsequent National Catholic HIV/AIDS Conference, the Catholic church presented an action plan to address HIV/AIDS to national and international organizations in September 2003. In addition, the first conference for Protestant churches resulted in a resolution to become involved in the fight against HIV/AIDS that was signed by 300 church leaders.
- **Mali.** Following the AIM training for religious leaders in January 2003, the Imam in the principal mosque in Magnambougou (an important residential area within Bamako) committed to talk about HIV/AIDS in his mosque. On January 24, 2003, he talked about HIV/AIDS prevention and care and support of PLWHA during Friday prayers.
- **Mexico.** December 1, 2002 in Yucatan marked the first time a governor (or any public official close to that rank) has ever walked in an HIV/AIDS March for Life; the governor participated at the behest of the Multisectoral Planning Groups (MCG) in Yucatan.

The Center for AIDS Prevention and Control (CENSIDA) agreed to subsume the entire MCG program as part of the National AIDS Program.

In September 2003, the Secretary of Health addressed the United Nations about Mexico’s HIV/AIDS prevention program. He also discussed the necessity for interventions to eliminate stigma, discrimination, and human rights violations of PLWHA and acknowledged the “enthusiastic and constructive” participation of civil society and PLWHA in HIV/AIDS policy.

- **Nepal.** In a recent policy statement broadcast live by TV and radio, the Minister of Finance committed the government to expanding efforts to control the spread of HIV/AIDS, promising development of the institutional capacity and competence of the National Centre for AIDS and STD Control (NCASC).
- **Nigeria.** Following the September 23, 2002, launch and inauguration of the first Nigerian Network of Civil Society Organizations for Population and Reproductive Health (NiNPREH) in the

Northeast zone, POLICY provided TA for a similar launching of five NGO networks in the other five geopolitical zones of Nigeria.

The President of Nigeria launched the HIV/AIDS Private Sector Initiative on February 15, 2003. All the captains of the organizational private sector present pledged their commitment to ensure the success of the initiative.

- **South Africa.** As a result of the National Men’s Imbizo held in October 2002, an Interim National Task Team was elected to provide a vehicle through which men across the country can become more active partners in HIV/AIDS prevention, treatment, care, and support.
- **Zambia.** In June, members of Parliament officially formed a coalition to work together against HIV/AIDS (“Atuzunde”) in their provinces and drafted a mission statement, strategic objectives, priority activities, and rules of engagement.

In August, representatives from 11 district task forces (DTFs) in Southern Province formed the Southern Province HIV/AIDS Advocacy Alliance (SOPHAA). SOPHAA enables members of the DTFs to network more effectively and coordinate advocacy efforts to create a more favorable environment for HIV/AIDS programs.

In April at an open forum meeting on the eve of the Labor Day parade, the Deputy Minister of Labor spoke out for the first time in support of HIV-positive workers’ rights and discouraged employers from practicing stigma and discrimination.

Strategic Planning and Resource Allocation

- **Mali.** Following the advocacy workshop at which he presided, the High Commissioner for the Segou Region of Mali sent a letter on December 19, 2002 to all mayors in the region with a copy of the AIM brochure, requiring them to include financing for HIV/AIDS activities in their budgets.
- **Mozambique.** As a result of technical assistance and financial support provided to the Multisectoral Technical Group and the Center for Population Studies, UNICEF agreed to provide \$30,000 to fund several special studies on determinants of HIV prevalence in Mozambique on February 24, 2003.
- **Nigeria.** POLICY/Nigeria assistance in the planning and implementation of World AIDS Day 2002 activities led to a greater mobilization of resources for the campaign than have ever been raised for this event. POLICY was successful in negotiating government contributions of close to N20 million (US\$160,000—four times the amount raised the previous years), and the campaign received the greatest visibility to date.
- **Philippines.** POLICY advocacy in Dagupan City led to passage of an ordinance allocating P300,000 (\$6,000) for HIV/AIDS activities in 2004. POLICY advocacy also resulting in drafting ordinances in the Batangas Province and Dipolog City.

- **South Africa.** The strategic planning session held in Gauteng Province, as part of POLICY's ongoing support to the Faith Organizations in HIV/AIDS Partnership (FOHAP) initiative, resulted in the formulation of a draft strategic plan for the provincial faith-based sector.

The application of the GOALS Model has contributed to an increase in the budget of the national government's expenditure on National HIV/AIDS programs from ZAR783.2 million in 2002/3 to ZAR1,144.0 million in 2004/5.

The Department for International Development (DFID) awarded a ZAR45 million grant (about US\$6.5 million) to Christian Aid of the United Kingdom for the implementation phase of the Church of the Province of Southern Africa (CPSA) strategic plan.

The General Assembly of the Presbyterian Church of South Africa has adopted a strategic framework and vision statement to guide all future HIV/AIDS activities across presbyteries in South Africa, Zambia, and Zimbabwe. In addition, the church has appointed a full-time HIV/AIDS coordinator and dedicated funds to the implementation of the strategic plan.

- **Tanzania.** The Anglican Church of Tanzania developed an HIV/AIDS component for its *Four-Year Health Strategy (2003–2007)*. In July, POLICY provided a consultant and sponsored three days of meetings to help develop the HIV/AIDS portion of the strategy.
- **Uganda.** The Parliamentarian Standing Committee on HIV/AIDS revealed a three-year HIV/AIDS strategic plan and a one-year workplan on April 15, 2003.

Information for Decision Making

- **Cambodia.** POLICY presented its report, *Perceptions of the Cambodia 100% Condom Use Program (CUP): Documenting the Experiences of Sex Workers*, in a regional workshop organized by the WHO Western Pacific Regional Office from August 18–21. Participants in the workshop agreed to a POLICY-suggested recommendation that governments recognize that sex workers are subject to stigma and discrimination, which increases their vulnerability to HIV/AIDS; as a result, the meeting endorsed the need for government interventions to address stigma and discrimination in the area of commercial sex.

POLICY and CARE International developed the report *Voluntary Confidential Counseling and Testing in Cambodia: An Overview*, which provides recommendations for developing greater NGO/government interaction on VCCT. Several of the recommendations were used by the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) in its *Continuum of Care Framework for People Living with HIV/AIDS Operational Framework*.

- **Kenya.** Results of the GOALS Model application in Kenya formed the basis for the National AIDS Control Council (NACC) Planning, Financing, and Budgeting Group (TG5) Joint AIDS Program Review (JAPR) report.

- **Mali.** Data from the Mali AIM Booklet, *Le VIH/SIDA au Mali: Evolution et impacts sur le developpement*, have been used several times in advocacy efforts. For example, Population Services International (PSI) used information from the Mali AIM (tailored for use with religious leaders) to raise awareness of the epidemic's impacts among religious leaders in Mopti, October 8–9, 2002.
- **Mozambique.** The POLICY-supported HIV/AIDS factbook, *Impacto De Demografico Do HIV/SIDA Em Mozambique*, was used to support preparation of the government's application to the Global Fund in September 2002. The factbook was also used as an advocacy tool in the national youth network, Aro Juvenil's publication *AIDS in Mozambique*, as well as by the World Bank's new project, "Mozambique–HIV/AIDS Response Project" (Report No. PID11473) in December 2002.
- **South Africa.** The national Department of Health used results from the GOALS Model in September 2002 to develop the government's AIDS budget (Medium-term Expenditure Framework), which led to increased budgets for programs focusing on HIV transmission through sex work, condom provision, and projected care costs.

Capacity Building

- **Cambodia.** The Cambodian Human Rights and HIV/AIDS Network (CHRHAN) developed a training curriculum, "Human Rights and HIV/AIDS for the Workplace," and conducted TOT for its member organizations. CHRHAN also established a national database to monitor HIV/AIDS-related human rights violations.
- **South Africa.** POLICY supported the development and pilot-testing of the First Wellness Management Curriculum in March 2003 for the Church of the Province of Southern Africa.
- **Southern Africa Regional HIV/AIDS Program.** Women in Law in Southern Africa (WLSA), a POLICY recipient of a small grant through the U.S. Ambassador's Initiative, conducted a paralegal training workshop November 18–20, 2002, to introduce legal services and rights to the community and to empower women to exercise their rights, especially when they are violated as a result of AIDS-related deaths.
- **Uganda.** As a result of training in the SPECTRUM FamPlan and DemProj models last December, Dr. Rutaremwa has trained officials from the Uganda AIDS Commission, AIDS Information Center, and National AIDS Control Program in the use of these models. These officials have subsequently joined the training in other SPECTRUM models (RAPID and AIM) being conducted at Makerere University.

II. POLICY Project HIV/AIDS Performance Review

A. Technical and Analytic Documents Produced and Disseminated

Global

- POLICY Project: HIV/AIDS Accomplishments, Areas of Technical Leadership, Lessons Learned, and Future Challenges, February 2003
- HIV/AIDS SSO4 Annual Report: October 1, 2001–September 30, 2002, October 2002
- Strengthening Faith-based Responses to HIV/AIDS: A Factsheet
- Funding Required to Confront the HIV/AIDS Epidemic in the Eastern Europe and Central Asia (ECA) Region. Futures Group and Instituto Nacional de Salud Publica. April 2003.
- Funding Required to Confront the HIV/AIDS Epidemic in the Asia and Pacific Region. Futures Group. September 2003.
- Construction Workplace Interventions for Prevention, Care, Support and Treatment of HIV/AIDS. McGreevey, Alkenbrack, and Stover. June 2003.
- Comparing Goals and the ABC Models. Bollinger. February 2003.
- The Effects of HIV Prevention Interventions on Behavior Change: An Assessment of Knowledge and Gaps. Bollinger, Cooper-Arnold, and Stover. July 2003.
- Resource Flows and National HIV/AIDS Accounts. McGreevey, Forsythe, and Izazola. September 2003.

Africa

- National and Sector HIV/AIDS Policies in the Member States of the Southern Africa Development Community, October 2002
- USAID Regional HIV/AIDS Program: Southern Africa, September 2002

Cambodia

- Ministry of Women and Veterans Affairs *Policy on Women, the Girl Child, STIs and HIV/AIDS*
- Ministry of Women and Veterans Affairs HIV/AIDS Three Year Action Plan
- *Resource Requirements for Cambodia's 2001–2005 HIV/AIDS National Strategic Plan*, September 2002
- Voluntary Confidential Counseling and Testing (VCCT) in Cambodia: An Overview
- Evaluation Report: Advocacy Program to Mobilize Faith-Based Communities in the Fight Against HIV-Related Stigma and Discrimination – Working with Monks in Cambodia
- HIV/AIDS and Human Rights Situational Analysis
- Living Openly: HIV Positive Cambodians Tell Their Stories, October 2002
- Perceptions of the Cambodian 100% Condom Use Program: Documenting the Experiences of Sex Workers, January 2003
- Statement by the Cambodia People Living with HIV/AIDS Network, October 2002
- A Human Rights Monitoring, Investigation and Documentation System for the Cambodian Human Rights and HIV/AIDS Network. Discussion paper April 2003

- Documentary Video on HIV/AIDS: Impact and Community Response, for the Memorial of Candle light Day
- Social and Economic Impact of HIV/AIDS on Families and Children in Cambodia protocol
- “M&E Framework for Faith-based, HIV-related Stigma and Discrimination Reduction Programs,” consultant report and PowerPoint presentation, September 2003
- CPN+ Strategic Plan
- HACC Strategic Plan

Ethiopia

- AIDS Profile in SNNPR, January 2003
- *AIDS in Ethiopia*, Fourth Edition, October 2002

Ghana

- Draft National RTI Policy Guidelines

Haiti

- Project paper, agenda, and workshop guide for “Christian Response to HIV/AIDS,” December 17, 2002
- Results of the Survey on the Impact of AIDS Among Working Professionals, POLICY Project, December 2002
- Report of the Impact of AIDS Among Working Professionals, POLICY Project, December 2002
- Coordination plan for BCC/HIV/AIDS interventions (doc)
- HIV/AIDS action plan for the Catholic Church (doc)
- First draft of the analysis from the World Relief survey on sexual behavior among Protestant youths

Honduras

- Honduras Power Point Presentation on POLICY Honduras strategy and work plan (presented to USAID and CAs 5/23); Honduras CA list serve implemented (6/16)
- PowerPoint presentation on POLICY/Honduras Strategy and Workplan (presented to multisectoral groups, the MOH, USAID, and CAs during the POLICY Project launch, September 30 in Tegucigalpa).
- USAID CA list serve (presented on October 1 to USAID and CAs).
- “Coordination and Planning for Honduras” database (presented to the MOH, NGOs, USAID, CAs, and others during the project launch).

Kenya

- Mainstreaming Gender into the HIV/AIDS Kenya National Strategic Plan, 2000–2005, November 2002
- Contraceptive Commodities Procurement Plan for 2003–2006, September 2002
- POLICY Project Kenya’s CDC-Funded Programs 2000–2002: End of Project Report
- Revised Guidelines for the District Health Management Boards
- Facilities Improvement Fund “Operations Manual” for Health Centers December 2002
- Financial Improvement Fund Operation Manual: Health Centres, December 2002
- Financial Performance of the Cost Sharing Programme: Annual Report 2000-2001

- Guidelines for District Health Management Boards, Hospital Management Boards, and Health Centre Management Committees December 2002

Madagascar

- Presentations based on the SPARHCS assessment and used at the workshop:
 - 1- “Voie Stratégique vers la Sécurité des Services et Produits Contraceptifs” Presentation Made to his excellency Pr Andry Rasamindrakotroka, Minister of Health, Madagascar – HJRA Antananarivo June 6, 2003 By J.P. Guengant and S. Moreland
 - 2- « Enjeux Liés à la SPSR » Presentation made to introduce the National Workshop on RHCS, Antananarivo, Solimotel, June 10-11, 2003 by J.P. Guengant “La dynamique démographique à Madagascar” Presentation made to introduce the National Workshop on RHCS, Antananarivo, Solimotel, June 10-11, 2003 by E.Ribaira J.P. Guengant “Propositions de scénarios en SPSR, opportunités et contraintes associées” Presentation made to introduce the National Workshop on RHCS, Antananarivo, Solimotel, June 10-11, 2003 by J.P. Guengant, S. Moreland
- The SPARHCS assessment report and workshop report (draft)

Malawi

- *Voices for Quality and Dignity: Qualitative Research on Stigma and Discrimination Issues as They Affect PLWHA in Malawi*, July 18, 2003, MANET
- *National HIV/AIDS Policy: Final Draft*, September 2003, compiled by NAC, UNAIDS, POLICY, and Gautoni Kainja

Mali

- AIM video in French, Sonrai, Peulh, and Sarakole
- PROFILES Model, presentation, and brochure
- Audio cassette on advocacy on HIV/AIDS for religious leaders
- RAPID Model brochure
- Audio cassette on Advocacy on HIV/AIDS for Religious Leaders

Mexico

- Resultados del Indicador del Ambiente en Políticas Públicas en SIDA (APES) aplicado en 4 estados de la República Mexicana: Yucatán, Guerrero, Estado de México y Distrito Federal. December 2002
- “Project Update Report: Reduction of Stigma and Discrimination Related to HIV/AIDS in Mexico,” April 1, 2003, prepared by the National Institute of Public Health (INSP) of Mexico.
- “Methodological Process Report: Component 1, Internal Stigma Related to HIV/AIDS.” September 2003. Prepared by Colectivo Sol, A.C. and Red Mexicana de Personas que Viven con VIH/SIDA, A.C.

Mozambique

- Report on the 2001 Sentinel Surveillance
- *Demographic Impact of HIV AIDS in Mozambique*

Nepal

- NCASC Website launched; Media Review Report; and database of NGOs working in HIV/AIDS completed
- Presentation, “Supporting Policies around HIV and AIDS in Nepal”
- Presentation, “Role of NGOs in Policy/Strategy and Operational Aspects in Regard to HIV/AIDS”

Nigeria

- Report of PMTCT Communication Strategy Workshop
- Report of NACA’s institutional assessment
- Draft HIV/AIDS Strategic Plan Framework for the Catholic Church in Nigeria
- AIM report/advocacy publication, *HIV/AIDS: What it means for Nigeria—Background, Projections, Impact, Interventions, Policy*
- Access to Drugs for HIV/AIDS and Related Opportunistic Infections in Nigeria, September 2002
- Child Survival in Nigeria: Situation, Response, and Prospects, October 2002
- Knowledge, Attitudes, and Sexual Behaviour Among the Nigerian Military Concerning HIV/AIDS and STDs, September 2002
- Oyo State Plan of Action for Control and Prevention of HIV/AIDS
- Draft of the National OVC information kit
- Draft copy of the report of desk review of OVC activities in Nigeria till date
- Draft copy of the Power Point presentation titled ‘PMTCT What You Need to Know’
- Report on the Africa Malaria Day Celebration Interactive Radio Programme.
- National HIV/AIDS Policy / Nigeria
- Final draft of NNRIMS
- Communiqué of the launching of the Inter-Religious Council on HIV/AIDS
- Strategic Implementation Plan for HIV/AIDS by Catholic Church of Nigeria
- Revised copy of the Guidelines on Infant and Young Child Feeding and HIV/AIDS in Nigeria
- Draft copy of the Infant and Young Child Feeding Guidelines
- PowerPoint presentation on the policy implications of HIV/AIDS
- PowerPoint presentation on HIV/AIDS and Infant Feeding

Peru

- Technical report of stakeholders’ mapping and analysis on HIV/AIDS prevention and control
- Technical report of the presentations given to Red SIDA Peru on citizen surveillance models and human rights tools used for policy analysis

Philippines

- “Condom Demo Kits” distributed to Social Hygiene Clinic physicians of the eight HIV/AIDS project sites
- HIV/AIDS Action Plans of four Local AIDS Councils from the cities of Dagupan, Laoag, Urdaneta, and Batangas
- Naga City approved ordinance
- Urdaneta City proposed ordinance (for second reading)
- Basic Epidemiology Kit/Photos
- Basic Telephone Counselling Kit
- Billboards in Naga City for information and referral on STIs being paid for by private partners and the city government’s LAC

RHAP

- Study Tour Report for Swaziland Conference of Churches, prepared by Anthony Ambrose, Swaziland Conference of Churches, and POLICY, August 2003
- *Final Report*, U.S. Ambassador's Small Grants Initiative. Good Shepherd Hospital, July 2003
- *Final Report*, U.S. Ambassador's Small Grants Initiative. Good Shepherd Hospital, August 2003

South Africa

- *Managing HIV/AIDS in the Workplace: A Guide for Government Departments*
- Department of Public Service's AIDS Indaba Report, October 10–11, 2002
- *Summary Report of the Evaluation of the Master Trainer's Programme: Local Government Leading the Partnership Against HIV/AIDS* October 2002
- *Learning Through Practice: Integrating HIV/AIDS into NGO Programmes: A Guide* January 2003
- Report on first consultative workshop, *HIV/AIDS-related Stigma and Discrimination Research Project (Siyam'kela)*, November, 27–28 2002
- Report on the National Men's Imbizo, October 4–5, 2002
- *Guidelines on Integrated Human Resource Planning in the Public Service*
- 2003/2004 Operational Plan: The Inter-Departmental Committee (IDC) on HIV/AIDS
- Faith Organizations in HIV/AIDS Partnership (FOHAP), *Faith in Action*
- SA Eagle People Management Policy, HIV/AIDS Policy, Final Draft, 18 February 2003
- Church of the Province of Southern Africa (CPSA) HIV/AIDS Ministries, *From Boksburg to Canterbury: Steps to Putting HIV/AIDS on the Anglican Map*
- Monitoring and Evaluation Tools for Wellness Management Training (Attendance Forms, Diocesan training participant evaluation form, Parish Training Trainer Evaluation form, Parish Training follow-up forms), *Anglican Wellness Management Program*
- *Wellness Management Programme for the Anglican Church*, Curriculum for Wellness Management
- *Wellness Management Programme for the Anglican Church: Trainer's Booklet*
- *Ísiseko Sokomeleza "Building the Foundation"*: The Inaugural Meeting of the Church of the Province of Southern Africa, April 23-26, 2003. Includes list of network members and diocese.
- *Positive Organisation: Living and Working with the Invisible Impact of HIV/AIDS*. A resource for NGOs developed by the Community Development Resource Association (CDRA), 2003.
- *Khomanani-Reaching Out-Scaling Up*. Report of the First South African National Home/Community Based Care Conference, 18-21 September 2002. *CD-rom and hard copy*.
- Preliminary Indicators Workshop Report for *HIV/AIDS-related Stigma and Discrimination Research Project (Siyam'kela)*
- Project Brief for *HIV/AIDS-related Stigma and Discrimination Research Project (Siyam'kela)*
- Literature Review for *HIV/AIDS-related Stigma and Discrimination Research Project (Siyam'kela)*
- Provincial Consultative Workshops' Report for *Men in HIV/AIDS Partnership: Northwest Province*. Includes draft action plans and participant list.
- Provincial Consultative Workshops' Report for *Men in HIV/AIDS Partnership: Mpumalanga*. Includes draft action plans and participant list.

- Provincial Consultative Workshops' Report for *Men in HIV/AIDS Partnership: Kwazulu-Natal* Includes draft action plans and participant list.
- Provincial Consultative Workshops' Report for *Men in HIV/AIDS Partnership: Western Cape* Includes draft action plans and participant list.
- Provincial Consultative Workshops' for *Men in HIV/AIDS Partnership: Care Enough to Act.* Includes draft action plans and participant list.
- *Developing an HIV/AIDS Policy: Content, Process, Challenges, and Implementation.* Module 13, 14, 15 on HIV Policy Management for Post Graduate Diploma in Management of HIV/AIDS in the World of Work. Joint Project of African Center for HIV/AIDS Management in the World of Work (Stellenbosch University) and The POLICY Project (South Africa)
- *Developing an HIV/AIDS Policy: Content, Process, Challenges, and Implementation.* Course 3 Reading Material for the HIV Policy Management for Post Graduate Diploma in Management of HIV/AIDS in the World of Work. Joint Project of African Center for HIV/AIDS Management in the World of Work (Stellenbosch University) and The POLICY Project (South Africa)
- Second Consultative Workshop Report, HIV/AIDS-related Stigma and Discrimination Research Project (Siyam'kela), July 2003.
- Provincial Consultative Workshops' Report for *Men in HIV/AIDS Partnership: Eastern Cape.* Includes draft action plans and participant list.
- Report: *Men in HIV/AIDS Partnership.* Provincial Consultative Workshops, May–July 2003.
- Report on a capacity building workshop for a course module on HIV/AIDS policy development and implementation, September 2003.
- Uniting Presbyterian Church in Southern Africa Workshop Report (July 2003) and Brochure (October 2003) and powerpoint presentation.
- Annual report (2002/2003), POLICY Project, South Africa.
- "Masabelane," Let us share: Overall Report of the Nine Provincial Workshop Proceedings, September 2003.

Tanzania

- Assessment of Policy Environment for HIV/AIDS in Tanzania, November 2002
- Summary Report of the ESRF Seminar on HIV/AIDS and the Budget, May 2003
- MOJCA/TAWLA, Summary Report of the National Conference on the HIV/AIDS Legal Assessment, May 2003
- TRACE, Initiation of an Organizational Assessment and Organization Development Process for TAPAC, September 2003
- ESRF Report on HIV/AIDS Budgeting: Processes and Frameworks Seminar , July 21–August 1, 2003, Dodoma
- Draft Summary Report of Five Consultative Meetings Using Appreciative Inquiry to Build on What Works in Care and Support of PLWHA in Tanzania, September 2003
- Draft Report, USAID Stakeholder Input Meeting (for development of 2005–2015 HIV/AIDS Strategy), Sea Cliff Hotel, DSM, September 15–16, 2003

Uganda

- Church and Policy Formulation in the Face of HIV/AIDS
- Workshop Report on Reviewing the National Advocacy Strategy
- Draft National Advocacy Strategy

- Management Manuals for IRCU in Finance, Human Resource, Administration
- A Report on IRCU Capacity-building Needs for Scaling-up HIV/AIDS Activities
- UPMA Study Report
- Parliamentary Standing Committee on HIV/AIDS Three-year Strategy and One-year Workplan

Viet Nam

- Goals/Advocacy Workshop Report
- Media Study Report
- GIPA Policymakers Report
- Human Rights Study Report
- PLWHA Workshop Report
- JRM Report
- SEI Briefing Paper

WARP

- CD-ROM containing all the background and resource material, deliberations, presentations, press releases, and the final report from the “Regional Workshop on Strengthening the Commitment and Role of Parliamentarians in STD/HIV/AIDS Efforts”
- Final report from the “Subregional Workshop for Advocacy Capacity Building on the AIM”

Zambia

- Assessment of Livingstone District HIV/AIDS Response
- Assessment of Mazabuka, Monze, Choma, and Sinazongwe Districts HIV/AIDS Response
- Assessment of Kalomo, Kazangula, Namwala, and Itezhi-tezhi Districts HIV/AIDS Response
- Newspaper clippings on the Atuzunde launch
- Report on Advocacy Network Building Workshop
- Report on the Strategic Planning Workshops
- Atuzunde Newsletter
- Report on the Strategic Planning Meeting for Atuzunde—Southern Province MPs Coalition Against HIV/AIDS
- Powerpoint presentation on POLICY Project’s work in Southern Province

B. Summary of Results Achieved by SSO4 Intermediate Results

This section lists results achieved from October 1, 2002 to September 30, 2003 according to USAID SSO4 intermediate results. Results are listed by region and alphabetically by country within regions.

4.3 Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions

Africa region

- Women's equal access to health-related information and services as well as their right to enjoy equally in the benefits from socioeconomic development are important human rights concerns. Gender issues, such as the lower socioeconomic status of women and the threat of gender-based violence, are recognized as key contributors to the spread of HIV, yet few governments have explicitly endeavored to address the gender issues that continue to make both women and men vulnerable to infection. In **Kenya**, the Chairman and Executive Director of the National AIDS Control Council (NACC) approved and adopted *Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan, 2000–2005* on November 27, 2002. This document will be useful for guiding current and future HIV/AIDS programs, and it will be an especially valuable resource for organizations that want to make gender concerns a core issue in their programs. NACC established the Gender and HIV/AIDS Committee in May 2001, under the leadership of POLICY and the University of Nairobi's STD Unit. The committee was charged with identifying gender gaps in the National HIV/AIDS Strategic Plan, analyzing gender issues based on field research, formulating guidelines and creating a framework through which gender concerns could be integrated into the plan, and formulating and monitoring policies and programs relating to the five priority areas of the strategic plan. POLICY, through the Gender and HIV/AIDS Committee, will continue to follow up with many of these organizations to obtain their feedback on their experiences with practical application of the materials in this document.
- During the February 2003 Joint AIDS Program Review (JAPR), the National AIDS Control Council (NACC) used *Mainstreaming Gender into the Kenya National HIV/AIDS Strategic Plan, 2000–2005*, as a key reference document for guiding its partners on the issues in HIV/AIDS and gender in **Kenya**. The document also assisted the NACC in understanding key issues in gender and HIV/AIDS, to thus provide leadership in this area. This document was produced by the NACC's Gender and HIV/AIDS Committee with POLICY's leadership and financial support.
- The **Kenya** Ministry of Home Affairs (MOHA) and the National AIDS Control Council (NACC) approved and adopted the *National Programme Guidelines for Orphans and Other Children Made Vulnerable by HIV/AIDS* in March 2003. The Director of the Department of Children's Services signed this policy document on behalf of MOHA. The policy was launched in June 2003 at a ceremony presided over by the Honorable Minister for Home Affairs. In May 2001, the national HIV/AIDS technical working group highlighted challenges facing OVC programs in the advent of HIV/AIDS and asked NACC to develop specific policies for OVC programming. An OVC task force led by NACC, MOHA, POLICY, UNICEF, and FHI was set up to work on this request. POLICY mobilized resources and coordinated involvement of FHI, NACC, UNICEF, MOHA, GTZ, and over 74 other stakeholder organizations in the research, consultations, deliberations, formulation, production, printing and launching of the initial 5,000 copies of the national program guidelines. The organizations involved represented stakeholders from the government, private business sector, NGOs, CBOs, FBOs, and children's and community groups. The guidelines empower OVC program managers with critical information and direction for developing and implementing effective OVC interventions within the context of a national, coordinated, multisectoral response to HIV/AIDS.
- POLICY strengthened the capacity of the Network of **Malian** Members of Parliament Against AIDS (Réseau de Parlementaires Maliens de lutte contre le SIDA) through TA and formal training in collaboration with the PNLS, resulting in the development of an action plan submitted to development partners for funding.

- Many hospitals and health institutions in **Nigeria** do not have any policies to guide them to respond to issues of HIV/AIDS. The few institutions that have attempted to develop operational policies have policies that still remain in draft form, are weak, and have many gaps that help to perpetuate the rampant cases of stigma and discrimination that emanate from health service providers. On February 4–5, 2003 POLICY assisted in the development of the first draft of an HIV/AIDS workplace policy “Draft HIV/AIDS Policy for Health Facilities, Enugu State, Nigeria.” The policy addresses issues for all cadres of health institutions in Enugu State. POLICY’s collaboration with UNIFEM in presenting the latest draft of the National HIV/AIDS Policy and serving as resource on all policy questions and the HIV/AIDS Emergency Action Plan (HEAP) led up to the development of this workplace policy.
- After a series of multiple stakeholder consultations and review, the President of **Nigeria** approved the revised *National HIV/AIDS Policy*, developed by the National Action Committee on AIDS (NACA) with technical assistance from POLICY for developing the policy framework and facilitating the stakeholder reviews of the draft policy. Approved in June 2003, the policy revises and substantially extends the coverage of the 1997 policy, developed while the national response was still focused on health and led by the Federal Ministry of Health (FMOH). The revised policy now reflects a multisectoral approach to HIV/AIDS, recognizes the new structures for coordinating the response, incorporates new knowledge and understanding of the epidemic, and extends the policy to address new issues, such as antiretroviral drugs and human rights. POLICY will provide TA for the production of this document and will support the formal launch, which is expected to take place in August 2003. The revised policy will serve as the overriding policy instrument guiding all HIV/AIDS-related activities in Nigeria for the foreseeable future.
- At the POLICY supported meeting on September 7–11, 2003, the draft *Guidelines on Infant and Young Child Feeding in Nigeria* were reviewed and revised. These guidelines, developed in response to policy statements on infant and young child feeding in the Food and Nutrition Policy of Nigeria (2002), provide information and recommendations on optimal feeding and nutrition for infants and young children. When adopted and implemented, the guidelines will help increase access to quality health services to combat malnutrition in Nigeria.
- The World Health Organization (WHO) in Abuja, **Nigeria** formally requested permission to use portions of a POLICY publication, “Access to Drugs for HIV/AIDS and Related Opportunistic Infections in Nigeria,” in a best practices CD publication of their own. This demonstrates the use of POLICY generated information for advocacy purposes.
- In **South Africa**, the application of the GOALS Model has contributed to an increase in the budget of the national government’s expenditure on National HIV/AIDS programs from ZAR 783.2 million in 2002/3, to ZAR 1,144.0 million in 2003/4, to ZAR 1,589.4 million for 2004/5. In September 2002, the national Department of Health released a report that outlined revisions to the funding requirements for the “Enhanced Response to HIV/AIDS and Tuberculosis in the Public Health Sector 2003/4–2005/6.” The report highlighted how the application of the GOALS Model contributed to developing the government’s AIDS budget (Medium-term Expenditure Framework). GOALS served as a basis for increasing the budgets with regard to programs focusing on HIV transmission through sex work, condom provision, and projected care costs. GOALS also confirmed budgetary estimates with regard to prevention of mother-to-child transmission (PMTCT) as well as current spending on care and treatment.

- As a result of the National Men's Imbizo held in October 2002 in **South Africa**, an Interim National Task Team was elected, to provide a vehicle through which men across the country can become more active partners in HIV/AIDS prevention, treatment, care, and support. The task team will be guided by clear terms of reference, which were drawn up with TA from POLICY. In addition, support from the political leadership for men's involvement in HIV/AIDS was broadened through the active involvement of the Minister of Health and Deputy President in the discussions held at the Imbizo. Men's issues were raised and a platform created for stronger dialogue between this sector of civil society and policymakers.
- As a result of two evaluation studies that POLICY/**South Africa** commissioned on behalf of the National Directorate: HIV/AIDS and STIs, Department of Health, two reports have been produced: *Summary Report of the Evaluation of the Master Trainer's Programme: Local Government Leading the Partnership Against HIV/AIDS*, and *Evaluation Report: The South African National Civil–Military Alliance (SACMA) Project*. The evaluation recommendations, specifically in relation to the first report, have already been used to inform future planning processes. Since the results were released, the Department of Health has convened three planning meetings to consider how the results can be used to inform its future planning around the Local Government (LG) Master Training Program. In particular, the evaluation highlighted additional training needs for the Master Trainers, ways to use the Master Trainers to train colleagues within LG structures, and how to accomplish 2003 training goals needed to be done within their local government structures. These planning meetings occurred between July and November 2002. Representatives from the South African Local Government Association, the Department of Social Development, and the Department of Provincial and Local Government attended the planning meetings.
- In October 1997, in response to a recommendation from a national HIV/AIDS review in **South Africa** that highlighted the need for greater multisectoral and/or inter-departmental collaboration around HIV/AIDS, the Minister of Health formed the Inter-Departmental Committee (IDC). The purpose of the IDC is to create a forum where senior government officials can meet to collectively develop a policy and program response to HIV/AIDS, to advocate for the initiation and implementation of appropriate HIV/AIDS workplace programs, and to ensure that appropriate capacity is developed within departments to manage the impact of HIV/AIDS. The IDC has been meeting on a regular basis since 1997, and POLICY has assisted the committee in various ways in the past: either by providing facilitation support to their annual strategic planning processes or by providing capacity building workshops around specific HIV/AIDS-related issues. On March 4, 2003, the IDC on HIV/AIDS formally adopted the 2003/2004 IDC Operational Plan. The operational plan for 2003/2004 aims to increase information and publicity about the activities and accomplishments of the committee, strengthen collaboration between the IDC and other national stakeholders such as the Department of Public Service and Administration (DPSA), and provide technical support to departmental HIV/AIDS focal-point staff members and/or coordinators in mainstreaming HIV/AIDS into relevant departmental policies, procedures, and programs. POLICY facilitated a strategic planning session for the IDC in January 2003, which contributed to the development of the plan. This work builds on POLICY's previous work with IDC in the development and adoption of the operational plan on HIV/AIDS (2001/2002) on May 8, 2001.
- As an outgrowth of POLICY/**South Africa**'s involvement with the Post-Graduate Diploma in HIV/AIDS Management in the World of Work at the University of Stellenbosch (on which POLICY contributes course material and training), POLICY has provided TA to several students in developing

workplace policies for their respective organizations. SA Eagle, a private insurance company with 1,200 employees, formally adopted an HIV/AIDS workplace policy in May 2003. POLICY worked with an HR manager and the HIV/AIDS policy task team to develop the content and scope of the company's HIV/AIDS policy. One of the task team members was a student in the University of Stellenbosh diploma program, who applied the policy development training she received in the course to form the HIV/AIDS task team and sought additional TA from POLICY to draft the workplace policy. The policy outlines a comprehensive approach to HIV/AIDS management for the company and its employees following the guidance described in the "Managing HIV/AIDS in the Workplace" standards that POLICY assisted in developing. Ingwe Collieries Ltd, also approved an HIV/AIDS workplace policy in December 2002. Another student from the University of Stellenbosh program independently developed the integrated HIV/AIDS policy following completion of the POLICY course module on HIV/AIDS policy development. Ingwe Collieries, Ltd., is a subsidiary of BHP Billiton, which employs about 8,500 employees and is one of South Africa's biggest coal mining companies.

- The Western Cape Provincial Government AIDS Council of **South Africa** used a POLICY workshop report from the December 2002 Western Cape Provincial NGO Summit—called the *NACOSA Masibambisane Summit*—as support in their application to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria submitted in May 2003. The report highlights gaps in NGO funding that were identified at the summit and provided evidence of the need for additional funding for provincial NGO activities. The report was included as an appendix in the application submitted by the Provincial AIDS Council. POLICY provided TA to the Western Cape Networking AIDS Community of South Africa (WC-NACOSA) provincial NGO summit, held between December 3–6, 2002 and attended by 350 delegates. POLICY supported the compilation of a comprehensive report of the summit, which has been distributed to 350 participants from across the Western Cape Province.
- A long-awaited cost study conducted by **South Africa's** Health and Finance ministries has concluded that ARV therapies are affordable and that a nationwide rollout is feasible, according to people with detailed knowledge of the report's contents. The study on the cost of ARVs in South Africa draws on results from the GOALS Model to estimate the number of people needing ARVs over time as the program expands. POLICY provided assistance to the South African Department of Health to prepare these projections in May 2003.
- As a result of the "Men in Partnership" provincial consultative workshops that took place in the Eastern Cape Province of **South Africa**, a task team has been established to represent the men's sector in this province. Draft action plans have been compiled to guide the activities of the men's forum, which now forms part of the broader "Men in Partnership" national initiative that includes task teams from all provinces.
- As a result of the eight provincial consultative workshops that POLICY developed and facilitated between May and July 2003 that were part of the National "Men in Partnership" initiative in **South Africa**, a summary report was compiled. The report outlines the process, structures, and outcomes of the "Men in Partnership" initiative, as well as the strategies on which the provincial task teams will be focusing their future HIV/AIDS efforts. The report will be disseminated across the provinces to all the provincial men's task teams as well as key policymakers from the Department of Health and SANAC.

- During the April 2003 Parliament Session in **Tanzania**, the Minister of State for Planning and Policy, MP Lukuvi, reported to the press and the Parliament that the Ministry of Justice and Constitutional Affairs (MOJCA) was currently drafting legislation on HIV/AIDS that would come before Parliament very soon. This statement is a reflection of TAPAC's (Tanzanian Parliamentary AIDS Coalition) increasing role in awareness raising and advocacy concerning the issues raised in the Tanzanian Women Lawyer's Association (TAWLA) legal assessment on HIV/AIDS in Tanzania. TAWLA prepared the assessment of HIV/AIDS laws in Tanzania over the last 20 months at MOJCA's request. POLICY has provided technical and logistical support to TAWLA in preparing, carrying, and funding the assessment. In 2003, there has been an intergovernmental meeting and a wider national conference to discuss the draft report. The assessment final report contains recommendations and suggestions for draft legislation. The recommendations and suggestions for revised and new legislation reflect the evolving awareness and concerns of Tanzanians as they increasingly confront the realities of the AIDS epidemic. The legislation will set the structures under which much of the national response is carried out, which will also help in the struggle to reduce stigma and discrimination.
- In **Uganda**, the Parliamentarian Standing Committee on HIV/AIDS revealed a three-year HIV/AIDS strategic plan and a one-year workplan on April 15, 2003. POLICY and the Legislative Support Assistance Project (LSAP) provided TA to the Committee during a planning retreat, April 4–6, 2003 and helped the committee define and fulfill its parliamentary role in confronting major issues such as legal reform, civil society participation, and effective oversight of the executive branch, in Uganda's continuing battle against HIV/AIDS. POLICY supported a team of local experts who were instrumental in facilitating the retreat and shaping the outcomes of the planning process into a formal plan document, which the Parliamentarian Committee is now deliberating.
- A report on legal-policy issues on OVC in **Uganda** was finalized and submitted to the Mission, the ARCH Project, and the Ministry of Gender, Labor, and Social Development. The study is being used by the ministry for development of an overarching OVC policy.
- In April 2003, the Deputy Ministry of Labor and Social Security in **Zambia** spoke out for the first time in support of the rights of workers living with HIV/AIDS. Since its inception, the POLICY-sponsored HIV/AIDS and Human Rights Project has focused on employment issues and the rights of PLWHA to access and maintain formal employment status. Over the past three years, the media component of the campaign advocated for the rights of workers living with HIV/AIDS. Although the Ministry of Labor and Social Security gave moral support to these efforts, it had never acknowledged the rights of workers living with HIV/AIDS in Labor Day speeches or the parade. In April, POLICY's two staff members seconded to the Human Rights Referral Center obtained permission from the Ministry of Labor and Social Security for partners in the HIV/AIDS and Human Rights Project (ZAMCOM, NZP+, WLSA, YWCA, Zambia Business Coalition, and ZARAN) to march under a banner supporting the rights of HIV+ workers in the Labor Day parade. On the eve of the Labor Day parade, the Deputy Minister in the Ministry of Labor issued a statement at an open forum meeting, supporting HIV+ worker's rights and discouraging employers from practicing stigma and discrimination. This was the first time the Ministry had commemorated Labor Day by issuing an official statement supporting the rights of PLWHA in the workplace.
- In May 2003, District Administrators and Local Government Councilors in **Zambia** spoke out supporting HIV/AIDS interventions in the Southern Province, many for the first time. POLICY organized a meeting for Southern Province civic and political leaders in Siavonga, May 16–18, 2003.

The purpose of the meeting was to discuss the role of politicians and civic leaders in combating HIV/AIDS in the Southern Province. It was the first meeting of its kind in Zambia in which District Administrators and Local Government Councilors interacted with members of Parliament on nonpolitical issues. District Administrators (DAs) chair district development coordinating committees (DDCC) of which HIV/AIDS district task forces are subcommittees. The DDCCs recommend development and social priorities to the Local Government Authority. Local Government Councilors approve plans and resource allocation to district-level social programs. Prior to the meeting, the Southern Province Councilors and DAs had never made a resolution or public commitment to bring down the prevalence in the province. As a result of the meeting, district administrators from 10 districts in the Southern Province met together and pledged to reduce HIV prevalence in the province by 50 percent in five years time and to change traditional practices that lead to vulnerability. The Local Government Councilors also met as a separate group and pledged to reduce HIV prevalence in the province by 10 percent in five years time. These politicians and civic leaders will meet again with the provincial MPs in six months to ascertain progress in establishing processes and setting up structures to achieve these objectives. It is expected that their commitment to vigorously fight HIV/AIDS will influence decision making at DDCC and local government levels.

- The Southern Province HIV/AIDS Advocacy Alliance (SOPHAA) was formed to spearhead HIV/AIDS advocacy in the Southern Province of **Zambia**. SOPHAA was created to enable members of the DTFs in Southern Province to network more effectively. In May 2003, POLICY organized and conducted advocacy skills training for 20 people, representing 10 DTFs. In August, POLICY organized and conducted follow-up training in network building for 22 participants, representing 11 DTFs. During this meeting, the participants agreed to form SOPHAA. The purpose of SOPHAA is to spearhead HIV/AIDS advocacy in the Southern Province. SOPHAA's mission statement is "to create a favorable environment for implementation of HIV/AIDS programs," and members are trained HIV/AIDS advocates. Since SOPHAA's formation, advocates from Mazabuka, Sinazongwe, and Livingstone have been in contact with representatives from other districts. Advocates from Mazabuka District have undertaken advocacy activities in Namwala District. Most SOPHAA members have made efforts to brief their district administrators and chairpersons of the DTFs on the existence and activities of the organization.
- In August 2003, the POLICY/**Zambia**-supported Southern Province Members of Parliament Coalition Against HIV/AIDS—Atuzunde—formally registered as a trust, which is classified as a company. The members contributed K250,000 (\$50) each to register the trust and pledged to guarantee the organization for K95 million (\$20,000). In September, POLICY organized and conducted a five-day strategic planning workshop for members of Atuzunde. Seventeen members participated. At the end of the strategic planning meeting, Atuzunde was formally launched. The Honorable Andrew Mulenga, Minister of Education and Vice-Chairman of the Cabinet Committee on Health and HIV/AIDS, officiated. He commended the Southern Province members of Parliament for the initiative and said, "MPs are closest to grassroot communities. If they had been involved in HIV/AIDS interventions during the early stages of the epidemic in Zambia, HIV prevalence would probably be lower." He instructed Dr. Rosemary Musonda, acting Director-General of NAC, to treat Atuzunde as a pilot and to document its efficacy in helping to bring down HIV prevalence in the province. Dr. Musonda also commended Atuzunde and pledged support by NAC. She suggested that Atuzunde in partnership with POLICY serve as an agent for distribution of Global Funds to NGOs and CBOs in the Southern Province. Follow-up inquiries were made with the Zambia Network of AIDS Organizations (ZKAN), which is responsible for dispensing Global Funds to civil society organizations in Zambia, to ascertain

whether this was possible. While too late to play this role for the first period of disbursements, the chairperson for ZNAN expressed interest in a future arrangement.

ANE region

- As part of its efforts to increase involvement of nonhealth ministries in the **Cambodian** National AIDS Authority (NAA), POLICY has been assisting the Ministry of Women's and Veterans Affairs' (MWVA) in program planning in order to help bring its activities in line with those prescribed by the NAA National Strategic Plan. On October 24, 2002, the MWVA formally adopted the *MWVA Policy on Women, the Girl Child, STIs, HIV, and AIDS*. The earlier draft policy targeted women in terms of strategies and interventions. However, it is now recognized in the revised policy that because men's behavior is driving the epidemic in Cambodia, women's empowerment programs need to be strongly supported with education and advocacy interventions that target men. The NAA is now satisfied that this policy has been revised in the context of the its National Strategic Plan, and has recognized the role of the ministry in combating HIV with the gender-based response articulated in the associated action plan. POLICY assisted the MWVA with the updating and revision of the policy document and helped develop and finalize the MWVA HIV/AIDS Three-Year Action Plan.
- (**ANE Regional Funding) In **Cambodia**, POLICY has taken an active role in advocating for reform of HIV/AIDS policies targeting the sex industry and for increasing the participation of sex workers in the policymaking process. In February 2003, POLICY released the report, *Perceptions of the Cambodian 100% Condom Use Program (CUP): Documenting the Experiences of Sex Workers*. Despite a number of reviews and evaluations in countries where the 100% CUP is operating, this was the first report to document the experiences and opinions of sex workers in relation to the CUP. The report advocated for policy reform, particularly in the areas of meaningful involvement of sex workers, development of partnerships, and protection of human rights. Through dissemination of the report, POLICY has been able to advocate for policy and programmatic changes to the 100% CUP. POLICY participated in a regional workshop organized by WHO Western Pacific Regional Office, held in Vientiane, Lao PDR, August 18–21, 2003. The meeting was attended by government representatives from Burma, Cambodia, China, Lao PDR, Mongolia, the Philippines, Thailand, and Viet Nam. POLICY gave a presentation of its report, *Perceptions of the Cambodian 100% Condom Use Program: Documenting the Experiences of Sex Workers*. The focus of POLICY's advocacy was on the need for reforms to the 100% CUP, particularly in the areas of meaningful involvement of sex workers, development of partnerships, and protection of human rights. A recommendation proposed by POLICY was agreed to at the meeting. The resolution recommended that governments recognize that sex workers are subject to stigma and discrimination and that this serves to increase their vulnerability to HIV/AIDS and STIs. In recognition of these factors, the meeting endorsed the need for government HIV/AIDS interventions in the area of commercial sex to address the stigma and discrimination faced by sex workers. In addition, the communique of the meeting reflected many of the advocacy points that had been made by POLICY.
- POLICY/**Nepal** has been advocating to senior government officials for a policy commitment on HIV/AIDS in the Minister for Finance's annual budget statement. Each year the major policy commitments of the government are set out in the Finance Minister's budget speech. POLICY's advocacy has taken the form of meetings/liaison with the Vice Chairperson of National Planning Commission, Chief Secretary, Secretary of Finance, Secretary of Health, Director General of Health Services, and NCASC Director. In his recent policy statement on income and expenditure for FY03–

04, the Minister of Finance said, “The present Government is committed to enhancing the national capacity to control the expansion of HIV/AIDS. Priority will be given to develop the institutional capacity and competence of the National AIDS and STD Control Centre in coping with the disease effectively.” The speech was broadcast live by TV and radio. One of only seven paragraphs on the health sector in the minister’s speech was devoted to HIV/AIDS, indicating the policy priority this has been accorded in this key annual statement. This commitment indicates a high-level government commitment to the need for controlling HIV/AIDS and developing the institutional capacity of the NCASC. The policy-level commitment in the minister’s speech will help in mobilizing resources to develop the institutional capacity of the NCASC.

- Two of eight local government unit (LGU) project sites in the **Philippines** passed local ordinances/resolutions providing resources for their Local AIDS Councils (LACs) to carry out HIV/AIDS activities. The local chief executive (LCE) of Butuan City passed a city ordinance allotting P100,000 (\$2,300) from the city supplemental budget to fund activities of its LAC. The LCE of Dagupan City passed a resolution mandating the LAC to focus on IEC for HIV/AIDS in the city and allotted the resources required for such activities. Local government officials in the other six sites have verbally signified their intentions to fund their LACs using local funds. They are currently in the process of drafting local ordinances wherein the plans, activities, and budgetary requirements of the LAC are clearly defined. POLICY is facilitating the drafting of the ordinances. The resolutions are a product of a series of advocacy and training activities conducted by POLICY in the eight project sites between May and October 2002 in coordination with the Philippine National AIDS Council.
- The Naga City Council in **Philippines** approved Ordinance No. 2003-053 “An Ordinance Creating the Naga City Multisectoral STD/HIV Council for the Prevention and Control of Sexually Transmitted Diseases, Defining its Functions and Providing Funds and for Other Purposes” with a budget of PhP 300,000.00 (US\$5,636) on May 21, 2003. POLICY and Programs for Appropriate Technologies in Health (PATH) collaborated to organize a study tour for local policy advocates and AIDS Council members. The purpose of the study tour was for the Cebu Local AIDS Council (LAC) to share its experiences implementing local HIV/AIDS activities. This showcased the political commitment, government/NGO collaboration, community response, and extension of social hygiene services and syndromic approach in treatment in STDs. The experience of the study tour mobilized action on the part of the Mayor of Naga who, after the study tour, accelerated the passage of the ordinance. At the end of the study tour, two additional project sites (cities of Butuan and Dipolog) drafted ordinances on HIV/AIDS.
- Advocacy activities in the **Philippines** led to the passage of an ordinance with appropriations for HIV/AIDS in the Dagupan City with a budget of three hundred thousand pesos (P300,000, or \$6,000) for 2004. Advocacy also resulted in drafting of ordinances in the Batangas Province and Dipolog City.
- POLICY supported a government presentation on increasing access to ARV treatments in **Viet Nam** at the Jog Jakarta Roundtable on Access to ARV, held in August 2003. The report prepared for the conference was used as a policy dialogue tool (internally by the MOH). POLICY’s support to the ARV Task Force resulted in improved policy dialogue on ARV in Viet Nam. The ARV Task Force was to undertake incorporating the knowledge gained from the Indonesian Roundtable and the TA provided by POLICY into improving the strategic plan on ARV access. The MOH ARV Task Force also undertook to seek further technical and financial support as a result of POLICY support.

LAC region

- POLICY/**Haiti** participated in a committee in charge of the preparation of the document, “Norms and Operational Policies for Care of People Affected by HIV/AIDS,” which the committee submitted to the Ministry of Health (MSPP) for approval in December 2002. MSPP is now finalizing the document. POLICY has been an active participating member of the committee, which MSPP created in January 2002 to develop the norms and operational policies. The committee presented the draft document at a Caribbean regional workshop on November 26–27, 2002. The purpose of the workshop was to ensure consistency with regional standards in terms of providing care to PLWHA and to lay the foundation for improving regional access to antiretrovirals (ARVs). The norms and operational policies will be instrumental in assessing ARV needs and purchasing drugs for less cost at the regional level.
- A significant result for POLICY/**Mexico**, representing the culmination of five years of work, is the agreement from the National Center for AIDS Prevention and Control (CENSIDA) to take over the multisectoral planning groups (MCG) program as part of the national AIDS program. As CENSIDA’s Executive Director stated, this represents evidence of high-level commitment and support for broad-based participation of civil society in HIV policy work at the state and local levels. Demonstrating its buy-in and commitment to the process and citing the importance of the MCGs for bringing civil society into the policy arena, CENSIDA, in a meeting with MCGs, POLICY, and USAID on October 2, 2002, agreed to provide assistance to the MCGs and new states in support of their negotiations with state authorities, national, and international agencies to garner support for state AIDS programs; raise awareness of the MCG program and its important public–private collaboration by disseminating and publicizing their results and through periodic newsletters to help promote the national network of MCGs; use existing resources and state meetings to strengthen the work of the MCGs and help create new ones, particularly in states with high prevalence or little political support; and strengthen the MCG programs using World Bank project funds as available and appropriate. CENSIDA is restricted by federal/state regulations from using federal funds to pay for MCG events or equipment and to lobby for the mobilization of state resources.
- As the USAID HIV/AIDS officer stated in December 2002, there is a growing body of evidence suggesting the multisectoral planning groups (MCG) program in **Mexico** has made a real difference in raising the public profile of HIV/AIDS, garnering political support for the fight against AIDS, and bringing civil society into the policy arena in a sustained manner as never before seen in the states. The states where POLICY has established an MCG are at the forefront of the fight against HIV/AIDS. December 1, 2002, in Yucatan marked the first time a governor (or any public official close to that rank) has ever walked in an HIV/AIDS March for Life; the governor participated at the behest of the MCG/Yucatan. Organized in conjunction with the MCG/Mexico State, the federal government held its official events in observation of World AIDS Day in Mexico State this year, the first ever to be held outside of the Federal District. The only two National AIDS Conferences held outside of Mexico City were held in MCG states (Guerrero in 2000 and Vera Cruz in 2002), with the MCGs playing a significant role in the organization and leadership of those events. The MCGs were recognized publicly by the most senior federal and state officials for their valuable contributions and the role they play in bringing the public sector and civil society together to address HIV/AIDS issues.

- The State Secretary of Health for Vera Cruz (VC), **Mexico** formally approved the Multisectoral Citizen's Group (MCG)/VC's Multisectoral Strategic Plan for HIV/AIDS on behalf of the State HIV/AIDS Program. The National HIV/AIDS Program has also approved the plan, which is a coordinated, multisectoral approach to reduce sexual and mother-to-child transmission of HIV/STIs, improve access to treatment and care services, including antiretrovirals, and to reduce stigma and discrimination of PLWHA in the state of Vera Cruz. In early May, during the regular quarterly meeting that the MCG/VC holds with the State Secretary of Health, the group made a formal presentation of the plan and received his approval for it. The MCG/VC also presented the plan to the State Health Council, a public sector body that meets periodically to address health problems from an inter-institutional perspective. During this meeting, the group submitted the plan to the Municipal President of Coatzacoalcos, who serves as the president of the Red de Municipios Saludables (Network of Healthy Municipalities), a network that includes the majority of the municipalities in the state. Additional presentations of the plan were made to the Technical Council of Oportunidades, a social program of the federal government that promotes socioeconomic development of the Mexican population. The dissemination of the plan during May and June to these various organizations and public bodies is an important aspect of the MCG's efforts to advocate for and help coordinate its implementation; getting these officials to listen to a plan regarding HIV/AIDS is, in and of itself, an important result and represents a departure from the norm of just one year ago. The MCG also engaged the mass media to announce the approval of the plan, calling press conferences in Jalapa, the state capital, on June 13, and in the Port of Vera Cruz, site of the highest incidence of HIV/AIDS, on June 20, 2003.
- On September 22, 2003 **Mexico's** Secretary of Health, Julio Frenk, addressed the United Nations in New York to discuss his country's program of prevention for HIV/AIDS. Dr. Frenk noted that Mexico has put in place legal reforms and policy instruments to guarantee an effective prevention program and integrated response to HIV/AIDS but stated that "it is necessary to continue assisting efforts to directly combat and eliminate stigma, discrimination, and human rights violations against people with HIV/AIDS and vulnerable groups" (translation). He continued by saying the Mexican government will strengthen its actions to secure advances in these areas. In his speech, Frenk also specifically recognized the "enthusiastic and constructive" participation of civil society and PLWHA in HIV/AIDS public policy (Redaccion Notiese, Sept 22, 2003). Given the tremendous number of actors in Mexico working to improve the policy environment for HIV/AIDS, it is impossible to claim sole credit to Dr. Frenk's statement. But it is worth noting that POLICY has been working closely with civil society members for over five years in key states to foster a better environment for public-NGO collaboration, and our contributions in this area have been recognized at the national and state level on multiple occasions. Further, POLICY's core package on stigma and discrimination was pivotal for Mexico in 2002, represented the first foray by the National AIDS Program into stigma and discrimination policy and, without a doubt, helped to put the issues at the forefront of political dialogue surrounding HIV/AIDS.

4.4 Strengthened and expanded private sector organizations' responses to delivering HIV/AIDS information services

Africa region

- POLICY’s effective technical support in **Ghana**’s participation program resulted in some success for the sustainability efforts of some of the reproductive health networks. The Kwabibirem RH Network proposal to GARFUND (a World Bank loan to the government of Ghana) for funding was approved. The network received a grant of 27 million cedis (approximately US\$3,500) in November 2002 to undertake district-level advocacy activities in HIV/AIDS/STIs. POLICY/Ghana, through its advocacy component, provided assistance to the Kwabibirem RH Network (and the other RH networks) by reviewing and helping fine tune grant proposals that were then submitted to GARFUND. The other RH networks are awaiting evaluation of their proposals for funding. POLICY provided TA to all six Eastern Region RH networks.
- POLICY/**Malawi** works with the Malawi Network of People Living with HIV/AIDS (MANET), on an ongoing basis to increase their meaningful participation in HIV/AIDS policy dialogue and formulation. POLICY provided funding and substantial TA to MANET to conduct focus group discussions (FGD) on stigma and discrimination, specifically on how stigma and discrimination affect decisions concerning accessing VCT and care, treatment, and support services, and disclosure of sero-status. The results from the FGDs also highlighted the need for the greater involvement of people living with HIV/AIDS in all HIV/AIDS-related policymaking and implementation processes. The results of this research have been used in many settings as an advocacy tool to influence change; however, the most important use of this information has been to inform the draft national HIV/AIDS policy. MANET presented the study, “Qualitative Research on Stigma and Discrimination Issues as They Affect PLWHA in Malawi” to the Multisectoral HIV Policy Steering Committee (MPAC) and the policy drafting team initially in November 2002 to ensure that the policy addresses the needs and realities of PLWHA in Malawi. Since that time, MANET has used the findings to support its policy recommendations during stakeholder draft policy review and consensus building forums. The MANET research findings have been incorporated in several chapters in the policy, namely “Strengthening and Sustaining a Comprehensive Multisectoral Response to HIV/AIDS” (concerning the effective participation of PLWHA in the national response); “Promotion of HIV/AIDS Prevention, Treatment, Care and Support and Impact Mitigation” (concerning PLWHA access to quality care, treatment and support services); “Protection, Participation and Empowerment of People Living with HIV/AIDS” (concerning protection of human rights of PLWHA and reduction of HIV/AIDS-related stigma and discrimination); “Protection, Participation and Empowerment of Vulnerable Groups” (concerning reduction of stigma and discrimination targeted at HIV infected and affected orphans and vulnerable youth); and “Traditional and Religious Practices/Services” (concerning prohibiting the making of false claims for HIV/AIDS cures).
- In **Nigeria**, as a result of TA provided by POLICY to the PLWHA support group Organization for Positive Productivity (OPP), the group was awarded US\$65,976 in World Bank HIV/AIDS Program funds to implement “Mitigating the Impact of HIV/AIDS Among PLWHA in FCT.” Increased access to financial resources should enhance OPPs capacity to implement projects and contribute significantly to the care and support needs of PLWHA in the Federal Capital Territory (FCT). Increased visibility of OPP has attracted several other donor agencies. For example, the Gede Foundation—a private foundation founded by the wife of the vice president of Nigeria Mrs. Jennifer Abubakar which is headquartered in Washington D.C.—provided OPP with resources to obtain its own office, which opened on March 26, 2003.
- In **South Africa**, the Department for International Development (DFID) awarded a R45 million grant (US\$5,867,000) to Christian Aid of the United Kingdom for the implementation phase of the Church of

the Province of Southern Africa (CPSA) strategic plan. POLICY-supported the HIV/AIDS strategic planning process for CPSA in August 2002 culminating with the endorsement of the overall CPSA plan in September 2002 by the 400-member Provincial Synod, representing all 23 dioceses of CPSA.

- The Church of the Province of **Southern Africa's** (CPSA) General Synod met from September 22–28, 2002 in Bloemfontein and unanimously approved the CPSA Strategic Plan and adopted the Archbishop's five-point prevention plan, which includes testing, knowing one's HIV status, and using condoms. The General Synod also agreed to support expanded programs supporting women and children at risk.
- As part of POLICY's ongoing support to the broader HIV/AIDS strategic planning for the Anglican Church Province of **Southern Africa**, and following the All Africa Anglican Conference on HIV/AIDS in South Africa in August 2001, the 22 dioceses of the church province have engaged in strategic planning. The church province of Mozambique, the final church province to partake in the planning process guided by the POLICY-produced planning guide, *Planning our Responses to HIV/AIDS: A Step by Step Guide to HIV/AIDS Planning for the Anglican Church*, drafted a plan to meet the challenges of HIV/AIDS at the local level. This strategic planning session held in Gauteng Province, South Africa was part of POLICY's ongoing support to the Faith Organizations in HIV/AIDS Partnership (FOHAP) initiative. The *HIV/AIDS Strategic Plan for the Anglican Church, Mozambique*, completed in November 2002, outlines the priority areas for response by the sector, and includes expanding orphan care, tackling stigma, and increasing care and support facilities for those affected and infected by HIV/AIDS. Following the POLICY-facilitated strategic planning workshop with the diocese of Mozambique, the Bishop formally endorsed the diocesan strategic plan. The plan will now guide future HIV/AIDS interventions at the local level.
- As a result of POLICY's two-year support to the Anglican HIV/AIDS Program in **Southern Africa**, the Church of the Province of Southern Africa (CPSA) HIV/AIDS Network was launched during the "Inaugural Meeting of the Church of the Province of Southern Africa's HIV/AIDS Network" on April 22–26, 2003, which was attended by 150 delegates from the HIV/AIDS task teams from 19 dioceses of the CPSA. This will be the implementing body of the Church Province's HIV/AIDS activities over the next three years, with the funding support of Christian Aid. The 23 dioceses of the CPSA, under the leadership of the Most Reverend Archbishop Njongonkulu Ndungane, are represented in the network.
- POLICY/**South Africa** has continued supporting the University of Stellenbosch and the National School of Public Health at MEDUNSA in developing three newly revised course modules for a one course segment, entitled "HIV/AIDS Policy Development: Content, Process, Challenges, and Implementation," which forms part of the Postgraduate Diploma in Management of HIV/AIDS in the World of Work. These interactive, adult-learning modules (and accompanying assignments) are available in booklet form and on the internet for all registered students. On June 24, 2003 about 300 students were trained using this course segment.
- As a result of the POLICY-developed and facilitated strategic planning workshop for the Presbyterian Church in **South Africa**, the highest decision making body of the church—the General Assembly—has adopted a four-pillar strategic framework and vision statement to guide all future HIV/AIDS activities across presbyteries in South Africa, Zambia, and Zimbabwe. The church has approved the

appointment of a fulltime HIV/AIDS coordinator as well as dedicated HIV/AIDS funds to further the development and implementation of the strategic plan.

- POLICY has provided advocacy training to several NGOs that participate in the U.S. Ambassador's Initiative Program in Botswana, Lesotho, and Swaziland, as part of the **Southern Africa** Regional HIV/AIDS Program. As a result of this training, Women in the Law in Southern Africa (WLSA), a POLICY small grant recipient, conducted a paralegal training workshop from November 18–20, 2002 for 20 participants. The purpose of these training sessions was to introduce legal services and rights to the community so that women are empowered to exercise their rights, especially as a result of AIDS-related deaths. WLSA has also disseminated information in the community regarding legal rights, Swazi customs, and HIV/AIDS and its implications for women.
- POLICY supported the development and piloting testing of the first Wellness Management Curriculum in March 2003 for the Church of the Province of **Southern Africa** (CPSA). The curriculum represents a unique training tool and accompanying materials that expand the information base for church structures to better provide for the care and support needs of their communities. Thirty-seven master trainers from 21 dioceses of the CPSA underwent a four-day TOT workshop on wellness management. This team of master trainers is now in a position to effectively run workshops at the diocesan level across the CPSA using the curriculum. The curriculum, in the form of a training manual was finalized based on the feedback received during the TOT workshop and is now ready for use in the diocesan rollout phase.
- Good Shepherd Hospital, a recipient of a small grant from the **Southern Africa** Regional HIV/AIDS Program's U.S. Ambassador's Small Grants Initiative, conducted activities including informing policymakers on the role and importance of the VCT initiative, engaging community leaders and local policymakers in community capacity-building efforts, and planning and developing a VCT program at the hospital to assist policymakers in making decisions on other HIV/AIDS interventions in Swaziland. On April 3, 2003, a one-day meeting was held on the implementation of VCT/PMTCT services at the Good Shepherd Hospital, which included a session with policymakers, heads of organizations, and agencies. In attendance were the Minister of Health and Social Welfare and the U.S. Ambassador to Swaziland. Policymakers supported the activity and the Good Shepherd Hospital hopes to roll out the VCT/PMTCT services to other regions.

Good Shepherd Hospital's activities included training nurses as counselors to give them the necessary skills to counsel, test, and support clients receiving VCT. Through a small grant, the Good Shepherd Hospital sponsored the training of 10 nurses in Durban on VCT/PMTCT and on counseling and testing skills in February 2002.

In addition, Good Shepherd Hospital conducted community sensitization and mobilization with traditional leaders and community members in all 11 tinkhundlas in Swaziland. The objectives were to sensitize and mobilize people in the chiefdoms, update them about the impact of HIV/AIDS and the latest statistics, and allow people in the communities to engage in dialogue about what should be done. Sensitization took place during April and May 2003 and was mainly focused on chiefs, tindunas, bandla, ncane, Imiphakatsi Support Committee, RHMs, and Banakekeli, as these leaders were responsible for ensuring that their communities attended the sessions. Mobilization began June 2 and ended July 8. Good Shepherd Hospital estimates that the number of people reached through the

mobilization efforts (including men, women, youth, and school children) was 20,000, and mobilization is still continuing in remote areas.

On April 16, 2003, Good Shepherd Hospital conducted a one-day seminar, “Born to Live: The Prevention of Mother-to-Child Transmission of HIV,” for the traditional leaders at the Simunye Club in Swaziland. A total of 25 people participated in the seminar, and 11 traditional leaders participated and were trained.

Finally, on June 17–20, 2003, Good Shepherd Hospital conducted a three-day workshop, with assistance from the Nutrition Department of the Ministry of Health and Social Welfare, on nutrition and HIV/AIDS for Caregivers. The purpose of the workshop was to encourage positive living, discuss the synergies between nutrition and HIV/AIDS, and review food safety and hygiene. Special emphasis was placed on addressing the nutritional needs and caring for orphans. Thirty participants attended the workshop and were trained.

- Matelile Tajane Development Trust, a recipient of a small grant from the **Southern Africa** Regional HIV/AIDS Program U.S. Ambassador’s Small Grants Initiative, successfully advocated for increased awareness and commitment among community leaders in addressing HIV/AIDS, including youth leaders. The trust trained youth and adults to be HIV/AIDS advocates, trained 10 youth peer educators in six primary schools and four high schools, and held 10 community HIV/AIDS awareness days. The six drama sessions facilitated by Positive Action, which encouraged living openly and positively and reducing stigma, reached 1,481 pupils as well as teachers and church congregations. The trained youth peer educators also assisted with the facilitation of drama sessions. The HIV/AIDS awareness “pistos,” carried out by Matelile Tajane Development Trust (awareness sessions involving the community) in four villages, successfully reached 303 villagers.
- POLICY/**Tanzania** has been supporting ACT with the dissemination of its HIV/AIDS Policy Statement and development of individual diocese HIV/AIDS strategies and activities during the past three years. In July 2003, POLICY provided a consultant to assist in the development of the HIV/AIDS portion of their Health Sector Strategy Development as well as the three days of meetings that resulted in the HIV/AIDS component of the Anglican Church of Tanzania Four-Year Health Strategy (2003–2007).
- In August 2003, POLICY supported two days at the end of the meeting of CCT’s Women Leaders’ Workshop in **Tanzania** for the discussion of women’s vulnerability to HIV/AIDS and church policy. Eighty-six women from the Muslim, Christian, Catholic faiths and civil society met at the end of the workshop to develop a series of lobbying and advocacy strategies to address church policies that reduce women’s vulnerability to HIV/AIDS. The output of this meeting was a multifaceted strategy, including advocating for increased women’s participation in decision-making bodies, sensitization of male church leaders/pastors, church policies that support the role of women, and reviews of church policies and practices that subject women to oppression. The output of the meeting also included an action plan for the next nine months to implement coordination of lobbying activities and the development of a campaign for the 2004 CCT General Assembly.
- In **Uganda**, three FBOs, under the guidance of IRCU, have received funding from POLICY and are now implementing their OVC activities according to proposals that were reviewed by, negotiated with, and recommended by IRCU.

- Through POLICY/**Uganda** assistance, the IRCU has received manuals on operational policies for human resources, financial management, and grants and contracts mechanisms. The manuals are helping IRCU to solicit funds from donors, and discussions are already underway with the Uganda AIM Project.
- In June 2003, in the Southern Province of **Zambia**, members of Parliament (MP) officially formed a coalition to work together against HIV/AIDS in their provinces and drafted a mission statement. They are now finalizing a set of articles of association and will work with POLICY on a set of interventions and programs in their districts. In February, POLICY organized and hosted a meeting for the Southern Province MPs to inform them about planned POLICY work in the province and to encourage the formation of a coalition to address HIV/AIDS issues in the province. This first meeting resulted in the formation of an informal coalition to work with the District Task Forces (DTF) in their respective districts. In March, members held a second formal meeting in the POLICY offices. Participants discussed modalities for involving MPs and other political leaders in district HIV/AIDS interventions. NAC commended the POLICY initiative with parliamentarians and expressed interest in using the model elsewhere in the country. On June 28–29, POLICY supported a two-day meeting of Southern Province parliamentarians. POLICY arranged for a facilitator and rapporteur to support the deliberations, and the meeting was held in the POLICY offices. During the meeting, the MPs identified a name for the coalition (Atuzunde HIV/AIDS – Southern Province Parliamentarian’s Coalition). *Atuzunde* means “let us conquer.” Also, developed were a mission statement (“To provide leadership in the fight against HIV/AIDS in Southern Province through mobilization and advocacy”), strategic objectives, priority activities, and rules of engagement. Subcommittees were formed to work on the organizational structure and further refine proposed activities.

ANE region

- In **Cambodia**, CPN+ reports that currently only 250 PLWHA are enrolled in an ARV access program, run by an international NGO. However, ARV access has been identified as one of the priority issues for the PLWHA community. Accordingly, as a result of the CPN+-led Strategic Alliance on Treatments Access, Prime Minister Hun Sen issued a verbal directive during his closing address at the Second National HIV Conference on October 4, 2002 to the Ministry of Health (MOH) to facilitate increased access to treatment and to ARV therapies. The directive ordered the MOH to allocate public health sector funding to a number of initiatives, which will increase PLWHA access to ARVs. CPN+ (with support from POLICY) coordinated the formation of the Strategic Alliance, representing the interests of 3,000 PLWHA. The primary purpose of the Strategic Alliance was to prepare an advocacy campaign to increase access to ARVs. Following the formation of the alliance, POLICY, in collaboration with the Australian and Cambodian Red Cross, provided technical assistance for a Positive Spaces meeting, linked to the Second National HIV/AIDS Conference. The Positive Spaces meeting, attended by 60 PLWHA from provincial and urban Cambodia, was used as a vehicle for the CPN+ led Strategic Alliance to issue a call to action to increase ARV access.
- In **Cambodia**, POLICY and Care International collaborated to develop the report *Voluntary Confidential Counseling and Testing in Cambodia: An Overview*, which was finalized in February 2003. The report is intended to provide NGOs and the public sector with an overview of the current situation regarding voluntary confidential counseling and testing (VCCT) in Cambodia as well as to highlight some options for developing greater NGO/government interaction on VCCT. Many of the

VCCT report recommendations were subsequently embraced by NCHADS in the NCHADS (National Centre for HIV/AIDS, Dermatology and STDs) *Continuum of Care Framework for People Living with HIV/AIDS Operational Framework*. For example, the following report recommendations are addressed in the framework: explore a diversity of VCCT models, improve counseling services within existing testing sites, market VCCT services to increase demand and access, particularly among ANC women, couples and young adults, strengthen referral networks; create and maintain a database of all relevant services, improve coordination through the VCCT sub-working group, strengthen legislation and licensing of private sector VCCT, and improve supervision and monitoring and evaluation (M&E) systems. Additionally, the report has resulted in the formation of four government/civil sector working groups under the auspices of NCHADS to implement recommendations arising out of the report in the areas of counseling, supervision, demand, and community counseling networks.

- The **Cambodian** Human Rights and HIV/AIDS Network (CHRHAN) developed a training curriculum, “Human Rights and HIV/AIDS for the Workplace,” in both English and Khmer, and conducted training-of-trainers (TOT) for its member organizations. Additionally, CHRHAN established a national database to monitor HIV/AIDS-related human rights violations.
- The Wat Norea Peaceful Children’s Home (NPC) in **Cambodia** has formed a provincial network in Battambang Province, including the Provincial Governor, which is involved in advocacy on status of women issues in the province.
- In the **Philippines**, technical assistance on the prevention of HIV/AIDS to the local governments in the eight cities continues to foster multisectoral partnerships in the implementation of advocacy and capability-building activities. For example, an AIDS Council-initiated association of night establishment workers in Laoag City now actively participates in the city’s Local AIDS Councils awareness-raising activities. Additionally, there is increased private sector involvement in Naga City’s HIV/AIDS prevention information and education campaigns.
- With technical and financial assistance from POLICY **Viet Nam**, the first peer PLWHA workshop (August 4–6, 2003) on self-help, support, and network development was held. This workshop constituted the first meeting in Viet Nam to position PLWHA in a more active role in policymaking. The meeting exposed stakeholders to GIPA, developed PLWHA approaches to S&D reduction, and identified key priorities of PLWHA in relation to self-help and support. The advocacy with government, which led to permission and support, signifies a shift in government views on independent organizational development for PLWHA. For the first time, the meeting demonstrated PLWHA capacity to identify and develop a strategic approach to S&D.
- POLICY/**Viet Nam**’s Country Director and LTA hold positions as the Chairs of the National TWG on HIV/AIDS, and Harm Reduction and GIPA subworking groups. TWGs are auspiced by the NGO Resource Centre in Viet Nam which is under the authority of the Viet Nam Union of Friendship Organizations (VUFO). Each development sector (e.g., agriculture, environment) is represented by a TWG. TWG meetings, which are attended by international and national stakeholders, are every month, as are the subworking groups, and function as information sharing forums. TWGs provide a regular mechanism for developing collaborative approaches to policy advocacy. The subworking

groups provide specialized forums for priority issues. The chair of the TWG can provide policy advice to government on behalf of the sector he or she represents.

E&E region

- At an International HIV Alliance (Alliance)-sponsored workshop in December 2002, POLICY/**Ukraine** Advocacy Trainer Lena Truhan and RH/HIV Technical Advisor Oleg Semerik assisted in building the capacity of three NGOs to develop advocacy campaigns. The three campaigns, developed by persons affected by HIV/AIDS, are focused on (1) advocating for the development of a mechanism to integrate HIV-positive children in secondary Dnipropetrovsk schools (e.g., addressing stigma); (2) obtaining a political decision to open a resource center for sex-workers in Nikolaev (e.g., reducing HIV/AIDS transmission); and (3) including HIV/AIDS information into curriculum for policemen in Nikolaev (e.g., changing policemen's practices toward IDUs). Truhan led many key sessions and Semerik led one session intended to increase the capacity of the NGOs to create advocacy campaigns.
- As a result of the June 3-4, 2003 meeting of NGOs working in HIV/AIDS care and support in **Ukraine**, the NGOs, including representatives of the PLWHA Network, decided to form a coalition. The goal of the coalition is to strengthen the sector's role in planning, implementation, and monitoring and evaluation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Project in Ukraine. A resolution was drafted for submission to all GFATM primary recipients and international donors to formalize the decision, calling for transparency in decision making with regard to planning and implementation of the GFATM grant in Ukraine. The grant is aimed at fighting HIV/AIDS by reducing risky behaviors among youth, extending the life span of PLWHA, and reducing the negative consequences of the epidemic. Currently, Ukraine has received \$18.8 million of the total \$92 million awarded. The resolution also announces the creation of the yet to be named NGO coalition of approximately 40 NGO representatives. POLICY worked in collaboration with the International HIV/AIDS Alliance to conduct this workshop.

LAC region

- In December 2002, as a result of the workshop "Christian Response to HIV/AIDS," prominent religious leaders in **Haiti**, for the first time, signed a resolution committing their institutions to joining the battle against AIDS and calling for follow-up meetings to arrive at a unified strategy for their efforts. POLICY/Haiti collaborated with IMPACT and HS-2004 to support a committee composed of POZ, Caritas, and World Relief, in planning and conducting the workshop which brought together of the Catholic, Anglican, and Protestant churches, including the Apostolic Nuncio, an Anglican Bishop, and the President of the Protestant Federation of Haiti, as well as other leaders. Objectives of the workshop were to discuss the experiences of the Christian church in the fight against HIV/AIDS and develop lessons learned from these experiences, and uncover the values and Christian principles that encourage active engagement of churches in AIDS ministry. The workshop was attended by 120 people, which included, in addition to the religious leaders, the U.S. Ambassador, the USAID Mission Director, and the Minister of Health.
- For the first time in **Haiti's** battle against AIDS, traditional religious leaders, through such associations as "Zantray" and other groups, participated in transmitting life-saving messages about HIV/AIDS as part of the 20th International Memorial for AIDS organized by Promoteurs de l'Objectif Zerosida

(POZ) on May 11, 2003. The health community has long pursued traditional leaders, with little success, to take a more active role in the fight against AIDS because they are believed to be very influential in Haiti's population. The May 11th event was one of the largest public expressions of support for HIV/AIDS programs in recent history, all departments and communes were involved in the celebrations through the sponsoring organizations and churches. POLICY provided technical and financial support to POZ to help them seek the participation of the traditional religious leaders. As part of their involvement in this public forum, the two associations expressed concern that many of their adherents engage in behavior that places them at high risk of HIV/AIDS. POZ will continue to elicit their support in getting out the message about HIV/AIDS prevention.

- In **Haiti**, As a result of the policy dialogue and commitment generated at the POLICY-sponsored December 2002 workshop on *The Christian Response to HIV/AIDS*, which brought together prominent leaders from Christian Churches, and the subsequent National Catholic HIV/AIDS Conference conducted by the Catholic church on its own accord, on September 16, the Catholic church presented an action plan to address HIV/AIDS to national and international organizations. After receiving feedback during the presentation, POLICY was asked to assist in the preparation of the final action plan. Following this successful event, in July 2003, World Relief conducted the first conference for Protestant Churches in Haiti with direct TA from POLICY. At the end of the conference, 300 Protestant church leaders signed a resolution to become involved in the fight against HIV/AIDS. An estimated 2 million people listened to the four-day conference on the radio.
- As a result of the Multisectoral Citizen's Group (MCG) program in the state of Vera Cruz, **Mexico**, a spin-off regional MCG was formed. Several municipalities in the Cordoba Region coalesced in early 2003 to form their own MCG, referred to as the MCG/Cordoba. The MCG/Cordoba is composed of representatives from municipalities, businesses, health and education sectors. During the first quarter of 2003, MCG/Cordoba held periodic meetings, including one on January 29 attended by POLICY staff, at which a principal topic of discussion was whether it should register itself as an NGO and subsequently broaden its activities to include opening a hospice facility for PLWHA in the region. MCG/Cordoba has actively sought collaboration with the Catholic Church, including a formal agreement with a local Bishop to collaborate on prevention activities around abstinence and fidelity. The Bishop also agreed not to openly oppose the MCG's efforts to promote condom use as part of prevention campaigns. Another important activity of the MCG/Cordoba is its current advocacy efforts with other municipalities to create a network of regional MCGs under the leadership of the regional health authorities (Regidurías de Salud) with the objective of carrying out HIV/AIDS prevention activities. POLICY's LTA attended a January 29 presentation by the MCG/Cordoba in the municipality of Fortín de las Flores for representatives from that municipality and three others in the region, which led to a written commitment by the municipalities to organize and undertake joint, multisectoral prevention activities. The MCG/Cordoba held a similar meeting in the municipality of Huatusco on January 28. In the state of Vera Cruz, the MCG program has clearly had a wide-reaching impact at the local level, resulting in local level commitments by municipal officials and local NGOs to undertake joint, multisectoral prevention activities. As this new iteration of the MCG program continues to develop, it will yield interesting possibilities for increasing political and popular support for HIV/AIDS prevention and care in other states as well.
- In the state of Vera Cruz, **Mexico**, where the multisectoral planning group (MCG) has been active on a regular basis in both the port city of Vera Cruz and Jalapa since April 2002, a new local-level MCG was created in the state's Cordoba Region during October–December 2002. The Cordoba regional

MCG is composed of representatives from municipalities, businesses, health, and education sectors and others. POLICY will provide assistance to help it get off to a good start. This is the first example of a spin-off MCG at the local level—fostered by the state MCG, but emerging on its own in response to a local need.

4.5 Improved availability of and capacity to generate and apply data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts

Africa region

- The **Mali** AIM Booklet *Le VIH/SIDA au Mali: Evolution et impacts sur le developpement* has been used several times in advocacy efforts. For example, Population Services International (PSI) used the Mali AIM (tailored for use with religious leaders) during an advocacy workshop with religious leaders in Mopti, October 8-9, 2002. The goal of this advocacy exercise was to increase support among religious leaders for HIV/AIDS activities and to encourage them to incorporate AIDS messages (prevention and reduction of stigma and discrimination) in their preaching. Additionally, the “Fondation Partage” used data from the Mali AIM during its fifth information and advocacy radio campaign for HIV/AIDS, called “Synchrosida.” The program was broadcast simultaneously on the national radio network and 19 local stations around Bamako.
- The President of the Segou Regional Assembly (230 km from Bamako) in **Mali** spoke about HIV/AIDS in front of more than 200 people on July 22. In his speech, which was based on the results and projections of the AIM, he reminded the mayors in the regions that they must include a budget line for HIV/AIDS in their yearly plans. He echoed the directive of the region’s High Commissioner (reported earlier).
- The Imam of Bla, **Mali** (320 kilometers from Bamako) based his Friday sermon of Friday, July 11, 2003, on information from the AIM. His talk on HIV/AIDS reached more than 150 members of the congregation.
- MSF (Doctors Without Borders)/Mozambique issued a medical policy for national MSF staff in **Mozambique** in September 2002, to provide health care to the national staff and their close family members who are living with HIV/AIDS; ensure the protection of the human rights of the employees living with HIV/AIDS; and make staff members aware about the reality of the HIV-AIDS epidemic and encourage people to be counseled and tested and to protect them from any HIV infection. Annex 1 “Updated overview on the epidemic in Mozambique” includes figures taken directly from the 2001 update of the HIV/AIDS factbook published by the multisectoral Technical Group. POLICY provides technical assistance to the Technical Group, including application of AIM.
- In **Mozambique**, information from the POLICY-supported HIV/AIDS factbook *Impacto De Demografico Do HIV/SIDA Em Mocambique* was used to support preparation of the government of Mozambique application to the Global Fund for HIV/AIDS, Malaria, and Tuberculosis in September 2002. The factbook was also used as an advocacy tool in the national youth network, Aro Juvenil’s publication “AIDS in Mozambique,” as well as by the World Bank’s new project, “Mozambique–HIV/AIDS Response Project” for planning (Report No. PID11473) in December 2002.

- The POLICY-supported Multisectoral Technical Group (MTG) is responsible for providing assistance to the government of **Mozambique** on the interpretation of HIV/AIDS sentinel surveillance data and estimates of HIV/AIDS prevalence and impact projections. Last year, the MTG added a new activity, conducting special studies, to its workplan and developed a list of 10 themes related to determinants of HIV prevalence in Mozambique. These special studies will be coordinated by the Center for Population Studies, Eduardo Mondlane University, one of the three institutional leaders of the MTG. POLICY agreed to fund four studies; the MTG then approached the National AIDS Council to find additional resources. On February 24, 2003, UNICEF agreed to provide \$30,000 to fund several special studies on determinants of HIV prevalence in Mozambique.
- The national Department of Health of **South Africa** used results from the GOALS Model in September 2002 to develop the government's AIDS budget (Medium-term Expenditure Framework), which led to increased budgets for programs focusing on HIV transmission through sex work, condom provision, and projected care costs. POLICY provided training in the use of the GOALS Model for Department of Health staff. Results of the *GOALS Model* application also form the basis for the National AIDS Control Council (NACC) Planning, Financing, and Budgeting Group (TG5) Joint AIDS Program Review (JAPR) report. It was determined that prevention activities would require an additional \$60 million in the final two years of the strategic plan to have adequate resources to achieve the established goals (25% reduction in HIV prevalence among 15–24 year olds). It was also estimated that approximately \$76 million would be required to assure significantly increased access to HAART for those already infected.
- As a result of training in the SPECTRUM FamPlan and DemProj models last December, Dr. Rutaremwa has trained officials from the **Uganda** AIDS Commission, AIDS Information Center, and National AIDS Control Program in the use of these models. These officials have also joined the training in other SPECTRUM models (RAPID and AIM) being conducted at Makerere University. POPSEC's Charles Zirarema, who previously received training in RAPID, is now conducting TOTs in the ongoing RAPID training at Makerere University.

III. Country Summaries

1. Cambodia

POLICY assistance in Cambodia aims to create an enabling policy environment for addressing HIV/AIDS/STIs and family health prevention, care, and support policies and programs. Project activities are centered on a rights-based approach to HIV/AIDS and family health and include components that address stigma and discrimination, protect human rights, support empowerment of communities affected and infected by HIV, and strengthen partnerships between government and civil society. The workplan builds on existing partnerships with national government ministries, in particular the National AIDS Authority, and civil society networks and organizations.

2. Ethiopia

POLICY activities in Ethiopia are directed toward expanding HIV/AIDS efforts by providing support to the National AIDS Council, Regional AIDS Councils, and key HIV/AIDS NGOs. POLICY supports the implementation of Ethiopia's multisectoral HIV/AIDS program by providing technical assistance in policy advocacy, priority setting, and use of information for policy and program development. POLICY also assists in increasing the understanding of crosscutting issues of gender and human rights in relation to HIV/AIDS.

3. Ghana

The goals of POLICY Project assistance in Ghana are to assist the government in implementing a national policy on HIV/AIDS and STIs. Project assistance focuses on institution building for the National AIDS Control Program (NACP) of the Ministry of Health and strengthening its ability to support the work of the Ghana AIDS Commission, a high-level advisory body over which the Vice President of Ghana presides. Assistance also focuses on expanding the advocacy efforts of NGOs working in HIV/AIDS 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; technical assistance and financing for regional and district advocacy events; and information dissemination through counterpart organizations.

4. Haiti

The goal of POLICY assistance in Haiti is to fill the policy void resulting from a severely weakened public sector by strengthening civil society's role, building public-private sector partnerships, and helping the public sector to provide stronger leadership and direction. At the request of the Mission, CAs including POLICY are coordinating their workplans with an emphasis on HIV/AIDS in the context of a framework developed cooperatively with the Mission aimed at a "sustainable social and community response." The Mission has also recently placed emphasis on strengthening relationships among health provider NGOs at the decentralized level. POLICY provides technical and financial assistance in advocacy and fundraising to NGOs, faith-based organizations (FBOs), and other civil society organizations (CSOs). In the public sector, POLICY provides technical assistance to support HIV/AIDS policies and strategies currently being developed or already in place, including the National HIV/AIDS Strategy, VCT, PMTCT, and care and support of persons living with HIV/AIDS

(PLWHA). POLICY collaborates with the bilateral project HS-2004 (administered by Management Sciences for Health) and NGO grantees as well as Ministry of Public Health and Population department officials to improve operational policies that promote the quality of and access to HIV/AIDS support. POLICY also provides technical assistance to the government in implementing the country project funded by the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria.

5. Honduras

Honduras is considered at the epicenter of the HIV/AIDS epidemic in Latin America; more than one-half of all reported AIDS cases are in Central America. Recognizing the gravity of both the current and potential HIV/AIDS situation, there has been a large influx of funds for HIV/AIDS through USAID, the Global Fund, and other international sources. The overarching goal of POLICY's HIV/AIDS program, which began this year, is to help the Mission strengthen coordination, planning, and participation among stakeholders by working to ensure that planning and policy development for HIV/AIDS are well-coordinated and multisectoral, thereby ensuring that the increased resources are used effectively. At the end of August, however, the Mission finalized a new HIV/AIDS Strategy for 2004–2008. Based on this strategy, the Mission would like POLICY to change its strategy of focusing limited national efforts of assistance in coordination and planning to targeting specific regions and vulnerable groups. In September, POLICY staff met with the Mission and discussed revising its first-year workplan to emphasize vulnerable populations in geographic regions that have been the most affected by HIV/AIDS—people living with HIV/AIDS (PLWHA), Garifuna, males who have sex with males (MSM), and other vulnerable groups in San Pedro Sula, La Ceiba, and Tegucigalpa. POLICY will still aid in the planning and coordination nationally, but will limit its involvement to providing tools, such as the database, the AIDS Impact Model, and GOALS Model to local counterparts, and providing technical assistance to the National Commission of Human Rights. POLICY will also help create conditions necessary for successful implementation of programs to reduce stigma and discrimination in order to strengthen prevention, treatment, care, and support systems. POLICY will use a three-pronged approach: increasing political and popular support for HIV/AIDS issues; decreasing stigma and discrimination around HIV/AIDS and groups most affected by the epidemic; and building stakeholder capacity to advocate for, plan, coordinate, and manage effective HIV/AIDS programs.

6. Jamaica

The goal of POLICY Project assistance in Jamaica is to foster an environment that is supportive of FP/RH and HIV/AIDS/STIs with a specific focus on the needs of youth. POLICY activities aim at integrating and coordinating policies and programs affecting youth and responding to the impact of HIV/AIDS on youth in Jamaica. In addition, POLICY is implementing a core package activity to develop a plan for FP/RH and HIV/AIDS/STI integration and to identify and eliminate policy barriers to integration.

7. Kenya

POLICY/Kenya's objectives are to increase and renew political and public support for high-quality HIV/AIDS services while improving their planning and financing. POLICY is working with a wide range of governmental, nongovernmental, and civil society stakeholders and interest groups at the national, provincial, district, and community levels to strengthen the capacity of government, NGOs, and institutions across all sectors to develop and implement HIV/AIDS policies and programs, emphasizing a holistic, integrated, and multisectoral approach. Programs address HIV/AIDS education, government ministries,

military and police, FBOs, PLWHA, orphans, youth, gender issues, law, and human rights. POLICY is also promoting the mobilization of additional resources through strengthening of health policies and systems at the national, provincial, and district levels to achieve improved planning, financing, and quality of HIV/AIDS and other primary health care services.

8. Malawi

POLICY's strategic priorities in Malawi are to improve the HIV/AIDS policy environment through support of government, nongovernmental organizations (NGOs), and other stakeholders in the development, dissemination, and implementation of HIV/AIDS policies and plans. In addition, POLICY's strategic priorities are to develop the capacity of the National AIDS Commission to fulfill its role in coordinating the national multisectoral response and in providing technical and other support to implementing organizations while building appreciation and application of HIV/AIDS-related human rights mechanisms and strengthening advocacy capacity.

9. Mali

In support of the Mission's new Country Strategic Plan (CSP) 2003–2012, POLICY seeks to strengthen the capacity of public and private sector counterparts to advocate for improvements in the policy environment for HIV/AIDS. POLICY's strategy is to channel its assistance primarily through the National AIDS Program (PNLS), helping it to provide the leadership and direction necessary for advocacy to succeed. POLICY also seeks to facilitate greater collaboration among government agencies and between the public and private sectors by using a participatory process in transferring skills and knowledge in policy analysis, policy dialogue, and advocacy. In addition, POLICY supports the Groupe Pivot, an NGO network representing over 150 NGOs, which has a close working relationship with government agencies and has received advocacy training and technical assistance. POLICY assistance has taken the form of 1) using and updating the AIM and the latest DHS in a participatory process with other ministries and NGOs; 2) training in using presentations based on the AIM results to support advocacy and policy dialogue; 3) institutional strengthening of the PNLS; and 4) support for high-level policy dialogue and advocacy.

10. Mexico

In Mexico, the POLICY Project works to promote enhanced participation in policy and planning processes and improve the policy environment for HIV/AIDS in targeted states. The project helps form multisectoral planning groups (MCGs), composed of a broad range of state and local organizations working in HIV/AIDS and related fields, helping them develop integrated strategic plans for HIV/AIDS that address the needs of vulnerable populations as well as strengthening members' skills in advocacy, policy dialogue, and multisectoral coordination and partnerships. POLICY provides follow-up technical assistance 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, gender issues, and advocacy for HIV/AIDS. The project also has a core package in place to develop and test innovative approaches to stigma and discrimination around HIV/AIDS in the Federal District, State of Mexico, and Yucatan. Finally, POLICY responds to policy opportunities as they arise to help contribute to a better overall policy environment for HIV/AIDS at the national and state levels.

11. 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 STIs/HIV/AIDS, and that intervention efforts apply that information for policy development, program planning and financing, advocacy, and monitoring and evaluation. Assistance includes strengthening the capacity of the Multisectoral Technical Group to analyze HIV sentinel surveillance data, update impact projections, and provide technical assistance to public and private sector counterparts in their use. POLICY also supports improved financial planning for the national HIV/AIDS program and promotion of protection from discrimination based on HIV status. Project activities include training counterparts and providing training opportunities for university students; coordinating linkages between the technical group and the National AIDS Council, line ministries, and the private sector; and participating in donor coordination. POLICY is also facilitating a legal and regulatory review of existing laws and norms to determine which existing policies should be more widely disseminated and enforced, which should be abolished or substantially revised, and what additional policies/laws/guidelines might be needed.

12. Nepal

POLICY/Nepal works in collaboration with the National Center for AIDS and STD Control (NCASC) to create an enabling policy environment by supporting the development of the Planning and Coordination Unit. This unit is responsible for facilitating and monitoring policy dialogue, planning, and advocacy, and for building partnerships with civil society. Specifically, POLICY supports the NCASC to increase ownership of the National HIV/AIDS Strategy and Operational Plan within the private and public sectors, as well as at the district level. In collaboration with the NCASC, POLICY also focuses on addressing the complex challenges of strengthening the multisectoral policy response to HIV/AIDS in Nepal. POLICY also facilitates the GIPA principle in the formation of HIV/AIDS policies and programs. POLICY helps establish improved and effective planning and finance mechanisms for HIV/AIDS policies and programs and increased understanding of the impact of stigma and discrimination on prevention, care, and support for policies and programs.

13. 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 services. Activities include development of HIV/AIDS policies in the civilian and military population, development of strategic plans and advocacy for HIV/AIDS, research on the effects of HIV/AIDS on vulnerable segments of the population, and use of accurate information for advocacy and planning. The project is also working with FBOs to develop policies on HIV/AIDS and to increase their support for HIV/AIDS policies and programs.

14. Peru

The goal of POLICY assistance in Peru is to strengthen civil society organizations and advocate for sexual and reproductive health and rights, including those related to HIV/AIDS. POLICY works closely with PLWHA organizations and coalitions of NGOs working in the area of HIV/AIDS to build capacity and strengthen their skills to advocate for political support, as well as policies and legislation in favor of prevention, care, and treatment related to HIV/AIDS.

15. Philippines

POLICY Project assistance in the Philippines aims to strengthen the capability of national government agencies and national and local community-based organizations and institutions in the design, implementation, and evaluation of policies and plans for resource mobilization and use to achieve sustained political and financial support for population HIV/AIDS activities. The approach is premised on the fundamental elements of participatory and informed decision making, mobilization of civil society, enhanced private sector participation, and public-private sector partnerships in HIV/AIDS policy development, planning, and program implementation. POLICY/Philippines assistance is focused on multisectoral efforts aimed at gradually achieving sustained domestic financial support and improved HIV/AIDS services.

16. REDSO/ESA

POLICY activities are supportive of REDSO's regional program to build the capacity of HIV/AIDS institutions in the region. One of the three principal African partners receiving REDSO support is the Commonwealth Regional Health Community Secretariat (CRHCS). The Ministers of Health in these countries have charged CRHCS with the task of promoting efficiency and relevance in the provision of health-related services in the region. POLICY works to build the capacity of CRHCS to strengthen policy analysis, formulation, dialogue, and advocacy activities within the Secretariat itself and, by extension, across the 14 member countries. POLICY's objectives are, therefore, to assist CRHCS in identifying, strengthening, promoting, and advocating for policies that underpin and permit efficient and relevant health interventions and services in the region.

17. 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 STI program by assisting different role-players in developing and implementing effective advocacy strategies for HIV/AIDS; facilitating effective planning for HIV/AIDS programs; increasing the information used for policy and program development; and strengthening collaboration between government and civil society organizations and institutions working in HIV/AIDS.

18. Tanzania

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

19. Uganda

The goal of the HIV/AIDS POLICY Project assistance in Uganda is to strengthen, through technical assistance, the role of the Inter-Religious Council of Uganda (IRCU) in supporting community and faith-based organizations in carrying out HIV/AIDS-related activities with a special focus on orphans and vulnerable children. POLICY's assistance to IRCU includes project management skills, proposal writing, and training in the use of AIM. POLICY will also help IRCU to build its capacity and effectiveness by developing financial, administrative, and human resources management manuals. POLICY is using core funds to analyze the legal/policy framework for addressing OVC issues to assist the Mission's Applied Research in Child Health (ARCH) Project in developing a national comprehensive OVC strategy. Past activities include assisting the parliamentarian standing committee on AIDS to develop a three-year strategic plan and one-year work plan.

20. Ukraine

To stem the spread of HIV/AIDS, POLICY is working with NGOs and policymakers to document the barriers PLWHA face when trying to access reproductive health services and to recommend needed reforms in laws, policies, and regulations. The focus is on upholding human rights principles of nondiscrimination and confidentiality, improving access to services for HIV-positive pregnant women, and reducing mother-to-child transmission of HIV. In addition, POLICY began providing technical and logistical support to the USAID/Kiev Mission to conduct two monitoring and evaluation (M&E) workshops for about 20 managers of HIV/AIDS programs. The goal is to develop an M&E plan for the National HIV/AIDS Strategy in partnership with the Synergy Project, UNAIDS, and USAID.

21. Viet Nam

POLICY's role in Viet Nam is to assist in the creation of an HIV/AIDS policy environment that is human rights-based, participatory, evidence-based, and involves vulnerable and marginalized groups. POLICY activities include reviewing and redrafting the *Ordinance on HIV/AIDS Prevention and Control*, assisting the Government of Viet Nam in the development of a new HIV/AIDS national strategy, working in partnership with government and international agencies on improving access to ARV treatment, reducing stigma and discrimination, and increasing participation of PLWHA in policy, program planning, and implementation. The strategic approach of POLICY/Viet Nam is to work with government and civil society (with a focus on PLWHA) to build policy capacity and create links and mechanisms that will facilitate civil society participation in HIV/AIDS policy development and decision making.

22. West Africa Regional Program (WARP)

The goal of POLICY Project assistance to WARP (including assistance to the Family Health and AIDS (FHA) Project and CERPOD) is to strengthen political commitment for HIV/AIDS programs. Assistance focuses on generating information critical to policy decision making in HIV/AIDS and expanding the roles of parliamentarians, NGOs, and other significant groups. This is accomplished by assisting with applications of AIM at the regional and country level, development of plans for effective dissemination of AIM results, the preparation of regional and country-level presentations and booklets for audiences, such as U.S. ambassadors and national and district decision makers, and workshops directed at parliamentarians, NGOs and other partners to strengthen their roles in addressing HIV/AIDS. Regional partners critical to project success include the Forum of African/Arab Parliamentarians for Population and Development, CERPOD, and the FHA Project.

23. Zambia

Located in the heart of the African AIDS belt, Zambia has one of the worst HIV/AIDS epidemics in the world. The country's decentralization program means that much of the continued response to the epidemic will be determined at district and community levels. POLICY's objectives in Zambia are to enhance HIV/AIDS responses and to promote HIV/AIDS-related human rights. POLICY's program focuses on three theme areas: information for policy dialogue and planning, multisectoral response focused at the district level, and human rights and support to the Network of Zambian People Living with HIV/AIDS (NZP+). POLICY will build and strengthen the capacity of partner organizations and institutions to design, implement, and advocate for programs at national, provincial, and district levels. POLICY will support the National AIDS Council in implementing the National HIV/AIDS Strategic Framework by strengthening its coordination role and helping to define the multisectoral response.

24. Zimbabwe

The goal of POLICY Project assistance in Zimbabwe is to contribute to HIV/AIDS policy dialogue, implementation planning, and advocacy in an extremely challenging political and economic environment. POLICY will do this by providing technical assistance (TA) for an update of the AIDS Impact Model (AIM) and briefing book.

IV. Problems and Constraints

The POLICY Project has, in general, not encountered any significant portfolio-wide constraints. To the contrary, among both USAID Mission field staff and the IWG members, there has been growing recognition of the importance of an enabling policy environment in an effective response to the HIV/AIDS pandemic. Because of this support, the POLICY Project has received numerous requests for a broad range of policy assistance, which has involved a growing number of POLICY Project staff members.

Globally, there is a shortage of highly skilled professionals available to address HIV/AIDS. As a consequence, POLICY is competing with other IAs, donors, and international NGOs for highly competent staff. This competition lengthens the time it takes to identify and hire new staff. We have an active recruitment process underway for the Deputy Director for HIV/AIDS position, and it is anticipated that this position will be filled within the next couple of months. Felicity Young, HIV/AIDS Advocacy Director, is currently acting in the deputy position. Despite the change in personnel, the project's work has continued uninterrupted due to the fact that a high-quality team of HIV/AIDS Activity Managers is responsible for the technical management of core activities. Our recent strategy has been to encourage greater communication between HIV/AIDS Activity Managers and the CTOs.

The change in regional management that was instituted last year with the appointment of two regional managers—Brenda Rakama (East and Southern Africa) and Don Dickerson, based in Benin (West Africa, Ethiopia, and Kenya)—has served the project well and greatly increased the project's ability to respond to emerging and ad hoc HIV/AIDS issues on the continent. In addition, USAID has requested that POLICY open a small technical office in Bangkok, Thailand in support of the establishment of USAID's regional HIV/AIDS program based there. This office will be functional over the next several months and will enable the project to better respond to the technical demands of our increasing ANE HIV/AIDS regional program and, where appropriate, provide technical support to the HIV/AIDS field-support programs. David Lowe, POLICY's long-term consultant based in Bangkok, has been instrumental in helping to establish our position in the region. The number of country programs with a focus on HIV/AIDS has also continued to grow. Over the past year, POLICY initiated HIV/AIDS activities in Honduras, Madagascar, Nepal, and Zimbabwe. In the coming year, new programs will also begin in China and India. The strength of POLICY's field programs was particularly evident at the three regional Technical Development (TD) Weeks that were held in the past year. In each TD Week, local staff took an active management and technical leadership role.

POLICY's expanding HIV/AIDS portfolio has highlighted the issue of integration of FP/RH and HIV/AIDS. Some of these challenges include meeting staffing and training needs, balancing resource allocation, and determining complementary goals and objectives. Several technical and managerial issues are also faced in trying to achieve optimal and meaningful integration of FP/RH and HIV/AIDS policies, programs, and services. To be effective and sustainable, integration should only be emphasized in those situations where it makes the most sense programmatically. To that end, POLICY pursues select policy activities aimed at developing and strengthening meaningful policy synergies: encouraging holistic approaches to preventing mother-to-child transmission, promotion of strengthened safe motherhood advocacy strategies, and the importance of meeting the reproductive health needs of HIV-positive women.

Collaboration with other IAs is extremely important to POLICY. Our collaborative approach is clearly demonstrated in China, where POLICY joined with FHI, PSI, and the International AIDS Alliance to

participate in the development of USAID's Framework for China. POLICY's role in supporting the Asia Pacific Leadership Forum (APLF) brings us into a collaborative working relationship with the secretariat based at UNAIDS/South East Asia and Pacific Inter-Country Team (SEAPICT). We continue to collaborate with CARE International/Viet Nam on GIPA activities even though we are no longer co-located, which has enabled the significant progression of GIPA activities in Viet Nam. Greater thought, however, needs to be placed on ensuring that programmatic IA collaboration is encouraged in areas of mutual interest.

On the administrative side, the semi-annual reports required for the OPRH enable our staff to reflect on past accomplishments, highlight successful partnerships, and outline ongoing priorities. They provide a valuable tool for recording the project's legacy and lessons learned. To this end, POLICY prepared a report, *Focus on HIV/AIDS: Accomplishments, Areas of Technical Leadership, Lessons Learned, and Future Challenges* for the SS04 Strategic Review Process completed in February 2003. The report provided an excellent platform for showcasing our achievements for the period 1998–2002.

With the newly mandated changes in reporting deadlines, which will bring the OHA reporting deadlines in line with the OPRH reporting cycle, POLICY will explore the feasibility of preparing single, consolidated workplans and semi-annual reports that will meet the needs of both OHA and OPRH. Even with changes in the number of reports produced, we will still need to try to find ways to streamline and simplify the PDB data entry process.

V. HIV/AIDS Financial Summary

The POLICY Project financial reporting system has been in operation since September 1995 and provides detailed financial reporting to USAID in the form of Quarterly Financial Reports, which include information on budget, expenditures, and level of effort by source of funds and also by country and activity. POLICY Project core funds provided by the OHA are tracked using separate project codes and subactivity codes.

Financial information pertaining to POLICY's HIV/AIDS work for the period October 1, 2002 to September 30, 2003 is shown in the table below.

Source	Total Obligations	Expenditures Through 9/30/03	FY03 Expenditures	Pipeline
GH/OHA Core	9,265,000	2,902,007	1,887,161	4,475,832
Africa Region/Southern Africa	4,105,000	1,738,487	799,849	1,566,665
ANE Bureau	2,379,000	179,994	716,191	1,482,815
HIV/AIDS Field Support	36,942,710	11,182,390	8,502,081	17,258,239
HIV/AIDS MAARDs	4,906,439	2,219,406	1,632,784	1,054,249
Total	57,598,149	18,222,284	13,538,066	25,837,800