

**SEVENTH SEMI-ANNUAL
REPORT**

July 7, 2003 –
January 6, 2004

**POLICY II PROJECT
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Contract No. HRN-C-00-00-00006-00

Submitted to:

**Office of Population and Reproductive Health
Office of HIV/AIDS
Bureau for Global Health
U.S. Agency for International Development**

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ABBREVIATIONS

ABC	Abstinence, behavior change, condom use
AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
ANC	Antenatal care
ANE	Asia/Near East
API	AIDS Program Effort Index
APLF	Asia Pacific Leadership Forum on HIV/AIDS and Development
ARH	Adolescent reproductive health
ASRH	Adolescent sexual and reproductive health
BuCen	United States Bureau of the Census
CA	Cooperating agency
CBO	Community-based organization
CCM	Country coordinating mechanism
CDC	Cairo Demographic Center
CDC	Centers for Disease Control
CEDPA	Centre for Development and Population Activities
CMS	Commercial Market Strategies (Project)
CORE	Child Survival Collaborations and Resources Group
CS	Contraceptive security
CSL	Commodity Security and Logistics
CTO	Cognizant Technical Officer
CUP	Condom use program
DFID	Department for International Development
DHS	Demographic and Health Surveys
E&E	Europe and Eurasia
EPP	Epidemic Projection Package
ESA	East and Southern Africa
FBO	Faith-based organization
FHI	Family Health International
FP	Family planning
GBV	Gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GH	Global Health (Bureau)
GIPA	Greater involvement of PLHAs
GNP+	Global Network of PLHAs
GWG	Gender Working Group
HIV	Human immuno-deficiency virus
HRWG	Human Rights Working Group
IAEN	International AIDS and Economics Network
IDU	Injecting drug user
IEC	Information, education, and communication
IGWG	Inter-Agency Gender Working Group
IR	Intermediate result
IWG	Interagency Working Group
JSI	John Snow Inc.
LAC	Latin America/Caribbean
LTA	Long-term advisor
M&E	Monitoring and evaluation
MCH	Maternal and child health
MH	Maternal health

MMR	Maternal mortality ratio
MNH	Maternal and Neonatal Health (Project)
MNPI	Maternal and Neonatal Health Program Index
MOH	Ministry of Health
MSM	Males who have sex with males
MTCT	Mother-to-child transmission
NGO	Nongovernmental organization
OHA	(USAID) Office of HIV/AIDS
OVC	Orphans and vulnerable children
PAC	Postabortion care
PDB	Programmatic Data Base
PEC	Policy, evaluation, and communication
PLHA	Person living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PRH	Population and reproductive health
QA	Quality assurance
REDSO	(USAID) Regional Economic Development Services Office
RH	Reproductive health
RHAP	Regional HIV/AIDS Program (Southern Africa)
RSH	Reproductive and sexual health
RSHRs	Reproductive and sexual health rights
RTI	Research Triangle Institute
SADC	Southern Africa Development Commission
SM	Safe motherhood
SO	Strategic objective
SOW	Scope of work
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SW	Sex worker
TA	Technical assistance
TAG	Technical advisory group
TB	Tuberculosis
TD	Technical development (Week)
TOT	Training-of-trainers
UN	United Nations
UNAIDS	United Nations AIDS Organization
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WARP	West African Regional Program
WG	Working group
WHO	World Health Organization
WPB	Workplace Policy Builder
WRA	White Ribbon Alliance for Safe Motherhood
YAARH	Young adult and adolescent reproductive health

PROJECT OVERVIEW

The POLICY II Project began July 7, 2000 and is funded by the U.S. Agency for International Development, GH/PRH/PEC under project number 936-3078.02 and contract number HRN-C-00-00-00006-00. The Futures Group International implements the project in collaboration with the Centre for Development and Population Activities (CEDPA) and Research Triangle Institute (RTI).

The POLICY Project facilitates the development of policies and plans that promote and sustain access to high-quality family planning and reproductive health (FP/RH) services. While maintaining a strong **emphasis on FP/RH**, the project also explicitly addresses **HIV/AIDS** and **maternal health (MH) policy issues**. The project addresses the full range of policies that support the provision of high quality FP/RH and HIV/AIDS services, including:

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

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

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

POLICY embraces multisectoral approaches that involve partnering with and providing technical assistance to government agencies, civil society groups, private sector organizations, and research institutions to develop policies and plans that guide the implementation of responsive, sustainable programs and services.

POLICY is active in 30 countries and with three regional programs. The following sections of this semi-annual report present the project's results framework and results achieved during the six-month reporting period. This is followed by a summary of major activities for the project's main technical components (IRs and working groups), regional work, and for each of the countries in which POLICY was active during the reporting period. The appendix shows the project's management structure and contains a list of all staff affiliated with the POLICY II Project.

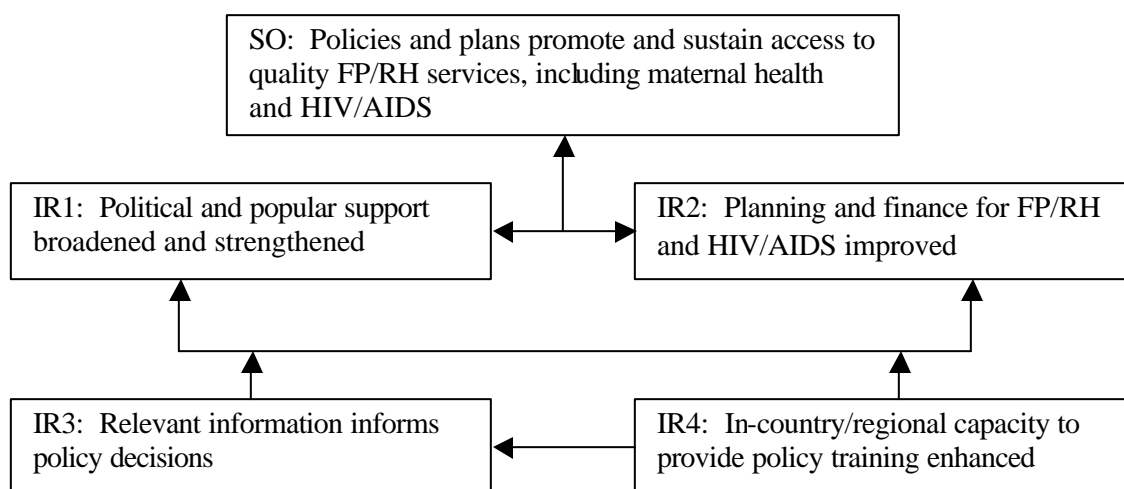
RESULTS FRAMEWORK

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

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

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

Figure 1
Policy Project Results Framework



PROJECT RESULTS

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

For the seventh reporting period, 34 SO-level results are presented below for 16 countries, and 68 IR-level results are presented for 24 countries, for a total of 102 results in 27 countries. Table 1 shows the total number of results achieved by country. A complete listing of results achieved in the seventh reporting period follows.

**Table 1. Project Results Tally (# of results) for SAR Period 7
July 7, 2003 to January 6, 2004**

COUNTRY	SO	IR1	IR2	IR3	IR4	Total Results
Africa						
Ethiopia		1				1
Ghana	2			2	2	6
Kenya		1				1
Madagascar	1			1		2
Malawi	1					1
Mali			1	2		3
Mozambique				2		2
Nigeria	4		1	2	2	9
REDSO/ESA						—
South Africa	1		2	1		4
Southern Africa	1	1				2
Tanzania	2	3	1			6
Uganda	3		2	2	2	9
WARP/FHA/CERPOD						—
Zambia		1				1
Zimbabwe						—
Asia/Near East						
Bangladesh	2					2
Cambodia		2				2
Egypt	1			1	1	3
India	3					3
Jordan	1		1		1	3
Nepal					1	1
Philippines	3	1	2	1		7
Vietnam			1			1
Europe and Eurasia						
Romania						—
Russia	6	2			1	9
Turkey						—
Ukraine	2				2	4

COUNTRY	SO	IR1	IR2	IR3	IR4	Total Results
Latin America/Caribbean						
Guatemala		3	2	2	1	8
Haiti	1	1				2
Honduras						—
Jamaica						—
Mexico						—
Peru		4	1	1	3	9
Global					1	1
Total Results	34	20	14	17	17	102
Total Countries	16	11	10	11	11	27

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

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

- The success of **Haiti's** national reproductive health and HIV/AIDS programs depends on the efficiency and effectiveness of the Haitian health system, which provides support and oversees all health activities. Yet, the weaknesses within the health system make it difficult for the MOH to reach its objectives in all health sectors. In December 2003, the Minister of Health officially announced the adoption of the “National Strategic Plan for Health Sector Reform.” The goal of the plan is to improve the performance of the health services system so it can achieve the ministry’s health objectives, including those in HIV/AIDS and FP/RH. POLICY provided technical assistance (TA) to the MOH through the entire planning process by developing data collection instruments and gathering information necessary to understand the health situation in Haiti, preparing an analysis of the health sector situation and needs, and facilitating meetings with stakeholders to get input on plan priorities. POLICY’s consultant worked directly with the MOH’s Director of Planning and External Cooperation to manage the whole planning process and drafted the plan that was submitted and subsequently approved by the Minister of Health.
- Compared with the majority of African countries, **Madagascar** has a low prevalence of HIV infection (~1.1 percent). However, the generally limited perception of risk among the population coupled with the lack of availability of condoms in rural areas has led to a low rate of condom use throughout the country. Through recent measures, the government of Madagascar has shown real commitment to combating HIV/AIDS and has taken several important steps to fight the epidemic. Through a highly participatory process under the leadership of the Ministry of Health, the National Ad Hoc Committee for Condom Programming defined and adopted a *National Condom Programming Strategy* on December 12, 2003. The overall purpose of the strategy is to develop key interventions to increase the use and demand for condoms and to estimate the needs for condoms in the public and private sectors and by the social marketing project for the next five years (2004–2008). The committee reviewed the findings of the preliminary study on condoms, monitored the process of strategy development with technical assistance provided jointly by the POLICY Project and UNFPA, and adopted the final document. POLICY played a major role in organizing intersectoral meetings and workshops and in encouraging the active participation of the committee.
- Since January 2001, POLICY/**Ukraine** has supported the Policy Dialogue Group (PDG) to address operational policy barriers to the successful implementation of the National Reproductive Health

Program through the Ukraine Core Package. With POLICY's support, the PDG developed an MOH Order to address operational policy barriers to providing quality inpatient Ob-Gyn and neonatal care. The acting Minister of Health, Volodymyr Zagorodnyi, in the minister's (Andriy Pidaev's) absence during the holidays, signed the MOH "Inpatient Order on Organization of Inpatient Obstetric-Gynecologic and Neonatological Care in Ukraine" on December 29, 2003. The order promotes the WHO concept of rational childbirth management and safe motherhood principles. It focuses on improvement of the referral system; coordination among public agencies in health care, education, and media; organization of obstetric medical care and organization of inpatient care in rural areas; and quality of care. In addition, it promotes patient's rights and serves to raise awareness of RH issues among health care providers.

- In 2000, due to the massive size of the state and its population, Uttar Pradesh, **India** was divided into two states, Uttar Pradesh and Uttaranchal. As the state and government were formed, health policies were developed to facilitate the effective delivery of health services to the population. One such policy is the Medicine Policy. The Uttaranchal Medicine Policy was approved by the Minister for Health and Family Welfare and Secretary, Department of Health and Family Welfare, government of Uttaranchal, on August 10, 2003. The policy covers issues related to the need for an essential drug list, the procurement of drugs, the inclusion of generic drugs, the availability of warehouses to store drugs, rationing the use of drugs, and the cost implications of the new drug policy. POLICY has worked closely with the Uttaranchal government on the development of this policy, including the preparation of procurement guidelines and manuals for medicines. On July 18, 2003, POLICY made an on-line presentation on the draft Uttaranchal Medicine Policy to the Secretary of Health, the Additional Secretary, the Director General and other senior officials of the health department in Dehradun. The draft Medicine Policy was accepted by the government without any major changes during this meeting. The final copy of the document was submitted at the end of July 2003. The Uttaranchal government also prepared a plan of action to implement the Medicine Policy. The implementation of the policy will be the joint responsibility of the World Bank-assisted Health Sector Reform Project and POLICY.
- In 2002, **Nigeria's** Federal Government launched the *National Reproductive Health Policy and the Strategic Framework and Plan*. The policy was developed to address the unacceptably high level of maternal and infant mortality and the low level of utilization of family planning services, and to focus on the reduction of the high level of teenage pregnancies and incidence of HIV/AIDS. Although this and other government policies advocate for voluntary adoption of contraceptive practices, low budgetary allocation for the purchase of commodities and the absence of substantial donor support since 1993 have resulted in a severe shortage of commodities and other supplies in the public health sector. This shortage compromises the delivery of FP/RH services to those in urgent need. In addition, the weak state of the contraceptive logistics management system has resulted in the inability to deliver supplies to the end users, leading to wastages at the stores and stock-outs at the service delivery points. The Department of Community Development and Population Activities of the Federal Ministry of Health and the wider national stakeholders adopted the *National Strategic Plan for Reproductive Health Commodity Security (2003-2007)* on October 14–16, 2003 in Kaduna. The plan's focus is to help the country to improve RH and contraceptive commodity security by ensuring that sufficient contraceptives, and condoms for HIV/AIDS, will be available and accessible so that all men, women, and youth can choose, obtain, and use contraceptives, including condoms for prevention of STIs and HIV/AIDS. The Strategic Plan has six components: finance, policy, logistics, service delivery, demand, and coordination, each of which addresses specific problems, opportunities, and the broad level of accomplishments expected within each component. In addition to the estimated cost of every activity and subactivity, also indicated are the measurable results that will be obtained once the outputs of the activities have been realized. With its endorsement by the Honorable Minister of Health, Professor Eyitayo Lambo, the document was published. With TA from POLICY,

the plan will be disseminated for use at all levels of the RH delivery system. An essential step in completing the RHCS Strategic Plan was to first determine the FP/RH commodity requirement necessary to achieve specific national population goals and the cost of those commodities. POLICY did this using the FamPlan Model. The FamPlan Technical Advisory Group ratified these estimates on October 24, 2003.

- **Uganda's** 1998 Advocacy and IEC Strategy predated key national development plans, such as the Vision 2025 and the Poverty Eradication Action Plan (PEAP), dissemination of RAPID results, and the release of the 2000 census showing a continued high rate of population growth. Furthermore, the Population Secretariat (POPSEC) determined that there was need to separate advocacy from IEC issues and strategies and to include public and private sector stakeholders as an integral part of the update. In November 2003, the Population Secretariat approved the *National Advocacy Strategic Document*, a five-year (2003–2008) advocacy guide for implementation of population programs at the national, district, and lower levels. POLICY provided TA, financed two local consultants, and covered local costs to enable the Department of Information and Communication of POPSEC to produce a National Advocacy Strategy. POPSEC conducted a three-day workshop in August with national and district stakeholders for the purpose of presenting and further developing a draft strategy document, which grew out of the consultants' draft and a stakeholders' workshop.
- The advocacy network in the Far East Region continues its strategy of promoting a complex approach to youth health-related issues and seeking to include RH and healthy lifestyle components into various government strategies and programs. As a result of poor reproductive health and high-risk behavior in the region, the network implemented an advocacy campaign to expand the services in RH-related sections of governmental strategic plans and raise the priority of RH-funding in regional and subregional programs. On November 20, 2003, the Acting Chair of Khabarovsk Kray Administration in **Russia** approved Decree #45-pr about "Main Directions and Activities to Counteract the Illegal Circulation and Abuse of Drugs and Psychotropic Substances for 2004–2006." The network's coordinator, Dr. I. Tayenkova, a member of Kray Administration Youth Policy Committee, successfully advocated for youth-related provisions in a new Khabarovsk Kray decree on drug abuse. The initiatives included as a result of Tayenkova's advocacy were related to building healthy lifestyle skills, encouraging youth to refuse risky behavior, preventing drug abuse and behavioral diseases including STIs and HIV, and incorporating the youth volunteer work practices used by a Network member NGO "Kontakt" into the work of the government organizations (component numbers 2.5, 2.14, and 2.16 in the decree). Overall funding of these activities from the Khabarovsk Kray budget is anticipated at 830,000 Rubles (\$27,392); financing will begin in 2004.
- In December 2003, local chief executives in the **Philippines** approved five municipal/city contraceptive self-reliance (CSR) advocacy plans (City of Urdaneta and the municipalities of San Jacinto, Calasiao, Mangaldan, and Malasiqui) for 2003–2004, marking the first time municipal/city health and population/FP program managers developed data-based FP advocacy plans. The plans have been discussed extensively with the local chief executives and were the basis for fund allocation for advocacy activities to promote CSR. POLICY provided focused TA to the population/FP program managers in developing the plans through the conduct of advocacy skills training and an advocacy plan development workshop in September 2003. The advocacy plans seek the passage of a) an Executive Order for the creation of a CSR Technical Working Group, the implementation of targeted FP services, and the review of the Local Revenue Code to undertake FP cost recovery measures; and b) creation of a budget line item with corresponding allocations for FP contraceptive commodity procurement under the annual budget of either the Municipal Health, Population, or Mayor's Office.

- The Church of **Uganda** has undertaken an Advocacy Program for Adolescents Sexual Reproductive Health. As part of this program, the Diocesan Secretary and Development Officers at a workshop held in Rubaga on August 14, 2002, recommended that the Church of Uganda advocate against early marriages. This resulted in a memorandum being sent to the Provincial Assembly Standing Committee. Once passed, a recommendation was sent to the Provincial Assembly for amendment of the Canon Law. The law was revised by the Provincial Assembly of the Church of Uganda, which sat at the Uganda Christian University from August 14–17, 2002. The revised Canon Law No. 2:31 raises the age of marriage from 16 years to 18 years, which is now in line with the state laws and now reads “No person who is under 18 years of age shall marry, and all marriages purported to be made between persons one of whom is under 18 years of age are null and void.” Members of the Church of Uganda participated in POLICY-sponsored advocacy and training-of-trainers (TOT) workshops in reproductive health. The Church of Uganda used these newly trained advocates to develop an overall Adolescent Sexual Reproductive Health Strategy and advocacy action plans for implementation. The objective is to obtain commitment from the church leadership to formulate, review, and operationalize policies, which has resulted in the revision of the Canon Law. POLICY has provided ongoing TA in building the advocacy capacity of the Church of Uganda members.
- In **Jordan**, studies indicate that the absence of female physicians is one of the major obstacles confronting the expansion of contraceptive use. Early in 2003, the Minister of Health approved a pilot program to enable midwives to insert IUDs. Dr. Sereen Ali, deputy director for the Jordanian RH project, Mother and Child Care Department, Ministry of Health, examined the situation using factual service information, and proposed the involvement of midwives in processes to overcome the shortage of female physicians and to respond to the growing needs for IUDs. Jordanian counterparts trained by POLICY/Egypt, through the workshop on “Policy Analysis, Advocacy and Presentation Skills,” were instrumental in building Dr. Ali’s advocacy capacity, who participated in the 2nd round of this training program. Dr. Ali presented her findings to H.E. Minister of Health, who endorsed the proposed solution, on a pilot basis, in March 2003. Training of these selected groups of midwives was carried out during April-May, 2003, and midwives obtained their licenses and started work by July-August 2003. This decision can be considered a breakthrough in Arab countries, where physicians are usually opposed to the participation of other members of the medical team in carrying out such a role.
- Tomsk City is the area of **Russia**’s Siberia with the highest number of higher educational institutions. Thus, more than half of the population is less than age 25, which highlights the importance of reproductive health initiatives and the RH network’s choice for its focus on adolescent reproductive health (ARH). On September 2, 2003, the Head of Tomsk City Educational Department approved the Municipal Prevention Program, Health and Development of Youth for 2003–2004. The program’s overall aim is to decrease the level of drug abuse and prevent unhealthy behavior of youth and adolescents; the program’s primary objective is to increase adolescents’ information level about healthy lifestyles. Tomsk City will finance the program with an estimated annual budget of 600,000 rubles (US\$21,053) by providing funding to the organizations and institutions responsible for each program component. The network coordinator reports that this funding mechanism will, in turn, support the implementing NGOs’ public status and financial well-being; the funds have already begun to be allocated. Tomsk network members created the program with public sector colleagues. Seven of the Network’s member-NGOs, together with the City Educational Department, were officially appointed as organizers and coordinators of the program. The network worked with Lubov Yuryevna Pichkur, a deputy to the Head of the Tomsk City Educational Department to develop, review, and present the program for approval to the City Administration. The network also enlisted the advocacy support of the chief specialist of the Department of Social Affairs of the Regional Administration, Olga Mokhova, who is a long-time network ally and participant in the POLICY-sponsored Policy Analysis Forum in Perm Oblast in December 2002.

- Poor reproductive health and high risk behavior among youth has spurred this network's advocacy campaign to focus on expanding services in RH-related sections of government strategic plans and giving higher priority to RH-funding in regional and subregional programs. Members of the advocacy network in the Far East Region, **Russia** targeted two major policies as vehicles for incorporating ARH issues. The network worked closely with the Khabarovsk Kray Government Committee on Youth Policy and held meetings with representatives of the Kray Health and Education ministries to advocate for including their suggestions on ARH and general health into the plans for implementing existing youth policies. Their efforts were successful, and their suggestions were incorporated as directions or activities in two regional decrees. First, in a decree signed by Khabarovsk Kray Governor Vladimir Ishayev on July 24, 2003, nine of their suggestions were included in the list of main directions under the Regional Youth Policy for 2004–2006 (Khabarovsk Kray Government Decree #14-PR, "About Basic Directions of Implementing the State Youth Policy in Khabarovsk Kray for Years 2004–2006"). Second, three of their proposals were included in a September 23, 2003, decree outlining the major activities under the region's plan on prevention of child and adolescent neglect and crime through 2006 (Khabarovsk Kray Government Decree #27-PR, "About the Plan of Major Activities to Prevent Child and Adolescent Neglect and Crime in Khabarovsk Kray through 2006").

Regional and federal funds for the activities described in both of the decrees will be provided to the organizations and institutions responsible for carrying out each plan component. Funding levels have not yet been determined; as a next step, the implementing institutions will be identifying the funding levels needed to implement the respective components. Network coordinator Irina Tayenkova is a graduate of the POLICY/CEDPA Regional TOT in Advocacy and Network Building in February 2002. After graduation and with a POLICY small-grant, Irina formed the network of Far Eastern NGOs that were interested or linked to population/RH, and trained them in policy environment assessment, policy process, advocacy, and networking.

- On June 5, 2003, by Decision #376, the Barnaul City Duma in **Russia** adopted the Municipal7 Interagency Program, "Reproductive Health of Youth and Teenagers of Barnaul for Years 2003–2006." The main objective of the program is to "improve and preserve the reproductive health of children and youth, and increase their reproductive potential." According to members of the Altay Kray Reproductive Health Advocacy Network, "Future of Altay," efforts to create and adopt similar kinds of programs had been undertaken before by local NGOs, health professionals, and public sector officials, but the efforts were never successful. After June 2002, as the network began its active advocacy for RH issues in the region, focusing on ARH and men's RH, it noted positive changes in attitudes toward RH among policymakers, mass media, and the general public. From its beginning, the network established good collaboration with several members of Barnaul City Administration Health Committee and other regional and municipal public officials interested in RH issues. In early 2003, as a result of this collaboration and perceived improvements in the policy environment, Dr. Vera Ushanova, Deputy Head of Barnaul City Administration Health Committee, together with network partners, drafted the municipal RH program, coordinated the draft with other program implementers, and the Head of the Committee agreed to present the program at the June 5 Barnaul City Duma meeting. Network members who presented during the meeting, together with their partners on the committee, responded to Duma questions about the program. However, because the network and the committee had carefully coordinated all parts of the program with the other implementing parties and members of the responsible Duma Committee on Social Policy beforehand, they reported that the Duma had few questions about the program and adopted it in its full form. In the meeting minutes, the Duma also recommended that the City Administration monitor the program implementation and provide annual reports to the City Duma Committee on Social Policy, and recommended that the city administration's press center inform the population about the program through the local mass media.

The program budget has yet to be calculated fully. Funding will come from different sources: the Barnaul city budget; federal and regional budgets; international programs (i.e., UNICEF and UNFPA), NGOs, and donations from different organizations and private persons. The network reports that the program has already begun to be implemented. Network coordinators Dr. Olga Bureau and Olga Varaksina are the graduates of the POLICY/CEDPA-sponsored Regional TOT in Advocacy and Network Building in February 2002, and are members of the RHANR. Another network coordinator Svetlana Chudova participated and was trained in RH policy analysis during the POLICY-organized Regional Forum on Policy Analysis held in Perm in December 2002.

- In **Egypt**, national population and family program goals are set at the national level and implemented at the governorate level. The development of strategic plans at the governorate level is an important step to ensure national population goals are achieved. The strategic plan for the implementation of the family planning program of Port Said Governorate, “Re-visiting local population policies and developing relevant vision about it,” was submitted to the Secretary General of the National Democratic Party and to the local general conference of the party in August 2003. The Secretary General of the National Democratic Party approved the plan on September 13, 2003. The plan, developed by the Director of Women Health Training Unit, provides a framework for the local implementation of national population goals. The adoption of the plan reflects clear commitment of governorate decision makers to adopt the national goals and their keen interest in designing relevant plans for the achievements of these goals. It shows that the decentralization process is gaining momentum and support, which would facilitate the monitoring and evaluation of local activities. The plan is based on the information obtained from the application of SPECTRUM including findings from various population scenarios and their impacts. The plan was presented and discussed within the context of the Port-Said Governorate NDP/annual meeting in September 2003. POLICY significantly contributed to such efforts through building capacity for participants in the workshop on “Policy Analysis and Presentation Skills,” which was attended by the Director of the Women’s Health Training Unit from September 29 to October 9, 2002.
- On July 10, 2003, the **Bangladesh** government announced that they agreed to contract out to NGOs 350 Family Welfare Centers (FWCs), one located in each union. This was discussed in the GO/NGO/DP working group and a committee has been set up, led by DFID, to work out the modalities of handing over these FWCs to NGOs. The committee is working on the process. As reported earlier, 24 community clinics were handed over by the Health Ministry to be run by the NGOs. Six are being run by NSDP-funded NGOs and the remaining six are to be run by DFID. POLICY played a leading role in obtaining this decision from the government.

of countries that adopt (approve) national/subnational policies, plans, guidelines to promote HIV/AIDS prevention and care and support services

- On November 10, 2003, the President of **Malawi** and Cabinet approved the country’s first *National HIV/AIDS Policy*. Approval of the policy is the culmination of an intensive 18-month multisectoral, participatory policy development and consensus-building process that solicited input from several stakeholder groups at all levels throughout the country and through a variety of channels, including stakeholder meetings, public forums, community consultations, and media activities. The policy is comprehensive, progressive, and based on public health and human rights principles. It addresses, among other areas, the need for a coordinated, multisectoral, and properly resourced response; prevention, care, and treatment issues; the needs and protection of vulnerable groups; beneficial and harmful cultural practices; and the human rights of those infected and affected by HIV/AIDS. If appropriately implemented, the policy will provide sound guidance for the Malawi HIV/AIDS response and could serve as a model policy for other countries as well. The POLICY Project played a

major role in seeing the policy through to its approval. POLICY assisted the National AIDS Commission (NAC) in designing and providing significant financial support for the multisectoral, participatory policymaking process. It also contributed extensive TA to the NAC, the policy steering committee, and other stakeholders to develop their understanding of complex policy issues by drawing from Malawian, regional, and international contexts and experiences. In the process, certain stakeholders, such as the policy steering committee members and policy development consultants, became well-informed HIV/AIDS resources who could be tapped during policy dissemination and implementation. Finally, by working in a collaborative fashion with other donors and CAs, POLICY was able to leverage additional technical and financial support for the process from organizations such as UNDP, UNAIDS, and the National Democratic Institute.

- Voluntary counseling and testing (VCT) for HIV/AIDS is a relatively new service for most **Ghanaians**. Nevertheless it is a critical step to knowing one's HIV status and taking appropriate steps for support, medical care, and behavioral change. As HIV prevalence continues to increase in Ghana, it is increasingly important to establish operational guidelines for VCT. Both the MOH and the Ghana AIDS Commission (GAC) approved the *National Guidelines for the Development and Implementation of HIV Voluntary Counseling and Testing in Ghana* in November 2003. These guidelines set out the minimum acceptable standards for the establishment of a VCT center, basic requirements, cadre of staff and their qualifications, and training needs. Furthermore, it emphasizes pre- and post- test counseling as mandatory and critical components of HIV testing protocol. POLICY collaborated with the GAC, Family Health International, and other counterparts in developing these guidelines in March 2003. POLICY participated in the series of reviews and submitted a position paper addressing some of the important issues, such as data management, monitoring and evaluation, policies on alternative therapies, certification of VCT sites, supervision, and logistics supplies.
- High HIV/AIDS prevalence is reported among new applicants for recruitment into the **Nigerian** Armed Forces. In the absence of a policy, dealing with controversial issues of HIV/AIDS in the military has been a struggle. The *Armed Forces Policy on HIV/AIDS* received approval at the highest levels of the military hierarchy when the Minister of Defense, Minister of State for Defense, in conjunction with the Chief of Defense Staff and the Services Chiefs for the Army, Navy and Air Force reviewed, ratified, and approved it on November 11, 2003. This policy addresses controversial issues around mandatory HIV testing, provision of antiretroviral drugs, and eligibility for and length of postings to local and foreign areas of military operations. POLICY supported the review of the *Armed Forces Policy on HIV/AIDS* in April 2000. The policy formulation process stalled for over two years due to disagreements over institutional responsibility for oversight of the policy's implementation. A POLICY-supported review recommended the existing arrangement, which confers oversight functions to the Armed Forces Technical Advisory Committee on AIDS, a Ministry of Defense (MOD) creation, over the Armed Forces Program on AIDS Control. The MOD responded with conflicting recommendations outlined in its "White Paper." In response, POLICY, and a newly constituted policy drafting committee, held a series of meetings and put together a new draft policy (based on recommendations from the first review exercise), which was presented to a core team of decision makers, headed by the Hon. Minister of State for Defense, in September 2003.
- Given the high profile of POLICY's work with the Church of the Province of **Southern Africa** in its HIV/AIDS planning process and the resultant DFID funding to support implementation, the Presbyterian Church approached POLICY for assistance with its HIV/AIDS program. Up to this point, the church has not had a coordinated response to the epidemic, did not have a strategic framework to guide activities, and only a small budget (R4000.00) had been allocated to the HIV/AIDS committee. With a congregation of 147,000 members, the church has the potential to make a significant impact to mitigate affects of HIV/AIDS in South Africa, Zambia, and Zimbabwe.

The church therefore saw the need for TA in developing a strategy to strengthen its HIV/AIDS work, and the committee also identified the need to lobby the General Assembly for additional funding to support its work. The General Assembly of the Uniting Presbyterian Church in Southern Africa (UPCSA), the highest decision-making body of the church, adopted a four-pillar strategic framework “HIV/AIDS Strategic Framework for the Uniting Presbyterian Church in Southern Africa” and a vision statement in September 2003 to guide all future HIV/AIDS activities across presbyteries in the three countries. The framework consists of a guiding vision, broad objectives, and strategic focus areas. The 125 delegates of the General Assembly overwhelmingly supported the vision statement and strategic plan and as a result approved the appointment of a full-time HIV/AIDS Programme Coordinator to head its HIV/AIDS program as of March 2004. POLICY developed and facilitated a strategic planning workshop with UPCSA’s HIV/AIDS Committee from July 29–31, 2003. On September 17, 2003 this HIV/AIDS strategic framework was presented to the General Assembly using a multi-media presentation that POLICY had developed in collaboration with UPCSA’s HIV/AIDS Coordinator.

- There is a strong consensus that community mobilization is essential for combating the AIDS epidemic. Religious leaders, because of their standing with the community and ability to stimulate community response, are critical to the effort to mitigate the impacts of HIV/AIDS. POLICY works with religious leaders and groups to obtain publicly stated policies and actions. The Chairman of the Health Committee, Bishop Fagun approved the *Strategic Implementation Plan for HIV/AIDS* in the Catholic Church of **Nigeria** in July 2003. POLICY provided TA to the Catholic Church to develop a strategic implementation plan to operationalize the *Catholic HIV/AIDS Policy* that was developed earlier with POLICY TA. The draft implementation plan was presented and reviewed during two separate meetings of the health coordinators, which were held in early 2003. POLICY provided further assistance to publish and disseminate the implementation plan in the fall 2003.
- Many hospitals and health institutions in **Nigeria** do not have any policies to guide their response to HIV/AIDS. The few institutions that have attempted to develop operational policies have policies that 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 October 16, 2003, the Honorable Commissioner for Health of Enugu State launched the *Enugu State HIV/AIDS Policy for Health Care Facilities*. This policy addresses issues for all cadres of health institutions in the state and has a gender focus. The policy provides guidance for dealing with the stigma and discrimination that is rife in health institutions in this state. POLICY/Nigeria, UNIFEM, and other partners collaborated throughout 2003 to develop this policy.
- There are few firms in **Tanzania** that have workplace HIV/AIDS policies. Ten percent of the workforce is estimated to be HIV positive, and there is substantial denial and stigma associated with HIV/AIDS. To date, no public or private organizations have called for workplace policies, and there has been little discussion on the issue in public forums. Furthermore, no professionals have publicly shared their HIV+ status, while the estimates of HIV+ persons are about 2,000,000. In early November 2003, at the 13th Annual Parastatal Pension Funds (PPF) Stakeholders Meeting in Arusha, Tanzania, a resolution was passed that calls for all workplaces to establish HIV/AIDS workplace policies. The resolution is one of the first such recommendations regarding HIV/AIDS made by PPF, the largest pension fund in Tanzania. POLICY supported the attendance of two PLHA women from NET+, a national network of PLHA women’s groups in Tanzania, at the Stakeholders Meeting. During a special session on HIV/AIDS, the women presented their experiences as openly HIV-positive members of the workforce; in fact, they were the only openly HIV-positive persons making a presentation at the PPF annual meeting. Their presentations led to the passage of the resolution on workplace policies.

- The HIV/AIDS epidemic presents an increasingly alarming problem in **Tanzania** and poses significant challenges to development. Faith-based organizations play a key role in mobilizing the response to HIV/AIDS. The Anglican Church of Tanzania (ACT) is one of the leading faith groups responding to the country's HIV epidemic. In October 2003, ACT's Bishops' Committee approved the HIV/AIDS component the ACT's Four-Year Health Strategy (2003–2007). ACT comprises 19 dioceses, including Zanzibar, and represents 3 million members. About 6 million Tanzanians benefit from the health and HIV/AIDS programs carried out by ACT. During the past three years, POLICY has been supporting ACT with the dissemination of its HIV/AIDS Policy Statement and development of individual diocese HIV/AIDS strategies and activities. In July, the Anglican Communion's (the international body of the Anglican faith) HIV/AIDS Coordinator, Rev. Ted Karpf, assisted in the development of the HIV/AIDS portion of its Health Sector Strategy. Rev. Karpf facilitated three days of meetings with lay, administrative, and clergy leaders from 12 dioceses. The meetings resulted in the HIV/AIDS component of ACT's Four-Year Health Strategy (2003–2007).

of countries that increase resources available for FP/RH

- Despite the existence of new policies being adopted in the state of Jharkhand, **India**, the health system is still plagued by numerous operational constraints. One of the main factors hampering access to and the quality of health services is the lack of uniformity of knowledge and skills among health staff. Therefore, POLICY is providing assistance to the Jharkhand government is establishing a State Institute of Health and Family Welfare (SIHFW) to provide quality training to improve skills, knowledge, and commitment levels of health personnel in all health institutions to achieve the objectives of the health and population and reproductive and child health policies. On September 25, 2003, the government of India sanctioned Rs. 50 million (US\$1.1 million) for the proposed institute. POLICY prepared a plan for the establishment of this state-level training institution in addition to detailed budget estimates for the construction of buildings and recurring expenditures for the next five years. The proposal was submitted to the state government on June 30, 2003, and has subsequently been forwarded to the national government for funding. In a letter written to the Secretary of Jharkhand on September 25, 2003, the Joint Secretary of the government of India said that the capital expenditure of the SIHFW will be borne by the national government, but recurring expenditures have to be met with state resources.
- On September 25, 2003, the Chief Secretary of the Government of Uttaranchal, **India** sanctioned Rs. 30 million (US\$664,000) to establish the Uttaranchal Health Institute to provide quality training to improve skills, knowledge, and commitment levels of health personnel in all health institutions to achieve the objectives of the health and population and reproductive and child health policies. Since January 2003, POLICY has worked with the staff of the Directorate of Uttaranchal, including the Director General of Health Services to develop the Institute. With this technical assistance, consensus on the management structure of the Institute, departments, staff strength, etc. was reached. POLICY helped the Government prepare a feasibility report and a draft proposal for the institute, including cost estimates.
- The advocacy network in Perm Oblast, **Russia**, is advocating for increased RH financing of the under-funded regional health program. At the same time, it is targeting municipal policymakers to support RH programs in several cities represented in the network. The Perm Oblast network members from Solikamsk City, under the leadership of Dr. Filippova, created a draft program on the city's RH improvement, and through a series of personal meetings, the network members obtained sufficient support from the Solikamsk Duma deputies. As a result of these efforts, on October 29, 2003, by Decree #247 of the head of Solikamsk City Duma, M.B. Bogdanov, the Solikamsk City Duma approved a municipal RH program entitled "Reproductive Health of Solikamsk City Population for 2004–2007." Dr. Filippova was present for the Duma's discussion and answered deputies' questions

about the program. The program was approved with slight modifications. The main areas of the program are RH prevention work, support of the Solikamsk City Family Planning Center, and purchase of free contraceptives for those among the Solikamsk population most in need. The program's total funding is about Rubles (\$33,000) and financing will begin in 2004.

- On September 24, 2003, in **Russia**, the heads of the Tomsk Educational and Healthcare Departments, I. I. Uhtomskiy and N.G. Zenkin, approved the "Tomsk City Program 'Healthy Child' for 2003–2005." The program's overall goal furthers the strategic objective of the previously approved city program on "Health and Development of Youth for 2003–2004" and is to preserve and improve the health of school students and to help them form healthy lifestyle practices. The Tomsk City Prevention Center, which was created in 2002 as a result of the network's advocacy efforts, is stated in the program as one of the program creators and implementers. To implement the program, over 1,000,000 Rubles (\$33,000) has already been allocated from the Tomsk City budget for 2003–2004. These results stem from the work of the advocacy network in Tomsk Oblast, which continues to partner with its public sector colleagues at municipal, subregional, and oblast levels, with a particular focus on adolescent RH. The network's continues efforts to maintain good partnerships with RH-related policymakers at the municipal level and advocates both directly to these policymakers and through city and oblast-level public sector officials who are close network partners.
- In the course of POLICY's work, we often collaborate with other organizations to help them understand and appreciate policy issues in the countries in which we have programs. POLICY/**South Africa** frequently receives requests for such visits and assistance. As a result of the POLICY-facilitated site visit on November 13, 2003, by 13 participants of the Rockefeller Philanthropy Workshop, four local NGOs/CBOs were able to access increased resources for their HIV/AIDS activities at the local level. The participants made grants to the Community Health Media Trust, the Networking AIDS Community of South Africa, the Treatment Action Campaign (each for a grant of US\$14,666), as well as a grant of US\$1,000 to the Iliso Lomzi support group of the Anglican Church of Saint Michael's. The funds received provide vital support to the continued existence of these organizations in responding to the HIV/AIDS epidemic at a local level.
- In the last three decades of FP program implementation, the **Philippine** government has not spent money for procurement of contraceptives because it received donated contraceptive commodities from USAID and other donor agencies. Thus, budget planning for contraceptive procurement is unknown to both national government and local government units (LGUs), which by virtue of the 1991 Local Government Code were required to begin implementing the FP program at the community level. POLICY worked with staff of LGUs to plan for the process of commodity procurement. Specifically, POLICY assistance took several forms including (1) assisting the LGUs to estimate the cost of the FP commodity requirements; (2) advising the local legislative members and local program managers on the impact of the USAID's FP commodity reduction plan on women's FP needs; (3) facilitating a budget planning workshop to help them find available resources and integrate a budget line item for contraceptive procurement in their annual budgets; and (4) supporting an advocacy skills and plan development workshop among program managers to help ensure the implementation of an advocacy plan for the approval of the proposed budgets by the municipal/city mayors, vice-mayors, and legislative officers and for women and men in the communities to demand appropriations for contraceptives. As a result, for the first time in the province of Pangasinan, local governments in seven municipalities and one city allocated local resources for the procurement of contraceptives. The municipal and city budgets are as follows: Bimmaleay, \$2,000; Calasiao, \$4,000; Malasiqui, \$1,600; Mangaldan, \$4,100; Mapandan, \$900; San Jacinto, \$2,000; Sta. Barbara, \$2,000; and Urdaneta City, \$7,360. In addition, the remaining two LGUs, the municipality of San Fabian and the city of San Carlos, have already included preliminary budgets for the procurement of

contraceptives in the municipal/city executive budgets; however, these budgets have not yet been approved.

In addition to the municipal and city budgets above, the provincial government of Pangasinan also allocated from its own provincial resources, separate from the resources of the municipal and city budgets, a total of \$15,000 for procurement of contraceptives for the following: (1) to ensure contraceptive supply at provincial and district hospitals over which the Provincial Governor has direct jurisdiction and control; and (2) to provide a counterpart to the municipal budgets where the approved allocations cannot cover all of the FP needs of the poor women.

- There is a lack of commitment among national and district leadership on population and reproductive health issues in **Uganda**. Through advocacy and awareness-raising activities conducted in Mbale District, the District Technical Planning Committee has increased resources for maternal health including three ambulances, 10 solar power systems, and increases in budget line items for population issues. Using the information obtained during the first Safe Motherhood Model workshop in January 2003, the District Population Officer (DPO) in Mbale discussed the status of safe motherhood in the district with the District Technical Planning Committee (DTPC). The data available in the district revealed that maternal mortality was high in rural areas where transport poses great difficulties as well as in areas without power. The DPO made a presentation to the DTPC, which agreed that the district needs to purchase three ambulances for the emergency transport of mothers residing in the health subdistricts of Bugobero, Bufumbo, and Busiu to Mbale Hospital (a referral hospital). The DTPC also agreed that the district needs to purchase 10 solar panels to be installed in the 10 health centers in the district. A proposal for the ambulances and solar equipment was submitted to the District Technical Planning Committee and approved in May 2003 for inclusion in the Local Government Development Plan 2003–2004. The District Local Government Tender Board has already awarded the tender to supply the three ambulances and 10 solar power systems before the end of the fiscal year (June 30, 2004). Further, as a result of the DPO's presentation, the District Council has increased the DPO's annual budget from 22 million shillings (US\$11,555) to 25.7 million shillings (US\$13,500) to support advocacy for population issues, making this the first time the DPO was allocated funds for conducting advocacy work on population issues in the district.
- Increased advocacy and political commitment is a necessary component to ensure that HIV/AIDS prevalence remains low in the **Philippines**. The City of Dagupan passed an "HIV/AIDS Ordinance" with an annual budget of P300,000 (US\$6,000) in support of the Local AIDS Council's (LAC) HIV/AIDS prevention strategy for 2004. The ordinance, approved by the members of the Dagupan City Legislative Council on August 25, 2003, ensures the sustainability of the HIV/AIDS initiatives at the local level. The ordinance endorses and appropriates funding for the HIV/AIDS prevention strategy of the LAC that includes information campaigns to vulnerable sectors, availability of condoms to entertainment establishment workers, and surveillance activities. This success was achieved through the active lobbying of the LAC members, formed with technical assistance from POLICY and the persistent advocacy of the Chairperson of the Committee on Health of Dagupan City, Dr. Fausto Cuison. On August 11–12, 2003, the facilitative team composed of POLICY, the Philippine National AIDS Council (PNAC), and the Department of the Interior and Local Government (DILG) made a presentation about the AIDS problem during the public hearing of the proposed ordinance containing a budget for the strengthening of the LAC to generate public support. More than 200 individuals, including the vice-mayor and other stakeholders, attended the public hearing held at the city library. A regional TV network interviewed the facilitative team about POLICY's work on HIV/AIDS. As a result of this evidence-based dialogue, the Dr. Cuison, with the support of the LAC members, worked for the passage of the city's "HIV/AIDS Ordinance."

- POLICY's effective technical support in **Ghana's** advocacy program resulted in some success for the sustainability efforts of a reproductive health network. In March 2003, the New Juabeng RH Network's proposal to GARFUND (a World Bank loan to the government of Ghana) was funded for 9.8m cedis (approximately US\$1,053). These funds, received by the network in March 2003, will enable the network to undertake HIV/AIDS advocacy and implement an HIV/AIDS workplace program in the New Juabeng Municipality. POLICY/Ghana, provided assistance to this network by reviewing and helping to fine-tune grant proposals that they then submitted to the GARFUND.

of countries that adopt (approve) measures that encourage efficient and/or equitable resource allocation and use

- **Ukraine's** decentralized health system has made cities responsible for paying the lion's share of health care provision costs without much needed technical and financial assistance to develop strong programs and services. However, national-level norms create barriers to the efficient use of resources. The Kamianets-Podilsky (KP) City Council used budget information from the POLICY-sponsored priority-setting exercise to make formal decisions on separate line items for the City Reproductive Health Program (CRHP) budget on December 29, 2003. Details such as which groups will receive free contraceptives, whether iron supplements can be offered free to all pregnant women, and whether to buy lab equipment or outsource lab test provision informed the budgeting process. The budget was submitted to the KP City Council for consideration in November 2003. The KP City Council accepted the proposed CRHP budget at that time.

of countries in which identified barriers to private sector participation in FP/RH policy development and service delivery are reduced or eliminated

- Through extensive advocacy with the Secretary of Information, POLICY/**Bangladesh** successfully removed censorship that was holding up implementation of an ad campaign designed to promote condom use to fight HIV/AIDS. With support from USAID, the Social Marketing Company (SMC) developed two sets of five movie clips for promoting condoms to protect against HIV/AIDS. One set was for TV and radio and the other for local movie halls. Initially these clips were rejected by the Censor Board of the Ministry of Information on the ground that they were contrary to government policy. However, POLICY had several rounds of discussion with the Secretary of Information on the purpose and importance of this initiative. On January 28, 2003, POLICY organized a presentation in which the clips were presented to the Secretary of Health and Secretary of Information. As the result of POLICY advocacy activities, the Ministry of Information approved three clips and awarded them the censor certificate on June 21, 2003. One film spot has already been launched in selected cinema halls across the country (currently 145 cinema halls).

IR1: Political and popular support broadened and strengthened

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

- For the nine months preceding the November 2003 presidential elections in **Guatemala**, POLICY has led efforts to implement an electoral strategy (2002–2004) to guarantee conditions for continuity of FP/RH policies, resources, plans, and programs between the present government and the next one. Within this context, POLICY provided and continues to provide TA to a wide range of local entities—among others, the Women's Network for Building Peace, AGMM, AGOG, Coordinating Committee for Political Action on Health and Women's Development (Instancia), and Foro de Redes—in planning and implementing various activities for the final stages of the electoral period. Such activities include providing TA in developing proposals on RH, women's health, and health policy issues (financing, participation, decentralization) to be submitted to political parties;

developing informational materials to raise awareness among political parties and candidates; and providing technical and financial assistance for a series of forums for political parties. These efforts and advocacy campaigns conducted with POLICY TA have resulted in the inclusion of RH, women's health, health sector financing, and policy issues in the proposals of the major political parties. In addition, during several forums, which were widely covered by both the TV and print media, high-level representatives (candidates for president, vice president, and the nominee for Minister of Health) of the major political parties—GANA, UNE, FRG, PAN, Los Verdes, and PLP/DIA—all *publicly declared* their parties' support for health, reproductive health, and financing for RH, and specifically stated that financing for health would increase as a percentage of GNP under their administrations. Furthermore, the *formal policy proposals and campaign agendas* of the UNE, GANA, FRG, and PAN include policy issues related to health and RH service delivery, coverage, and financing. The contents of the proposals have been publicized in the media, and they were presented officially to the public on October 16, 2003. The fora leading to these results include the following:

- In August 2003, as part of the electoral strategy, Instancia organized and implemented the “National Forum on the Health Situation of Guatemalan Women: Challenges and Opportunities for the Next Five Years.”
 - In October 2003, POLICY/ Guatemala provided TA to Foro de Redes, COBISOGUA, REMUPAZ, and Movimiento de Mujeres to organize and implement three national forums, on the “Right to Health and the Situation of Vulnerable Communities,” the “Minimum Agenda for Women's Development,” and “Women in Diversity.” During the forum on the agenda for women's development, organized by COBISOGUA, the presidential candidates' wives, who were the target audience for the forum, expressed their commitment to improving access to health information, health care, and education services, especially among indigenous and rural women. The minimum agenda presented and discussed at the forum will be considered in the official agenda being coordinated by the new First Lady out of the Secretariat for Social Works of the First Lady. Following the forum on women and diversity organized by Movimiento de Mujeres and REMUPAZ, 10 presidential candidates signed a policy proposal/declaration developed by REMUPAZ, with POLICY TA, on the “Agenda for Women in Diversity,” which incorporates specific demands on income generation, women's involvement in decision-making processes, non-discrimination, as well as RH in accordance with Guatemala's Social Development Law. The declaration, with candidates' signatures, was publicized in the media.
- Women's groups and advocates in **Guatemala** have identified two forms of gender-based violence (GBV) that must be eliminated. The first is physical violence against women, which, according to statistics, is on the rise and has resulted in several deaths among women. The second form of GBV is “passive,” and pertains to the denial of access to services that are essential for improving the well being and development of women, among them reproductive health care. Guatemala's conservative governments have typically put barriers in the way of women's access to FP/RH products and services. In the face of upcoming elections, advocacy groups have been lobbying for commitment by contending political parties to reducing both forms of violence against women. Within this context, in November 2003, seven congresswomen endorsed and signed a declaration on “Demands and Denunciations Against Violence Against Women,” which will serve as the basis for legislative work on this topic with the new Congress. REMUPAZ organized a working session and discussion with congresswomen on the topic of GBV with technical and financial support from POLICY/Guatemala and as part of the ongoing campaign “No More Violence against Women—A Legislative Commitment.” During the meeting, REMUPAZ presented the declaration, which the congresswomen signed. The declaration included three key demands: (1) the recognition of violence against women as a social (not private) problem based on lack of equity for women; (2) the enforcement of legal and policy instruments in Guatemala that are supportive of reducing GBV and improving women's

development (namely, the Social Development and Population Law, and the Equal Opportunities Plan); and (3) promotion of systematic attention to GBV in the health system.

- In **Kenya**, 150 church leaders, including the President of the Seventh Day Adventist (SDA) Church, signed the Nairobi Declaration committing the SDA Church in East and Central Africa to respond meaningfully to HIV/AIDS and to fight stigma and discrimination. This is the first time the leadership of the church, with its headquarters in the USA has met and agreed to come together and fight AIDS. During the workshop that led to the signing of the declaration, all the participants identified priority actions and made policy recommendations for the church executive committee to consider. Each of the Unions in the East and Central Africa Divisions drafted follow-up action plans with details of specific activities planned over the next two years. The workshop, held November 10–13, 2003, including the preparatory work, was facilitated by POLICY/Kenya.
- As a direct result of the workshop “Christian Response to HIV/AIDS” and subsequent POLICY-supported dialogue with the Christian churches in **Haiti**, two conferences took place which resulted in two concrete and positive outcomes: the Catholic Church presented an action plan to address HIV/AIDS to national and international organizations; and in a show of support and commitment, 300 Protestant church leaders signed a resolution to become involved in the fight against HIV/AIDS. The two conferences were a conference for Protestant Churches organized by World Relief in July 2003 with TA from POLICY; and the National Catholic HIV/AIDS Conference in September 2003, which was organized by the Catholic Church on its own accord. During the past 18 months, POLICY has provided TA to mobilize the support of religious institutions and help them develop a national strategy for effectively participating in the fight against AIDS. Within this context, in December 2002, POLICY, in collaboration with IMPACT (FHI), and HS-2004 (MSH) supported a committee composed of POZ, CARITAS, and World Relief, to plan and conduct the workshop on the “Christian Response to HIV/AIDS”. The workshop was attended by 120 people including high-level leaders from the Catholic, Episcopal and Protestant churches including the Apostolic Nuncio, an Anglican Bishop, and the President of the Protestant Federation of Haiti. The workshop participants 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.

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

- In this as in most regions in **Russia**, there is no regional legislative basis for reproductive health programs. Therefore, the Altay Kray RH Network is advocating for such legal foundations. The head of regional administration, of Altay Kray, A.A. Surikov, issued Decree #1058-r on December 12, 2003, creating a cross-sectoral work group to draft a comprehensive health law aimed at increasing health and fertility in Altay Kray. The work group, which has already had its first meeting, includes many supportive regional and municipal level policymakers and two NGOs representing the network. The advocacy network in Altay Kray has been actively advocating for a regional reproductive rights law in order to have a solid legal basis for RH program initiatives. Having been reviewed and approved by the Health, Social Affairs, and Legislative Committees of the regional Duma, the draft law was slated for discussion and anticipated approval by the full Duma in November or December. Unfortunately, this policy schedule coincided with the December political election cycle for the Duma. As often occurs, some candidates for the regional and municipal Duma campaigned negatively about FP/RH, and the sitting members of the Altay Kray Duma, who were supportive of FP/RH and the upcoming law, decided not to argue publicly with the candidates about this issue and, given the climate, were no longer ready to vote in favor of the law. Not to be forestalled, the network continued its efforts, and through a series of personal meetings they advocated to regional and municipal legislative and executive powers to start the process of creating a

comprehensive draft law on the region's health, which would include the components of the reproductive rights law.

- In **Tanzania**, as in most African countries, women are vulnerable to HIV based on their gender roles, and the churches' explicit and implicit enforcement of those roles. In August 2003, POLICY supported a two-day seminar to discuss women's vulnerability to HIV/AIDS and church policy. The seminar took place at the end of the Christian Council of Tanzania's (CCT) Annual Women Leaders' Workshop. Eighty-six women from the Muslim, Christian, Catholic faiths and civil society met 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, promotion of 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 to be held in June 2004. CCT has 14 member Protestant churches and 10 religious service societies, which provide support via health and social development programs to about 10 million Tanzanians.
- Sex workers in the cities of San Fernando and Dipolog, **Philippines**, can now provide HIV/AIDS information to their peers and actively participate in the decision making of the local AIDS councils (LAC) of the two cities. Sex workers participated in a POLICY-sponsored "Peer Educators Training on STI and HIV/AIDS Prevention" workshops conducted in October 23–25, 2003 (San Fernando, La Union) and November 19–21, 2003 (Dipolog). The training supports an initiative of the LACs to encourage more active participation of vulnerable sectors in the prevention of STIs and HIV/AIDS. Trained educators will assist in providing information on STIs/HIV/AIDS among their peers. This will help reinforce the initial information campaign conducted by the Social Hygiene Clinics. The LACs are expected to sustain the participation of vulnerable groups by training more of them. The city governments provided the venue for the training. After the training, a City Councilor LAC champion and the City Health Officer administered the oath to the members of the organization of sex workers in Dipolog City.
- Patient rights are frequently violated in health facilities in **Peru** and female clients report that there is little recourse for violation of patient rights. To address this issue, the MOH, with support from USAID, has been working to ensure that the norms and client rights outlined under the National Family Planning Program are adhered to by service providers and facilities, and that clients have due recourse when they feel that their rights have been violated. In 2002, POLICY developed a strategy to create synergy between health provider institutions and civil society organizations (CSOs) by focusing on patients' rights, which is considered a key tool to get outcomes in sexual and reproductive rights and FP/RH. The targeted public was local stakeholders and policymakers who make decisions about health services and FP/RH issues. In 2003, two NGOs, COTMA/Red and CEPACO, working with support from POLICY and the Peruvian Association of Public Health Law (APDS), formed a specialized pilot center to resolve grievances filed by of health facilities clients' and secured widespread support for their client rights activities. The Regional Health Direction of Ayacucho signed the agreement "Inter-institutional Cooperation Agreement between Regional Health Directorate and COTMA/Red" in June 2003 with COTMA/Red to promote capacity building among health professionals and CSOs for the prevention and resolution of conflicts about patients' rights. As a result of these interventions, representatives from the Ombudsman Office, the National University, the Medical Association, the Professional Nurses' Association, the intersectoral committee "Working Group Against Poverty," the Health Commission of the Archbishop's Office, and three NGOs joined the center's Board of Directors. In San Martín, CEPACO signed similar agreements in June 2003 with the Regional Health Direction, Professional Nurses Association, and the Commission for Peace,

Health, and Justice in support of the center while representatives from the intersectoral committee “Working Group Against Poverty” joined its Board of Directors. It is the first time that these institutions have worked in coordination with CSOs to promote capacity building among health professionals and CSOs for prevention and resolution of conflicts about health rights.

- Between March and August 2003 seven departmental branches of RNPM in **Peru** were elected as civil society representatives on the newly established Regional Coordination Councils. These councils function as consultative entities/advisory groups for regional governments in decision making and include mayors from all provinces in the region as well as civil society representatives. Each council must include at least one civil society representative and RNPM members were chosen as these representatives. Since women’s groups are underrepresented on these councils, and the inclusion of the RNPM branches served to double their representation (from 4 to 8 percent), thus increasing opportunities to ensure that gender and sexual and reproductive health issues are addressed at the decentralized level. POLICY provides TA and financial support to five of the seven branches: Arequipa, Callao, Amazonas, Huanuco, and Junin.
- As a result of advocacy skills enhancement, community leaders in Swaziland in **Southern Africa** have an increased awareness and commitment to addressing HIV/AIDS. For example, during community meetings leaders are encouraging peer educators to freely advocate and raise awareness on HIV/AIDS in their communities. From June 12–25, 2003, the AIDS Information and Support Center (TASC) facilitated four regional training sessions for local decision makers and community leaders including Indvuna Yemphakatsi (chiefs); Community Police; Chief’s Runners; Regional Health Motivators; Pastors; Traditional Healers; Indvuna Yembali (maiden leaders); and Indvuna Yemajaha (young male leaders). The community leaders and local decision makers explored ways of utilizing the peer educator’s program in their communities and advocating for more HIV programs in their communities and developed strategic plans for their communities to mitigate HIV/AIDS as part of their small grant activities. A total of 193 (105 males and 88 female) local decision makers and community leaders were trained. This training enabled the strengthening of an established community-based stakeholder support network for providing a continuum of care and prevention for HIV/AIDS in 21 rural communities. Additionally, the training led to creation of two support groups for people living with HIV/AIDS. TASC received small grant funding for these advocacy activities from the POLICY/Regional HIV/AIDS Program.

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

- With an estimated 871 deaths per 100,000 live births, the maternal mortality rate in **Ethiopia** is among the highest in the world. Factors contributing to that alarmingly high rate are the very low percentage of women who are attended in labor and delivery by a skilled practitioner at around 8 percent. Approximately 95 percent of all births take place in the home with little or no provision to handle obstetrical emergencies. One hundred of every 1,000 pregnancies in Ethiopia end in perinatal deaths. In response to this harsh reality, on November 19, 2003, the Ethiopian White Ribbon Alliance for Safe Motherhood (WRA) was officially launched. The WRA will promote increased public awareness of the need to make pregnancy and childbirth safer for all women. Members of the WRA include CARE/Ethiopia, the Ethiopia Society of Obstetricians and Gynecologists, the MOH, Pathfinder International, Engender Health, Population Council, CORHA and POLICY. Ministers of State for Information and for Women’s Affairs and the head of the Family Health Department/MOH, publicly declared their support for establishing the WRA. All three stated that they would support the WRA’s efforts to mobilize support and advocate for improved maternal health services and the reduction of Ethiopia’s high maternal mortality rate. The speeches by the ministers and Dr. Belay represented the strongest support by public officials to meet the Millennium Development Goal of

reducing the maternal mortality rate in Ethiopia from 871 to 200 by the year 2015. This was the first time in recent memory that senior officials made such statements in public.

- On September 2, 2003, the **Guatemalan** MOH passed a Ministerial Decree ‘Red Nacional de Paternidad y Maternidad Responsables. Acuerdo No. SP-M-2130-2003’ approving the official creation of the National Network for Responsible Parenthood and identifying the network’s responsibilities and field of action, among other issues. The network’s purpose is to ensure that the administration and MOH pay adequate and sustained attention to and pass policies in favor of responsible parenthood for both men and women. Members are from the public sector, MOH, NGOs, the human rights office, and collaborating agencies. During the past year, POLICY/Guatemala has provided TA to the National Network for Responsible Parenthood in its efforts to achieve formal recognition. POLICY support has consisted of strategic planning for the network and TA in developing a proposal to gain recognition as a formal network.
- Media activities (press conferences) and advocacy workshops conducted by Colectivo por la Vida, with TA from POLICY/**Peru**, between October and December 2003, served as the impetus for the formation of eight new regional coalitions/networks composed of PLHA groups and other CSOs in Chimbote, Cusco, Huancayo, Ica, Iquitos, Piura, Pucallpa, and Trujillo. The networks, formed around HIV/AIDS, will focus on improving the quality of life of PLHAs and awareness-raising and prevention activities. Coalition members will also use the skills learned in the POLICY-sponsored advocacy workshops to advocate with local congressmen to obtain their support in the Congressional Assembly for approval of the AIDS Law modification proposal elaborated by Colectivo por la Vida.
- In November 2003, in **Tanzania**, the Interfaith Task Force on HIV/AIDS was formed to promote a forum for FBOs to network and collaborate with other NGOs and government on the national response to HIV/AIDS. TACAIDS Chair M.G. Lupogo confirmed to Christian Council of Tanzania’s (CCT) HIV/AIDS Director that he strongly supports the establishment of such a forum to serve the entire FBO community in the national response. The Tanzania Chapter of the World Conference on Religion and Peace (WCRP-TZ) reports that the task force will become associated with the National Religious Council currently being formed to facilitate all discussions between the government and FBOs. In July 2003, POLICY processed a request for support to (WCRP-TZ). From November 4–7, 2003, WCRP-TZ held a workshop to discuss the National HIV/AIDS Policy and National Multi-Sectoral Framework (NMSF) with a broad range of Tanzania’s faith community leaders. The FBOs represented at the workshop included the CCT, Tanzania Episcopal Council (TEC), Tanzania Muslim Council (BAKWATA), Aga Khan National Council of Tanzania, Anjuman–E-Seiffee (Bohra Community), Khoja Shia Ithna–Asheri, Mufti’s Office Zanzibar, Hindu Council of Tanzania, Shri Guru Singh Sabha (Sikh), Tanzania Buddhist Association, and representatives of the Baha’i Faith and Zoroastrianism.
- During the last decade, **Cambodia** has made much progress in re-establishing a nationwide health care system that had been devastated by decades of civil conflict. The public and NGO sectors together have made significant strides in expanding access to FP and safe motherhood (SM) services. Despite this progress, Cambodia faces great challenges in meeting its Millennium Development Goals for family planning and maternal health targets for 2005–2015. With relatively high rates of HIV and heightened donor and government attention to HIV/AIDS in Cambodia, there is an urgent need to re-energize FP/SM as key health and development issues. Thus, in October 2003, the Reproductive Health Promotion Working Group of Cambodia’s MEDiCAM NGO Network was established, with its primary focus being to advocate for RH issues. The working group, composed of 14 NGOs representing 21 provinces, has written terms of reference and articulated leadership and communication mechanisms. It has identified its initial policy advocacy issues and is finalizing its first advocacy implementation plan, which will be submitted to POLICY with a request for financial

support for completing its advocacy activities. POLICY provided a subcontract to MEDiCAM to support the organization and coordination of the working group. POLICY also recruited and oriented the MEDiCAM Advocacy Coordinator who will coordinate its activities. POLICY participated in the inaugural meeting to highlight critical FP/SM issues and helped to draft the group's terms of reference, as well as provided funding and technical assistance for an advocacy training and strategy development workshop.

- The Southern Province HIV/AIDS Advocacy Alliance (SOPHAA) was formed to spearhead HIV/AIDS advocacy in the Southern Province of **Zambia**. POLICY assisted two members in each of the 11 district HIV/AIDS task forces in Southern Province to form a provincial networking alliance. SOPHAA was created to enable members of the DTFs in Southern Province to network more effectively in their advocacy campaign. In May 2003, POLICY organized and conducted training in advocacy skills for 20 people, representing 10 district task forces (DTFs). Following this, POLICY organized and conducted follow-up training in network building in August 2003 for 22 participants, representing 11 DTFs. During this meeting, the participants agreed to form SOPHAA, whose purpose is to organize and lead HIV/AIDS advocacy in the Southern Province. SOPHAA's mission statement is "to create a favorable environment for implementation of HIV/AIDS programs." By having trained HIV/AIDS advocates, SOPHAA believes it can effectively lobby for policy and programmatic change in the province. SOPHAA will improve HIV/STI awareness levels in Southern Province through targeted IEC and its work with DTFs to build support for related interventions, its resource mobilization for advocacy campaigns on HIV/STI issues, and its coordination of advocacy TOT in the province. POLICY's support to SOPHAA will contribute to improved participation in HIV/AIDS responses at the district level.
- In **Tanzania**, the Faith-Based Organization Stigma Forum was established to assist individual faith communities' develop action plans to address stigma at the local level. This forum resulted from the Faith Leaders' Seminar on Stigma, which was held at the Mbagala Spiritual Centre in Dar es Salaam. POLICY collaborated with the African Forum of FBOs in RH and HIV/AIDS (FORUM), the Mumhimbili University College of Health Sciences (MUCHS), Tanzania Christian Council (CCT), and Anglican Church of Tanzania (ACT) to conduct this seminar.
- In **Cambodia**, POLICY has facilitated the expansion of two HIV/AIDS networks. The HIV/AIDS Coordination Committee (HACC) has expanded its membership by adding three NGOs, which brings the current membership to 83. The Cambodian Human Rights and HIV/AIDS Network (CHRHAN) has expanded its membership by adding six member NGOs, bringing the current membership to 40 NGOs. POLICY plays a crucial role in providing both technical and financial support to CHRHAN and HACC. POLICY also assists CHRHAN in developing membership selection criteria, which gives NGOs working on human rights an opportunity to become members of the network. The expansion of CHRHAN membership will increase human rights activism in the country and augment the voice of civil society to improve or create an enabling policy environment regarding HIV/AIDS and human rights. In addition, new members of CHRHAN will report more cases of PLHAs facing human rights violations, which will be entered into the HIV/AIDS-related human rights violation database. The database currently has 20 cases recorded.
- In order to improve the network's sustainability and to build stronger support with important NGOs, public sector colleagues, and media organizations in the oblast, in the fall of 2003, the Network on Reproductive Health Care in Tver Oblast, **Russia** invited seven more representatives of these respective bodies to join the network.
- The expansion of civil society groups and advocacy networks working on FP/RH and HIV/AIDS in **Peru** to the regional and provincial levels is becoming increasingly important as the country

undergoes decentralization. POLICY provided TA to RNPM to expand four of its regional branches through the creation of new provincial branch networks in six USAID geographic concentration areas: Ambo and Leoncio Prado (Huanuco), Chanchamayo and Satipo (Junin), Oxapampa (Pasco), and Padre Abad (Ucayali). In July and August 2003, the newly formed provincial networks organized forums in safe motherhood for public authorities and have supported the organization of new Citizen Surveillance Committees with leaders from grassroots organizations in Ambo (Huacar y Tomaiquichua), Leoncio Prado, and Padre Abad (Aguaytia).

IR2: Planning and finance for FP/RH improved

of countries that develop plans, policies, or guidelines and submit them for approval

- The Congressional Health Commission approved the modification of Article 7 of the current AIDS Law No. 26626 on November 26, 2003. POLICY/**Peru** provided TA to Colectivo por la Vida's legislative committee in elaborating and implementing a proposal to modify the 7th article of the current AIDS Law (CONTRASIDA), which was passed in 1996, and make it more comprehensive and responsive to the needs and rights of PLHAs. The proposed legislative changes include language about nondiscrimination and provision of free services and medication for PLHAs and opportunistic infection; they also address the need for monitoring, pre-and post-test counseling, rehabilitation, and social reinsertion, in addition to prevention and treatment. POLICY provided TA to Colectivo to simplify and consolidate 11 proposals related to the AIDS Law that had been previously presented to the Congressional Health Commission by different groups and individuals seeking to amend the law. In August, Colectivo submitted a single combined proposal for legislative change to the Health Commission for review and advocated for its approval. Colectivo's media committee used several media activities (press conferences, public presentations on radio and TV, public mass mobilization activities) as well as a Public Audience in Congress to mobilize support for the proposal. As a result of this strategy, the Congressional Health Commission approved the proposal on November 26. As a next step, Colectivo will advocate for its presentation to the entire Congress for final approval and enactment.
- Between September and December 2003, the MOH, with POLICY/**Guatemala** TA, developed regulatory instruments designed to institutionalize the National Reproductive Health Program (NRHP), with specific components on family planning within the MOH structure, such that there is a political and organizational base that guarantees the continuity of FP/RH programs despite political change. The regulatory instruments include an executive order to modify ministry regulations in order to formally recognize the national RH program, and two ministerial decrees modifying internal ministry regulations to further define the national RH program. In September, POLICY staff met with high-level MOH officials to discuss several issues that were determined by stakeholders (in a February workshop) to be of highest priority in assuring continuity and sustainability of Guatemala's RH programs in the face of changing governments and mercurial political climates. POLICY contracted with a local firm to assist counterparts to prepare these regulatory instruments. In November, the final drafts of the executive order and ministerial decrees were submitted to the Minister of Health for approval.
- The health budget is defined on an annual basis in **Guatemala**. In previous years, although Congress has included RH in the health plan, there has been no parallel line item to implement activities. Therefore, in response to a request from Congress, member organizations of Instancia worked with POLICY/Guatemala TA to develop a policy proposal entitled "2004 Budget for the National Reproductive Health Program: A Proposal from Civil Society." The proposed budget includes coverage for skilled attendants at births, family planning services, prevention of cervical cancer, and civil society participation in service evaluation. Instancia presented the proposal to Congress on

September 18, 2003, and at a press conference on October 8, after which it was officially submitted to the Minister of Health and the Director of the National RH Program on October 17. In November, the proposal was submitted to the Vice President of Congress. To date, the Director of the National RH Program has responded positively, indicating that he intends to use the information in the proposal to justify their own budget for reproductive health.

- The establishment and maintenance of PLHA support groups in **South Africa** are a critical component of the country's recent national ARV rollout program. Not only do these groups form an integral part of the holistic continuum of HIV prevention and care, but they also provide a supportive environment in which to support treatment adherence. However, a critical gap to enabling local PLHA support groups to function effectively and provide people living with and/or affected by HIV and AIDS with the tools to establish support groups in their communities was a lack of guidelines for these groups. With POLICY assistance, the *Guidelines for the Development and Maintenance of PLHA Support Groups* were submitted to the Chief Directorate: HIV/AIDS and TB in the National Department of Health for approval on December 2, 2003, to meet this critical gap. The guidelines are a practical and user-friendly resource to assist those wishing to plan and implement appropriate and effectively managed support groups. The guidelines provide an overall understanding of the psychological effects and impact of HIV/AIDS as well as an understanding of support groups and the principles necessary to implement and maintain them effectively. They also aim to assist those who have already established support groups to practice effective methods in order to add to the value of what they are already doing. This guide can be used by people in various community structures, namely, community-based organizations, NGOs, and FBOs; lay counselors at health clinics; healthcare workers and practitioners; and HIV/AIDS co-coordinators in the workplace. In April 2003, the Chief Directorate asked POLICY to facilitate the development of the guidelines, namely, *Guidelines for the Development and Maintenance of PLHA Support Groups*. The POLICY Project consulted experts in the field and used current literature to inform the first draft of the guidelines, which were then reviewed at a national meeting in Johannesburg in October 2003. The stakeholders attended a meeting representing people from NGOs, national government departments, the PLHA sector, and other sectors. Following the meeting, the comments and suggestions were incorporated, and a second draft was circulated to the National Department of Health for comment. Final comments were incorporated before submitting the draft guidelines for approval.
- NGOs continue to play a crucial role in the HIV/AIDS context in **South Africa**. In January 2003, within the context of an increasing budget and expanded responsibilities for managing the HIV/AIDS epidemic in Southern Africa, the National NGO Funding Unit of the Chief Directorate: HIV/AIDS and TB, Department of Health, asked POLICY to assist in establishing a sound communication and NGO fund-disbursement and monitoring system for the future. With POLICY's assistance, the *National Funding Guidelines: For NGOs receiving funds from the Chief Directorate: HIV/AIDS and TB*, were submitted to the National Department of Health for approval on November 14, 2003. These guidelines are an invaluable resource to facilitate often ill-defined NGO-Government relationships. They are a useful resource for many other governments grappling with the problem of NGO management, particular under some of the World Bank funding that stipulates extensive community involvement.

Working in collaboration with the National NGO Funding Unit, the Department of Health's Provincial NGO Coordinators, and local NGOs funded by the Department of Health, POLICY first developed a set of draft funding guidelines. The guidelines were developed so as to provide NGOs and other CBOs with a practical and user-friendly guide as to how they might complete an application for funding. The department's funding procedures, funding criteria, and the different roles and responsibilities of stakeholders, including the monitoring and evaluation processes to be used, are contained within the guidelines. The information contained within the draft guidelines was drawn

from information gathered at nine provincial workshops that POLICY facilitated between April–July 2003. Following the compilation of the first draft of the guidelines, POLICY facilitated a national meeting in October 2003 with 60 key stakeholders, including the National NGO Funding Unit, Department of Health’s Provincial NGO Coordinators, and local NGOs funded by the Department of Health, at which the first draft of the guidelines was reviewed.

- For the past two and one-half years, POLICY has been supporting the preparation and completion of a review and assessment of laws affecting HIV/AIDS in **Tanzania**. In the course of supporting development of the report, POLICY and its subcontractor, the Tanzania Women Lawyers’ Association (TAWLA), sponsored and carried out a variety of stakeholder review meetings and discussions with Ministry of Justice and Community Affairs staff. The stakeholder meetings have brought together civil society and governmental stakeholders to discuss HIV/AIDS issues and existing legislation, and the needs for new legislation. Discrimination based on HIV/AIDS was one of the key issues discussed in the stakeholder meetings. The outcomes of these meetings led to inclusion of some of the first specific references to HIV/AIDS in legislation prepared by MOJCA and presented to Parliament. Even though the assessment report was presented to MOJCA only in November 2003, the process of its preparation had an impact that preceded the final report’s arrival at MOJCA. The Labour Institutions Act 2003, tabled for its first reading during Parliament’s November 2003 Session, includes specific reference to the prohibition of discrimination in the workplace (Part II, Sub-part C- Discrimination; Section 7 (4) (j), pages 56–57) on grounds including HIV/AIDS. The draft bill, already approved by the Cabinet, is expected to be passed by Parliament after its second and third readings early in 2004.
- Recent revisions of the **Nigerian** Contraceptives Logistics Management System (CLMS) and its Management Information System (MIS), and the adoption of the new Reproductive Health Commodity Security (RHCS) Strategic Plan led to the need to update the CLMS policy guidelines. The *Draft Policy Guidelines on the National Contraceptive Logistics System* were approved at a meeting of CLMS stakeholders held in Abuja, Nigeria on December 19, 2003. A core team of POLICY and FMOH staff worked with selected staff of the Department of Community Development and Population Activities (CDPA)/FMOH to review and update the 1995 CLMS Policy Guidelines, to reflect the current improvements in the program using the SPARHCS framework. The policy now awaits final endorsement by the Minister of Health.
- In the context of developing a comprehensive national OVC policy, **Uganda** has examined the institutional framework for implementing policies and programs affecting orphans and other vulnerable children. The framework includes “The Uganda National Program of Action for Children” developed in 1992 and a “Children Statute” and a “National Council for Children Statute” enacted in 1996. As a result of this examination and to respond more effectively to the draft comprehensive OVC policy the Secretary General of the National Council of Children (NCC), a quasi-independent agency under the Ministry of Gender, Labour, and Social Development (MGLSD) drafted a revision to the NCC statute for the to transmit to the Cabinet in November 2003. POLICY was subsequently asked by both the MGLSD and the NCC to review relevant laws and proposals and make recommendations on restructuring the NCC. The Secretary General of the National Council for Children in Uganda formally acknowledged in a letter dated December 5, 2003, that he is circulating a proposal for submission to the Cabinet to restructure the NCC based on the POLICY review, “Legal Policy Review of the National Council for Children (NCC)” and a position paper adopted by the NCC during a September 2003 meeting, undertaken by POLICY’s consultant on the 1996 National Council for Children Statute and the 1996 Children Statute Statute. The revised draft NCC statute has been submitted to the Minister for transmission to the Cabinet for approval.

- Contraceptive Self-Reliance (CSR) Operational Plans of nine out of the 10 local government units (LGU) project sites in the **Philippines** were developed from a series of consultative meetings and planning workshops sponsored by POLICY from June to September 2003. The operational plans have been submitted to local chief executives for approval. Once approved, the plans ensure improved planning and financing for family planning at the local level for the first time. POLICY's technical assistance, provided to the Provincial Population and Health offices, focused on helping the LGU program managers and key program stakeholders in identifying strategies and specifying activities to advance the approval of policies promoting self-reliant provision of contraceptives and to institutionalize systems to operationalize them. These include operational policies on forecasting FP requirements, mobilizing and managing resources for FP, segmenting the FP market, and developing service delivery systems to facilitate targeted FP services. The operational plans outline the activities for all components of CSR with respective budget allocations, timelines, and persons/departments in charge of activities in the next months and well into next year. POLICY's TA to the LGUs took several forms, including (1) a series of consultative meetings and planning workshops for each of the 10 municipal and city population and health officers during June–September 2003; (2) use of survey findings in the identification of strategies and activities in support of strategies for the promotion and approval of new operational policies that will enhance self-reliant provision of FP, e.g., forecasting FP requirements, mobilizing and managing resources for FP, segmenting the FP market, and targeted FP services; and (3) diagnosis of existing LGU structures and systems that need to be changed in support of the new CSR-enhancing operational policies.
- The **Jordanian** Reproductive Health Action Plan (RHAP) was finalized and submitted for approval to the Higher Population Council (HPC) on May 26, 2003, and presented to the HPC Board on August 4, 2003. The RHAP is a five-year action plan (2003–2007) that will improve planning and finance for FP/RH in Jordan and help achieve the desired fertility established in the goals of the National Population Strategy. Specifically, the implementation plan outlines RH program components, a necessary basic service package, areas of responsibility, coordinating and implementing agencies, activities, and funding requirements. The RHAP is designed to promote a multisectoral, participatory response to improved quality and access to FP services and allied RH services. Beginning in May 2001, POLICY provided TA and logistic support to the HPC and associated Jordanian institutions in the development of the RHAP. The assistance included support from local and U.S.-based POLICY staff in forming a multisectoral national task force; organizing and facilitating national and regional meetings/discussions, workshops, and retreats; collecting information; conducting relevant research; and drafting and revising the plan. The HPC has recently recommended to the government of Jordan that it approve the plan and allocate the required funds as estimated in the plan. The next expected step is the approval of the RHAP by the HPC Board and submission of the document to the Ministerial Council.
- The *Comprehensive HIV/AIDS Ordinance* of Batangas City and *Dipolog City AIDS Ordinance* **Philippines** were presented to their respective city councils for approval in November 2003. The HIV/AIDS Ordinance for Dipolog aims broaden access to critical STI/HIV/AIDS services through a redefinition of the high-risk groups to which the City Health Office can provide services. The current definition, which is meant only for sex workers, covers those who engage directly in sexual activities as their main source of income but neglects the people, who by the nature of their work (e.g., night spot waitresses/waiters, food handlers, guest relation officers, bar performers, etc.), are exposed to circumstances that may influence them to resort to sexual services as additional sources of income. The city's Social Hygiene Clinic provides services to workers who may be at risk of acquiring said infection. Broadening the groups covered would ensure freelance sex workers, especially those ages 18–21, who are prohibited by law to be employed by entertainment establishments, access to services. The Chairman of the Committee on Health of Batangas City drafted a proposed LAC Ordinance in order to help sustain ongoing efforts being conducted by the existing AIDS council, which is not

supported by a city ordinance, a legal instrument that will ensure the continuity of the LAC even if political leadership should change. He scheduled a hearing for the committee to comment on the proposed ordinance on September 9, 2003. This committee hearing, locally known as the first reading of any proposed law, is the first step in the legislative process of having a proposed law approved for enactment. The proposed ordinance strengthening the LAC passed the first reading on September 9, 2003. This was scheduled during a follow-up visit of the POLICY Project staff and its partners from the Department of Health, the Philippine National AIDS Council, and the Department of Interior and Local Government. The team advocated for the passage of the ordinance, having obtained the support and commitment of the city mayor of Batangas for HIV/AIDS prevention and control during previous evidence-based policy dialogues with the city mayor, city health officer, and selected members of the City Legislative Council. These ordinances are expected to be approved by the end of November 2003.

- POLICY/**Mali** has been targeting parliamentarians throughout the West African region to ensure their full participation in the fight against HIV/AIDS. Through TA and formal training, in collaboration with the National AIDS Control Program (PNLS), POLICY strengthened the capacity of the Network of Malian Members of Parliament Against AIDS resulting in the development of an action plan “Plan d’Action des parlementaires maliens contre les IST/VIH/SIDA” submitted to development partners for funding in October 2003. The action plan includes awareness-raising activities, and monitoring the executive branch with respect to access to antiretroviral therapy and ethical and legal issues related to HIV/AIDS. One of the major goals of the plan is to end up with the enactment of a law on HIV/AIDS in Mali. Various regional and national workshops organized by POLICY have contributed to strengthening the abilities of the Malian parliamentarians to play their role in this area.
- The draft *National Equal Opportunities Plan* prepared in April 2003 used information produced with support from POLICY/**Peru**. The Ministry of Women and Social Development is developing an Equal Opportunities Plan for the period 2003–2010, as well as an accompanying monitoring system for the plan. The objective of the plan is to ensure that women have access to equal opportunities in health care, education, the labor force, and political participation. Between December 2002 and January 2003, POLICY provided TA to RNPM to design, plan, and conduct a series of public consultations in seven departments with local NGOs, public sector representatives, women’s groups, and grassroots organizations to validate the first draft of the plan and gather information about the specific situation of women at the regional level. A local POLICY consultant used the information collected during the consultative meetings to produce a report that recommended changes to the original plan developed by the Ministry. The final plan that was submitted for approval to the Minister of Women and Social Development included these recommended changes. (Unfortunately, the Minister changed before the plan was approved.)

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

- In order for national AIDS responses to be effective, national strategies need to be underpinned by adequate financial resources. As a result of the training received at the POLICY-facilitated ANE Regional Workshop “HIV Advocacy and Resource Allocation: A New Approach,” from the AIDS Division, **Viet Nam** MOH, applied the GOALS Model to inform the development of the National HIV/AIDS Strategy and the accompanying budget for 2004. This resulted in a recommendation to the National Assembly that the national HIV budget be increased from 60 billion Vietnamese Dong (US\$3,950,000) to 80 billion Vietnamese Dong (US\$5,300,000), representing a 33 percent increase in the government’s HIV budget. Based on skills received in POLICY’s ANE regional GOALS workshop the advocates were able to understand how difficult resource allocation decisions are made and economists understood the realities and priorities of the field from the perspective of the advocates. POLICY/Viet Nam, in collaboration with POLICY/ANE Regional, played an active role

in supporting the efforts of our Viet Nam counterparts in influencing the development of the national strategy and proposed budget increase.

of countries with improved score on planning checklist

- With POLICY/**Uganda**'s assistance, the *Guide for Harmonized Participatory Development Planning and Management for Lower Local Councils* was updated to include population issues and approved by the Ministry of Local Government in December 2003. In line with the Decentralization Policy, districts and in particular District Planning Units are required to use the document to guide planning at both the district and lower levels. When POLICY studied the guide, however, it noted that the document did not adequately reflect population issues, thereby making it difficult to integrate them into the planning process at the subcounty and district levels. POLICY and POPSEC reviewed and edited the guide to incorporate the issues, thereby increasing the visibility of the role of DPOs, which will lead to the integration of population issues in development planning and management at district and lower levels. Meetings were held to determine which issues should be integrated into the guide and the mechanisms for so doing. The Director of POPSEC submitted proposals to the Ministry of Local Government, which in turn has ordered incorporation of the issues into the guide. The final document is now being printed.

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

of new tools created or adapted to address FP/RH issues

- A key outcome of Siyam'kela, the core package on stigma and discrimination in **South Africa**, is the publication *HIV/AIDS Stigma Indicators: A Tool for Measuring the Progress of HIV/AIDS Stigma Mitigation*. These indicators are one of the first attempts to measure both internal and external stigma and will be useful for donors and program managers to evaluate their projects and programs. The indicator development process was initiated with a consultative meeting in November 2003 where experts in the HIV/AIDS field came together and drafted an initial set of indicators. Field research was then undertaken by a local research agency, Insideout Research, between January and March 2003. The field work was undertaken in the faith community, in national government departments, and with PLHAs. The data was captured through 23 focus group interviews involving 205 participants and 32 key informant interviews. Following the field work, a second consultative meeting was held in July 2003, which brought together 21 participants from the three project reference groups (i.e., representatives from national government departments, PLHAs, and community-based leaders from different faith communities). The 21 participants provided critical feedback on the preliminary findings of the project's media scan and the field work and in doing so, helped to contribute to the production of the final HIV/AIDS-related stigma indicators, launched on November 25, 2003 at the Centre for the Study of AIDS.
- POLICY developed a CSPro training manual for use in workshops in **Uganda** for District Population Officers and District Directors of Health Services (DDHS) in 56 districts between August 18 and 23, 2003. CSPro is a computer-based model that can be used to further analyze Ugandan DHS data. POLICY/Washington developed and tested this manual in collaboration with the Population Secretariat (POPSEC) during two CSPro workshops for public and private sector officials including POPSEC staff in February and August 2003. Participant recommendations were incorporated into the manual.

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

- **POLICY/Mozambique** reports several instances of use of provincial and national HIV/AIDS prevalence estimates, which were released by the POLICY-supported Multisectoral Technical Group on November 6, 2003. The Multisectoral Technical Group (MTG) held a public meeting to present the findings of the most recent HIV sentinel surveillance survey, disseminate updated provincial, regional, and national HIV prevalence estimates, and reach consensus on plans for updating the projections of demographic and health impacts of HIV/AIDS. Conclusions of the meeting were carried by the official government newspaper, Notícias, and the Mozambique Information Agency (AIM).

Various national political leaders used the data to advocate for increased efforts to confront the HIV/AIDS epidemic in Mozambique. The national leaders include NAC Executive Secretary Dr. Joana Mangueira, who was quoted in a newspaper interview (“Notícias,” 11/06/03, “Resistência é responsável pelo aumento do HIV/SIDA no nosso País”); the NAC Planning and Coordination Unity Coordinator (“Notícias,” 11/17/03, “Infectados com o HIV/SIDA aumenta 1,4 por cento”); President of the National AIDS Council and Prime Minister Dr. Pascoal Mocumbi, quoted in a press release from the NAC (“Notícias,” 11/25/03, “Solidarity movement with orphans and children made vulnerable by HIV/AIDS”); Frelimo Party Secretary-General Armando Guebuza (possible successor to President Chissano) in an unscheduled interview about the future of the party (“Notícias,” 12/02/03); and President Chissano in remarks on the occasion of World AIDS Day, in which he cited the most recent prevalence figures (“Vertical,” 12/2/03, “HIV/AIDS is a national emergency says Joaquim Chissano”).

- **ABLE-Pangasinan**, a provincial NGO network for FP/RH in Pangasinan, **Philippines**, and municipal FP/RH program managers used information generated by POLICY in their contraceptive self-reliance (CSR) advocacy activities targeting barangay officials and married women of reproductive age in October 2003. The advocacy activities were conducted separately in three selected municipal CSR project sites (Barangay Gomez, Municipality of Malasiqui; Barangay Awai, Municipality of San Jacinto; and Barangay Mabilao, Municipality of San Fabian). ABLE advocates, as well as the municipal internal advocates, used data generated from the 2003 Family Planning Data Sheet prepared by POLICY in their advocacy messages. Specifically, data used includes the current population size and growth rate, number of married women of reproductive age in the barangay that would need FP services, mix of FP methods used, willingness to pay, number of women with unmet need for FP, and main source of FP supply. In addition, a simplified version of the USAID phaseout plan of contraceptive commodities, prepared by Mission staff with POLICY TA, was used in dialogues with the Barangay Captains, the political leaders of the communities, and with the women in the communities—the FP program beneficiaries.
- The **Mali** government system is decentralized, and the decision makers at the regional and lower administrative levels down to the 703 communes are increasingly influential in the decision-making and resource allocation processes. Mayors of municipalities prepare annual budgets and are accountable to regional officials, including the regional assembly and the High Commissioner, who is the official named by the central government to administer regional affairs. Using the results and projections of AIM, the President of the Segou Regional Assembly spoke about HIV/AIDS before more than 200 people on July 22, 2003. In his speech, he reminded the mayors in the regions that they must include a budget line for HIV/AIDS in their annual plans. He echoed the directive of the region’s High Commissioner.

- Following the information received from a presentation of AIM by the PNLIS, the Head of Education in the Commune IV of Bamako, **Mali**, announced on December 11, 2003 before an audience of more than 100 education officials his decision to introduce a debate on HIV/AIDS each month in all the schools under his supervision. The decision reflects a strong commitment on the part of an education official to ensure debate on HIV/AIDS in the classrooms in his jurisdiction. Several participants also visited the POLICY office to express their gratitude for the information, stating that the information convinced them for the first time that HIV/AIDS poses a danger to Mali.
- Growth in contraceptive rates in **Madagascar** has stagnated in recent years due to several factors, including tepid government support. In the past two years, however, supportive policies for FP have become more explicit in national programs such as the National Poverty Reduction Strategy and National Health Strategy. While contraceptive needs are growing, financial contributions from international donors for the purchase of contraceptives in Madagascar remain stable. POLICY is collaborating with other agencies to implement the SPARCHS Initiative in Madagascar. Based on analyses carried out under this initiative, POLICY developed a presentation showing the cost-saving impact of FP in Madagascar on education and immunization. POLICY also reviewed the contraceptive prevalence rate (CPR) growth target in the country, showing that a 1.5 percent to 2 percent increase per year would be realistic if the appropriate strategy was put in place and necessary financing made available. As a direct result of this presentation made to the World Bank which had projected a 3 percent increase per year, the Senior Health Advisor for FP at the World Bank in Madagascar reviewed and revised its contraceptive prevalence rate goals. The pertinent World Bank handbook recommends that not only the cost of commodities but also the cost of IEC and marketing should be estimated as well in order to assess the real costs of meeting CPR goals. These points came to the fore in the discussion following the POLICY presentation highlighting the necessity of an adequate strategy and associated funding to reach the goals stated in the presentation. The MOH and World Bank then confirmed the financial contribution of the Bank to purchase contraceptives for CY2004. As a result of revisions in World Bank thinking, the shortfall in contraceptives expected in 2004 is now covered.
- As part of the electoral strategy in **Guatemala** in 2003, POLICY developed information sheets on various aspects of health and reproductive health. This information package includes analyses, indicators, and general information on a wide range of topics including the political and legal framework for health (the Government's national and international commitments to RH, decentralization and health services); maternal and neonatal health (birth spacing and infant survival, the profile of maternal mortality in Guatemala, access to prenatal and delivery care, and the four delays—interventions to reduce maternal and neonatal mortality); infant and child health (infant mortality, principal causes of morbidity among children, the nutritional situation among children, and priority interventions for healthy childhood); women's health (nutritional and health status of women, and prevention and early detection of breast and cervical cancer), family planning (demand and access to FP services, and contraceptive security), health financing (sources of financing for health, the health financing situation—relationship between needs and public expenditures in health, and the distribution of public health expenditures); and health service coverage ("Health for all" - a development strategy and strategies to increase coverage: contracting with NGOs). Analyses, indicators, and graphics from these information sheets produced by POLICY were widely used in various advocacy activities, presentations, proposals, and forums with political parties and candidates.
 - Instancia used the information to develop a policy proposal titled, "Priority Actions for Addressing the Health of Women in Guatemala: Considerations for Inclusion in Public Policies and Plans of the Government 2004–2008." Specifically, the proposal used information from POLICY about family planning, maternal mortality, legal and regulatory framework, health indicators, and health financing. The proposal was officially presented to the political parties in August. The information was also used by Foro de Redes in its policy

- proposal to candidates/political parties titled, “Health Rights and the Situation of Vulnerable Communities.”
- The document “Lines of Programmatic Action in Health and Development to Improve the Situation of Women in Guatemala,” which was prepared by Instancia and presented to the principal political parties during the 2003 election campaign included information from the aforementioned compendium. Specifically, a list of indicators on women’s health status; indicators on maternal and neonatal mortality, infant mortality, family planning, menopause, and STI and HIV/AIDS in Chapter 2 on “The Health Situation of Women in Guatemala;” health financing information in Chapter 3, “Proposal for Programmatic Actions,” which included a proposed increment in the public sector budget allocated for maternal-infant health services, and the National Reproductive Health Program; and information on international commitments and national laws and policies that support women’s health in Chapter 4, “Legal Basis for Our Demands.
 - The document “A Minimum Agenda for Women’s Development in Guatemala,” which was presented to the candidates’ wives by the Council of Social Wellbeing included (a) a list of international accords and the national political/legal framework that supports women; indicators on the health status of women in Guatemala; and an analysis of factors that influence maternal and infant mortality (ethnicity, residence, education, parity, etc). The information came from the POLICY compendium.
 - The policy proposal entitled “2004 Budget for the National Reproductive Health Program: A Proposal from Civil Society,” which was presented by Instancia to Congress on and then officially submitted to the Minister of Health and the Director of the National RH Program, used information on health financing (such as sources and uses of financing for health, the health financing situation in Guatemala) from the information sheets and from the POLICY booklet on health financing titled, “Financiamiento de la Salud en Guatemala: Una Decisión de Hoy para un Mejor Mañana.”
 - A host of other documents, presentations, and proposals/plans also used information from POLICY’s information packet. They include, among others, the document “A Policy Agenda: Women in Diversity,” which was elaborated by 23 NGOs/networks and presented to presidential and vice presidential candidates, who publicly committed to supporting its demands (integration of RH services in the MOH service delivery system, reduction of maternal mortality, prioritization of integrated women’s health services; and budget increments targeted at improving reproductive health; and policy proposals on women’s health and issues developed by the contending political parties.
- Information from two documents produced by POLICY/**Guatemala** was used in the “Diplomado en Población y Desarrollo con énfasis en financiamiento y gasto público” course being implemented in July-October 2003 by INAP and SEGEPLAN with technical and financial assistance from POLICY. The two documents are a policy booklet on health financing titled, “Financiamiento de la Salud en Guatemala: Una Decisión de Hoy para un Mejor Mañana,” and a statistical summary and indicators for decision making in health and financing. These materials show how financing issues are one of the most important parts of policy decision making, and the kind of policy analysis that can be done through data analysis. Both documents were developed for and presented at the Health Financing Forum in November 2002. Additionally, the course uses information and data from various information/fact sheets produced by POLICY on topics such as the legal and political framework for health, neonatal and maternal health, family planning, women’s health, health financing, and health service coverage.
 - *[April 2002]* The NGO Transparencia, which is responsible for monitoring democratic processes and practices, as well as the transparent use of public resources in **Peru**, developed a manual on effective mechanisms for citizen participation in monitoring. The manual, titled “Surveillance as a

Mechanism of Citizen Participation,” was used by civil society and grassroots organizations to monitor/oversee public management and resource use at the municipal level. The “surveillance” methods proposed by Transparencia in its manual are based on concepts and methodologies developed, tested, and refined by RNPM between 1999 and 2002 through its creation, strengthening and ongoing work with Citizen Surveillance Committees. These surveillance practices and methods that RNPM developed and implemented with TA and training from POLICY have been documented in two publications, the first of which was produced under POLICY I (July 2000) and the second under POLICY II (February 2002). The information (concepts, methods, and processes) in these documents have been used widely by various organizations in addition to Transparencia.

- POLICY-developed materials, including findings from the 2001/2002 Maternal and Neonatal Program Effort Index and the Maternal Health Supplement of *Networking for Policy Change: An Advocacy Training Manual* were used in advocacy action plans developed to address specific maternal health issues in regions/districts in **Ghana**. These plans were developed during one-week Advocacy and Leadership Training Workshop in Accra for the Ghana Registered Midwives Association (GRMA) GRMA leadership, March 10–14, 2003. POLICY trained several GRMA members in advocacy in December 2001.
- Results of a National Reproductive Health Survey (NARHS) have been used to garner political and financial support for RH and HIV/AIDS on the part of various **Nigerian** State Commissioners of Health. For example, on December 19, 2003, commissioners from the states of Lagos and Benue pledged increased commitment to HIV/AIDS and RH programs. Conducted in 2003, the study focuses on behavior and practices and was carried out by the Federal Ministry of Health in collaboration with several partners led by the Society for Family Health and Population Services International. POLICY participated on the study’s central management, technical, and report writing committees, assisting in the development of survey instruments, fieldwork, and the final report writing exercise which took place July 2–5, 2003. At a follow-up dissemination meeting, the survey results were shared with a wide spectrum of stakeholders including some State Commissioners of Health (including those from Lagos, Oyo, Benue, and Akwa Ibom), and representatives sent by other commissioners. This led to pledges of increased commitment to reproductive health and HIV/AIDS programs. POLICY developed three presentations for the dissemination meeting.

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

- There is no comprehensive policy for addressing the needs of orphans and vulnerable children (OVC) in **Uganda**, and a situation analysis of OVC carried out by the Ministry of Gender, Labour and Social Development in 2002 with the USAID-financed ARCH Project revealed many gaps in the legal and policy framework and institutional arrangements. POLICY assisted the ministry to examine and make recommendations regarding laws, policies, and the institutional framework for OVC. Subsequently, the ministry incorporated elements of the analysis “Legal/Policy Issues Affecting Orphans and Other Vulnerable Children in Uganda” into the draft OVC policy. In addition to POLICY’s legal-policy and institutional analysis other working groups submitted analyses regarding major issues affecting OVC. The final draft OVC policy is a comprehensive statement of objectives based on the findings of all of the analyses including POLICY’s. Specifically the sections describing existing laws and policies, the underlying principles, policy priorities, and the implementation framework reflect the observations and recommendations of the POLICY analysis. The final OVC policy was submitted to the Minister for the Cabinet’s approval in November 2003.
- In **Egypt**, national population and family program goals are set at the national level and implemented at the governorate level. The strategic plan for the implementation of the family planning program of Port Said Governorate “Re-visiting local population policies and developing relevant vision about it,”

approved on September 13, 2003, provides a framework for the local implementation of national population goals. The plan is based on the information obtained from the application of SPECTRUM including findings from various population scenarios and their impacts. POLICY significantly contributed to such efforts through building such capacity for the participants of the workshop on “Policy Analysis and Presentation Skills,” which was attended by the Director of the Women’s Health Training Unit from September 29 to October 9, 2002.

- **POLICY/Mozambique** reports several instances of use and citation of provincial and national HIV/AIDS prevalence estimates in policies and plans. These estimates were released by the POLICY-supported Multisectoral Technical Group (MTG) on November 6, 2003. Information from this report was used in the following ways:
 - HIV/AIDS impact projection figures were used in the planning document for “Agenda 2025”, to substantiate the threat posed by HIV/AIDS to plan for developing human capital. Agenda 2025 is a multisectoral, national, long-term national vision and strategy exercise, initiated by the President and coordinated by the Inter-Ministerial Commission, composed of the Prime Minister and the ministers of Agriculture and Rural Development, Health, Plan and Finance, and Education. The HIV/AIDS figures cited are taken from the POLICY-supported publication, “Demographic Impacts of HIV/AIDS in Mozambique.” Several members of the MTG also served on technical working groups for Agenda 2025.
 - The draft plan for STI/HIV/AIDS includes prevalence estimates taken directly from various MTG products. The MOH held a workshop on December 16–19 with close to 180 participants from all over the country for the purpose of discussing and disseminating the 2004–2008 strategic plan for the health sector. The prevalence estimates in the draft plan for STI/HIV/AIDS (e.g., figures 2 and 3 on pages 4 and 5) are all taken directly from various MTG products.
- In **Nigeria**, results from the POLICY-developed FamPlan model application were used to determine the contraceptive commodities requirements and their associated costs to inform the development of the RHCS strategic plan. These estimates were ratified by the FamPlan Technical Advisory Group on October 24, 2003.
- The MOH/**Ghana** Health Service (GHS) issued a Final Statement of Principles at the conclusion of the Human Resource Forum held August 3-4, 2003. The Statement of Principles will guide human resource planning and management in the Ghana Health Service. The Statement of Principles incorporated a few key recommendations from the POLICY report *Implementing a Stakeholders Analysis for the Development of a Human Resource Management System for the MOH/GHS*. POLICY’s report, finalized in May 2003, was circulated to all stakeholders and the USAID Mission and a PowerPoint presentation of the report was also completed. The report brought attention to the issue of instituting a decentralized HR management in the GHS; this was one of the key recommendations noted in the Statement of Principles. POLICY is now collaborating with the GHS to carry forward the necessary follow-on actions proposed in the HR study.

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

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

- In accordance with POLICY and FHI’s understanding on collaborating to implement the uniformed services HIV/AIDS project in **Nigeria** (AFPAC and the Police AIDS Control Project), FHI organized a three-day project management and advocacy orientation meeting in Abuja on December 15-17, 2003 for members of the Police AIDS Control Committee (PACC). Theresa Effa, POLICY/Nigeria NGO and Advocacy Advisor, facilitated the advocacy component of this meeting using an agenda

similar to that used with AFPAC for advocating in military settings. During the meeting, participants identified the need for a police HIV/AIDS policy to guide their AIDS control programs.

- From September to December 2003, POLICY/**Peru** LTA Marcela Huaita served as an advisor to the Prime Minister, providing TA on social policies to fight against poverty and policies related to adolescents, children, and gender. Huaita also played a key role in developing regulations for a Sexual Harassment Law. During this appointment, she also participated actively in meetings of the influential Commission on Social Issues, composed of representatives of all social sector ministries.
- Lena Truhan and Oleg Semerik from POLICY/**Ukraine** provided advocacy training in Vilnius, Lithuania on behalf of EuroCASO. The EuroCASO partnership office in Eastern Europe requested that POLICY/Ukraine advocacy trainers provide training for HIV service NGOs and PLHAs to develop their advocacy skills. The training aimed to increase the capacity of NGOs and other civil society representatives to address HIV issues at local and national levels in their countries. The training took place between November 19–22, 2003. The 25 participants represented 12 CIS countries.

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

- POLICY/**Nepal** has successfully facilitated the mobilization of sex workers in the fight against HIV by supporting the development of leadership and advocacy skills. On November 2 and 3, 2003, POLICY/Nepal conducted a two-day training session with 11 sex workers to train them to be facilitators for a forthcoming national consultation meeting with their peers. This is the first time sex workers in Nepal have been brought together in a national meeting to develop their capacity to lead advocacy and planning sessions with their peers. Facilitators learned communication and facilitation skills, as well as processes designed to identify advocacy strengths, key advocacy issues, potential solutions, and needed skills to further future advocacy efforts. On November 4, as a result of POLICY-supported training, the trained sex workers facilitated a National Sex Worker Consultation with a total of 36 sex workers (including the team of 11 facilitators) representing 20 districts in Nepal. The 11 members of the core facilitation team are currently using the skills learned to convene and lead advocacy preparation workshops with their peers back in their local districts in order to further identify advocacy issues, solutions, and training needs. The information gathered by the 11 members of the core facilitation team will be compiled and presented as part of relevant data for the advocacy training workshop in March 2004.
- POLICY/**Uganda** organized a refresher training course “Family Planning and Reproductive Health Policy Analysis: Using CSPro and DHS data” in CSPro from August 12–15, 2003. A total of 16 participants were trained as trainers, including three from POLICY/Uganda; five from POPSEC; three from the Uganda Bureau of Statistics (UBOS); one from the Family Planning Association; one from the Ministry of Health; one from the Department of Population Studies, Makerere University; one from URHAN; and two DPOs. The trainees have since been involved in training DPOs and DDHSs in CSPro. The first CSPro workshop was held from August 18–22, 2003, at Elgon Hotel in Mbale. Grace Nagendi and John Kyakulaga together with Dick Muhwezi, Program Officer at POPSEC, and Gideon Rutaremwa, a lecturer at ISAE, Makerere University, facilitated the workshop with POLICY’s oversight. The second workshop for the remaining nine districts of the Eastern region was held at Elgon Hotel in Mbale from September 15–19, 2003. Nagendi, Kyakulaga, and Muhwezi facilitated it. The third CSPro training for DPOs and DDHS for the Central region was held in Mityana from October 26–30, 2003, with 19 DPO and DDHS participants from nine districts. POLICY staff (Nagendi and Kyakulaga) were joined by Patrick Mugirwa of the Population Secretariat, Dr. Mariam Ssentongo of the Reproductive Health Division of the MOH, and Ms.

Nabukhonz Pamela of the UBOS. To date, CSPro training has covered 28 of Uganda's 56 districts involving 28 DPOs and 28 DDHSs.

- The results of the 12-month follow-up evaluation of the December 2002 abbreviated TOT in **Russia** revealed that the participants had conducted an additional 17 advocacy workshops for 328 participants since June 2003. The total number of people trained by the 12 alumni of the December 2002 TOT has reached 892. None of these subsequent trainings were conducted with POLICY funding. Taken together with the numbers of people the February 2002 TOT alumni trained within one year of their workshop, over 1,972 people have been trained by CEDPA/POLICY alumni.
- Five of six POLICY/**Nigeria**-trained trainers facilitated workshops in five zonal advocacy skills building training sessions held for NINPREH members between October 27 and December 8, 2003. The workshops were aimed at building capacity and equipping members of NiNPREH with advocacy skills to effectively advocate in support of FP/RH and population issues in their respective zones. The workshops were held in five of the six zones (South South, South East, North Central, North East and North West). Training for NiNPREH South West is scheduled for January 2004. In each zone, 24 members participated in the training, which was facilitated by the resident zonal coordinator and a visiting coordinator from another zone. In May 2003, POLICY/Nigeria supported the six coordinators of the NGO/civil society networks for Population and Reproductive Health (NiNPREH) to be trained as trainers in the TOT workshop in Advocacy for Family Planning and Reproductive Health held in Accra, Ghana.
- In August 2003, POLICY/**Egypt** cooperated with the MOHP/PS-Raidat Riffiat (RR) Unit to build the capacity of 40 RR supervisors as advocates for FP/RH issues. The curriculum that was developed was tailored to meet their background, needs, and potential responsibilities to become both qualified advocates and trainers, to transfer their skills and knowledge to their colleagues at the district level. Two training courses "Toward Enhance Advocacy Skills," held August 24–27 and September 7–10, 2003, were successfully conducted and proved to be very effective, according to the feedback and evaluation of those participants. In addition to tailoring the training program to meet the needs of the RR Unit, POLICY also provided the background materials for the course. In December 2003, the trained RR supervisors successfully carried out, on their own, local advocacy training programs "Toward Enhanced Advocacy Skills" on December 6–8 (Qualubia), December 7–9 (Menya), December 15–17 (Qena), December 29–31 (Souhag), January 18–20, 2004 (Dakahlia), January 26–28, 2004 (Beni-suef). Each training session was attended by 20 district-level supervisors. The training built skills in basic advocacy concepts, the advocacy process, and the skills to develop an advocacy campaign. The feedback indicated that the trainers were highly competent in training, and that the quality of the training program was ensured. These newly acquired skills by the RRs, the main outreach workers in the FP/RH program, will ultimately enhance their role and contribute to the expansion of FP service coverage.
- ZENID, a local counterpart trained and supported by POLICY/**Jordan**, conducted training in advocacy for RH policies. Utilizing the skills and capacity that POLICY helped develop, ZENID/Princess Basma Youth Research Center (PBYRC) conducted a regional training workshop on "Advocacy for Gender and Reproductive Health" in Amman between June 19–30, 2003. POLICY's only support to the workshop was the collection and provision of related training materials and RH information. Twenty-three participants from 10 Arab countries, including four Jordanians, attended the two-week training. Seven of the 12 trainers/facilitators in the workshop were either ZENID/PBYRC staff or had attended POLICY training activities in the areas of gender, RH, advocacy, and networking. The workshop is evidence of sustained local capacity, developed through the POLICY Project, to provide in-country RH policy-related training. During the last three years, POLICY/Jordan has worked on building the local capacity to provide RH policy-related training such

as policy analysis and advocacy. Among the institutions that benefited from POLICY's training was the Queen Zein Al-Sharaf Institute for Development (ZENID) and the affiliated PBYRC. Among the capacity-building activities that POLICY organized at ZENID and PBYRC were the "Network Building and Advocacy for Policy Change" workshop, conducted November 11–13, 2001 and the "Policy Analysis and Advocacy Strategy" workshop, conducted May 6–9 and 13–14, 2002.

- In July 2003, participants of the May 2003 TOT in Advocacy for the Africa Region held in Ghana, Ms. Elizabeth Birabwa of the Population Secretariat (POPSEC) and Dr. Ismail Ndifuna of **Uganda** Reproductive Health and Advocacy Network (URHAN) conducted advocacy training in Uganda. Two RH advocacy workshops were held: participants in the first workshop conducted July 15–19, 2003, resulted in 27 trained participants from national and district-level NGOs including URHAN/Hoima branch, the Uganda Muslim Supreme Council (UMSC), and URHAN/Kampala members. Twenty-eight participants, primarily members of POPSEC, were trained in the second workshop, conducted July 22–24, 2003. The purpose of the training was to sharpen advocacy skills of POPSEC and other stakeholders to effectively coordinate and lead advocacy efforts to influence policy on population, development, RH at national and district levels. The training introduced the concept and practice of advocacy; review steps and tools involved in advocacy campaign; presented the policy process; and imparted advocacy skills for use at national and district levels. POLICY/Uganda supported the advocacy training.
- POLICY/**Ghana**, in collaboration with the National Population Council, the Ministry of Health, Ghana Health Service, Population Impact Project, and the Volta Regional Administration, including Ho and four other District Assemblies, successfully enhanced skills in population analysis and advocacy in RH/POP/HIV/AIDS during a 10-day workshop from January 20–28, 2003, in Ho, the Volta regional capital. In all, 24 RPAC and DPAC team members participated in the policy analysis and advocacy training workshop. A POLICY-developed curriculum was used and participants have since been making presentations to different target organizations and groups, including the Ho District Assembly.
- Three-members of the **Ghana** Registered Midwives Association (GRMA) planned and facilitated a one-week Advocacy and Leadership Training Workshop in Accra for the GRMA leadership, March 10–14, 2003. Twenty-four members of the GRMA, including regional chairpersons and trainers, participated in the workshop, "Downstream Midwifery Advocacy and Leadership Training for Improved Maternal Health Outcome." The workshop used POLICY-developed materials, including findings from the 2001/2002 Ghana's Maternal and Neonatal Program Effort Index, and the Maternal Health Supplement of *Networking for Policy Change: An Advocacy Training Manual*. At the end of the workshop, four groups of regional teams developed advocacy action plans to address specific maternal health issues in their regions/districts. The GRMA trainers had participated earlier in the POLICY-sponsored Midwifery Leadership and Advocacy Workshop held in Ghana, December 2001.

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

- On November 14, 2003, the diploma-level training course in **Guatemala**, "Segundo Diplomado en Población y Desarrollo con énfasis en Financiamiento y Gasto Público," concluded successfully. The three-month course, which was co-sponsored by SEGEPLAN, the INAP, and POLICY, was designed to strengthen the skills of 45 public and private sector officials responsible for implementing the *Social Development and Population Policy*. The group of trainees included directors and technical staff from the Ministries of Health, Education, Planning, Finance, Women's Affairs, Natural Disasters, and Social Communication, as well as representatives of civil society organizations, political parties, and donors. Topics addressed included fertility, mortality, migration, gender, human

rights, education, health, human development, laws and policies, and policy evaluation. This course was first conducted in July 2002.

- POLICY is working to enhance local capacity in health policy analysis and decision making, in the context of the ongoing decentralization process in **Peru**. Decentralization was initiated in Peru in January 2003, and most sectoral functions, including health and education, are going to be devolved to the regions. Between July and October 2003, POLICY, in collaboration with Universidad del Pacifico Research Center, designed a curricula for a series of four-day courses on health sector decentralization in four regions. The four modules developed include: 1) Reform and conflict resolution in a decentralization process; 2) Health sector organization by level of government; 3) Financing structure and flows to support a decentralized health sector; and 4) Citizen's participation in the health sector. The courses were implemented in a joint effort with the regional government and the main local universities in 1) Trujillo (La Libertad Region), July 17–20, 2003, 42 participants, 32 certified; 2) Chiclayo (Lambayeque Region), August 14–17, 2003, 43 participants, 43 certified; 3) Tarapoto (San Martin Region), September 18–21, 2003, 49 participants, 48 certified; and 4) Pucallpa (Ucayali Region), November 20–23, 2003. Participants included representatives of governmental organizations, NGOs and networks, and universities. They were certified by the Universidad del Pacifico as participants to the courses. Participants to the courses learned about successful devolution experiences in other countries, competencies that need to be devolved or centralized, roles of different actors—including government and civil society—in devolution processes, and other issues that will help transition to a decentralized system.
- In **Pakistan** [Global], the country team of midwives that participated in the ANE Midwifery Leadership and Advocacy Workshop in July 2002 used their POLICY small grant to gain commitment from the Pakistan Nursing Council to circulate a revised midwifery curriculum to their members and the teaching staff in the state midwifery schools. As a result, the curriculum was distributed in January 2003, underwent discussion, and is currently under final revision by the Nursing Council together with midwifery school instructors. In the past, the Pakistan Nursing Council always sent out the curriculum without input from the midwifery departments at the state-run schools. This is the first time ever that midwifery instructors were involved in the process. The final distribution of the official curriculum began in December 2003.

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

- POLICY/**Peru**'s LTA Marcela Huaita conducted a seminar-style course on “Health within the Human Rights Framework” in the Masters Program on Social Sciences at the San Marcos University from April–July 2003. The 15-week course focuses on sexual and reproductive rights and caters to students with varying backgrounds including lawyers, health and medical personnel, social scientists, and journalists. In September 2003, Huaita also developed a curriculum and taught a module on “Gender and Human Rights” in a Health Rights course in the postgraduate program at the University Cayetano Heredia.

of instances in which cost-effective capacity-building interventions are implemented

- After working with POLICY to conduct research on the efficiency of resource use in reproductive health care, a **Ukrainian** subcontractor, Medical Management and Audit (MEDMA), continues to use techniques learned through its work with POLICY. For example, POLICY and MEDMA adapted research methodologies for use in the Ukrainian study. MEDMA is currently using some of the same methodologies used in the efficiency studies for an audit that it is conducting in the city of Pryluky.

MEDMA team members also claim that they learned a great deal about research and data analysis from their work with POLICY over the past two years.

FP/RH CORE-FUNDED ACTIVITIES

IRs

IR1: Political and Popular Support Strengthened (FP/RH)

Director: Danielle Grant (acting)

The focus of IR1 is to build political and popular support for client-focused FP/RH, maternal health, adolescent health, and human/reproductive rights policies and programs through the formation of sustainable NGO advocacy networks; the development and support of private, public, and NGO sector policy champions; and the creation and strengthening of private-public sector partnerships in policy formulation and implementation processes.

Summary of Major Activities:

Advocacy Training

- Provided in-country TA that included designing and conducting a training-of-trainers (TOT) workshop in advocacy for the Consortium of Reproductive Health Associations (CORHA) in Ethiopia. The purpose of the workshop was to build the capacity of CORHA members to train and lead others in advocating for greater political and popular support of population and RH policies and programs at the central and regional levels. The training was followed by a one-day network strengthening workshop for the National Advocacy Network for Population and Reproductive Health in Ethiopia.
- Designed and co-facilitated an advocacy workshop for the Young Adult and Adolescent Reproductive Health (YAARH) Network held in Benin City, Edo State, Nigeria in September 2003. The purpose of the workshop was to provide participants with basic advocacy skills to promote the adoption of the strategic plan for improving the reproductive health of adolescents and young adults in Edo State.
- Alumni of the May 2003 TOT in Advocacy for Repositioning FP/RH that was held in Ghana reported many follow-up activities. In addition to focusing attention on FP/RH in their professional capacities, they have trained in advocacy or have raised awareness of FP/RH among various stakeholder groups, including religious, cultural, and local leaders, community nursing students, and regional population advisory committees. The TOT alumni have also conducted advocacy training to strengthen, expand, and focus the work of existing networks (Uganda and Nigeria). Others have conducted stakeholder analyses and formed committees to begin forming new networks to promote change in FP/RH policies (Zambia). Notably, in Enugu State in Nigeria, participants trained by a TOT alumna have in turn conducted advocacy training and begun to hold face-to-face meetings with local policymakers regarding FP/RH; in Lafia, the newly trained network submitted a draft bill on child education to the State House of Assembly.

In some cases, the stakeholders who have been trained by the TOT alumni have begun to develop advocacy implementation plans for FP/RH. For example, at the advocacy training delivered by a TOT alumna in Uganda, the Catholic Secretariat furthered their work on a three-year draft Advocacy Strategic Framework of Adolescent Sexual and Reproductive Health (ASRH) and developed an advocacy objective of securing a commitment from the leadership of the Catholic Church to integrate ASRH issues in all church programs.

- Worked with IR2 to highlight POLICY’s advocacy successes and facilitate the participation of POLICY staff in Asian countries and the U.S. in the Asia Contraceptive Security Media Advocacy Workshop held in Penang, Malaysia from September 28–October 2. IR1 funded Nurcan Muoftuglu of the KIDOG network of Turkey to attend as one of three plenary speakers and present the KIDOG’s success in advocating for increased government funding of contraceptives as the USAID/Ankara country program phased out. During the session on advocacy models, an IR1 staff member presented POLICY’s approach to advocacy for contraceptive security and emphasized that the project’s approach involves policy research, multisectoral network building, advocacy, and policy dialogue, with media advocacy only a component of POLICY’s broader strategy.
- *Small Grants to Midwives for Advocacy.* Four of the eight countries that attended the “Advocacy and Leadership Workshop for Midwives” in July 2002—Cambodia, Nepal, Pakistan, and Viet Nam—submitted applications for minigrants to implement advocacy plans for addressing safe motherhood issues in their countries. Three of the country teams are working to improve or provide higher quality training programs for midwives, staff midwifery schools with trained midwives, and/or revise midwifery curricula. Cambodia is advocating for the development and implementation of a protocol for menopausal care.
 - Nepal. The Nepal country team of midwives completed the activities in their small grant. Their main advocacy objective was to gain commitment from the MOH and Ministry of Education (MOE) to establish a midwifery education program in Nepal. The multisectoral advocacy efforts in Nepal, which included writing an evidence-based position paper on the need for educated midwives and a strong midwifery education program, and a series of regional meetings with members of the Nursing Association of Nepal and other public, private, and civil society sector stakeholders, led to a verbal commitment from the Family Health Department/Department of Health Services/MOH to initiate a midwifery education program in Nepal.
 - Pakistan. The Pakistan country team of midwives also completed the activities in their small grant. The main advocacy objectives were to gain commitment from the Pakistan Nursing Council to circulate a revised midwifery curriculum to its members and the teaching staff in the state midwifery schools and for the MOH to appoint one midwifery teacher in each of the 13 public midwifery schools and 17 private midwifery schools managed by the MOH. Advocacy efforts in Pakistan led to dissemination of a revised curriculum in January 2003, which was reviewed and is currently under final revision by the Nursing Council with midwifery school instructors. The target date for final distribution is December 2003. In the past, the Pakistan Nursing Council sent out the curriculum without input from the midwifery departments at the state-run schools. This is the first time the midwifery instructors have had input into the process. In addition, the Directors of Health in all provinces initiated action to appoint midwifery teachers.

Presentations, Tools, Staff Training

- Designed and conducted a two-hour Introduction to Population-FP training workshop for POLICY staff. A short diagnostic test was drafted and administered to measure improved knowledge about population and family planning before and after the training. The diagnostic tool can be used in various forums and workshops on repositioning family planning.
- Continued developing or adapting policy analysis tools, including one to analyze the policy process, which will be part of the toolkit accompanying the Policy Circle framework being developed with IR3.

- Participated in the Africa TD Week. IR1 staff designed and conducted a session on “Gender Training: New Tools for Integrating Gender Equity into Program Design and Advocacy.”
- Continued working with the Adolescent RH Working Group and the Human Rights Working Group. Ongoing activities include finalizing the Adolescent Reproductive Health and Human Rights supplement to the Advocacy Training Manual. IR1 piloted the draft supplement in Nigeria in September 2003.

IR2: Planning and Finance Improved (FP/RH)

Director: Carol Shepherd

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

Summary of Major Activities:

Contraceptive Security. IR2 continues to grow its contraceptive security (CS) portfolio by 1) expanding into new countries; 2) developing new areas of expertise; 3) conducting innovative POLICY research; 4) carrying out new IR2 dissemination activities; and 5) expanding TA to country programs. Many of these activities have enabled us to strengthen our relationships with partner CAs and to add new partners resulting in an improvement in the overall level of collaboration on CS activities. Some of the funding to support CS activities comes from USAID’s Commodities Security and Logistics (CSL) Division.

- Conducted assessment of RH commodities security in Madagascar, which served as the second SPARHCS field test, in collaboration with DELIVER, PHRplus, and UNFPA. Presented findings and provided feedback on pilot test to USAID/Washington. Provided TA for one-year bridging project and development of strategic plan. Produced assessment report and summary report. (Co-funded with core and field support)
- Worked with POLICY/Jordan to conduct a meeting of the Contraceptive Security Working Group in Jordan to introduce the briefing booklet, provide information on various background studies, and generate the support from the group members in providing data and conducting situation analysis for contraceptive security. (Co-funded with field and core funds)
- Conducted the three-day workshop with FHI in Ethiopia on “National Dialogue on RH Security” for about 50 key stakeholders and identified short-, medium-, and long-term priority RH security issues. Prepared a proceedings report from the National Dialogue workshop.
- Attended the Nigeria Contraceptive Security Strategic Planning Workshop with a representative from JSI/DELIVER and participated on a panel discussion. Workshop participants approved the draft strategy. Assisted POLICY/Nigeria in making final changes to the document to prepare it for publishing. (Co-funded with field and core funds)
- Worked with JSI/DELIVER to develop a joint CS workplan for Togo and Cameroon. The workplan was approved, and activities began in January.

- Worked with JSI and USAID on the final phase of the CS index. Completed data collection, analysis, and preparation to produce preliminary index scores for 54 countries. Prepared PowerPoint presentation on results. Presented paper at the American Public Health Association's annual meeting.
- Developed a paper with IR3 staff on political economy of achieving contraceptive self-reliance in Turkey.
- Prepared policy briefs on CS issues as follows: finalized and published policy brief on "Targeting: A Key Element of National Contraceptive Security." This is the third brief in the series *Policy Issues in Planning and Finance*. Finalized brief on "Creating Conditions for Greater Private Sector Participation in Family Planning/Reproductive Health: Benefits for Contraceptive Security." Drafted brief on "Decentralization and Implications for Contraceptive Security."
- Revised and finalized the SPARHCS consolidation document, in collaboration with Commercial Market Strategies Project and DELIVER.
- Finalized "ready lessons" for USAID's CSL division, in collaboration with DELIVER and CMS to document lessons learned in contraceptive security. These lessons focused on the benefits of ensuring a multisectoral approach, coordination, commitment, public-private partnerships, capacity, and the importance of building an information base to move forward in contraceptive security.
- Completed field work, including key informant interviews and data collection, for the lessons learned case study of USAID phaseout of assistance to the national FP program in Mexico. Completed content analysis of interviews, and report production is in progress.
- Participated in the USAID/W-sponsored Contraceptive Security Working Group.
- IR2 assisted POLICY/Egypt in carrying out a pre-assessment for contraceptive security in Egypt and developing an interim plan for next steps. (Co-funded with field and core funds)

Support to the field: IR2 staff provided staff time and technical assistance to several field-supported activities. For example, IR2 staff helped Bangladesh, Jordan, and Peru conduct market segmentation analyses using DHS data. IR2 staff also assisted with data collection and analysis for the Family Planning Accounts Study in Jordan.

IR2 provided assistance to Jamaica core package by helping to finalize a subcontract with KPMG. KPMG will be conducting focus groups with clients and interviewing MOH staff regarding the proposed interventions to enhance the integration of STI/HIV/FP/MCH services in two parishes in the NorthEast Region. IR2 also assisted KPMG to develop questionnaires for interviewing MOH staff.

Capacity Building: IR2 is working closely with IR3, IR4, and local country offices to institutionalize training courses in formal settings such as universities in partner countries as well as to provide capacity building for staff. In addition, IR2 is working to incorporate human rights, gender, adolescence, and safe motherhood activities into its portfolio through joint capacity-building activities.

- Funded POLICY staff to participate in a weeklong training workshop on the Safe Motherhood (SM) and Postabortion Care (PAC) models in August 2003. Applications for three different countries were developed during the workshop in anticipation of future field applications.

- Participated in the Africa TD Week where we organized a panel on contraceptive security with presentations by Kenya, Ethiopia, Nigeria, and Madagascar. Developed and presented the opening presentation of the CS panel.
- Designed and conducted a Skills Workshop on Strategic Planning and Leveraging Resources for the White Ribbon Alliance Capacity Building Conference held in Zambia in November.

Other presentations and seminars:

- Attended the Media Advocacy Workshop in Penang, Malaysia. Developed and made a presentation on advocacy in contraceptive security, participated in a panel discussion, and supported a speaker from Turkey to speak on the CS advocacy experience in Turkey (co-funded with IR1).
- Attended and made a presentation on “Social Marketing and Other Private Sector Strategies” at a UNFPA conference on Reproductive Health Commodity Security in Kingston, Jamaica in September.
- Attended National Health Accounts symposium organized by PHR+, WHO, and other organizations in San Francisco.
- Attended Research and Reforms Symposium organized by International Health Economics Association.
- CMS End-of-the Project Workshop.
- SPECTRUM training.
- Ben-Cost training.

IR3: Accurate, Up-to-date, Relevant Information Informs Policy Decisions

Director: Karen Hardee

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

Summary of Major Activities:

Models:

- Staff training
 - In conjunction with IR4, conducted training for POLICY staff and USAID personnel on the AIDS Impact Model (AIM) of the SPECTRUM system and GOALS (HIV/AIDS) (Excel version).
 - Together with IR2 and IR4, supported the training of IR2 and Maternal Health staff on the three components of the RH GOALS Model, which includes the Safe Motherhood, Postabortion Care, and RH Resource Allocation models (Excel versions).
- Models development, adaptation, and updating
 - Completed the first draft of the computer programming to incorporate the GOALS Model (HIV/AIDS) into the windows-based SPECTRUM suite. Continued to test and debug features of the Excel version of the model to facilitate its incorporation into SPECTRUM.
 - Feedback from field counterparts and recent staff training in the use of the RH GOALS Model will be used when incorporating the model into SPECTRUM.

- Initiated discussion on developing a feature in the DemProj Model of SPECTRUM that would highlight the Demographic Dividend, using recent studies and POLICY's briefing paper on the subject.
- Collaboration and TA for country applications
 - Met with the U.S. Bureau of the Census (BuCen) on needed modifications to SPECTRUM to facilitate BuCen use of SPECTRUM to prepare the next round of country-level population projections, with HIV/AIDS assumptions taken into account in the projections.
 - Continued collaboration with the UNAIDS Reference Group on Estimates, Models and Projections to provide technical support for the use of SPECTRUM in its Epidemic Projection Package (EPP) to estimate numbers of people affected. UNAIDS uses AIM to develop new country and global estimates of AIDS impacts.

Research:

- Completed a draft of the Policy Circle, a framework for policy analysis and development that includes the six "Ps" of policy (problem, people/places, process, price, paper/paperless, and programs/performance). The Policy Circle is both an explanation of the components of policy and an interactive tool on CD-ROM with links to policy analysis tools for each "p". The Policy Circle will be presented to POLICY staff in January and a final version of the paper will be produced as a POLICY Working Paper.
- Continued working on the HIV/AIDS/STI module of the What Works series. With special initiative funds, focused most attention on a postabortion care (PAC) module of the What Works series that will be part of a PAC toolkit being developed by USAID for use in the field.
- Continued dissemination of the publication, "What Works: A Policy and Program Guide to the Evidence on Safe Motherhood." Thus far, more than 4,000 persons have received copies. Responses to the usefulness of this document have included such comments as this note from Dr. Seipati Mothebesoane-Anoh, Regional Advisor Maternal Health and Safe Motherhood, Division of Family and Reproductive Health, WHO/AFRO, who said, "Indeed this document will be a great resource in my work. In the face of the challenge that is presented by the poor maternal health as evidenced by the very high levels of maternal deaths, we truly need to promote to our very best ability 'What Works.'"
- Provided assistance to country programs and core package teams to develop and review research protocols and data collection instruments, including:
 - Tanzania (designed the data collection instruments for a study on the barriers to access to the injectable);
 - Ukraine (completing the operational policy assessment core package report and the analysis of the study on meeting the RH needs of HIV+ women);
 - FP/HIV linkages (helped complete a draft of the paper on the position of family planning in HIV/AIDS policies, including VCT and PMTCT policies);
 - FP/HIV linkages (reviewed and revised a consultant report on a qualitative study of family planning in the context of HIV in Zambia);
 - Adolescent Reproductive Health (ARH) Working Group (reviewed a paper on transactional sex in Africa); and
 - Asia and Near East (ANE) region (completed an Occasional Paper based on the ANE adolescent and youth reproductive health synthesis report of the 13 country case studies, published in January 2004).

IR4: In-country/Regional Capacity to Provide Policy Training Enhanced***Director: Jay Gribble***

The focus of IR4 is to develop local and regional training capabilities so that the training of current and future policy champions and authorities responsible for formulation and implementation of health policy and policy advocacy become self-sustaining. IR4's two objectives are (1) to improve the skills of all POLICY staff to advance the policy process, in particular POLICY long-term advisors (LTAs), and (2) to strengthen institutional training capacities in policy-related issues at regional and local institutions and universities.

Summary of Major Activities:

Collaboration between IR3 and IR4 supported the training of POLICY staff and USAID personnel on AIM and GOALS (HIV/AIDS) (Excel version). IR2 and IR4 also collaborated to support the training of IR2 and Maternal Health staff on the three components of the RH GOALS Model, which includes the Safe Motherhood, Postabortion Care, and RH Resource Allocation models (Excel versions).

In collaboration with POLICY/Egypt, the Cairo Technical Office of the Partners in Population and Development (an intergovernmental alliance of 19 developing countries in Africa, Asia, and Latin America) continued to conduct a series of training programs on policy analysis and presentation skills. A total of 71 participants from 16 countries in Africa and Asia were selected to attend the 10-day training sessions. One criterion for selection was participants' ability to conduct similar training sessions in their home countries. The program included five topics: (1) development of population policies and strategy skills; (2) SPECTRUM models for projection and analysis; (3) advocacy skills; (4) training methodology; and (5) presentation skills.

Having received approval from the University of Jordan to introduce a new course on population issues, POLICY/Jordan and IR4 began to develop an outline for a graduate seminar that addresses demographic methods, population and reproductive health, and the interrelationships between population and other sectors. In addition, the course will include use of the SPECTRUM software. The course is scheduled to be taught in 2004.

IR4 is supporting the Gender Working Group (GWG) activity to gather and review background material for development of gender and policy analysis tools. These tools will form the basis of a curriculum designed to strengthen gender integration in policy analysis.

Having completed training faculty members in the use of SPECTRUM, Makerere University in Uganda began the process of incorporating use of the software into existing undergraduate and graduate courses. To date, DemProj, FamPlan, EPP, AIM, and RAPID are being integrated into 11 different courses. Makerere University estimates that more than 200 students will receive training in SPECTRUM models. POLICY provided additional support to the university, helping to ensure that the computer programs become institutionalized in the different academic programs.

The institutionalization of SPECTRUM in the Philippines continues as the University of the Philippines Population Institute includes the software in two of its regular courses. In addition, SPECTRUM is included in the course on Introduction to Demographic Methods at Xavier University in Cagayan de Oro City, Mindanao.

During the last part of 2003, IR4 and POLICY/Ghana began exploring the introduction of SPECTRUM into the curriculum of the School of Public Health at the University of Ghana. Initial training is planned for April/May 2004, during which faculty members will learn about the models and how to use them in

ongoing courses. In addition, faculty members at the Regional Institute for Population Studies (RIPS) represent another vehicle through which SPECTRUM can be introduced and integrated into ongoing educational programs.

POLICY/Kenya is developing a course on resource allocation, planning, costing, and budgeting, with support from IR4. The course is being designed in response to the decentralized health sector, and includes the following topics: planning, budgeting, controls, data management, procurement, proposal writing, leadership, team building, human resource management, and quality assurance. The course is scheduled to take place during April 2004 and is also receiving support from USAID/Nairobi. POLICY IR2 staff is also providing TA for the development of the course.

With support from IR4, the Human Rights Working Group (HRWG) is collaborating with POLICY/Peru to develop a course on human rights and health. The course will be included in the gender studies program at San Marcos National University before September 2004. During the reporting period, Marcela Huaita of POLICY/Peru traveled to Washington to collaborate with Lane Porter on development of course goals and learning objectives, in addition to course content.

Working Groups

Adolescent Reproductive Health (ARH) Working Group

Director: Nancy Murray

The purpose of the ARH Working Group is to create a shared understanding of critical issues in ARH both globally and regionally and to explore those issues in the context of sexual and reproductive health policy. A primary role of the ARH Working Group is to educate POLICY staff about ARH issues and to promote greater integration of ARH policy issues into country programs. Another important purpose of the ARH Working Group is to raise awareness concerning the importance and magnitude of ARH issues in the policy context.

Summary of Major Activities:

- *Policy Compendium (in collaboration with YouthNet).* The ARH Working Group has sponsored a series of eight “Expert Meetings” to seek input into the development of the conceptual framework, or Key Element Guide, for the Policy Compendium. We are currently planning a meeting of stakeholders in March (United Nations agencies, CAs, and youth) to present progress to date on the construction of the database and the associated products and to solicit feedback as well as to raise awareness.
- *Regional Meeting on Youth Reproductive Health Policy in Tanzania (in collaboration with YouthNet).* Together with IR1 staff, the ARH Working Group is developing the session plans and the facilitation methodology for this workshop, to be held in Tanzania in April 2004. The working group has also identified field support for the participation of POLICY country teams from Zambia and Nigeria. Additionally, the working group has met with country managers from the other countries for which YouthNet will be supporting delegations (Ethiopia, Tanzania, and Uganda) to ensure that POLICY has input into the selection of the candidates.
- *ARH Policy and Program Issue Papers.* Completed drafts of two country briefs on ARH policy and advocacy work in Jamaica and Nigeria.

Gender Working Group (GWG)

Director: Anne Eckman

The GWG's purpose is to help POLICY staff strengthen the integration of gender as a crosscutting issue in the project's core and field activities by providing information, TA, and training to POLICY staff and by providing technical leadership on the Global Health Interagency Gender Working Group (IGWG).

Summary of Major Activities:

- *Information, Education, and Communication (IEC) Activities.* Maintained IEC activities by monthly e-mail newsletters highlighting recent key resources, in addition to adding resources to the gender resource collection with new materials on gender and reproductive health and HIV/AIDS. Hosted a BBL with Janet Walsh in September highlighting the recent report from Human Rights Watch on the links between property rights violations and HIV/AIDS in Kenya.
- Based on an updated review of available gender and policy analysis tools and recent needs assessments of country programs, finalized identification of needed tools to integrate gender in policy and initiated drafting of these tools; these tools will form the basis of the IR4 curriculum to strengthen gender integration in policy analysis.
- Conducted strategic planning for strengthening integration of gender into the POLICY Project for its final two years. As a result of country-level input and feedback from key POLICY/Washington staff, identified priority technical areas and types of TA needed.

Participation on IGWG Committees

- *IGWG Technical Advisory Group (TAG).* Jeff Jordan continued to serve as co-chair of the Technical Advisory Group for the IGWG. In collaboration with the other TAG leadership, Jordan's contributions for this period focused on the IGWG's role in hosting the Men and Reproductive Health Conference in September and in honing strategies for the IGWG to support strengthened attention to gender-based violence (GBV) and support to the field to integrate gender into programming.
- *Training Task Force, IGWG.* In December, Elizabeth Neason worked with two consultants to finalize the Male Involvement in RH training module, worked with a consultant and Britt Herstad to finalize the Safe Motherhood module, is finalizing the GBV module, and is working with Michal Avni, Jeff Jordan, Herstad, and Mali Mission staff to develop a three-day Gender Integration and Male Involvement training workshop. Neason and Anne Eckman worked with consultant Blakely Huntley to design and plan for six-month follow-up evaluation for participants in the Guyana Gender Integration and Gender and HIV workshop. Eckman and Diana Prieto facilitated a two-hour working session on "Youth, Gender, and HIV: What is The Intersection?", adapted from the IGWG Gender and HIV training module for FHI's YouthNet staff in December. In September, Neason, Mary Kincaid, and Avni collaborated with staff from the Bureau of the Census to design and facilitate a two-day workshop on gender integration for CDC's Reproductive Health Survey Division. Neason and Jordan designed a half-day module on "An Introduction to Gender for the Mali Mission MAQ" in September. Jordan facilitated the session in Bamako.
- *Evidence-based Gender Research Task Force, IGWG.* Karen Hardee continued as co-leader of the task force, working with USAID and CA representatives to collect and synthesize available research that will show how attention to gender helps achieve results in the field. The final report, *Integrating*

a Gender Perspective into Reproductive Health Programs: Does It Make a Difference to Outcomes, was reviewed by USAID and its text was approved with minor revisions. The final report will be produced in early 2004.

- *Gender and HIV/AIDS Task Force, IGWG* (Note: This activity is jointly funded by OPRH and OHA). Mary Kincaid serves as task force leader. The IGWG task force objectives include documenting and assessing current USAID-supported programming on gender and HIV issues related to HIV and RH programs, identifying priority strategies and recommendations, and disseminating findings. Anne Eckman and USAID counterparts incorporated reviewer comments and sent the final IGWG Gender and HIV/AIDS Task Force report to USAID for approval. The team also drafted several short briefing papers on key topics and sent them to USAID for review for possible inclusion as supplements to the brief. The Gender Committee of the Interagency Work Group (IWG), which is co-chaired by Diana Prieto, USAID, and Mary Kincaid, POLICY, met twice to review its progress on recommended modifications to the Expanded Response indicators. The indicators subcommittee of six persons (representatives from Macro, ICRW, Futures Group, Cultural Practices, and USAID) met in July to begin work on indicator development and continued this process in October. Active collaboration with OPRH (Michal Avni and Nomi Fuchs) and OHA (Linda Sussman and Diana Prieto) staff has occurred throughout the report writing. In addition, the IWG indicators work has included facilitating two collaborative working group meetings for representatives from Macro, ICRW, Futures, Cultural Practices, and USAID.
- *Gender and Quality of Care Task Force, IGWG*. Karen Hardee served as task force leader. Hardee completed the drafting of the synthesis report of the research studies in Kenya, India, and Guatemala, which was sent to USAID for review. Comments were received, and the report will be revised for final publication in early 2004.

Human Rights Working Group (HRWG)

Director: Lane Porter

The purpose of the HRWG is to create a shared understanding of critical issues in human rights as applied to reproductive health and to promote a rights-based approach throughout core and field activities. Grounded in human rights principles and provisions stated in international treaties, consensus statements, national constitutions, and laws, components of a rights-based approach include advocacy and activism, information services, participation, capacity development, alliance building, community mobilization, and collaboration and coordination. The objective of the HRWG is to achieve an increasing number of core and field results that incorporate a rights-based approach. The strategy is to support application of a human rights approach by (1) increasing knowledge of human rights by staff and counterparts; (2) increasing staff and counterpart collaboration and coordination of human rights activities; and (3) promoting human rights applications in POLICY countries. POLICY's human rights work will be aimed at raising the profile of FP/RH as a basic human right, focusing especially on the legal status of women and how improvements in that status can advance access to high-quality RH services.

Summary of Major Activities:

- Prepared and published via email a monthly human rights update.
- Reorganized the POLICY Intranet human rights page for posting.

- Collaborated with POLICY/Peru and the IR4 Director in the design and preparation of a detailed activities schedule and timeline for the IR4 Reproductive Health and Human Rights course and learning package for delivery in Lima, Peru, in summer 2004.
- Designed and participated in the production of a session on human rights and safe motherhood at the White Ribbon Alliance workshop in Lusaka, Zambia.
- Conducted brown bag education programs, as follows:
 - “Sharing Experiences with Domestic Violence as a Human Rights Issue in Botswana” (Keneilwe Lekoba, September 2003).
 - “Linkages between Domestic Violence against Women and HIV/AIDS in Botswana” (Keneilwe Lekoba, September 2003).
 - “Inheritance Rights in Kenya,” with GWG (Janet Walsh, September 2003).
 - “Progress in South Africa Following Showing of ‘A Woman’s Place’ Documentary Film” (Tandazwa Ndita, October 2003).
 - “Legislating the HIV/AIDS Epidemic: Remarks on How HIV/AIDS-related Laws Have so far Benefited Women Living with HIV/AIDS in Southern Africa” (Rumbi Mabuwa, December 2003).

Core Packages

Guatemala (Manager: Norine Jewell). The Guatemala package expands the effort to reduce barriers to FP services by developing and putting in place improved operational policies. The core package permits in-depth analysis of the underlying policy causes of barriers that were identified in a 1999 medical barriers study and of other policies that could undermine corrective measures taken to address those barriers.

In September, POLICY staff met with high-level MOH officials to discuss two policy interventions that were determined by stakeholders (in a February workshop) to be of highest priority in ensuring continuity and sustainability of Guatemala’s RH program in the face of the changing political climate. The first priority is the institutionalization, through regulatory change, of the National Reproductive Health Program (NRHP) within the MOH structure. The second is the creation of a formal mechanism that will allow the allocation of funds to RH, including family planning. As a result of discussion and policy dialogue between POLICY staff and MOH officials, in September, the Minister of Health agreed to support two key policy actions to address the first priority: an executive order to modify ministry regulations in order to formally recognize the national RH program, and two ministerial orders to further define the national RH program. These policy changes will strengthen and institutionalize the MOH’s role and responsibilities vis-à-vis RH and women’s and children’s integrated health and provide a political and organizational base to ensure continuity regardless of changes in government. POLICY contracted with a local firm to assist counterparts to prepare these regulatory instruments, and final drafts were presented to the minister for approval in late November. Action is expected in the next quarter.

Also as part of the core package, in September, POLICY organized a workshop with representatives from different divisions of the MOH to develop medium- and long-term action plans and assign roles/responsibilities for operational policy changes that will address other priority barriers identified during the course of the core package activities. Participants included the Vice Minister of Health, the National Health Director, the NRHP Director, other representatives of the MOH, and representatives from USAID and CAs. At the end of the workshop, participants also recommended that in the short time remaining under the current administration, highest priority be given to regulatory changes that will institutionalize the NRHP. The Minister of Health agreed to incorporate this recommendation, as well as

information on medium- and long-term actions for other operational policy changes in the Transition Plan that the current government is preparing for the incoming administration. This action will draw attention to the need for implementing the executive order and ministerial orders to ensure continuity of the national program.

All core package activities have concluded. The final report and documentation remain to be completed.

Jamaica: Addressing Operational Policy Barriers to Facilitate Integration of RH/STI/HIV/AIDS Services at the Parish Level (Manager: Margaret Rowan). The Jamaica core package is designed to help the MOH delineate the extent, feasibility, and potential scope of integration of FP/MCH and STI/HIV/AIDS services. Two parishes in the NorthEast Region have been chosen for study. A workshop was conducted with the stakeholders in the region along with national representatives to begin the process of identifying barriers to integration. Subsequent to that workshop, POLICY staff documented the current service delivery structure for FP/MCH and STI/HIV/AIDS in the two parishes and developed and finalized 22 potential interventions that could be implemented in the parishes to foster integration. The interventions were designed in collaboration with MOH staff at the NorthEast Regional office and the two parishes. A research company is currently conducting studies pertaining to the proposed interventions, including an operational policy barriers study, provider interviews, and client focus groups. POLICY staff are in the process of costing out the interventions, including a cost-effectiveness study on screening and treatment for sexually transmitted infections (STIs). The results of this feasibility study can be used to guide integration approaches for other parishes in Jamaica and provide information to donors and program managers in other countries as they make decisions on integration of RH/HIV/AIDS services.

Kenya: Improving Access to Family Planning Services in Public Sector Facilities for Poor/Underserved Populations (Manager: Angeline Siparo). The overarching goal of this package is to improve financial access to FP services for the poor and other underserved groups. The package seeks to enhance access to FP services among the poor and underserved by ensuring that waivers and exemptions are appropriately applied to those who need them; ensure that revenues generated from FP-related fees are retained and used to improve the quality of FP/RH services; and generate additional revenues to move the public sector toward eventual financial sustainability in the delivery of FP services, including the management and logistics systems. This package will apply elements of POLICY's framework for reforming operational policies through a participatory process to address access issues for poor/underserved populations in Kenya. It will focus on fees, waivers, and exemptions for FP services and targeting of services (e.g., targeted to low-income households and other priority groups).

During the reporting period, POLICY consultants (G. Mwabu, B. Obonyo, and J. Korir) led a needs assessment and baseline survey for a study in seven sites (Bungoma, Kakamega, Kisumu, Mombasa, Nakuru, Nyeri, and Thika). The consultants initiated the study after engaging in dialogue, preparing the sites for the survey, and recruiting research assistants to support the process. Further, the team assembled and cleaned the Welfare Monitoring Survey (1994) data to support the completed market segmentation analysis. The study is being implemented jointly with a maternal user fee study. Against the concerns that user fees reduce access to services among the income-poor and other vulnerable groups, POLICY's Maternal Health team discussed a study on maternal services (in particular, delivery and antenatal care (ANC)) to determine the effectiveness of the existing safety nets in protecting the vulnerable. For cost-sharing purposes and to generate a more comprehensive research activity, the study was integrated with the Kenyan Family Planning Access core package. In support of the joint effort, the POLICY/Washington and Kenya teams developed a joint scope of work (SOW) and workplan and agreed on an implementation plan. Starting with a review of national policies on user fees, waivers, and access to maternal health services, the Maternal Health team study gathered data from selected sites. Other than the structured questionnaire, the study used the focus group discussion approach to collect data in three selected sites

(i.e., Bungoma, Kisumu, and Thika). Data analysis is underway, with a draft report expected in February 2004.

Malawi: Increasing Access to FP/RH Services by Improving Key Operational Policies (Manager: Rita Chilongozi). The purpose of the Malawi core package is to review major FP and RH operational policies that may act as barriers to service provision. For several priority operational policies, the core package calls for developing a plan for reform, including gathering and presenting state-of-the-art information, international protocols and norms, and local experience; estimating the positive impacts of reforming operational policies in terms of increased access; developing and implementing a modest advocacy plan to stimulate/assist the MOHP in amending its policies; and assessing impacts one year after policy change. Out of concern that the Ministry of Health and Population was not sufficiently supporting the core package and thus could not ensure its effective implementation, POLICY, in consultation with the Mission, decided to withdraw the Malawi package.

Nigeria: Development of Advocacy for a Young Adult Reproductive Health Strategy in Edo State (Manager: Scott Moreland). This package uses the full range of POLICY tools and strategies in Edo State that will result in the state government approving a YAARH strategic plan and increased funding for YAARH programs. The strategy will outline interventions that address specific YAARH problems and subpopulations, have resource requirements and a detailed budget, and include a monitoring and evaluation plan to guide progress. In the course of establishing the plan, a youth advocacy network was formed to participate in the development of the plan, garner political and budgetary support for the strategy, and continue support for other YAARH issues.

During the reporting period, POLICY continued work on the YAARH core package in Edo State, in collaboration with the Women's Health Action Research Centre (WHARC). On September 10–12, a three-day advocacy skills-building workshop, facilitated by Elizabeth Neason (POLICY/Washington) and Theresa Effa (POLICY/Nigeria), drew 20 members of the YAARH Network. At the workshop's conclusion, participants identified the "lack of a strategic plan to address young adult and adolescent reproductive health" as their advocacy issue; they also developed a draft advocacy action plan. Participants agreed to an expanded meeting that would include additional network members for the purpose of finalizing and adopting both the advocacy action plan and the Edo State YAARH Strategic Plan. On December 11, a one-day consensus meeting of the expanded YAARH Network formally endorsed the strategic plan as a product of the network. At the meeting's conclusion, a committee was formed to lay the foundation for an advocacy campaign aimed at the state government's adoption of the strategic plan.

RH GOALS (Manager: Carol Shepherd). The purpose of this core package is to develop an Expanded GOALS Model for Reproductive Health to help countries develop comprehensive RH action plans (RHAP) and to achieve greater efficiency in the use of available funds. The model will help improve the allocation of resources both within and across the components of RH programs. Once the model is complete it will be applied in two countries, possibly in India and Jordan, to assess its applicability in field settings. The model's application will provide opportunities for multisectoral involvement in planning and finance, policy dialogue, and the use of advocacy skills to disseminate the results.

Three of the four components of Allocate (RH GOALS) are now assembled: HIV/AIDS (GOALS), Safe Motherhood (Safe Motherhood Model), and Postabortion Care (PAC Model). Initial work has begun on the modeling of the fourth component, Family Planning. Test versions of GOALS and the PAC Model are now in SPECTRUM, and draft manuals for both are available as well. A field application of the SM-PAC Model was undertaken in Uganda. Initial data collection for an application of Allocate (RH GOALS) in Ethiopia has begun, and the first TA trip is scheduled for February 2004. The application focuses on the FP and PAC components of Allocate and is co-funded with IR2 funds.

Ukraine: Translating Ukraine's NRHP into Action: Eliminating Operational Policy Barriers, Setting Priorities, and Improving Efficiency of Resource Use at the Local Level (Manager: Nicole Judice). The Ukraine core package is designed to help implement the National Reproductive Health Program (NRHP) 2001–2005 by eliminating operational policy barriers and strengthening the government's capacity to set RH program priorities and more effectively allocate resources at the local level. The first component of the package is collecting and analyzing data on specific barriers impeding the efficiency with which RH services are delivered in two typical Ukrainian cities: Kamianets-Podilsky (KP) and Svitlovodsk. The second component involves introducing and applying an adaptation of the Columbia Framework model for priority setting in KP.

During this reporting period, POLICY and a local subcontractor, MEDMA, finalized a full report and policy brief based on the Reproductive Health Resource Efficiency Study, which was conducted in the cities of KP and Svitlovodsk. The study was disseminated on November 13, 2003, at a policy dialogue roundtable hosted by the MOH and POLICY. A diverse group of policymakers participated, including representatives from the MOH; the Verkhovna Rada Committee on Health Care, Motherhood, and Childhood; the KP and Svitlovodsk city administrations; the Ministry of Economy; the President's Administration; the Ukraine Reproductive Health Network (URHN); and other NGOs. As a result of the roundtable, the participants decided to prepare a memorandum summarizing their discussion of the findings to send to relevant ministries, the Verkhovna Rada, and the President's Administration. This memorandum will be finalized in January 2004.

Targets of Opportunity

FP/HIV/AIDS Linkages (Manager: Koki Agarwal). POLICY has recently finalized a Working Paper entitled "An Analysis of Family Planning Content in HIV/AIDS, VCT, and PMTCT Policies in 16 Countries." This paper analyzes how family planning has been addressed in international guidelines, national HIV/AIDS policies, and in PMTCT and VCT policies in 16 high HIV prevalence countries and describes key gaps in the policy environment.

In addition, POLICY is conducting a study in Uganda, South Africa, and Jamaica, which aims to investigate barriers to the provision of family planning in VCT and PMTCT programs, realities of integration, and specific needs of service providers and clients in providing and accessing these services at the country level. While still in the process of receiving necessary approvals in South Africa and Jamaica, POLICY issued a request for proposals in Uganda and is currently reviewing proposals to identify an appropriate partner to conduct the study.

Strategy to Reduce Haiti GBV (via IGWG funding to POLICY for Haiti Mission proposal) (Managers: Anne Eckman and Norine Jewell). POLICY has received \$90,000 from USAID's Interagency Gender Working Group to develop a joint public-private sector, donor-supported national strategy for reducing gender-based violence (GBV) in Haiti through RH and HIV/AIDS programs. In October 2003, POLICY/Washington staff traveled to Haiti to finalize the SOW and budget and to agree on the process to be used in the strategy development with Konesans Fanmi, a local Haitian NGO will take the lead in this activity, and the Haiti Mission. POLICY, the Mission, and Konesans Fanmi agreed on a draft workplan that focuses on the use of DHS data to illuminate key issues in GBV and a strategic planning process to identify opportunities for introducing measures that raise awareness about and mitigate GBV. POLICY formed a steering committee composed of donors and other NGOs, and in December, signed a contract with Konesans Fanmi to locally coordinate project activities. POLICY staff also began secondary analysis of DHS data to extract relevant information related to GBV and initiated contact with Konesans Fanmi and other organizations (IHESI, IHE, and USAID) to create a multisectoral technical team that will

contribute to and validate the results of the analysis. POLICY staff met with Dr. Ginette Rivière Lubin of the Ministry of Women, who committed to participating on the technical team and giving the ministry's support to the GBV project.

Addressing Policy and Operational Barriers to Accessing Integrated Youth Reproductive Health services at FOSREF, Haiti (Manager: Nancy Murray). The POLICY Project has a unique opportunity to explore policy and operational barriers to integrated youth RH services with FOSREF, a Haitian NGO, in collaboration with the Community REACH and YouthNet projects. Community REACH has provided funding during a two-year period to FOSREF to integrate VCT and referral services into the existing RH services in three of FOSREF's youth-friendly clinics, as well as resources to promote these new services. YouthNet will provide funding to FOSREF to examine quality of care in the context of RH services. POLICY will complement these activities by supporting the identification of policy and operational barriers, revision of FOSREF operational guidelines and national VCT guidelines, and advocacy activities to promote recommended changes to the NGO and public sector stakeholders. POLICY has signed a memo of understanding with YouthNet to formalize collaboration and ensure clarity in terms of roles, responsibilities, and expectations.

The purpose of the FOSREF activity is to identify policy and operational barriers to provision of and access to VCT/RH services to adolescents in Haiti through exit interviews with FOSREF clients. Based on stakeholder input and documentation of barriers, POLICY will help to develop operational guidelines that address these barriers to be used in all FOSREF clinics resulting in a revised *Protocole de VCT*. This activity will also suggest revisions to the national VCT policy to include provisions for adolescents, based on a review of international and Haitian experience.

The questionnaire to be used for client exit interviews to identify operational barriers has been designed. A position paper advocating for changes in the national VCT policy has also been developed and shared with the Ministry of Health by FOSREF. Unfortunately, due to the current political situation in Haiti, travel to field test the instrument and train the interviewers has had to be postponed, thus activities are on hold.

Special Initiatives

Contraceptive Security (Manager: Carol Shepherd). Described above in IR2 section.

GBV Analysis Guidelines and Advocacy Template and Expert Group Meeting (using OPRH Venture Capital Funds) (Manager: Mary Kincaid). POLICY is undertaking two linked activities to develop tools to better integrate GBV into countries' RH policy frameworks. The first activity, the development of GBV Analysis Guidelines and Advocacy Template, aims to produce synthesized guidelines for analysis of the DHS GBV data and an adaptable template for advocacy presentations using data from the October 2002 WHO release of a groundbreaking cross-national study as well as the increased integration of GBV modules into the DHS. The second activity aims help promote political commitment and policy responses to GBV and raise awareness of the importance of GBV among USAID Missions by developing a briefing booklet that can be used with missions and other counterparts to raise awareness about policy opportunities and strategies for responding to GBV.

Work began this period on the GBV data analysis guidelines and advocacy presentation template and on the expert group meeting. Based on consultation with USAID, it was decided that the focus of the proposed gender and policy brief would be shifted to holding an expert meeting to identify the most strategic directions for USAID Missions to respond to GBV and to produce the briefing booklet based on the directions identified in the meeting. POLICY consultant Blakley Huntley started work on the

literature review and communications with the Haiti team in order to draft the table of GBV issues and corresponding DHS variables for the GBV analysis guidelines. The team also reviewed the tabulation plans from MEASURE/DHS and agreed on the outline of final products and the division of labor for the analysis guidelines and advocacy activity. The team prepared a project description of the expert group meeting, based on discussions with USAID about the needs of the Bureau for Global Health and synergies with other ongoing activities. The literature review will also be used to develop the framework for discussion during the expert group meeting.

PAC (Manager: Koki Agarwal). The Bureau for Global Health asked POLICY to prepare a module on postabortion care (PAC) for the What Works series. The PAC module, being prepared in collaboration with Population Council's FRONTIERS Project and the Johns Hopkins Center for Communication Programs, will be part of a USAID PAC toolkit that will be sent out worldwide to help improve PAC programs. Other components of the toolkit are a review of policies and guidelines on PAC and sample communications materials. In addition, POLICY's PAC Model will be added to the toolkit. The module was partially drafted during this reporting period and will be sent out for expert review during the first quarter of 2004.

MATERNAL HEALTH CORE-FUNDED ACTIVITIES

Core-funded Activities

Director: Koki Agarwal

Through its various maternal health (MH) activities, the POLICY Project's goal is to increase political and popular support for maternal health and to improve planning and resource allocation for MH services. POLICY activities focus on strengthening political commitment, formulating appropriate policies, eliminating or reducing operational constraints in MH services, fostering efficient use of resources, and improving resource allocation decisions. These are achieved by empowering stakeholders to advocate for MH programs based on relevant data and building their capacity to plan and implement programs.

In addition, in May 2003, the White Ribbon Alliance for Safe Motherhood (WRA) joined the POLICY Project. This collaboration has generated many successful activities, some which are highlighted in this report. The WRA's major activities and collaborations are showcased later in this report.

Summary of Major Activities:

Presentation by Dr. Catherine Hamlin on Obstetric Fistula. Obstetric fistula, although largely preventable, remains a main contributor to maternal death. The POLICY Project, in collaboration with USAID, organized a speaking engagement in October at the Woodrow Wilson Center with world-renowned Dr. Catherine Hamlin, co-founder and Director of the Addis Ababa Fistula Hospital. Dr. Hamlin's presentation, titled "Obstetric Fistula and its Impact on Women's Lives," focused on her work over the last 30 years with women suffering from this condition and the stigma and trauma they face. The presentation was open to CAs and other organizations working in the field of maternal health.

Maternal and Neonatal Program Index (MNPI). In response to the need for data on maternal and neonatal health programs, POLICY uses results from the MNPI to develop country-specific, customized advocacy briefs. The MNPI briefs highlight the gaps and strengths of maternal and neonatal health policies and programs. These briefs are widely distributed through regional advocacy training workshops for midwives and in-country dissemination seminars. In 2003, for the first time, the MNPI was conducted in six regions in Russia. Preliminary results have been used for advocacy by regional RH advocacy networks.

Safe Motherhood Model Training for Internal POLICY Staff. POLICY has developed a statistical model to represent the relationships between a national maternal health program and the resulting maternal mortality ratio (MMR) and the number of maternal deaths. The model was introduced to stakeholders in Guatemala and Ethiopia in the summer of 2002. POLICY also developed a costing component to the Safe Motherhood Model using WHO's Mother-Baby Package, which allows stakeholders to model the impact of reallocating funds among maternal health programs on the MMR. The costing component was applied for the first time in January 2003. Applications are starting in Ethiopia, Senegal, and Burkina Faso. Other countries have expressed an interest in using the model. In August 2003, to keep up with demand, Lori Bollinger, a POLICY staff member who applied the Safe Motherhood Model in Uganda, provided introductory training in using the model to POLICY staff working in the area of maternal health. Dr. Mbonye, the Acting Assistant Commissioner of Health Services in Uganda, has taken a keen interest in the model's results. Based on the results and visible impact of family planning in reducing maternal mortality, he has committed to give high priority to FP programs in Uganda. In a letter dated October 20, 2003, Dr. Mbonye noted, "It is envisaged that the model will be used to cost safe motherhood interventions and resource allocation at the central and district levels." Dr. Mbonye also recommended

that district population and health officers be trained in using the model. The MOH is currently in the process of considering budgetary reallocations based on the model's findings.

Collaboration with the WRA

- Zambia. From November 10–14, the WRA, with support from POLICY, held an international “Capacity Building Workshop” for the members of the National and Global Secretariats of the WRA. One hundred fifteen WRA members from 18 countries in Africa, Asia, Latin America and the Caribbean participated in the five-day workshop, which focused on obstetric care and home-based life-saving skills and effective transport and referral systems. The Minister of Health opened the workshop. The purpose of the workshop was to focus on strengthening and building capacity and technical skills in emerging issues in safe motherhood, advocacy, resource leveraging, interaction with the media, and development of linkages between member countries and the Global Secretariat. Technical update sessions were held on the topics of obstetric fistula, newborn care, safe motherhood and HIV/AIDS, antenatal and postpartum care, postabortion care, malaria in pregnancy, and emergency obstetric care. POLICY provided two presentations and TA on “Linkages Between Human Rights and Safe Motherhood,” and “Working Together to Leverage Resources.” POLICY also participated in the Decision Making Committee’s work and strategy meetings. Each participating country made future commitments to further the work of the WRA locally and regionally. Two USAID/Washington staff were present and participated in the entire workshop (Mary Ellen Stanton and Rose McCullough). Extensive media interactions took place through participation of POLICY staff and WRA members in radio and live television spots throughout the week.
- Ethiopia. As a result of previous small grant activities in 2002 to support advocacy skills for midwives, the president of the Ethiopian Nurse-Midwives Association (ENMA), who also attended the capacity-building workshop in Zambia, initiated the groundwork to start a WRA in Ethiopia, in collaboration with POLICY/Ethiopia. The grant resulted in ENMA and POLICY/Ethiopia making arrangements, sending invitations, and organizing a one-day workshop that brought together potential stakeholders in November in Addis Ababa to discuss the idea of a WRA start-up. Thirty-one participants were present, representing local and international NGOs, including the MOH Planning and Programming Department, Centers for Disease Control (CDC), the Fistula Hospital, media organizations, the Global Secretariat for the WRA, POLICY/Ethiopia, and POLICY/Washington. The objectives of the workshop were to bring the stakeholders together to discuss the purpose, goals, and activities of the Global WRA; potential membership opportunities for participants and their organizations; the anticipated role and functions of a WRA in Ethiopia; and the next steps.
- Tanzania. As a result of previous small grant activities in 2002 to support advocacy skills for midwives, two members of the Tanzania Nurse-Midwives Association who also attended the capacity-building workshop in Zambia are in the process of organizing a two-day workshop to bring together high-level policymakers, the first lady, national and international NGOs, FBOs, health care professionals, and community-based and social organizations to explore their interest and level of commitment in starting a WRA in Tanzania. The planning of the workshop is being done with the collaboration of the WRA Global Secretariat, POLICY/Tanzania, and POLICY/Washington. The objectives of the workshop are to discuss the purpose, goals, and activities of the Global WRA; potential membership opportunities for participants and their organizations; the anticipated role and functions of a WRA in Tanzania; and the next steps. POLICY is providing funding and TA for the workshop, which is tentatively scheduled for March 2004.

Core Packages

Peru: Overcoming Operational Barriers to the Provision of Services Essential to Safe Motherhood in Five Low-Income Departments (Manager: Patricia Mostajo). The Peru core package is intended to help develop and put in place solutions to reduce operational policy barriers that impede client access to use of services essential to reducing maternal mortality and ensuring safe motherhood in low-income areas. Barriers may exist at the household, community, or service delivery levels. The focus of this package is on the service delivery level, although the package may also identify barriers at the household and community levels. The package will identify and study operational policies and address, *through policy change*, the policies that are at the root of the barriers.

During the reporting period, POLICY staff and consultants finished data collection and analysis for the costing component of the package. Qualitative data collection has been completed in Piura and San Martín and is in its final stages in Puno and Huanuco. Preliminary results of the cost and qualitative analysis were presented to the staff of the MOH Integrated Health Insurance program, which covers antenatal and delivery care to the poorest women in the country, so they can use preliminary cost results to evaluate the adequacy of reimbursement payments being made to health providers.

Special Initiatives

White Ribbon Alliance for Safe Motherhood (WRA) (Manager: Theresa Shaver). In May 2003, WRA joined the POLICY Project. The WRA is a grassroots organization that was formed in 1999 by a group of 35 international NGOs, United Nations agencies, and USAID. They recognized the need for a multisectoral effort to ensure that no woman dies in childbirth from preventable causes and agreed to work together to make or keep safe motherhood a priority for international organizations and governments. The WRA's goals are to raise awareness of safe motherhood in developing countries, build alliances to save women's lives, and act as a catalyst for action to address the tragedy of maternal deaths and expand safe motherhood efforts.

Summary of WRA's Major Activities:

Decision-making Committee Meetings. The Global Secretariat has conducted two successful decision-making committee meetings with the newly elected representatives (one in Washington, D.C. in July 2003 and one in Zambia in November 2003 before the capacity-building workshop).

Child Survival Collaborations and Resources Group (CORE). The Global Secretariat is a member of the Safe Motherhood and Reproductive Health working group of CORE and has taken the lead in providing technical updates for the group. The following two updates have been well received:

- October 16, 2003—"Impact of Birthing Practices on Breastfeeding: Linking Safer Motherhood, Newborn Care and Breastfeeding at the Program Level," presenter: Mary Kroeger.
- January 12, 2004—"Postpartum Care of the Mother and Newborn: The Critical Period," presenters: Donna Vivio, Maternal and Neonatal Health (MNH), and Frances Ganges, Saving Newborn Lives, Save the Children/US.

WRA National Working Group. WRA established a national working group, which is currently planning a national launch with key safe motherhood messages and events throughout the United States on Mothers Day 2004.

Fundraising. The WRA is moving toward diversification of funding. The Global Secretariat, with CEDPA's fundraising department, has submitted letters of inquiry to four private foundations, made appeals for private donations, and is working toward other fundraising activities for 2004.

Capacity-building Workshops. The WRA successfully coordinated a global capacity-building workshop in Lusaka, Zambia, in which 18 countries participated and the WRA, as a global alliance, was able to leverage support from 30 contributors and sponsors.

HIV/AIDS CORE-FUNDED ACTIVITIES

IRs

IR1: Political and Popular Support Strengthened (HIV/AIDS)

Director: Felicity Young

The purpose of IR1 (HIV/AIDS) is to build political and popular support for client-focused HIV/AIDS policies and programs by strengthening policy champions at both government and civil society levels. By focusing on and strengthening the human rights linkages to HIV/AIDS advocacy work, POLICY will strengthen public-private partnerships in responding to the epidemic and its broader developmental concerns. This support will strengthen the responses by government and civil society policy champions in a number of strategic areas and with key target groups along the continuum of care.

Strengthening PLHA Involvement: Principles and Practices (Manager: Philippa Lawson). This IR1 activity focuses on conducting an assessment of how the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria (GFATM) country coordinating mechanisms (CCMs) are functioning and on providing guidance on how CCMs can be improved, especially in regard to increasing meaningful participation of PLHA and other vulnerable groups in the CCM and the Global Fund in-country process.

The objectives of the activity include:

- Promoting principles of PLHA involvement in the CCM;
- Sharing practices and experiences from other countries;
- Exploring advocacy and policy implications of strategies designed to increase empowerment of selected vulnerable populations, especially PLHAs; and
- Developing strategies, recommendations, and guidelines for policymakers, CCMs, and PLHAs

POLICY, in collaboration with the GFATM and in-country PLHA groups, assisted the Global Network of PLHAs (GNP+) to develop an assessment tool, which was used in 12 countries (through financial support from GFATM to GNP+) to identify the current status of PLHA involvement in the CCM process. POLICY worked with GNP+ and in-country PLHA consultants (who are not on the CCM) to interview seven to eight different types of CCM members and stakeholders in each country. GNP+ prepared a draft report for the Global Fund Board that focused on issues of CCM participation of civil society, especially PLHAs.

Consultation meetings of PLHAs were facilitated in July (Geneva) and October (Thailand, Panama, and Uganda) at international and regional forums to review the assessment, define priority areas, and validate the findings from the draft GNP+ report. Recommendations and guidelines for policymakers, CCMs, and PLHAs were drafted, specifically to increase meaningful and effective involvement of PLHAs and other subpopulations in the CCM and the Global Fund in-country processes.

Kenya Women's Inheritance Rights (Managers: Anne Eckman and Brenda Rakama). The objective of this activity is to conduct a pilot set of advocacy activities in Kenya designed to mobilize community as well as higher-level actors to analyze barriers and advocate for changes needed to ensure women's enjoyment of the rights to inheritance on the ground and to document processes so that the lessons learned and tools can be applied in other country settings. An initial detailed project design has been developed and SOWs and consulting agreements completed for two principal consultants. In addition, relevant international background literature for the situation assessment has been compiled and the in-country

situation assessment focus, protocol, and questions developed. The full launch of project activities has been hampered by travel restrictions to Kenya; we hope that the situation will change in the new year.

ASICAL (Manager: Omar Perez). The objective of this activity is to develop tools and local capacity among NGOs in Latin America and the Caribbean (LAC) for the design, implementation, and evaluation of advocacy campaigns related to men's health and effective HIV/AIDS prevention. Under a subcontract with an NGO from Guatemala (OASIS), the POLICY Project was able to strengthen the ASICAL network's capacity. In the first part of the year, POLICY completed the guide on advocacy for HIV prevention targeting MSM, *Guia de incidencia politica en VIH/SIDA: Hombres gay y otros hsh*. The guide has been disseminated and is being translated into English. During August–December an evaluation summit took place in Guatemala sponsored by POLICY to evaluate accomplishments and lessons learned by the ASICAL network and the six advocacy campaigns and to assist in the development of a two-year strategic plan for the ASICAL. POLICY provided training on monitoring and evaluation. All advocacy campaigns have finished and are in the process of completing final reports reflecting each campaign, which will be available by the end of April 2004.

Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF) (Manager: David Lowe). POLICY has been working in close collaboration with the Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF) in developing an advocacy publication targeting senior regional leaders in government and the bureaucracy. The publication will present persuasive information in a creative way on why a greater commitment to national and regional responses to HIV/AIDS is needed. The publication will also contain information on the key elements that need to be included in effective HIV/AIDS strategies. A high profile launch will occur at the International AIDS Conference in Bangkok. The development of the publication is well advanced. Two writers have been commissioned and are engaged in research. An extensive array of data to support advocacy points has been collated and is being analyzed.

Moments in Time: HIV/AIDS Advocacy Stories (Manager: Pablo Magaz). POLICY's unique advocacy manual, which offers a tapestry of "real-life" stories as a practical resource for advocacy training, reflective learning, and strategic planning was published in June 2003. The manual highlights stories of HIV/AIDS grassroots advocacy groups focusing on women, PLHAs, and FBOs. The manual contains stories from 16 HIV/AIDS advocacy groups in countries such as Argentina, Uganda, Kenya, India, and Thailand. During this reporting period the following activities took place:

- A comprehensive dissemination plan was developed and is currently being implemented.
- More than 600 *Moments in Time* manuals were disseminated during the 11th International Conference of PLHAs in Kampala, Uganda.
- The Spanish and French editions of *Moments in Time* underwent final edits and revisions and were published in December.
- Communication was established with the regional LAC and Africa secretariats of GNP+ for the wide dissemination and distribution of the manual through regional secretariats to local NGOs and groups.

GNP+: 11th International Conference of PLHAs (Manager: Pablo Magaz). The POLICY Project sponsored a delegation of 17 PLHAs to attend the 11th International Conference of PLHAs held in Kampala, Uganda, October 26–30, 2003. The conference, sponsored by GNP+ and the National Guidance and Empowerment Network of Uganda (NGEN+) is the premier global conference for and by PLHAs. This year, more than 800 participants attended, making it the largest gathering of PLHAs ever. The theme of this year's conference, "The Dawn of New Positive Leadership," reflected the organizers' shared commitment to reposition the leadership role of HIV-positive people in HIV/AIDS responses as well as in ensuring accountability in meeting each challenge of the pandemic. POLICY was represented

by a delegation of 22 PLHAs, including five POLICY staff and 18 PLHA leaders from 11 countries: Cambodia, Honduras, Mali, Mexico, Nepal, Peru, South Africa, Tanzania, Ukraine, the United States, and Viet Nam. POLICY and our PLHA partners presented seven workshops at the conference, highlighting our work in policy and advocacy related issues. The workshops presented were:

- “Toolkit for People Living with HIV/AIDS,” co-presented by Ernest Saila, Peter Busse, and Jason Wessanaar (South Africa).
- “HIV-related Stigma and Discrimination: Lessons from Research in South Africa and Mexico,” co-facilitated by Peter Busse, Anuar Lunar, Ernest Saila, and Jason Wessanaar (Mexico and South Africa).
- “Improving PLHA Involvement in Country Coordinating Mechanisms,” presented by Philippa Lawson (USA).
- “The Global Fund: The Basics,” presented by Philippa Lawson (USA).
- “Giving Voices to OVC,” presented by Kane Modibo (Mali).
- “Out of the Shadows: Involvement of PLHAs in National Policymaking,” presented by David Stephens (Viet Nam).
- “Involvement of PLHAs in Advocacy and Policy,” presented by David Stephens (Viet Nam).

To widely disseminate the major themes identified at the conference, the POLICY Project conducted an informational brown bag presentation for USAID, the CA community, and other interested parties during the first week of December. A report on POLICY’s participation at the conference was posted on the POLICY website.

International Conferences: Bangkok (Manager: Anita Bhuyan). POLICY’s participation at the XV International AIDS Conference in Bangkok, July 2004, is designed to bring together multisectoral partners with the aim of disseminating state-of-the-art information and promoting dialogue on key HIV/AIDS policy response issues, including stigma and discrimination, human rights, GIPA, resource allocation, gender, political commitment, and others. This activity will support the project in sponsoring and/or coordinating: 1) pre-conference, satellite, and skills building sessions; 2) staff participation; 3) a project booth to disseminate tools, reports, and publications; and 4) submission of abstracts for oral presentations and poster sessions.

Planning for POLICY’s role in the Bangkok Conference got underway during the July–December 2003 period. This included establishing a timeline with key deadlines and roles and responsibilities; outlining the budget; registering the exhibition booth and identifying themes and messages; managing logistics (e.g., hotel contract); and beginning work on reviewing abstracts, satellite proposals, and skills-building session proposals. Through the OHA HIV/AIDS Communication Working Group, POLICY has worked to coordinate activities with USAID and other CAs (e.g., as part of the USAID booth cluster).

IR2: Planning and Finance Improved (HIV/AIDS)

Director: Steven Forsythe

The focus for IR2 HIV/AIDS activities is to increase HIV/AIDS resources and ensure that available resources are spent in a cost-effective manner. This is being achieved by working directly with multisectoral groups of stakeholders in developing countries to produce relevant information (e.g., describing the epidemic and ways to mitigate it) and analyze it in such a way as to focus resources on activities that will achieve the greatest impact. IR2 also works with multisectoral organizations to ensure that their strategic planning is conducted to create the greatest impact with available resources. IR2 highlighted our work in progress, tools, and information sharing through a series of papers and presentations at various meetings and conferences including:

- Presentation at the National Intelligence Council July 2003 Conference on Economic Impact of HIV/AIDS, “From Advocacy to Action: The Evolution of HIV/AIDS and Economic Analysis.”
- “GOALS: A Model for Guiding HIV/AIDS Resource Allocation Decisions,” TD Week, Cape Town, South Africa, July 2003.
- “GOALS: A Model for Guiding HIV/AIDS Resource Allocation Decisions for the President’s Initiative,” Washington, D.C., August 2003.
- “GOALS: A Model for Guiding HIV/AIDS Resource Allocation Decisions in Mozambique,” Washington, D.C., September 2003.
- “GOALS: A Model for Guiding HIV/AIDS Resource Allocation Decisions in Nepal,” Katmandu, Nepal, October 2003.
- “Workplace Policy Builder,” DOL/DOS Roundtable, Washington, D.C., October 2003.
- Paper accepted in *Studies in Family Planning* for March 2004 issue, titled “Where Are the Holes? Assessing the Knowledge and Gaps of the Effects of HIV Prevention Interventions on Behavior Change.”
- Applied Resource Needs Model with data for 18 countries of Asia-Pacific region in workshops on costing HIV/AIDS programs, held in Delhi, India, in September 2003.
- Provided input to WHO workshop on costing the commitment to provide ARVs to 3 million persons by 2005, Geneva, October 2003.
- Provided input to the NIDI/UNFPA meeting on current issues affecting data collection for donor assistance to FP, RH, and HIV/AIDS programs in developing countries, The Hague, June 25, 2003.
- Prepared draft report (in process) on the statistical estimation of resource flows for HIV/AIDS in selected low- and middle-income countries using the API measure developed by POLICY.
- Joined and supported resource tracking unit, UNAIDS, to monitor and evaluate ongoing resource tracking efforts.
- Prepared and published editorials for IAEN monthly newsletter distributed to 8,500 economists and finance specialists in more than 80 countries on topics of technical assistance to national CCMs for HIV/AIDS assistance and new approaches to ensuring skills requirements are adequate to address expanded HIV/AIDS medical programs.
- Contributed to questionnaire series of IAEN.org that interviewed heads of HIV/AIDS programs in India, Latin America, and at UNAIDS and the Global Fund.
- Published a report July 14, 2003, “Construction Workplace Interventions for Prevention, Care, Support and Treatment of HIV/AIDS,” in the French National AIDS Program volume, “Economics of AIDS and Access to HIV/AIDS Care in Developing Countries: Issues and Challenges,” *Collection ‘Social Sciences and AIDS.’* ANRS, pp. 347–363.
- Prepared a report, “Resource Flows and National HIV/AIDS Accounts,” scheduled for publication in *Revue d’Economie Publique* (to appear March 2004).
- Presented “Impact of HIV/AIDS on the Private Sector in Nepal” at workshop on public–private cooperation and HIV/AIDS prevention, Katmandu, Nepal, December 2003.

AIDS and Economics (Manager: Steven Forsythe). In this reporting period, POLICY completed background research on studies related to the impact of HIV/AIDS on orphans and vulnerable children (OVC). This background research will serve to inform an OVC impact study in Cambodia that will assess the social and economic impact of the HIV/AIDS epidemic on children, their families, and caregivers.

POLICY staff met in Jamaica with representatives from the Ministry of Labor (MOL), Ministry of National Security, Ministry of Health, and Ministry of Local Government to present the Workplace Policy Builder (WPB). There was great interest in integrating WPB into the MOH workplan for this year. POLICY is currently in communication with them to assist in that process. The MOL would like to see

WPB as a part of its vision of developing an HIV/AIDS workplace policy resource center for Jamaican businesses.

The IR2 team also initiated development of the WPB software. A “beta version” of the WPB software is now available and was field tested in various countries. WPB was developed to guide companies through the challenges of developing a workplace HIV/AIDS policy.

POLICY’s work with the International AIDS Economics Network at the upcoming Bangkok AIDS Conference is in its initial stages. The arrangement for the pre-conference meeting on AIDS and Economics through IAEN is ongoing, and more than 80 abstracts were collected through a call for papers by December 2003.

In addition, the next State-of-the-Art monograph has been accepted as a supplemental issue for the journal *AIDS*. The search for funding has continued since Fall 2003 to cover the publication and the dissemination costs.

President’s Initiative (Manager: Steven Forsythe). An initial report was completed, titled “Projecting the Expected Achievements and Potential Constraints: Modeling the Use of Resources Under the President’s Emergency Plan for AIDS Relief” in November 2003. This report was presented to USAID and the Office of the Global AIDS Coordinator.

IR3/IR4: Research, Tools, and Capacity Development
Director: Jay Gribble

AIDS Program Effort Index (Manager: Jane Begala). POLICY completed the report summarizing the results of the 2003 AIDS Program Effort Index, which is entitled “The Level of Effort in the National Response to HIV/AIDS: The AIDS Program Effort Index (API) 2003 Round.” The API was conducted with support from USAID, UNAIDS, WHO, and POLICY. The report is being disseminated through the sponsoring agencies and to the National AIDS Programs in the 54 participating countries.

Global Survey to Measure Service Coverage (Manager: Jane Begala). The Global Coverage Survey collects information on the coverage of essential HIV/AIDS services in developing countries. The project is being implemented in collaboration with WHO, UNAIDS, CDC, and the World Bank. It began on July 31, 2003, and aims to collect data from 81 countries. Local consultants use a questionnaire to collect service statistics. The results are reviewed at a consensus workshop in each country.

To date, data have been collected from 59 countries, including 13 of 14 PEPFAR countries and 34 of 44 USAID priority countries. The data are being used to help establish baselines for PEPFAR countries. In addition to providing data for baselines and planning, this activity has stimulated a number of national consensus workshops that have provided useful opportunities for programs, donors, NGOs, and other stakeholders to discuss critical issues related to data and information flow, establishment of health information systems, estimating sizes of vulnerable populations, and working together to establish baselines and reports on goals of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS).

UN Estimates and Projections (Manager: John Stover). Activities have been focused on assisting UNAIDS and WHO prepare the next round of global and national estimates of HIV prevalence and number of people infected. POLICY contributed to a small working group that developed a methodology for estimating the uncertainty around each of the estimates. Updates to the SPECTRUM program were prepared to incorporate the latest information on epidemic patterns, and the orphan calculations were adjusted to the new definition adopted by USAID and UNAIDS to include all children under 18. The

revised SPECTRUM was used to prepare the global and regional estimates that were released by UNAIDS/WHO on December 1, 2003.

During this reporting period, POLICY also completed implementation of the GOALS Model into the SPECTRUM system, including design, programming, and de-bugging, and completed the documentation of the Capacity Model and incorporated it into the current GOALS manual.

GIPA Global (Managers: Pablo Magaz and David Stephens). During this reporting period, the following activities took place: analysis of country-specific HIV/AIDS national policies such as national AIDS plans and HIV/AIDS legislation for inclusion of GIPA-related content (draft reported titled “Out of the Shadows”); development in draft form of GIPA Policy Brief highlighting the major findings of the study, including key policy and program recommendations, to strengthen GIPA in national policy processes; and development of a draft of a consolidated report containing major findings of the study, including identification of common themes, strengths and weaknesses, and key policy and program recommendations to strengthen GIPA in national policy processes.

Understanding the Political, Policy, and Programmatic Contexts of the ABC Approach: The Cases of India and South Africa (Manager: Jay Gribble). This study will examine the understanding and acceptance of the ABC (Abstinence, Behavior Change, Condom Use) approach among a wide range of stakeholders, including the general population, targeted populations, and policy- and program-related stakeholders. Interviews and focus groups will be conducted with representative members of these groups to gain insight into their knowledge of ABC, political support, acceptability of the approach, and aspects of the policy environment that facilitate and impede implementation of the ABC approach. The study proposal has been approved by USAID/Washington. Currently, POLICY field offices are obtaining approval of USAID Missions to begin the study. The requests for proposals for conducting the field work are ready to be disseminated so that data collection can begin.

Assessing the Impact of HIV/AIDS on Health Workforce in Malawi and Kenya (Manager: Jay Gribble). While much of the response to HIV/AIDS in Africa depends on the support of the health sector, the epidemic has also taken a toll on health personnel. As a result, countries lack sufficient human resources to respond to the HIV/AIDS epidemic as well as to other health issues that impede development. POLICY is working to assess the extent of the problem and devise policies to improve the situation.

Studies have been conducted in Malawi and Kenya to assess the extent to which the health sector has been affected by HIV/AIDS and how to respond to those needs. With support from POLICY, results of these studies will be disseminated, policy dialogues will be conducted, and policy briefs on relevant topics will be prepared. This activity is in an early stage, but study findings and subsequent analysis address human resource needs included in PEPFAR.

These activities are conducted in collaboration with the Commonwealth Regional Health Community Secretariat for East, Central, and Southern Africa (CRHCS/ECSA), and the AED/SARA Project. AED/SARA has taken a lead role with in-country and regional organizations in undertaking this research. POLICY will collaborate with CRHCS/ECSA and AED/SARA in disseminating results of the assessments, building consensus on policy issues arising from the assessments, and developing action plans to strengthen country-specific health work.

Working Groups

Gender Working Group

Director: Anne Eckman

Gender and HIV/AIDS Task Force, IGWG (Note: This activity is jointly funded by OPRH and OHA). Mary Kincaid serves as task force leader. The IGWG task force objectives include documenting and assessing current USAID-supported programming on gender and HIV issues related to HIV and RH programs, identifying priority strategies and recommendations, and disseminating findings. Anne Eckman and USAID counterparts incorporated reviewer comments and sent the final IGWG Gender and HIV/AIDS Task Force report to USAID for approval. The team also drafted several short briefing papers on key topics and sent them to USAID for review for possible inclusion as supplements to the brief. The Gender Committee of the Interagency Work Group (IWG), which is co-chaired by Diana Prieto, USAID, and Mary Kincaid, POLICY, met twice to review its progress on recommended modifications to the Expanded Response indicators. The indicators subcommittee of six persons (representatives from Macro, ICRW, Futures Group, Cultural Practices, and USAID) met in July to begin work on the indicator development and continued this process in October. Active collaboration among USAID OPRH (Michal Avni and Nomi Fuchs) and USAID OHA (Linda Sussman and Diana Prieto) has occurred throughout the writing phase of the report. In addition, the IWG indicators work has included facilitating two collaborative working group meetings among representatives from Macro, ICRW, Futures, Cultural Practices, and USAID.

Human Rights Working Group

Director: Lane Porter

The purpose of the HRWG is to create a shared understanding of critical issues in human rights as applied to HIV/AIDS and to promote a rights-based approach in core and field activities. Grounded in human rights principles and provisions stated in international treaties, consensus statements, national constitutions, and laws, components of a rights-based approach include advocacy and activism, information services, participation, capacity development, alliance building, community mobilization, and collaboration and coordination. POLICY's human rights activities for HIV/AIDS focus on empowerment and protection of those infected with HIV/AIDS, with particular attention devoted to prevention among those populations most vulnerable to HIV—men who have sex with men (MSM), injecting drug users (IDUs), sex workers, and street children.

Summary of Major Activities:

- Presented the Human Rights Matrix to POLICY staff at TD Week in Africa and for other audiences. The matrix was designed to facilitate access to international human rights instruments of significance to POLICY country activities.
- Continued serving as co-chair of the USAID Stigma and Discrimination Indicators Working Group and preparing for a February 2004 Stigma and Discrimination Indicators Development Workshop designed to strengthen, for field application, the stigma and discrimination indicators published in the USAID Expanded Response Guide to Core Indicators for Monitoring and Reporting on HIV/AIDS Programs (2003). As a result of meetings during this period, significant progress has been made toward securing funding for pilot-testing of indicators published in the guide.

- Continued serving as co-chair of the USAID Human Rights Working Group by organizing the contribution of an article describing CA human rights work for publication in the Global Health Council's *AIDSLINK*.
- Prepared (provisional) text of a set of technical updates and other publications on selected subjects linking human rights and HIV/AIDS and designed to provide TA at the country and global levels.
- Participated in meetings as a member of the American Bar Association AIDS Coordination Committee, including preparation of a proposed report and recommendations on the subject of international issues in AIDS for year 2004 policy consideration by the ABA House of Delegates.
- Prepared for the three-day "Health and Human Rights" course for USAID PHN and D&G Mission staff in Africa and for the human rights capacity-building activity in concert with the above course.

Core Packages

Mexico: Measuring Stigma and Discrimination to Improve Program Approaches to HIV/AIDS Care and Prevention (Manager: Mary Kincaid). The Mexico core package is a pilot project designed to help the National AIDS Program (CENSIDA) and USAID better understand stigma and discrimination around HIV in Mexico, to identify indicators and collect baseline data, and to develop tools/approaches to reduce internal and external stigma around HIV/AIDS by working with media, service providers, PLHAs, and unions, and reviewing policy/legislation. The project, which went into implementation phase in late 2002 and is finishing in January 2004, focused on the Federal District, the State of Mexico, and the State of Yucatan.

During the reporting period, the local implementing partners completed activities in each of the project's four components (internal stigma, health care providers, legal and policy environment, and media) and prepared initial reports and presentations. Red Mexicana and Colectivo Sol vetted results of the internal stigma workshops with PLHA interviewers and arrived at a set of recommendations for addressing internal stigma among PLHAs. The National Institute for Public Health (INSP) and CENSIDA completed field work and preliminary data analysis on the health care providers survey (funded by Macro/MEASURE), with surprising findings about the level of misinformation among providers in the sample. INSP also moved ahead to complete the assessment of union activities, institutional assessment of FRENPAVIH, the national network of PLHAs, and the analysis of the legal and regulatory situation surrounding HIV/AIDS and stigma and discrimination. Letra S, the local NGO carrying out activities for the media component, piloted its journalist training curriculum in October for 12 local journalists representing nine newspapers.

The teams presented their findings and recommendations to USAID and CENSIDA on December 19 and received approval from CENSIDA's Executive Director to disseminate the findings broadly, pending completion of final reports in January.

Nepal: Strengthening PLHA Involvement: Principles and Practices (Manager: Philippa Lawson). This core package explores strategies for IDUs in Nepal to design and lead their own project, which can be adapted and shared with other countries, to increase IDU access to and participation and effectiveness of HIV/AIDS programs and policies, and, thereby, increase the effectiveness of HIV/AIDS prevention, support, and care. Specifically, the package will:

- Build the leadership and advocacy skills of members of the IDU community¹ so that they are able to participate meaningfully in the policymaking process;
- Support policymakers to improve their understanding of IDU issues related to HIV/AIDS prevention and care, reform operational policies, and build effective partnerships with the IDU community to improve the policy framework;
- Increase understanding of how HIV/AIDS and drug use-related stigma and discrimination affect the provision of services for drug users; and
- Increase awareness of how reduction of stigma and discrimination for IDUs can improve implementation of HIV/AIDS programs.

The IDU core package started on July 19, 2003, with consultation meetings with service providers, government, and IDUs. Working with Phase 3 clients and graduates of drug treatment facilities, the core package provided support, TA, and leadership skills-building training to a group of 12 “recovering” IDUs that were selected as potential leaders by the IDU-led substance use facilities. POLICY worked with the core group on project design and management and facilitation skills and preparation for working with other IDUs. During the 1st National IDU Consultation Meeting (facilitated by the trained core group) on July 30, 53 IDUs came together from seven districts for the first time ever in Nepal to discuss the situation and identify needs related to HIV and stigma and discrimination. Based on evaluations, IDUs perceived that they were needed and valued for the first time as partners (“not just to answer a survey about how many times to inject or have sex”) and had skills and motivation to help others. The IDUs decided to have a separate meeting without POLICY to review the proposed design of the project and to discuss whether they are committed and trust the process. The IDUs explained to POLICY that they would like two IDU coordinators to be selected through an interview process, with “50% gender balance,” to lead the project and to have a core “advisory group” of IDUs from six districts to assist. A TA plan was developed for the advisory group with “improving English” and “public speaking” as the highest priorities for leadership. The IDUs also expressed that it was essential that in the initial stages of leadership development, the project needs to be led by “clean” ex-IDUs. The advisory group developed a code of conduct to support leaders who relapsed, stating, “the bottom line is *sobriety, good communication, and transparency*. These are the essential components for the success of this project.” After identifying stigma and discrimination barriers and training needs from facilitating eight focus groups (of 10–15 IDUs each) in eight districts outside of Kathmandu, the project leaders are in the process of learning and drafting a national training curriculum to be pilot-tested among IDUs in March 2004.

South Africa: Siyam’kela: HIV/AIDS-related Stigma and Discrimination Research (Caroline Wills, Project Manager and Nikki Schaay, Country Director for POLICY, South Africa). The primary objective of this project is to develop indicators of HIV/AIDS stigma and discrimination through implementation of a research intervention. Stigma mitigation practices have not, to date, been very well informed by theory and research. The development of indicators related to HIV/AIDS stigma and discrimination by this project was thus seen as an important contribution to the emerging practice of designing and evaluating HIV/AIDS interventions that attempt to reduce HIV/AIDS stigma and discrimination in local communities.

The project in South Africa has focused on three areas essential to South Africa’s response to HIV/AIDS, namely, FBOs and communities as important sources of support to PLHAs; national government departments as workplaces committed to dealing with stigma through good policy and practice; and the relationship between PLHAs and the media as an example of how empowered individuals can positively impact perceptions and attitudes toward HIV/AIDS.

¹ In this context, the term “IDU community” is used to describe current IDUs, ex-IDUs, HIV-positive drug users, and HIV-positive ex-drug users—both female and male.

The Siyam'kela Project has undertaken the following activities in the past six months:

- On July 30–31, POLICY facilitated the project's second consultative meeting, which brought together 21 participants from the three project reference groups (i.e., representatives from different faith communities, national government departments, and PLHAs). The 21 participants provided critical feedback on the preliminary findings of the project's media scan and field work and, in doing so, helped to contribute to the production of the final HIV/AIDS-related stigma indicators, launched on November 25, 2003. These indicators are contained within the POLICY document entitled *HIV/AIDS Stigma Indicators: A Tool for Measuring the Progress of HIV/AIDS Stigma Mitigation*.
- On November 25, to accompany the launch of the locally-developed indicators, POLICY released a document that contextualized aspects of the research within a particular time within South Africa: *Examining HIV/AIDS Stigma in Selected South African Media: January–March 2003, A Summary*. The launch, which was hosted by the Centre for the Study of AIDS, University of Pretoria, was attended by representatives from USAID/Pretoria, POLICY/Washington, the National Department of Health, and the many partners who have contributed to the project's success over the past year.
- On November 25 and 27, 2003, POLICY facilitated final reference group meetings with the three project reference groups to complete the initial phase of the project and gather stakeholder ideas for future Siyam'kela research.

In addition, the Siyam'kela Project also provided input into the following events:

- *The Public Service Indaba III, October 12, 2003*. Two team members from the Siyam'kela research project co-presented a paper on HIV/AIDS-related stigma and discrimination during a plenary session.
- *Skills-building Workshop on HIV/AIDS Stigma at the DEMSA Conference, October 14, 2003*. Three team members from the Siyam'kela research project facilitated a five-hour workshop on HIV/AIDS-related stigma in the workplace with 25 delegates at the Department of Social Development: Population Development Research Directorate Conference.
- *Seminar to Destigmatize HIV/AIDS, University of Pretoria, October 10, 2003*. A representative of the Siyam'kela Project presented a paper on HIV/AIDS stigma during a seminar aimed at raising awareness on HIV/AIDS stigma. This was a joint activity between the U.S. Embassy in Pretoria and the Centre for the Study on AIDS at the University of Pretoria.
- *Save the Children, Southern Africa, November 13, 2003*. A representative of the Siyam'kela Project presented two hours of input on HIV/AIDS stigma to 18 project managers from different countries in Southern Africa who are attempting to mainstream HIV/AIDS stigma mitigation into their existing activities.
- *Department for International Development (DFID), November 17, 2003*. A representative of the Siyam'kela Project facilitated a three-hour seminar with 20 employees at the DFID regional office in Pretoria. The seminar aimed to encourage discourse on issues around disclosure in the workplace and fear of stigmatization that could impede an employee's access to ARVs.

The strength and success of this core package has been based on the collaborative relationships and support provided by the project partners, namely, the Centre for the Study of AIDS at the University of Pretoria; The Chief Directorate: HIV/AIDS and TB, Department of Health; as well as USAID/Pretoria.

In addition, over the period in which the project has been implemented, it has received support from many partners. These partners have included the Inter-departmental Committee on HIV/AIDS (a committee representative of all national government departments); the AIDS Law Project; the School of Public Health, University of Pretoria; the Uniting Presbyterians; the Human Sciences Research Council; the Catholic Bishops Conference; the Anglican Church; the UNDP GIPA Project; the National Association of People living with HIV/AIDS; Positive Muslims; and Hope Worldwide. All of these organizations have either been members of a reference group or part of a consultative meeting and thus enriched the project outcomes immensely.

The particular highlight of the project in the last six months was the public launch of the locally-researched stigma indicators and the summary of the media scan on November 25, 2005. Many of the above project partners were present and had an opportunity to publicly address the guests present and to acknowledge the importance of the indicators developed through the Siyam'kela Project.

Swaziland: Meeting the Reproductive and Sexual Health (RSH) Needs of HIV-positive Women (Manager: Sylvia Abrahams). POLICY hopes, through the core package activities, to identify and address operational policy barriers to improve the reproductive and sexual health rights (RSHRs) of HIV-positive women in RSH care programs, including VCT, PMTCT, and ANC. This activity will produce the following results: strategies to address the RSHRs of HIV-positive women will be integrated into national operational and policy guidelines; the capacity of organizations serving PLHAs, especially women's organizations, to advocate for RSHRs will be strengthened; and awareness of the RSHRs of HIV-positive women will increase.

On July 3, a key stakeholders meeting was held, and a task team was identified, with Dr. Khanya of the Ministry of Health and Social Welfare as the chair. The task team will meet the second Wednesday of each month and at other times as the need arises. Following a task team meeting held in August, potential consultants were asked to submit CVs and a research protocol for carrying out the focus group discussions, analysis, and interviews of the project. Once initial CVs and research protocols were submitted, the candidates were short listed to three candidates, given terms of reference, and asked to develop a research design. Dr. Ruth Tshabalala and her team were selected to carry out the research. She has submitted a research protocol, which includes focus group discussions, questionnaires for key study groups, and research tools. These will be distributed to key stakeholders, and research is expected to begin in January 2004.

In October 2003, the core package task team met and selected the name **Sikanyekanye**, the SiSwati word for "we are in this together," as the name for the core package. His Majesty the King's wife, the current patron of SINAN, has been asked also to be patron of the Sikanyekanye Project. As patron, she will play a significant role in promoting the RSHRs of women in Swaziland at the national level. The official launch of Sikanyekanye, scheduled to take place November 14, has now been re-scheduled for mid-January. POLICY, SINAN, NERCHA, and the U.S. Embassy continue to prepare for the launch on its new date. Ministers, members of the Cabinet, and members of the Senate were appointed in December, allowing for the collaboration and approval by the government of Swaziland of activities being carried out.

During their October 15 meeting, the Ministry of Health and Social Welfare (MOHSW) and UNICEF asked POLICY to review the draft of the PMTCT Strategic Plan 2003–2005. Both MOHSW and UNICEF expressed their interest in the Sikanyekanye Project, and they are awaiting its results and findings to incorporate them into the strategic plan. They have also asked POLICY to be on the PMTCT Technical Working Committee. Responsibilities will include reviewing the finalization of the document, participation in the advocacy process (including attending and planning sensitization meetings, material

development, and dissemination of program reports), coordination, and finally, assistance with monitoring and evaluation (M&E).

Additionally, WHO and UNFPA have expressed interest in collaborating as implementing partners of Sikanyekanye, particularly in disseminating findings from research in providing additional resources for expanding the research and publications on addressing the RSHRs of HIV-positive women beyond Sikanyekanye. SINAN and NERCHA have met with WHO and UNFPA to develop a plan for collaboration on Sikanyekanye; this will plan be presented to POLICY for approval in mid-January.

REGIONAL/BUREAU ACTIVITIES

FP/RH

Africa Bureau

Manager: Koki Agarwal

Family Planning Status and Trends in Countries Hard Hit by the AIDS Epidemic. POLICY completed the focus group discussions in Zambia to supplement the expert interviews conducted earlier. POLICY is finalizing the report on the expert interviews from Ethiopia and has hired a consultant to carry out the expert interviews in Tanzania. With the completion of the study in Tanzania, we will have information on expert interviews from Kenya, Zambia, Ethiopia, and Tanzania and focus group discussion results from Kenya and Zambia. Once the studies are completed, POLICY will prepare a report summarizing cross-country experiences with FP programs in the context of high HIV prevalence and drawing lessons learned for the development and implementation of both FP and HIV/AIDS programs. POLICY is coordinating with Advance Africa and Population Council to conduct future activities on repositioning family planning in Africa. Based on the findings of the focus group discussions from Kenya and Zambia, POLICY submitted abstracts to the International HIV/AIDS Conference to be held in Bangkok in July 2004.

ANE

Manager: Koki Agarwal

ARH Profiles. POLICY completed the country profiles on ARH policies, programs, and issues for 13 ANE countries last year, and a synthesis paper is now published as part of POLICY's Occasional Paper series. A presentation has also been completed. The ANE Bureau sent out a message announcing the publication of the ARH profiles and the synthesis reports to the countries in the region. POLICY will be coordinating with the countries that are interested in hosting advocacy seminars to present the findings from the ARH reports. POLICY has already received a letter of interest from Morocco.

Plateauing of Contraceptive Prevalence Rates in Selected ANE Countries. POLICY completed the paper on ANE countries in which the contraceptive prevalence rates and total fertility rates appear to be plateauing. The paper has been revised based on comments from CTOs and the ANE Bureau and will be submitted for editing and publication in early 2004.

LAC

Manager: Varuni Dayaratna

Project activities are moving forward as planned. The Regional Contraceptive Security Workshop was held July 16–18, 2003, in Managua, Nicaragua. Eighty-eight participants from 13 countries, including representatives from USAID Missions, ministries of health, social security institutes, NGO service providers, and social marketing programs, attended the three-day workshop. Workshop results will be used to finalize plans for country assessments and topics for multicountry studies. Country assessments will begin in September 2003.

HIV/AIDS

Africa Bureau

Manager: Felicity Young

OVC in Uganda (Manager: Brenda Rakama). POLICY is using Africa Bureau 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 parliamentary standing committee on AIDS to develop a three-year strategic plan and one-year workplan.

A consultant conducted a study and prepared a report on legal-policy issues on OVC. The findings and recommendations have been forwarded to the Mission, the ARCH Project, and the Ministry of Gender, Labor, and Social Development. The study is intended to support efforts toward development of an overarching OVC policy.

OVC in Kenya (Manager: TBD). The country team is still working with UNICEF/Kenya in supporting an OVC task force in conducting a situational analysis. During September–December 2003, the team worked out a strategy and brief to present to the OVC parliamentary task force as part of the preparatory work to influence the HIV/AIDS bill currently under review. The activity has been slow due to staffing changes. Julie Odhiambo, POLICY/Kenya staff who ran the OVC component, had not been replaced as of the end of the year.

Regional HIV/AIDS Program (RHAP) of Southern Africa

Manager: Sylvia Abrahams

Using a coordinated strategy for dealing with HIV/AIDS, POLICY, through RHAP, is working with the Southern African Development Commission (SADC) and individual countries in an effort to improve HIV/AIDS policies in the region. In particular, POLICY supports and provides assistance to the following focus areas: regional policy activities, networking and information sharing, and improved consistency and comparability of data. Since the inception of RHAP in 2000, POLICY, in close collaboration with the U.S. Embassies, has provided technical assistance in the planning and implementation of the U.S. Ambassador's Initiative Program in Botswana, Lesotho, and Swaziland. Through a series of capacity and skill-building workshops and the disbursement of small grants, institutions in these countries are able to advocate and/or increase their involvement in HIV/AIDS activities, develop local partnerships, and facilitate the development of HIV/AIDS activities in the three nonpresence countries. The implementation of the program through the U.S. Ambassador's Initiative is determined by the U.S. Ambassador and staff and guided by current HIV/AIDS strategic plans, activities, and/or identified priority areas in the three countries.

Summary of Major Activities:

Advocacy: Health Promoting Schools Initiative. In Lesotho, POLICY continues to support the Health Promoting Schools Initiative through the U.S. Ambassador's Initiative. For this project, POLICY has been collaborating with the Ministry of Health and Social Welfare and the MOE in supporting two community-based organizations (CBOs) in the implementation of the initiative at two pilot sites. A needs analysis identifying priority areas was conducted. A workshop providing guidance, information, and training on implementing the initiative was conducted for teachers, staff, key stakeholders, and members of the community from September 15–19, 2003. Two multidisciplinary teams of 12 members each were

nominated from each region, Berea District, and Taba Techa. A strategic planning meeting is scheduled for January 2004.

Planning/Finance/Policy Formulation: *Support to National Emergency Response Committee (NERCHA).* POLICY has been providing TA to NERCHA, which is Swaziland's HIV/AIDS coordinating authority, in reviewing and revising the country's existing National HIV/AIDS Strategy and National HIV/AIDS Policy. POLICY consultant Lynne Lackey continues to assist local counterparts and consultants in revising the National HIV/AIDS Strategy and Plan. Lackey also sits on the Care and Support Committee, the origin point for the strategic plan and health system mapping process, and meets regularly with other committees, including the Nutrition, Research, and Disability committees, to solicit their input into the strategic plan and policy documents. The Policy Working Group completed a final draft of the Multisectoral National Policy in September and distributed it to the appropriate focal persons (and then to the ministries/agencies as a whole) to solicit their perspectives and the involvement of additional stakeholders, including NGOs, who will then be briefed on the policy and invited to submit comments. During December, professional consultants from UNAIDS, WHO, and UNICEF reviewed the document for refinement and compilation of comments. Following refinement, other key stakeholder groups, ministries, and, finally, Parliament and the Prime Minister will review the document as their input is necessary for the approval process. NERCHA is responsible for organizing the review process, and Lackey will continue to assist by facilitating the process.

Development of the policy draft has required more time than first expected, and, as a result, completion of the strategic plan draft is still ongoing and proceeding well. The current draft includes a system mapping, which requires a minimum essential HIV/AIDS care and support system. The plan is also being developed for use in monitoring the progress, assessing the current capacity, and determining the necessary capacity of HIV/AIDS care and support systems.

Tools/Research: POLICY continues to support Into the Limelight (ITL) for its maintenance of the RHAP website and development of RHAP presentations, publications, and workshop reports. ITL prepared the RHAP "Learning through Practice Report" as well as presentations on the RHAP Program for the RHAP Strategic Planning Session, November 24–25, in Pretoria, South Africa. In gathering information for the report, ITL staff accompanied POLICY to Swaziland August 13–15, to interview the grantees, meet with NERCHA and core package implementers, and meet with U.S. Embassy staff.

Capacity Building: *U.S. Ambassador's HIV and AIDS Initiative.* POLICY continues to build on the 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 in October 2002 and ends during the reporting period, aims to carry out HIV/AIDS-related activities. The initiative continues to develop partnerships with local affiliates and constituencies on policy programs. Several grantees have submitted their final reports during the past six months.

In Lesotho, Matelile Tajane Development Trust successfully advocated for increased awareness and commitment among community leaders, including youth leaders, in addressing HIV/AIDS; and the Lesotho Preschool and Day Care Association (LPCDA) developed, designed, and implemented a five-day follow-up workshop for Master Trainers and drew up an HIV/AIDS Action Plan that will be implemented at all preschool centers in Lesotho.

In Swaziland, the Swaziland Conference of Churches, Save the Children, the AIDS Information and Support Center (TASC), and the Good Shepherd Hospital submitted final reports on their initiative-funded activities. The Swaziland Conference of Churches received a small grant to conduct workshops for communities and church leaders on awareness raising and stigma reduction. In addition, the organization carried out a three-day study tour to Gauteng, South Africa, for the purpose of sharing

lessons learned from similar faith-based projects in South Africa and Swaziland; reflecting on the Church's existing programs, systems, and practices in responding to the challenges of HIV/AIDS; and exploring and encouraging the development of broader and more responsive Church interventions and care programs within the churches and at various structures/levels within the Church and the communities it serves. The study tour included site visits to area FBOs that are responding to the HIV/AIDS epidemic. As part of its grant activities, Save the Children, using the child-to-child approach, sensitized rural-based primary school children to and trained OVC in HIV/AIDS and children's issues from the children's rights point of view. By scaling up peer education, the AIDS Information and Support Center has implemented strategies for rolling out its services to prevent and control HIV infection through its voluntary walk-in counseling and HIV antibody testing service center and the training of peer educators in 21 communities in Swaziland's four regions. TASC facilitated four regional training sessions for local decision makers and community leaders on HIV/AIDS to assist in participants' development of their own strategic plans for their communities to mitigate HIV/AIDS. The Good Shepherd Hospital has also completed small-grant activities, which included informing policymakers about 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 to assist in making decisions on other HIV/AIDS interventions; and training nurses as counselors with the necessary skills to support clients receiving VCT.

Botswana

On August 19, 2003, POLICY staff Abrahams and Deng met with U.S. Embassy Coordinator Dorothy Tlagae, U.S. Embassy Regional Environment and Health Officer Mario Merida, and U.S. Ambassador Joseph Huggins to plan for next year's activities in Botswana. They focused on new activities serving OVC while continuing to support and strengthen organizations assisted through the U.S. Ambassador's Initiative. Another focus area for 2003 calls for strengthening networks and increasing collaboration and coordination among organizations supported by the U.S. Ambassador's Initiative. A third area of focus centers around providing support to the Botswana Network of People Living with HIV/AIDS (BONEPA) to enhance its capacity to serve as a mentor for strengthening other networks in the region, including those in Swaziland and Lesotho.

OVC. Some interventions targeted at OVC include enhancing life skills, developing a training curriculum to provide care and support for orphans, and improving the policy environment. POLICY provided support to carry out a one-day stakeholders' meeting on September 9, to provide guidance on developing an implementation plan in support of OVC and to develop sustainable programs. One result of the meeting, which drew 34 participants, was the formation of an OVC task team. The Regional Psychosocial Support Initiative (REPSSI) developed a final report on the meeting. A children's forum held on October 20, focused on the children's perspective in order to incorporate child's needs into the project proposal for OVC. REPSSI is currently developing an implementation plan in consultation with the U.S. Embassy and the POLICY Project.

Botswana Family Welfare Association (BOFWA). POLICY will continue to assist BOFWA through the U.S. Ambassador's Initiative by supporting research, information dissemination, and advocacy activities within BOFWA's strategic plan.

Society Against HIV/AIDS (SAHA)-University of Botswana. POLICY continues to provide technical assistance to SAHA through the U.S. Ambassador's Initiative. SAHA activities include carrying out campus awareness campaigns that address stigma and discrimination and advocate for VCT. SAHA has also been working with other universities to develop intervarsity students' against HIV/AIDS networks. SAHA conducted a study tour to the University of Pretoria, October 7–9, providing some SAHA members with the opportunity to interact with other youth in the region, especially from South Africa.

Through the tour, two groups learned about each other's activities and assisted each other with new ideas on how best to intensify their prevention programs.

Nurses Association of Botswana (NAB). POLICY continues to assist NAB in the development of an in-service training manual, *Caring for the Caregivers*, to support counselors and caregivers. NAB asked for an extension in completing the training manual. POLICY has reviewed the final draft, which is scheduled for production and distribution.

Lesotho

POLICY continues to enhance regional capacity to provide policy training by supporting 15 NGOs' participation in the Leadership Development Program. This capacity-building program aims to develop the general and project management capacity of 10 senior managers from local NGOs and five senior managers from CARE/Lesotho. POLICY, in collaborating with CARE-Lesotho, developed the Terms of Reference (TOR) for the project and identified six training institutions as part of the process of selecting an institution to carry out the training.

Appointment of RHAP Coordinator for Lesotho. Upon the request of USAID-RHAP and the U.S. Embassy Lesotho, POLICY recruited and appointed a local HIV/AIDS Coordinator for Lesotho, Mr. Monaphathi Maraka. As of September 2003, Maraka is responsible for managing and coordinating the U.S. Embassy's HIV/AIDS program in Lesotho, including administration, fiscal management, and implementation per the RHAP agreement and in close consultation with the U.S. Embassy, USAID, and the POLICY Project. Maraka will facilitate communication and consultation with key partners and stakeholders to ensure effective implementation of RHAP activities and will liaise with local and international networks, NGOs, PLHA organizations, the public and business sectors, as well as with international agencies to ensure their active participation in planning and implementing activities. In particular, he will provide technical support in capacity building to Basotho organizations and recipients of the U.S. Ambassador's small grants.

Restructuring of RHAP. The increasing number of program activities and meetings between USAID, POLICY/South Africa, and POLICY/Washington necessitated the restructuring of the RHAP program. POLICY Deputy Director for Operations Denise Lionetti and POLICY Regional Manager for Africa Brenda Rakama traveled to South Africa, Botswana, Swaziland, and Lesotho, September 28–October 8, 2003, and met with USAID RHAP and U.S. Embassy staff. They visited RHAP in-country projects and facilitated the transition process by assisting in the development of reorganization plans.

RHAP strategic planning meeting. Denise Lionetti traveled to South Africa, November 19–26, 2003, to meet with the RHAP team on POLICY's RHAP strategy and to attend, with Sylvia Abrahams, the RHAP strategic planning session in Pretoria, South Africa, November 24–25. The purpose of the RHAP planning session was to provide CAs and partners with the opportunity to meet new RHAP USAID Director Michele Moloney-Kitts, highlight current activities and programs, and plan for 2004.

ANE

Manager: Felicity Young (Acting)

POLICY's HIV/AIDS strategy is designed to build and strengthen the policy synergy between the HIV/AIDS responses of regional and national governments and civil society. By enhancing personal and institutional capacity to respond to the ever increasing demands of the epidemic, improved policy, program, and operational responses will be stimulated, which will also support increased funding at both regional and national levels. A broad and comprehensive multisectoral response, based on human rights principles, will ensure that a wide range of influential policy champions are cultivated and that HIV-related stigma and discrimination is addressed. Strategic partners within the ANE region include national

AIDS councils; AIDS control programs; key policy decision makers within the following lead HIV/AIDS ministries (Health, Education, Finance, Local Government, Civil Service, and Uniformed Services); civil society organizations; faith communities; public sector; and communities infected and affected, including PLHAs, male, female, and transgender sex workers and clients, MSM, and IDUs; and FBOs. By working in conjunction with and through the above-mentioned groups and individuals, both the implementation of scale-up programs and political and community commitment will be improved. POLICY's ANE HIV Regional Program supports policy and advocacy efforts in the public and private sectors as a means of increasing commitment, resource allocation, and participation at the local/community, subnational, and national levels. In addition, POLICY supports the regional exchange of lessons learned and local capacity building. POLICY's ANE HIV regional work commenced in FY02.

Summary of Major Activities:

Advocacy: *FY02–FY03—Building Civil Society* (Manager: Anne Eckman). Through subcontracts awarded to counterparts in Nepal and Viet Nam, POLICY is facilitating strengthened in-country advocacy partnerships between civil society and the government for HIV resource allocation, using data available through the completion of country-specific GOALS Model applications. Between July and September 2003, subcontract activities in Viet Nam and Nepal have brought together participants from across sectors via workshops and planning meetings to prepare for HIV resource allocation advocacy using GOALS data. Sector representatives have included members of national AIDS control programs; government ministries of Finance and Health; NGOs; CBOs representing vulnerable groups (MSM, SWs, IDUs, OVC); FBOs; PLHA representatives; and other international NGOs, implementing partners, and donors. The subcontract activities have used and adapted advocacy tools first learned by the lead in-country counterparts at the “HIV Advocacy and Resource Allocation: A New Approach” ANE Regional Workshop, which was developed and facilitated by POLICY in Bangkok, December 2002.

In Nepal, a dissemination forum using the GOALS Model was held on October 31, with stakeholders from multiple sectors, the government, and civil society. As part of this process, POLICY facilitated a pre-dissemination meeting with eight members from vulnerable groups (IDUs, PLHAs, SWs, and MSM) to review the GOALS data from their perspectives and identify key questions and data they could contribute to the model's finalization. Being involved in the development of the GOALS Model and its initial dissemination lays an important foundation for the involvement of these vulnerable groups in future use of GOALS in policymaking in Nepal. During the past quarter in Viet Nam, multisectoral stakeholder participants from the September workshop in Quang Ninh province completed their advocacy plans for use of GOALS data. When the GOALS Model is finalized and disseminated in February 2004, this data will be reflected in the advocacy plans.

FY02 Activity—Regional Faith-based (Manager: Felicity Young). POLICY participated as a member of the International Advisory Committee for the *Second International Muslim Leaders' Consultation (IMLC) on HIV/AIDS*, which was held in Malaysia in May 2003. The meeting was jointly hosted by the Malaysian AIDS Council and the Malaysian Department of Religious Affairs. In addition to providing TA, POLICY proposed to fund the production of a monograph documenting key findings of the consultation. The consultation meeting was successful although some inputs were deemed controversial. A contract was issued to the Malaysian AIDS Council but was withdrawn at their request because they felt that it was too difficult to produce a report that would satisfy all stakeholders. Accordingly, POLICY, in discussion with USAID, agreed to reallocate this funding to support a satellite meeting at the International AIDS Conference, Bangkok 2004, on the role of Islamic communities in responding to HIV. Due to the change in direction, this activity is still in the planning stages.

FY03 Activity—Sex Work and Advocacy (Manager: Felicity Young). 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. In August, Uy Chanton (POLICY/Cambodia) presented the findings of the report to two meetings of NGO staff in Cambodia. The report attracted considerable interest in Cambodia and internationally and has made a significant contribution to the debate on appropriate future directions for the 100% CUP, HIV, and sex work programs 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, in Vientiane, Lao People's Democratic Republic, August 18–21. The purpose of the meeting, attended by representatives from six countries, other 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 to 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. Results of this advocacy were reflected in the recommendations of the meeting and the final communiqué.

One of the key recommendations from POLICY's 100% CUP report was to increase sex worker participation in the policies and interventions designed to address their risk of HIV infection. Accordingly, POLICY commenced a new initiative in September 2003 aimed at altering policy and practice through the efforts of sex workers themselves in a direction that meets their self-defined needs in consultation with other stakeholders. It is recognized that one such period of research and advocacy is not likely to solve all the problems associated with this complex and sensitive area in HIV prevention; however, developing a cadre of well-informed and capable sex workers able to discuss their own issues with policymakers can make a sound beginning to such a process. The project is underway in Cambodia and Viet Nam and is scheduled to commence in the Guangxi province of China subsequent to the finalization of the USAID Framework for China.

FY04 Activity—Asia Pacific Network of PLHAs (APN+) (Manager: David Lowe). In October 2003, a contract was signed between the POLICY Project and APN+. The objectives of this funding are to develop the capacity of APN+ and to position the organization to be an effective regional PLHA advocacy network. Twelve months' funding has been provided for the employment of a coordinator, establishment of a regional secretariat in Bangkok, and commencement of a stigma and discrimination project targeting the health sector. With the support of POLICY funding, the APN+ Steering Committee met in Bangkok in October. APN+ has developed a 12-month workplan, established its secretariat, determined governance issues, and is in the process of recruiting staff. POLICY is providing ongoing TA to APN+ to support the objectives of the funding.

Linked to the above APN+ activity, POLICY has commenced work with the Asia Pacific Council of AIDS Service Organizations (APCASO), with an emphasis on building leadership skills of PLHAs and other communities affected by HIV. Historically, community participation—especially from the Asia Pacific region—at international AIDS conferences has been low for a variety of reasons, including a lack of coordination and preparedness. Accordingly, POLICY is proposing to contribute to the Community Forum which is scheduled to be held before the commencement of the International AIDS Conference July 11–15, 2004. With some financial and technical support from POLICY (and other donors), community advocates from the Asia Pacific region are planning to hold a regional Community Forum in late January 2004 for the purposes of 1) enhancing the capacity of communities to identify and develop responses to current issues; 2) preparing community involvement in the community and scientific programs of the International AIDS Conference, Bangkok 2004; and 3) strengthening the skills of participants in key areas, such as leadership, advocacy, and networking. Community representatives will

be coming from the following sectors: prevention, care and treatment, harm reduction, sex work, migration, gender and sexuality, human rights, and GIPA. POLICY funding will be used to assist with coordination and preparation costs for the forum as well as documentation and dissemination of proceedings.

FY04 Activity—Access to Treatments (Manager: David Lowe). A short-term consultant, Andy Quan, was commissioned to undertake a multi-country comparative study in Cambodia, Thailand, and Viet Nam on barriers to improved treatments access. The consultant was charged with identifying action being undertaken to address these barriers, the adequacy of such actions, and the extent of PLHA involvement in advocacy for increased treatments access and to articulate POLICY's best point of entry to make an impact on increasing treatments access. The consultancy was undertaken in October–November, and a draft report is currently being reviewed. Recommendations from the report will inform the future development of activities in this area.

FY04 Activity—MSM Regional (Manager: David Lowe). Sex between men continues to be an under-addressed risk environment for HIV transmission in the ANE region. As part of POLICY's plans to assess the need for MSM HIV and sexual health interventions in select countries, the extent to which these needs are being adequately met, and development of an advocacy plan, discussions have been held with the Blue Diamond Society (BDS), a Nepali MSM NGO. POLICY and BDS are developing a scope of work for a consultant to undertake a scan of these issues in Nepal. In 2004, POLICY is proposing to hold discussion with Family Health International (FHI)/Bangkok to discuss coordination of MSM issues at the regional level.

FY03 Activity—Policy Assessment—China (Manager: Felicity Young). In 2002, USAID developed a Mekong Regional Program to include programs in Cambodia, Myanmar, Laos, Thailand, Viet Nam, and the southern border provinces in China. Until now, there has been no direct work in China under this program. In FY03, USAID obligated funding to begin work in southern China in collaboration with regional, national, and local partners to address the implementation of USAID's Mekong Regional Program in Yunnan. At the invitation of USAID, POLICY, in collaboration with FHI, Population Services International (PSI), and the International HIV/AIDS Alliance, participated in the planning process for the USAID/China three-year framework, which is intended to provide strategic direction for the initial three years of the USAID/China program. Each CA will be preparing its workplan based on the framework. At the time of this report, the framework is still in draft form, and the development of POLICY's workplan for China will follow approval of the USAID framework. The framework includes an intermediate result (IR) specifically addressing policy: *Improved policy and enabling environment*. This IR will inform the development of POLICY's workplan. Tim Manchester from Futures Group Europe (based in Beijing) is coordinating the development of POLICY's workplan.

Planning/Finance/Policy Formulation: FY02—Capacity Building: GOALS Model (Manager: Steven Forsythe). This is a joint activity with Building Civil Society and is discussed under advocacy.

Tools/Research: FY03 Activity—GIPA CA/Mission Project (Manager: Pablo Magaz). 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 CAs in five countries in ANE (Nepal, Viet Nam, India, Cambodia, and the Philippines). The questionnaire was distributed to five USAID Missions and approximately 34 programs. Completed questionnaires were returned by approximately 70 percent of study participants and have been tabulated and analyzed. A report highlighting major findings and recommendations has been completed and reviewed by the CTOs. At the end of December 2003, the final draft was sent to the participating country teams, missions, and USAID/Bangkok for final comment. The report will be widely disseminated to all participating

organizations in early 2004. The recommendations from this report informed the development of proposed Phase 2 activities commencing in February 2004.

FY02 Activity—Political Commitment Assessment (Manager: Pablo Magaz). Using the Political Commitment Assessment Tool developed by POLICY, approximately 80 interviews were conducted in four countries with high-level key stakeholders representing national governments, international donors, NGOs, media, academia, PLHAs, and human rights groups. The participating countries were Bangladesh, India, Nepal, and Viet Nam. The interview transcripts have been summarized and analyzed, and individual country reports and a consolidated report highlighting major findings and recommendations should be completed by Spring 2004. Additionally, country-level dissemination activities will be implemented, hosted by POLICY Project field offices. POLICY has proposed sharing the findings with APLF, hosted by the UNAIDS Regional Program. The report will also be instrumental in informing POLICY's thinking for future activities to address the urgent need for increased political commitment in the ANE region.

Capacity Building: *HIV ANE Strategic Planning Meeting* (Manager: Felicity Young). A strategic planning meeting of POLICY HIV ANE and field support staff was held in Bangkok from November 18–21 to develop a shared vision for the POLICY HIV/AIDS ANE Regional Program; identify issues in which POLICY's regional HIV program can add value to the work being done by USAID, POLICY's country programs, and other partners/counterparts; develop a draft strategic plan for the POLICY ANE HIV Regional Program; and build staff capacity. An additional skills-building day was held, which focused on training on monitoring and evaluation, including the Programmatic Database (PDB). Participating countries included staff from POLICY/Bangladesh, Cambodia, India, Nepal, and Viet Nam. All country directors made presentations, and the meeting achieved its goal of bringing together HIV staff both at field and regional levels.

Regional Harm Reduction Meeting (Manager: David Lowe). POLICY was invited to participate in the WHO Second Bi-regional Meeting on Harm Reduction among IDUs in Rangoon, Burma, August 13–14. David Lowe participated in the meeting, which was organized by the Western Pacific and South East Asian regional offices of WHO and attended by country representatives, donors, NGOs, and researchers. The purpose of the meeting was to review progress in responding to drug-related HIV harm, identify steps needed to scale up responses, and review the WHO bi-regional workplan on HIV and IDU. The meeting provided valuable information and networking opportunities to inform POLICY's future directions in this area, which will be further considered at the strategic planning meeting in November.

Workshop on Analytic Approaches to Assess Impacts of HIV/AIDS. In October, Dr. Lori Bollinger (POLICY/USA) gave a presentation titled, "Analytic Tools to Examine the Impact of HIV/AIDS" at the Joint U.S.-China Workshop on Analytical Approaches for Assessing the Overall Impacts of HIV/AIDS, October 24, 2003. The conference was attended by approximately 75 people, including Chinese and foreign community participants. The purpose of the conference was to discuss the different findings regarding the projected impact of HIV/AIDS in China, including social and economic impacts, and to present decision analysis tools that could be used in planning for future impact. Dr. Bollinger presented, in some detail, models that are publicly available from various sources to evaluate the impact of HIV/AIDS; to calculate the projected costs of prevention, treatment, and care programs; and to examine the most cost-effective allocation of resources for HIV/AIDS. Dr. Bollinger also participated in the roundtable discussions that followed each presentation, including clarifying findings from the socioeconomic impact study carried out in 2001–2002 with local counterparts.

COUNTRY ACTIVITIES



Africa



ETHIOPIA

Program Objectives: POLICY activities in Ethiopia are directed toward expanding national population and reproductive health efforts by providing support in policy development and strategic planning to the Ministry of Health, the National Office of Population, NGOs, and other organizations. POLICY will achieve its objectives by providing technical assistance (TA) in policy advocacy, priority setting, strategic planning, and use of data and information for policy and program development. POLICY support for family planning/reproductive health (FP/RH) focuses on providing tools for effective resource allocation, analyzing barriers to program expansion, and providing training and TA in policy advocacy. POLICY also assists in increasing the understanding of crosscutting gender and human rights issues in relation to reproductive health.

Summary of Major Activities:

FP/RH

Advocacy Training with Consortium of Reproductive Health Associations (CORHA). POLICY's Senior Advocacy Advisor, Danielle Grant, carried out training with COHRA in late August. Grant facilitated the training-of-trainers (TOT) for CORHA members who had attended previous advocacy training under CORHA's Packard funding. After the TOT, Grant assisted the CORHA Advocacy Network with a review of networking skills and the development of several advocacy issues. POLICY will work with CORHA and the Mission to develop further support (and complement support from other sources) for CORHA's activities under POLICY's forthcoming revised FP/RH workplan.

Contraceptive Security (CS) Strategy Development (Reproductive Health Security). POLICY worked closely with the Family Health Department (FHD)/Ministry of Health (MOH), and DELIVER to plan and carry out the National Dialogue on Reproductive Health Security, July 29–31. More than 50 key stakeholders from the national and regional levels participated in the dialogue and identified several issues that impede progress toward CS. Following the three-day consultation, stakeholders agreed that building popular support from the grassroots is the most effective strategy for achieving CS goals. Participants also highlighted the issues of improving quality of care and increasing dialogue on FP/RH financial issues.

It was also decided that a Family Planning Committee (FPC) would be established under the National Reproductive Health Task Force. During the dialogue meeting, an advisory committee was established to oversee creation of the FPC. POLICY plans to assist with the development of the committee's Terms of Reference (TORs). Based on the results of the national dialogue, POLICY will begin working on contraceptive security issues at the national and subregional levels. POLICY will work closely with the Mission and Pathfinder International to develop a strategy that complements Pathfinder's FP activities by advocating for expanded FP services and helping to realize the national dialogue's recommendations.

Safe Motherhood Model and other Maternal Mortality Reduction Activities. POLICY's Director of Reproductive Health, Dr. Koki Agarwal, and Deputy Director Denise Lionetti visited Addis in mid-July. Dr. Agarwal worked closely with the FHD/MOH and local POLICY staff to develop an activity plan for core-funded safe motherhood activities and a White Ribbon Alliance for Safe Motherhood (WRA) chapter in Ethiopia. In early September, the POLICY/WRA made a small grant to the WRA chapter in Addis to plan and carry out a November meeting of the WRA in Ethiopia. Agarwal also provided training on the Safe Motherhood Model with POLICY's Long-Term Advisor (LTA) Eleni Seyoum. During the next quarter, Seyoum will begin working on the model with staff from the FHD/MOH and major civil society organizations, including the WRA chapter.

Agarwal and Lionetti also discussed safe motherhood issues with representatives of partner organizations (Head of the FHD/MOH; World Health Organization (WHO); Weizero Netsanet Asfaw, Minister of State for Information; and Weizero Gifty Abasiya, Minister of State for Women's Affairs). In addition, Agarwal visited the Obstetric Fistula Hospital in Addis Ababa, the only hospital of its kind in Africa, and discussed its participation in the WRA and in POLICY's safe motherhood activities.

Revision of the RAPID Model with National Office of Population (NOP). POLICY staff and Seyoum continued to assist the NOP in developing the RAPID Model analysis to support awareness-raising efforts, complementing the forthcoming work on contraceptive security at the national level. Apparently, opportunities to garner high-level support for contraceptive security are on the increase as the RAPID activity complements Packard-funded activities highlighting population and resource issues. During the next quarter, POLICY will clarify its support for the RAPID activities (dissemination, materials, and so forth) with the Mission.

Collaboration with Pathfinder International to Provide Advocacy Training and TA to its Regional Implementing Partner Organizations (IPOs). One outcome of last July's Contraceptive Security Strategy Development Workshop was the identification of issues that impede progress toward contraceptive security. Stakeholders at the meeting agreed that building popular support upward from the grassroots was the most urgent need and that the most effective strategy for achieving contraceptive security goals is to provide advocacy training and TA at the grassroots level. Currently, Pathfinder's IPOs and community-based reproductive health agents are deeply involved in delivering services and conducting information, education, and communication (IEC) activities at the wereda level, which is the lowest unit of formal government. As for advocacy efforts, much work remains. Elizabeth Neason met with Ato Tilahun Giday, country director for Pathfinder International, and they agreed to collaborate on advocacy efforts at the regional and wereda levels to reduce resistance to FP/RH and to build popular support upward from the grassroots. POLICY will collaborate with Pathfinder to provide training and technical support to its regional coordinators, IPO trainers, and the advocacy groups to be formed at the wereda level. POLICY's approach to advocacy will be to provide training and TA to the IPO staff so that they can form advocacy networks in their weredas. Recruitment for the networks will focus on NGOs, civil society organizations such as women's groups, adolescent groups, doctor/nurse/midwife associations, community and religious leaders, MOH staff, clinic staff, Pathfinder's Wereda Advisory Committees, and so forth. Advocacy work will focus primarily on increasing the political and popular support for and commitment to access to FP services, reducing unmet need for contraceptives, and reducing maternal mortality rates from the wereda to the regional level. A Memorandum of Understanding between POLICY and Pathfinder is currently under review.

\$6,000 Award to the Ethiopian Nurse Midwives Association (ENMA). The Ethiopian Nurse Midwives Association was awarded US\$6,000 through a letter of agreement to help strengthen its organizational capacity to serve as a midwifery resource to the MOH, to midwives at the regional and wereda levels, and to other stakeholders in the development and revision of midwifery standards, protocols, curriculum, and so forth. The ENMA also cosponsored the planning meeting for the creation of the Ethiopian WRA. ENMA representatives are currently part of the core working group for the alliance and will continue to play an integral role in the formation and operation of the Ethiopian WRA.

POLICY Presentations at the National Symposium on Maternal and Neonatal Mortality. FHD/MOH organized and conducted a national symposium on maternal and neonatal mortality from November 21–22, 2003. POLICY made two presentations: The Safe Motherhood Model: What It Does and How It Complements WHO's REDUCE Model and The Relationship between Family Planning and Maternal Health. Eleni Seyoum presented the Safe Motherhood Model, and Michelle Prosser delivered the family planning and maternal health presentation.

RAPID Presentation to USAID Mission Staff. At the request of the new Mission director, POLICY prepared a RAPID presentation to help the director understand the impact of population growth on various sectors. Eleni Seyoum prepared the data with the TA of Don Dickerson and delivered the presentation on November 19. The Mission received the presentation enthusiastically and is exploring funding possibilities for an expanded model. A more comprehensive RAPID IV document is likely to serve as input into implementation of the country's Poverty Reduction Strategy, given that attainment of food security goals and attainment of the millennium goals pertain to issues, such as the reduction of maternal mortality rates and infant and under-five mortality rates. A determination of what is considered vital for the implementation of the millennium goals will help identify the development sectors to be involved in preparing a more comprehensive RAPID IV.

Reproductive Health GOALS Model Development. As part of this year's workplan, POLICY will provide assistance and coordination to the MOH, USAID, UNFPA, the DELIVER Project, and other partners and stakeholders in the development of a National Reproductive Health Strategy. A major tool in planning and developing the strategy will be a fully developed reproductive health GOALS Model. Eleni Seyoum and Hailegnaw Eshete are taking the lead in collecting the costing information for the model; information collection began late November. The Mission requested completion of a preliminary model, including the family planning and postabortion care components, for presentation to the partners by late February. The preliminary model will illustrate how the model can be used as a tool in strategy development. The completed model will then be presented to partners during a strategic planning session in late April/May 2004. John Stover and Lori Bollinger are providing TA as the model undergoes development.

Revision of the National Population Policy. The POLICY Project has been asked to participate in the process of revising Ethiopia's National Population Policy. Professor Seyoum Selassie, POLICY's LTA in Addis, is one of the two authors of the current policy and will play an important role in its revision. The first meeting of the National Task Force took place in December, with Professor Seyoum appointed to chair one of the three subgroups for Population and National Development.

Establishment of the Ethiopian White Ribbon Alliance (WRA). POLICY/Ethiopia staff Eleni Seyoum provided logistical support to the planning meeting and official launch of the Ethiopian WRA. Theresa Shaver, Director of the Global Secretariat of the WRA, and Michelle Prosser, Reproductive Health Advisor/POLICY Project, traveled to Addis to cofacilitate the planning meeting for the creation of an Ethiopian WRA. Participants included more than 40 representatives from NGOs, the Ministry of Health, donors, the United Nations, bilateral and multilateral organizations, civil society organizations, and other coalitions. The meeting charged a core group of members with writing a draft concept paper and workplan outlining the first steps in establishing the Ethiopian WRA. The core group met in November to outline the paper and was scheduled to meet again on December 27th to finalize the paper and present it to the larger group of stakeholder/members.

Official launch of the WRA. Eleni Seyoum also coordinated an official launch of the WRA on November 19, the day after the meeting. Though the local chapter of the alliance had formed only the day before and was not officially established, the strong support of over 40 organizations and ministries meant that the group was well on its way to becoming firmly established in Ethiopia. Minister of State for Information Weizero Netsanet Asfaw and Minister of State for Women's Affairs Weizero Gifti Abassiya each publicly declared their support for establishing the WRA. Speeches by the two ministers represented public officials' strongest support for the millennium goal of reducing Ethiopia's maternal mortality rate from the current rate of 871 to 200 by 2015. In fact, the speeches represented the first time in recent memory that high officials made such statements in public.

HIV/AIDS

Regional HIV/AIDS Profiles. Pending the Mission's forthcoming 10-year HIV/AIDS strategy and the level of HIV/AIDS field support funds, POLICY has postponed work on the development of the regional AIDS profiles for the Amhara, Oromiya, and Addis Ababa regions.

HIV/AIDS Legal and Policy Assessment. POLICY is finalizing the summary version of the original HIV/AIDS legal and policy assessment and will distribute it to local experts for review in the beginning of January. POLICY will work with the Mission, Ministry of Justice, HAPCO/National AIDS Secretariat, and civil society counterparts to develop a dissemination strategy for the report.

Mission AIDS Strategy and the Appreciative Inquiry (AI) Summit. As part of the Mission's process of developing a new AIDS strategy, POLICY provided logistical support to the Mission's AI Summit. Nearly 90 participants joined in the AI Summit, which resulted in a two-month process that included interviews and focus group discussions with major stakeholder groups to examine what works and what is needed in HIV/AIDS programming. Results of the AI Summit in Addis will be used as input into the Mission's forthcoming 10-year HIV/AIDS Strategy. POLICY's Lionetti and local staff participated in the AI Summit in mid-July.

Proposal for Private Sector Involvement in the National Strategy to Combat HIV/AIDS. As of August 2003, POLICY has no funding for activities in HIV/AIDS. In October, though, Mission HIV/AIDS Advisor Holly Fluty-Dempsey requested a proposal from POLICY to address means of increasing and strengthening the private sector's role in the national strategy to combat HIV/AIDS. The proposal was submitted and accepted orally but is awaiting approval from the Ambassador. Ethiopia is one of the 14 PEPFAR countries targeted for increased funding from the U. S. government; therefore, the Ambassador is directing and approving all in-country HIV/AIDS activities.

GHANA

Program Objectives: The goals of the POLICY Project in Ghana are to assist the government in implementing a national policy on HIV/AIDS and sexually transmitted infections (STIs) and to increase national and district decision makers' level of support to family planning/reproductive health (FP/RH). Project assistance focuses on institution building for the National AIDS Control Program (NACP) of the Ministry of Health (MOH) and strengthening the program's ability to support the work of the Ghana AIDS Commission (GAC), a high-level advisory body presided over by the Vice President of Ghana. Assistance also focuses on expanding the advocacy efforts of the National Population Council (NPC), Regional Population Councils (RPACs), and NGOs and on supporting policy dialogue for newly elected members of the executive and legislative branches in collaboration with the Population Impact Project (PIP). Activities include technical, material, and financial assistance and training for the NACP and its partner institutions; technical assistance (TA) and financing for regional and district advocacy events; and information dissemination through counterpart organizations.

Summary of Major Activities:**FP/RH**

Reproductive Tract Infection (RTI) Policy Guidelines. POLICY provided technical oversight to a consultant in the finalization of a revised draft of the National RTI Policy Guidelines for submission to the NACP. In collaboration with the POLICY Project, the NACP conducted a stakeholders' consensus workshop on October 30, at the GHS IE&C Resource Center in Accra. The purpose of the workshop was to discuss and gather feedback from stakeholders on the revisions to the guidelines. In attendance were 25 participants from different divisions of the MOH/GHS and representatives of USAID, WHO, and UNFPA. POLICY will continue to work with the NACP to incorporate input from the stakeholders' workshop. In the first quarter of 2004, the draft will again be widely circulated to key health providers in the MOH/GHS, GAC, and NPC and to other stakeholders for further comment, with a final draft planned for 2004.

Human Resource Guidelines' Development. POLICY conducted a session with the Minister of Health on the completed report on the Human Resource Management Systems within the MOH and the Ghana Health Service (GHS) and delivered a PowerPoint presentation of the report to several directors of the GHS. POLICY is still collaborating with both the Minister of Health and the Director of the Human Resources Development Division (HRDD) to schedule a roundtable workshop of all stakeholders on the report findings. The roundtable meeting will take place in early 2004.

Population Impact Project (PIP). In collaboration with the National Population Council Secretariat (NPCS), PIP participated in the regular biannual meeting of District Chief Executives (DCEs) from all of Ghana's 110 districts. The meeting was held in August in Nkawkaw, the district capital of the Kwahu South District. The Minister of Local Government and Rural Development, the Hon. Kwadwo Adjei Darko, opened the meeting. Also in attendance were the Deputy Minister of Local Government and Rural Development, Retired Captain, the Hon. Effa Dartey, and Executive Director of the NPC Dr. R.B. Turkson, who served as chair. Using information and analysis produced by SPECTRUM applications, Mr. S.O. Kwankye, Associate Director of PIP, made a presentation that outlined the main challenges posed by Ghana's rapid population growth and HIV/AIDS burden as related to the country's socioeconomic development. Various recommendations were made on the role to be played by the DCEs in providing leadership to health and population programs at the district level and in mobilizing resources to carry out population and HIV/AIDS programs.

In addition, on December 3, in collaboration with NPCS, PIP took advantage of an opportunity to present POLICY-developed models, namely, Ghana's Updated RAPID Model and the Ghana AIM, to 50 members of the Population Caucus of Parliament on Population and HIV/AIDS.

Maternal Health User Fee Study (core-funded). POLICY facilitated a meeting with researchers (National Health Research Unit (HRU)/Ghana Health Service (GHS)) to clarify queries from POLICY/Washington on the user fee study, with HRU answers since forwarded to POLICY/Washington.

Building Capacity to Use Selected Tools to Strengthen Health Policy Analysis and Formulation (core-funded). POLICY/Washington (under IR4), together with POLICY/Ghana, took the initial steps to collaborate in building sustainable in-country capacity in the application of the SPECTRUM System of Models. A PowerPoint presentation to several faculty members of the School of Public Health, University of Ghana (Legon), including the director of the school, received a favorable response. The presentation was entitled "Health & Population Policy Analysis: SPECTRUM Tools to Strengthen Dialogue and Planning." The school identified a member of the faculty as a focal person who would collaborate with POLICY on follow-up activities.

HIV/AIDS

Advocacy: Using core funds, the New Juaben Reproductive Health Advocacy Network (NJUANET), under the auspices of POLICY/Ghana, began implementing a program entitled "Formation of Workplace Committees to Reduce the Current High Rate of HIV Infection and Provide Care and Support for PLHA in the New Juaben Municipality." Recent data from the 2002 HIV Sentinel Surveillance of HIV indicated that the municipality's HIV prevalence rate among the adult population is 8.5 percent, one of the highest prevalence rates in Ghana. In total, the target population for the various activities delivered by NJUANET is 1,400 employees.

The program is funded by a grant from the Ghana AIDS Response Fund (GARFUND) in the amount of C9.8m. To date, 11 workplace committees in various institutions in the municipality (Fire Service, Prison Service, State Insurance Company, Intravenous Infusion Ltd., and so forth) have been formed. In addition, an inaugural meeting and workshop on July 31 drew 55 workplace committee members. Matthew Tay, a deputy director at the New Juaben Municipal Assembly, participated in the inaugural meeting.

Planning/Finance/Budgeting/PolicyFormulation/Strategies/Guidelines: *National HIV/AIDS/STI Policy.* POLICY continued to facilitate the process of resubmission of the policy to the cabinet

Multisectoral AIDS Strategies. POLICY continued providing TA to the GAC by serving on some of its technical committees and as a task force member for the planned National HIV/AIDS Research Conference scheduled for January 2004. POLICY contributed at a three-day retreat outside Accra in October in preparation for the January conference.

POLICY continued collaborating with the GHS/NACP, WHO, and the U.K. Department for International Development (DFID) in the development of a Second-Generation HIV Surveillance Program, which aims to strengthen the NACP's HIV/AIDS and STI surveillance system. In particular, POLICY continued to participate in the quarterly stakeholders' meeting and in the consensus building workshop sessions. The Second-Generation HIV/AIDS and STI and Behaviour Change Surveillance Surveys (BSS) are scheduled to begin in FY 04.

POLICY continued dialogue with the Ministry of Education on development of an Education HIV/AIDS Policy.

Tools Development/Research: *International Coverage of HIV/AIDS Services—AIDS Program Effort Index (API) Study.* POLICY collaborated with the GAC, USAID, UNAIDS, UNDP, UNICEF, and others in a stakeholders' meeting to select a consultant for the Ghana component of the core-funded International Coverage of HIV/AIDS Services—API Study.

Review of Policy Issues Surrounding Work with Sex Workers (SW). POLICY identified a consultant for the study on SW in Ghana and has continued its discussion on the study with the Office of the Attorney General's Department.

Advocacy Paper on Expanding the Cadre of Health Care Providers Able to Provide Treatment for STIs. Following from recommendations in the RTI policy guidelines, POLICY/Ghana completed an advocacy paper targeted at the Director General of the Ghana Health Service on policy options relevant to expanding the cadre of health care providers, including chemical sellers who could be trained to administer prepacked therapy (PPT) in the treatment/management of STIs. The goal of the paper is to garner support for the proposed OR on PPT for the management of STIs.

AIM Model and Application. POLICY/Ghana organized a workshop held on November 17–20 to update Ghana's application of the AIDS Impact Model (AIM). The results show that Ghana's median HIV prevalence is 3.4 percent compared to an estimated adult HIV prevalence of 3 percent in the previous AIM application. The Ghana AIM has proved useful and effective with policymakers and decision makers over the past five years. POLICY provided TA to the National AIDS/STI Control Program and the Ghana AIDS Commission in carrying out the fourth update.

As part of the effort to update the model, POLICY/Ghana organized preworkshop technical consultations, also on November 17–20, with major stakeholders (MOH/GHS/NACP, WHO, GAC) and reviewed all relevant data, especially data recently released from the 2000 Ghana Census and sero-prevalence surveillance data from the 2002 Sentinel Surveillance. The Director General of the Ghana Health Services chaired the consultations and made encouraging commitments. Among the 20 participants were headquarters staff of NACP; regional HIV/AIDS coordinators; representatives of the University of Ghana's School of Public Health and representatives of the GAC and the Ghana Statistical Service; WHO's National Program Officer responsible for HIV/AIDS Surveillance, Dr. Morkor Newman; the UNAIDS Country Coordinator, Dr. Warren Maamara; and many others. NACP's key personnel and the other participants actively contributed during the sessions under the technical direction of POLICY/RTI's Dr. Robert Ssengonzi. The consultations concluded with a PowerPoint Presentation on outputs. On the final day of Ssengonzi's TDY, the POLICY/Ghana team conducted a debriefing session with the USAID Chief HPN Officer and team and outlined next steps for finalizing the Ghana AIM booklet and AIM presentation early in 2004.

The workshop achieved the following objectives:

- Reviewed the methodology for estimating HIV prevalence in Ghana by using EPP and AIM;
- Examined and updated the AIM projections with 2002 Sentinel Surveillance data and Ghana's 2000 Census data;
- Introduced new priority program areas and program intervention needs not previously included in Ghana's AIM, e.g., estimated number of people who may need antiretrovirals (ARVs) now and in the future; and
- Continued to expand the pool of staff capable of applying AIM and updating HIV/AIDS estimates and projections.

KENYA

Program Objectives: Against the background of changes in the policy environment, POLICY/Kenya's objectives are to increase and renew political and public support for high-quality FP/RH and HIV/AIDS services and to improve the planning and financing of such services. The strategic objective is to improve the enabling environment for the provision of FP/RH/HIV/AIDS services. POLICY/Kenya's two intermediate results are (1) improved policies and programs and (2) improved efficiency in the management of health sector resources for FP/RH and HIV/AIDS. To achieve these objectives and results, 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.

In FP/RH, POLICY's assistance focuses on achieving a renewed high-level commitment to FP programs in the era of HIV/AIDS, developing and improving national policies and strategies, and building support and capacity for postabortion care (PAC) services at the district and community levels. In HIV/AIDS, POLICY is working to strengthen the capacity of governmental and nongovernmental organizations (NGOs) and institutions across all sectors to develop and implement HIV/AIDS policies and programs that emphasize a holistic, integrated, and multisectoral approach. Programs address a variety of activities, institutions, issues, and population groups: HIV/AIDS education, government ministries, military and police, faith-based organizations (FBOs), PLHAs, orphans, youth, gender issues, law, and human rights. In Health Finance, POLICY is strengthening the cost-sharing program and supporting the establishment of mandatory social health insurance while adopting a more participatory process focusing on the role of decentralized public sector units in promoting the mobilization of additional resources. Efforts call for strengthening health policies and systems at the national, provincial, and district levels to improve the planning, financing, and quality of FP/RH, HIV/AIDS, and other primary health care services.

Summary of Major Activities:

Several of POLICY's major activities during the reporting period focused on improving health policies and programs, including support for policy analysis and formulation and broadening and strengthening advocacy.

FP/RH and Health Finance and Policy

National Health Accounts (NHA). The MOH's Department of Policy Planning and Development (DPPD) undertook data analysis for the National Health Accounts (NHA) Households Expenditure and Utilization and produced a draft report and, jointly with POLICY, designed the research instruments for health institutions. A delay in securing funds for the survey impeded completion of the draft report. POLICY still expects to take a lead role in the dissemination process, with plans underway to devise a dissemination strategy and engage the services of POLICY NHA Specialist A. K. Nandakumar to undertake the post-analysis of NHA and NHA-HIV data and develop accompanying policy briefs on the use of NHA for policy formulation and planning.

Contraceptive Commodities Procurement Plan (2003–2006). POLICY finalized the policy document on behalf of the MOH's Reproductive Health Advisory Board (RHAB), which, in December 2003, approved it for adoption, dissemination, and use. The MOH finally launched the document during the last RHAB meeting (October 8, 2003) such that RHAB and DRH are using it to lobby for increased government and international donor support for funding and timely procurement of commodities. The document may require regular updates owing to continuous changes in donor commitments.

Contraceptive policy and strategy for 2003–2006. To ensure a more informed policy direction on FP access, contraceptive commodity security, new unmet needs, and other matters, the policy document still awaits additional inputs from other important policy documents and studies, namely, (1) POLICY-commissioned studies on unit costing for safe motherhood and enhancing financial access to FP services; (2) KDHS 2003; (3) the Social Health Insurance Strategy and Bill; and (4) the Kenya Medical Supplies Agency (KEMSA) Strategy. During the next reporting period, POLICY and RHAB's 20-member Contraceptive Task Force, which the MOH mandated to finalize the document, will convene and facilitate a review of the second draft of the Contraceptive Policy and Strategy for 2003–2006 based on the available inputs.

Developing unit costing for safe motherhood interventions in the public sector. At the request of the Minister of Health, POLICY is developing unit costing for a national cost-effective and sustainable safe motherhood intervention (antenatal care (ANC), maternity/delivery, postnatal, PAC, FP, and prevention of mother-to-child transmission (PMTCT) services) for the public sector. With the help of the lead consultant (Professor B. Nganda), POLICY reviewed the relevant literature, developed research instruments, and undertook a field survey in six districts. Data entry and analysis are now complete, with a draft report already forwarded to the DRH for review. Unfortunately, completion of the study took longer than expected owing to difficulties in obtaining data on RH epidemiological profiles and pricing along with additional commitments from the consultant.

FP/RH core package on improving access to family planning services in public sector facilities for poor/underserved populations in Kenya. Under the core package initiative, POLICY consultants (G. Mwabu, B. Obonyo, and J. Korir) led a needs assessment and baseline survey for a study in seven sites (Kisumu, Nakuru, Kakamega, Bungoma, Thika, Nyeri, and Mombasa). The consultants initiated the study after engaging in dialogue, preparing the sites for the survey, and recruiting research assistants to support the process. Further, the team assembled and cleaned the Welfare Monitoring Survey (1994) data to support the completed market segmentation analysis. The study is being implemented jointly with the maternal user fee study described below.

FP/RH core package on maternal user fee study. Against the concerns that user fees reduce access to services among the income-poor and other vulnerable groups, POLICY's Maternal Health Working Group (MHWG) mooted a study on maternal services (in particular, delivery and ANC) to determine the effectiveness of the existing safety nets in protecting the vulnerable. For cost-sharing purposes and to generate a more comprehensive research activity, the study was integrated with the Kenyan Family Planning Access Study. In support of the joint effort, the POLICY/Washington and Kenya teams developed a joint Scope of Work (SOW) and workplan and agreed on an implementation plan. Starting with a review of national policies on user fees, waivers, and access to maternal health services, the MHWG study gathered data from selected sites. Other than the structured questionnaire, the study used the focus group discussion approach to collect data in three selected sites (i.e., Kisumu, Bungoma, and Thika). Data analysis is underway, with a draft report expected in February 2004.

Poverty reduction strategy paper (PRSP). POLICY completed "Cost Sharing and Poverty Studies" (January 2003), built consensus on policy recommendations, and, in April 2003, forwarded to the Health Care Finance Implementation (HCFI) Committee a policy brief and an accompanying PowerPoint presentation on options to broaden access to basic health among the poor. Unfortunately, the HCFI Committee has yet to consider the proposal, and POLICY has been making attempts to meet with top leaders to discuss the issue. In the last discussions, the DHCF and Chair of the HCFI Committee (S.J. Kalama) promised to convene a committee meeting in February 2004 to consider the proposals and advise the PS/DMS accordingly.

Revised cost-sharing documents/policies. As a result of significant POLICY leadership and assistance, the government of Kenya has developed three revised manuals for guiding the generation of, and accounting for, cost-sharing funds. The Treasury has, however, raised additional concerns relating to the accounting practices and management of such funds (notably, revenue generation, banking, and expenditure). Consultations in July–August 2003 with the DHCF led to the agreement that POLICY would lead the process of reviewing the FIF Operational Manual Part 2: Fees Collections, Target Setting and Accounting Procedures, last reviewed in March 1997. POLICY consultant (Timothy Oketch) embarked on the assignment by interviewing the key stakeholders at the Treasury and MOH headquarters (Principal Accounts Controller, Chief Finance Officer, Chief Health Administrative Officer). A much broader stakeholders' consultative forum is scheduled for February 2004 to solicit additional views to be used in the review and harmonization of the present manual with subsequent Treasury Circulars and Financial Orders.

Strengthening the MOH decentralization process. In support of MOH decentralization, POLICY is taking the lead in certain significant areas. Under the Decentralization Financial Management Systems (FMS) thematic group, a core team comprising POLICY, the Chief Health Administrative Officer (CHAO), DPPD, DHCF, HMIS, HSRs, and the Accounts Controller was identified to integrate the MOH's computer-based systems. The team met in September and drew up terms of reference (TOR) to guide its functions and recommended a meeting of systems experts (notably, HMIS, FIS, FMS, and HIS) on September 18–20, to identify areas of compatibility and to explore harmonization mechanisms. Unfortunately, the MOH staff's full meeting schedule prevented the meeting from taking place. In all likelihood, alignment of the MOH's systems with the Treasury's proposed IFMS will present the greatest challenge. POLICY is awaiting further direction from the MOH in two other areas: (1) development of the National Health Sector Strategic Plan (2005–2010) and (2) development of the Nairobi Health Services Board Strategy and Workplan.

Social Health Insurance (SHI) Strategy and Sessional Paper. With assistance from POLICY and other development partners, the government of Kenya finalized the SHI Strategy during the past year. In subsequent consultations, POLICY was to provide additional support in developing the SHI Sessional Paper, but the MOH opted for assistance from other partners (WHO/GTZ). The government now has the SHI Strategy and SHI Sessional Paper that detail the strategy and mechanisms for operationalizing the scheme. Key stakeholders have yet to endorse and support these policy documents, suggesting that the Attorney General's office may return the documents to the MOH for further consultation and review by special interest groups (for example, COTU, KNUT, KMA, the private sector, Missions, and HMOs, among others). The Members of the Parliament Symposium on the National SHI, hosted by the DSRS on October 27–28, at the Safari Park Hotel, fell short of mobilizing the required support to push the process forward. Given the circumstances, POLICY foresees a major role for itself in co-leading the efforts to achieve improved dialogue and policy discussions around the SHI, including its implementation.

Advocacy: *Kenya Family Planning Achievements and Challenges Report and PowerPoint Presentation.* Using core funds, POLICY led a core team of stakeholders from the DRH (MOH), FPAK, and NCPD in completing, reviewing, editing, and finalizing the Family Planning Achievements and Challenges (FPA&C) booklet and PowerPoint presentation. In July and August, POLICY/Kenya, jointly with DRH and FHI, convened and facilitated a series of family planning advocacy campaigns that used the policy advocacy document, bringing together about 350 policy champions and officials representing the MOH, PMOs, MOH, Regional Reproductive Health Supervisors, District Public Health Nurses, private practitioners, and FP program managers/professionals from all provinces, except Coast. Participants shared and discussed technical information on FP/RH and related method mix issues along with the need to reposition FP programs in the era of HIV/AIDS. The campaign is among the initiatives mooted by POLICY to offer more synergy, complementarity, and linkages with the activities of other USAID

cooperating agencies. POLICY is awaiting the finalization of the KDHS 2003 to update the draft FPA&C and publish it for wide dissemination and use.

PAC Advocacy. POLICY supported NNAK in its compilation of its subgrant final report (2001–03) and, jointly with PRIME partners, facilitated (1) two stakeholders’ meetings in Mombassa and Kilifi (July 29–August 1) to sensitize PAC providers to the importance of establishing peer support networks for PAC provision and (2) a skills networking training for the Kilifi cluster (September 12). Participants were drawn from PAC-trained nurse midwives and MOH district leaders. In the subsequent reporting period, POLICY continued to provide technical support to NNAK in PAC advocacy activities by participating in the PAC Working Group meeting (October 7) and the NNAK meeting convened to follow up on and plan for PAC advocacy activities in Kajiado and Nyeri. In addition, POLICY staff Leah Wanjama visited the District Medical Officer of Health (Mombassa) as part of an advocacy campaign to support additional PAC activities and facilitation of PAC network skills building; the activity attracted 24 participants.

District Stakeholders’ Forum. The National Health Sector Strategic Plan (1999–2003) recognizes the role of the District Stakeholders’ Forum as the major institution in ensuring effective collaboration, coordination, planning, and financing of health activities in the districts. POLICY, jointly with the HSRS, planned to review the performance of three selected District Stakeholders’ Forums (Nakuru, Tharaka-Nithi, Kwale). The process is expected to generate an updated TOR to enhance the performance of the forums in district health planning. Prior commitments by the head of HSRS, however, made it difficult to convene a meeting with the HSRS for the purpose of drawing up the SOW and identifying a consultant to undertake the assignment.

Improved Resource Mobilization: *Cost-sharing monitoring.* In continuing to support the DHCF’s monitoring and supervision of the cost-sharing program (targeting high-volume public hospitals and underperforming facilities), POLICY has recorded significant impacts. In the words of the POLICY/Kenya’s Mid-Term evaluation team, “Funds raised through cost sharing are three times the amount allocated by the Treasury for recurrent expenditures in provincial and district hospitals.” In October–December 2003, monitoring activities focused on government audit queries relating to facilities that failed to enter income and expenditure data as required by the Auditor General. In response to the queries, the DHCF staff took appropriate action to enhance transparency and accountability in the use of cost-sharing funds. Even then, the main challenge remains the recognized high expenditures at source (that is, before banking) owing to the District Treasury’s liquidity problems.

Efficient functioning of Financial Information System (FIS). In ensuring the efficient functioning of the FIS in planning and managing the cost-sharing program, POLICY continued to provide leadership and technical support, notably by installing the new user-friendly software—FIS 2003—and training PMOs in its use. The FIS provides the only reliable source for updating cost-sharing data on a quarterly and annual basis. Reliance on just one consultant to perform virtually all FIS-related tasks has, however, hampered progress. In response, POLICY is planning to train additional systems programmers to provide more FIS back-up support.

Integrating the FIS and NHIF database systems. POLICY continued to make efforts to strengthen the planning, management, and accountability of cost-sharing funds relating to the NHIF. During the reporting period, POLICY FIS consultant Paul Krystall, jointly with systems experts from the DHCF and NHIF, planned to integrate and reconcile the NHIF and FIS databases to address the glaring gaps in reporting and to provide a true picture of the actual payments to public hospitals. Owing to difficulties in obtaining the active engagement of the NHIF IT manager and the core team, POLICY has faced major setbacks in the database reconciliation effort.

Consultative meetings to increase health sector resources and improve resource planning and implementation. Despite its success in convening and facilitating two DHCF/NHIF steering committee meetings to step up the campaign to improve NHIF reimbursements to public hospitals and enhance capacity building for staff at the provincial level, POLICY has faced difficulties in organizing subsequent meetings. A lack of enthusiasm by the new team from the NHIF, including the CEO, is impeding progress.

DHCF local area network (LAN). POLICY successfully rehabilitated and commissioned the LAN at the DHCF and provided technical support in reconfiguring the system to build in appropriate security measures that allow independent access to the FIS by the PS/DMS; however, the latter has yet to use the system. The new PS/DMS suggests the need for a briefing, orientation, and training on the FIS, including its use in planning and management.

Field visits. POLICY supported special field visits by DHCF staff to PMO offices (except Garissa) and selected hospitals for follow-up on NHIF claims and monthly NHIF and FIS database reconciliation.

Capacity Building: Support to MOH and national NGOs. POLICY covered the travel of Clement Obure Odeka, Systems Analyst/Programmer, and Rose Ayugi, Health Records and Information Officer, to South Africa to participate in workshop entitled Enhancing the Quality and Use of Health Information at the District Level (September 28–October 4, 2003).

Capacity building for PMOs on FIS. In October 2003, POLICY, jointly with the DHCF, organized and led a two-week-long workshop for PMO/Nairobi staff on cost-sharing, program management, and supervision in public health facilities. The workshop focused on (1) health policy reform and the role of health boards and (2) revenue generation, setting revenue targets, NHIF, expenditure planning, accounting, financial information systems, quality of care, and public information. After only two months, the PMO/NBI reported the active participation and involvement of department heads as well as the improved reporting and recording of cost-sharing data. POLICY planned to hold a three-day PMOs FIS skills-building and post-installation training for the newly upgraded software (FIS 2003) but postponed the events owing to commitments associated with the Mid-Term review. Plans are still in place to expand the program, which has had significant impacts on enhancing the capacity of PMOs to improve the efficiency of collections.

Strengthening Ministry of Health Human Resources tracking system. The MOH lacks a suitable human resources data bank for effective planning and budgeting. At the request of the Ministry (DPPD), POLICY is providing technical and financial support to convert the existing, stand-alone human resource database (a manual system) into a computerized personnel information system linked to the payroll and PMOs' offices. In November–December 2003, POLICY and DPPD developed the SOW for the assignment and recruited Systems Consultant Charles Otieno to undertake the task.

FIS strengthening and integration. POLICY and the DHCF facilitated the training of 17 Systems Administrators and PMO staff on HMIS and the new software (FIS 2003), including the generation and interpretation of the outputs for planning and management. Follow-up discussions with the DHCF and PMOs led to the integration of the course into PMO workplans, thereby necessitating the use of cost-sharing funds to train additional HMIS/FIS users at the local level. Three provinces (Nyanza, Coast, and Central) have already completed their training. Plans call for developing a critical mass of trainers at the regional level to support the HMIS and upgraded FIS program.

Institutionalizing capacity building in health finance, policy, and reform. POLICY faced various obstacles—difficulty in recruiting a course coordinator and identifying a host institution acceptable to the MOH—in implementing the short course entitled ‘Hospital Planning, Budgeting and Priority Setting.’

However, both the identification of Margaret Rowan (POLICY staff) as the coordinator and the incorporation of the course into the MOH decentralization agenda have resolved the issues and permitted substantial progress. For example, POLICY, jointly with the Decentralization Implementation Review thematic group on Financial Management Systems (FMS), convened and facilitated a stakeholders' consultative workshop at the White Sands Hotel, October 23–24, to identify the training needs for the course and to obtain consensus on the modalities of developing related training modules. In a subsequent two-day workshop in Naivasha (November 3–7), the core team, under Rowan's leadership, deliberated on specific elements of the course, namely, design and contents, time frame, schedule of sessions, format, presenters, target participants, and institutionalization modalities. The development of the training modules is in progress, with the course due to be delivered in April 2004.

Internship. Under its internship program, POLICY/Kenya recruited three research assistants to support the work of lead researchers undertaking studies on (1) Developing Unit Costing for Safe Motherhood Interventions in the Public Sector, (b) FP/RH Core Package on Improving Access to Family Planning Services in Public Sector Facilities for Poor/Underserved Populations in Kenya, and (3) FP/RH Core Package on Maternal User Fee Study. The interns, all young professionals, are Urbanus Kioko, David Ochieng, Patrick Muia, and Edwin Mutuura. The last intern, apart from meeting the criteria for internship, is a PLHA and was recruited in furtherance of POLICY's commitment to GIPA and strengthening HIV/AIDS youth activities.

HIV/AIDS

Advocacy: Seventh Day Adventists (SDA) workshop in the battle against HIV/AIDS. In collaboration with the Adventist Relief Organization (ADRA)/East-Central Africa Division (ECAD) and POLICY/South Africa, POLICY/Kenya cofacilitated the Seventh Day Adventists (SDA) workshop (November 10–13) aimed at sensitizing the Church's leaders to HIV/AIDS and reducing stigma and discrimination against PLHAs. The meeting brought together over 150 participants, including Church leaders, PLHAs, and caregivers from union territories and attached fields, to discuss strategies for establishing and institutionalizing more responsive HIV/AIDS policies and programs for the clergy and congregations through the full participation of ECAD leaders. A significant outcome of the workshop was the Church's signing of the Nairobi Declaration, which commits the SDA Church in ECAD to respond meaningfully to HIV/AIDS, particularly with respect to the fight against stigma and discrimination. Participants agreed on priority areas and designed a follow-up action plan that specifies activities for the next two years. In the next plan period, POLICY, jointly with ADRA/ECAD, will facilitate the implementation of the Kenya Chapter's action plan.

Kenya Police Force. AMREF completed and submitted to POLICY the final draft of its report entitled "The Findings of the Kenya Police on Health Concerns and HIV/AIDS Management" for forwarding to the police commissioner. In follow-up activities with the police force's top leaders, POLICY is undertaking advocacy campaigns to ensure the use of the report in improving the Kenya Police Force's HIV/AIDS policy and programs and advocacy for behavioral change. In a related task, POLICY held several meetings and continues discussions with the Office of the President and leaders of the Christian Police Association of Kenya (CPAK) to moot an advocacy strategy and establish an HIV/AIDS policy within the Kenya Police Force.

Strengthening the Network of People Living with AIDS (NEPHAK). POLICY continued to help strengthen the Network of People Living with AIDS. The aim is to create an organization that clearly defines its needs, strengths and challenges. As a departure from the stereotypical perception of NEPHAK members as poor, illiterate, voiceless, and desperate persons, POLICY seeks to raise the profile of PLHAs as resourceful individuals who can influence their own destiny. POLICY, in collaboration with NEPHAK, NAP+, and other partners, assisted in recruiting NEPHAK's National Coordinator (Inviolata Mbawvi)

and three essential staff as well as in developing fundraising proposals submitted to NACC, DFID, the Centre for African Family Studies, and UNDP, among others. As part of its continued commitment to GIPA, POLICY hired one of the PLHA (Edwin Mutuura) as an intern to strengthen its commitment to GIPA and, most notably, youth activities. At the just concluded ICASA, Mutura was instrumental in ensuring meaningful representation of NEPHAK and actively participated in the youth forum. Lately, the NEPHAK coordinator, jointly with the task force and Mutura, embarked on a provincial recruitment drive to create a core team of NEPHAK advocates at the provincial, district, and grassroots levels. NEPHAK national elections are expected early next year. Once NEPHAK is established, POLICY and NACC, KANCO, FHI, and CAFS will fund its program and administrative needs.

Movement of Men against AIDS in Kenya (MMAAK). POLICY consultant Mary Y. Okumu assisted MMAAK in finalizing its strategic plan, which includes a comprehensive one-year workplan. Further, POLICY convened and facilitated a stakeholders' meeting to discuss the workplan with a view to soliciting financial support from development partners. MMAK is a new organization with the potential to recruit men as major players in the fight against HIV/AIDS.

International Conference for AIDS and STDs in Africa (ICASA). POLICY provided guidance to NAP+ and NEPHAK and worked with a multidisciplinary team to advocate for GIPA during the ICASA conference, held in Nairobi, September 21–26. POLICY was instrumental in (1) reviewing abstracts, (2) coleading key committees (scholarships, scientific, and satellites), and (3) lobbying for scholarships for special groups (PLHAs, youth, CBOs, and women's organizations). In collaboration with Glaxo Smithkline Kenya (GSK) and KANCO, POLICY provided assistance in developing and managing the PLHA lounge, which provided PLHAs with a base for networking and participating in the conference. POLICY was selected from among the in-country CAs to manage USAID/Kenya's financial assistance to ICASA (US\$ 200,000) for medical care, printing of conference badges, and essential services.

Advocacy on inheritance and women's rights. In responding to the HIV/AIDS epidemic, POLICY promotes a human rights and gender-equity-based approach and fosters a multisectoral approach to addressing development challenges. In Kenya, many women who have lost their spouses to HIV have often been denied inheritance rights. Despite the enactment of appropriate legal and policy reforms, community and social relations and traditional decision-making structures still pose major constraints to equitable inheritance. The situation has prompted POLICY to support an advocacy project on inheritance and women's rights in Kenya, the outcome of which will be used to spearhead advocacy campaigns among relevant groups (for example, family court judges and magistrates, chiefs, village elders, district commissioners) to uphold women's rights. During the plan period, POLICY/Kenya and POLICY/Washington identified and recruited a human rights consultant to lead a project on women's rights that will be implemented in four phases: (1) situational assessment and agreement on collaborating partners; (2) community-based field work; (3) development of an advocacy strategy; and (4) advocacy campaigns.

African First Ladies (OAFLA) Kenya Chapter advocacy. In collaboration with ActionAid's project Strengthening International Partnerships against AIDS (SIPAA), POLICY jointly led the development of an HIV/AIDS gender-responsive brochure entitled "What can one woman do?". The advocacy document is tailor-made to the needs of the Office of the African First Ladies (OAFLA) Kenya Chapter in spearheading its campaign against the spread of HIV/AIDS. It highlights HIV/AIDS as a gender issue and addresses issues of stigma and the monitoring of social and political commitment while providing practical suggestions on what the first lady can do to support the fight against HIV/AIDS.

Planning/Finance/Budgeting/Policy Formulation/Strategies/Guidelines: *Gender and HIV/AIDS.* POLICY continued to colead and provide substantial technical assistance and support to the gender and HIV/AIDS task force, focusing on the crucial role gender plays in the HIV/AIDS epidemic. As a result,

the government now has important policy documents for mainstreaming gender into HIV/AIDS activities, and additional partners have committed to support related activities, namely, (1) the development and production of a gender training curriculum (UNDP through NACC) and (2) pretesting and fine-tuning the curriculum before its final production (World Bank). The task force's output largely concentrates on informing policymakers, managers, program coordinators, and interested parties on the gender perspectives associated with HIV/AIDS. In October–December 2003, the task force held two workshops to agree on the outline of a gender tool kit for policymakers and to develop an HIV/AIDS gender-based curriculum. The tool kit will be used for half-day meetings to sensitize and inform policymakers about the issues of gender and HIV/AIDS while the gender-based curriculum will be used on its own or incorporated into other relevant training. The task force continues to attract the interest of various groups working in HIV/AIDS as well as funding from USAID, UN, CIDA, and WB, among other development partners.

Legal Task Force on HIV/AIDS. Despite completion of the HIV/AIDS Prevention and Control Bill 2001, the policy document did not receive Cabinet approval during third-quarter 2003. Nonetheless, POLICY addressed the issue in a series of meetings with the secretaries of the task force. Later (October–December), in a USAID-led process, POLICY and KANCO convened and facilitated a meeting with key stakeholders to discuss the impact of the draft bill on care, access, and prevention services. Meeting participants, including representatives of the government of Kenya, NGOs, professional organizations, donor representatives, and PLHAs, proposed modifications to the three areas—care and access, prevention, and PLHA—with a smaller group selected to present the changes to and lobby the Parliamentary Departmental Committee on Health, Labor, Housing and Social Welfare for its support. The parliamentary group was receptive to the modifications; it promised to hold further discussions with the Minister of Health during the bill's second reading in Parliament in furtherance of a united voice in support of the amendments.

Ministry of Education (MOE) HIV/AIDS policy. In a Ministry of Education–led activity, POLICY and KANCO assisted in facilitation and consensus building in support of the HIV/AIDS policy that will serve as the roadmap to addressing HIV/AIDS in the education sector. On the recommendation of USAID/Kenya, the South Africa–based USAID Mobile Task Team (MTT) assumed leadership of the activity; MTT has a comparative advantage in working with the Ministries of Education in Africa to formulate HIV/AIDS strategic plans and in providing assessment tools to determine the impacts of the pandemic on the education sector. POLICY and KANCO will, however, still provide the facilitative role and linkage with the MOE. In line with the arrangements, POLICY and USAID/Nairobi funded two workshops during the reporting period that brought together the heads of the six sections of the MOE to work with MTT in the development of a responsive MOE HIV/AIDS strategic plan and subsector policies.

Tools/Research: *National HIV/AIDS account.* POLICY staff met with the MOH (DPPD, NASCOP) to discuss the possibility of integrating a National Health Expenditures and Utilization Survey into the ongoing NHA supported by PHR+ and hosted by DPPD. It was recognized that, even though the NHA exercise was at an advanced stage, POLICY support would foster synergies in undertaking a more in-depth analysis of HIV/AIDS data and expanding the household sample. POLICY agreed (1) to link the DPPD with SIDALAC to facilitate a review of the NHA questionnaires focusing on HIV/AIDS and (2) to consider the funds it has available for this activity and propose a program of assistance. Meanwhile, Bill McGreevey of POLICY/Washington is to contact PHR+ in Washington to discuss the potential collaboration while POLICY/Kenya communicates with USAID/Nairobi on the planned activity.

MADAGASCAR

Program Objectives: POLICY/Madagascar is providing assistance to the project “Strengthening Reproductive Health Commodities Security” as part of the SPARHCS Initiative. The project is a one-year program intended to improve contraceptive and reproductive health commodity security (RHCS) and to build capacity to expand efforts for addressing broader health issues, such as essential drugs and vaccines security. The program is designed to maintain the significant momentum established under the second USAID bilateral program and to put in place a national and decentralized health commodity management system, thus setting the stage for the next USAID/Antananarivo bilateral health program, slated for 2004. POLICY has been asked to work through September 2004.

Summary of Major Activities:

Commodities Security for FP/RH and HIV/AIDS

- *Strengthening Field Activities.* Technical assistance (TA) delivered by the POLICY Project team is fully operational in the three targeted provinces. The team visited each focus health center twice and conducted regular planning activities with MOH provincial teams.
- *SPARHCS Initiatives.* The following activities occurred after the national workshop organized during the second quarter, which focused on defining the national strategy:
 - Regional workshops in two provinces. The overall purpose was to design and refine tools and a methodology for strategy development at the provincial level. Workshop participants developed draft strategic plans, which can be used as models for other provinces.
 - RHCS for NGOs. National consultants collected basic data on the involvement of NGOs in RH. Another activity was focus group discussions on contraceptive security within the private NGO sector, particularly with respect to important issues such as access of NGOs to district-level pharmacies. The results, which show the potential of the private sector (such as its 48 percent contribution to family planning activities) as well as major constraints, were presented to major stakeholders in the MOH and Ministry of Population. DELIVER provided technical assistance for the focus group discussions.
 - Development of condom programming strategy. Through a highly participatory process under the leadership of the MOH, the National Ad Hoc Committee for Condom Programming defined and adopted a national condom programming strategy. The committee reviewed the findings of the preliminary study on condoms, monitored the process of strategy development with TA jointly provided by the POLICY Project and UNFPA, and adopted the final document. The POLICY Project played an important role in organizing intersectoral meetings and workshops and encouraging the active participation of the committee.
 - Preparation of willingness-and-ability-to-pay studies as recommended in the SPARHCS national workshop. FUTURES headquarters provided TA in the design of the willingness-and-ability-to-pay study, which will address both family planning and other primary health care issues. A five-day pretest will demonstrate how well respondents understand the questionnaire, how many interviewers will be needed, and the patterns of contraceptive use among MOH clients. The study will draw from the analysis of the 2003 DHS. The National Statistical Institute (INSTAT) team is currently collecting data.
- *Completion of the AIDS Program Effort Index (API) Survey.* This survey is intended to measure the country’s level of effort to confront the AIDS epidemic. A national consultant hired by the POLICY interviewed local experts and key informants to quantify national efforts in 10 program categories.

- *Development of the Workplan for December 2003–September 2004.* POLICY/Madagascar developed and presented its workplan to the Mission, with feedback from the USAID/HPNO team leader expected in early 2004.

MALAWI

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

Summary of Major Activities:

FP/RH

FP/RH User and Resource Needs. In an effort to develop a ProTrain health/human resources application in conjunction with the Ministry of Health and Population Reproductive Health Unit (MOHP RHU), JHPIEGO is making use of the updated FP/RH user and resource needs projections developed by POLICY, FP/RH stakeholders, and the MOHP RHU. POLICY is assisting JHPIEGO in applying the FP/RH user and resource needs projection results as input into its ProTrain application. Between October and December 2003, JHPIEGO produced a series of ProTrain projections that build on the FamPlan data to assist the RHU with its strategic planning. The RHU expects to finalize and disseminate its report within the next several weeks.

RH Operational Policy Barriers Core Package. Out of concern that the MOHP was not sufficiently supporting the core package and thus could not ensure its effective implementation, POLICY, in consultation with the Mission, decided in 2003 to withdraw the Malawi package. The purpose of the Malawi core package was to review major FP and RH operational policies that may act as barriers to service provision. For several priority operational policies, the core package called for developing a plan for reform, including gathering and presenting state-of-the-art information, international protocols and norms, and local experience; estimating the positive impacts of reforming operational policies in terms of increased access; developing and implementing a modest advocacy plan to stimulate/assist the MOHP in amending its policies; and assessing impacts one year after policy change. Given the absence of progress and in view of support requests from other POLICY countries evidencing a strong local commitment to carrying out similar reproductive health activities, POLICY withdrew the funds and made them available for other core package proposals that promise to yield better results.

FP/RH Advocacy Orientation. In May 2003, four Malawians active in FP/RH and interested in strengthening their advocacy training skills attended POLICY's intensive training-of-trainers (TOT) advocacy workshop for FP/RH. Held in Accra, Ghana, the workshop was an effort to support the Bureau for Global Health and the Africa Bureau's initiative to advocate for repositioning family planning as a critical component of reproductive health in Africa, particularly in countries hard hit by HIV/AIDS. Malawian participants represented the MOHP Department for Population Services (DPS), the MOHP Queen Elizabeth Hospital, the Family Planning Association of Malawi (FPAM, an IPPF affiliate), and Banja La Mtsogolo (BLM, a Marie Stopes affiliate).

After returning to Malawi, the TOT participants debriefed their supervisors and staff of the RHU, the POLICY Project, and USAID. The various supervisors and staff recommended that local FP/RH stakeholders participate in an orientation session as a logical first step in identifying areas where FP/RH must be strengthened, especially in the context of HIV/AIDS; raising awareness of the role that advocacy can play; and identifying next steps, including the identification and prioritization of FP/RH advocacy

issues, sources of possible support, and organizations and individuals interested in advocacy capacity building. Between July and November, the DPS, FPAM, POLICY, and UNFPA held several meetings to draw up preliminary plans for the orientation, which would serve as a springboard for advancing FP/RH advocacy activities and supporting the USAID FP repositioning initiative. UNFPA and POLICY had discussed the possibility of jointly supporting the orientation, but POLICY currently does not have resources to support the orientation as a standalone activity. Yet, with potential opportunities for strengthening local FP efforts through advocacy, an orientation offered great potential.

UNFPA has identified FP/RH advocacy as one of its priorities, and it has available resources to support the FP/RH advocacy efforts of the DPS and the Sexual Reproductive Health (SRH) NGO Network, of which FPAM and BLM are members. Moreover, it is interested in tapping POLICY's FP advocacy expertise. At the same time, DPS already has set forth an advocacy strategy for the new National Population Policy; it plans to begin advocacy activities early in 2004 and would be interested in a stakeholder orientation if such a session would help advance the DPS population policy advocacy strategy. In addition, FPAM and BLM are eager to assist the SRH NGO Network in identifying its own advocacy agenda and strengthening its advocacy capacity. POLICY will continue to explore advocacy opportunities to complement ongoing efforts to strengthen FP/RH.

Reaching Men to Improve Reproductive Health for All Conference (September 16–19, Washington, D.C.). The POLICY Gender Working Group supported the participation of two representatives from the National Association for People Living with HIV/AIDS in Malawi (NAPHAM), Anthony Chaima and Kumbukani Black. Chaima and Black provided presentations on how to use a human rights approach to encourage involvement of HIV-positive men in HIV and RH activities and described approaches for involving youth in HIV and RH activities. POLICY is encouraging local stakeholders to explore opportunities for using the two NAPHAM participants as resources for promoting male involvement in HIV/AIDS and RH activities.

HIV/AIDS

Advocacy: National HIV/AIDS Policy Development. In late June and early July, stakeholders debated in various forums whether the National HIV/AIDS Policy should call for routine HIV testing of pregnant women seeking antenatal care services and include a provision stating that such women would receive appropriate information and retain the right to refuse the test. POLICY briefed members of the NAC and RHU involved in both family planning and the prevention of mother-to-child transmission (PMTCT) so that they could consider the testing issue and consult with their constituent stakeholders. POLICY also participated in a vigorous debate with members of the policy drafting team and other stakeholders to ensure full exploration of the issue. While a number of stakeholders opposed the provision as initially drafted, support was evident at the higher levels of the MOHP and among some NAC commissioners, members of the Cabinet Committee on HIV/AIDS, and United Nations representatives. The draft of the policy presented to the President's full Cabinet for review in November called for routine testing of pregnant women with the right to refuse. The President and Cabinet also debated the provision. Citing concerns for unborn children, the Cabinet eventually approved a policy providing for routinely offering pregnant women HIV testing, though without the "opt out" language. POLICY consulted its HIV legal and medical policy consultants, Kainja and Liomba, who noted that as long as the language stated that women will be "routinely offered" HIV testing versus "routinely tested" for HIV, the policy would still provide pregnant women with a choice in the matter. It will be important to make sure that providers and others properly understand and implement HIV testing for pregnant women.

MANET National HIV/AIDS Advocacy Project. In July 2003, the Malawi Network of People Living with HIV/AIDS (MANET) submitted the final version of its report ("Voices for Quality and Dignity: Quantitative Research on Stigma and Discrimination Issues as They Affect PLWHA in Malawi") based

on the results of focus group discussions with PLHA support groups concerning HIV-related stigma and discrimination; MANET then continued conducting the remaining activities in its advocacy project. Since MANET's press briefing in August, the report has generated considerable media coverage in the newspaper and on radio and television. MANET followed up with three regional feedback meetings (in the North, Central, and South) for the MANET Regional Coordinating Committees (RCCs) and local support group (SG) representatives and with an opinion leaders' forum to share findings from the focus group discussions and to consider how the National HIV/AIDS Policy addresses the issues raised by the report. In addition, in October, MANET and the RCCs conducted local advocacy events in the three regions for the purpose of involving RCC and SG members in presenting regional and local stakeholders with the project's research findings, relevant HIV/AIDS policy positions, and respective RCC advocacy plans for each region. Stakeholders included opinion leaders, civil society organizations, human rights organizations, faith-based institutions, health and HIV networks, government workers, and the media. The events represented the first opportunity for many RCC and SG members to become involved in local advocacy activities. The advocacy events generated recommendations for fine-tuning advocacy plans as well as pledges from many of the participating organizations to coordinate and collaborate with MANET and the RCCs during implementation of the plans to make advocacy efforts more effective.

In December, MANET closed out the first phase of its advocacy project by holding an end-of-project (EOP) evaluation with selected stakeholders and supporters to solicit input on project successes, challenges, and recommendations. The 10 participants represented the project steering committee (MANET Advocacy Team–MAT), the MANET board, the NAC, MANASO, and the POLICY Project. Successes included the project's input into the National HIV/AIDS Policy and World AIDS Day commemorations and the growing involvement of RCCs and SGs in local advocacy. Challenges included overreliance on the Secretariat's Advocacy Officer in carrying out most of the project activities and MANET's overextending itself with competing agendas that caused the team to miss some important policy development and advocacy activities that needed the input of PLHAs. Recommendations included MANET's need to be more strategic with its limited human and financial resources and to function more like a network by moving beyond the Secretariat to mobilize its members for assistance with MANET activities, thus building network capacity at the same time. In the months ahead, POLICY will be assisting MANET and the RCCs with the implementation of their advocacy plans, working in close coordination with Save the Children/Umoyo Network. Save/Umoyo also is providing support to MANET through its HIV NGO capacity strengthening project.

Planning/Finance/Policy Formulation: National HIV/AIDS Policy Development. On November 10, 2003, the President's General Cabinet reviewed and approved the National HIV/AIDS Policy with the change noted above concerning the routine offer of HIV testing to pregnant women. With the President presiding, the Cabinet review represented the culmination of several other stakeholder policy reviews held over the last six months. The Cabinet Committee on HIV/AIDS reviewed the policy in mid-July, discussing both content and implementation issues. At the end of July, the NAC and Gautoni Kainja, the consultant supported by POLICY, briefed eight members of several Parliamentary committees, including the Health and Population and Legal Affairs Committee, on the changes proposed to the policy since the committees' last formal review. Currently, the President is scheduled to launch the policy on February 10, 2004.

Tools/Research: HIV/AIDS Projections Update. In October and November 2003, POLICY, in collaboration with the Centers for Disease Control (CDC), assisted the NAC and the MOHP in updating the 2001 national and district HIV/AIDS prevalence estimates and projections in accordance with the 2003 Sentinel Surveillance results. Activities included a stakeholders' projections update workshop on October 21–23 led by the NAC and POLICY. The 28 workshop participants included representatives from the NAC, MOHP, National Statistics Office (NSO), University of Malawi, Malawi AIDS Counseling and Resource Organization (MACRO), BLM, POLICY, USAID, CDC, and Family Health

International (FHI). The 2003 update was developed with the Estimation and Projection Package (EPP) along with SPECTRUM. Workshop participants recommended two changes to the approach used for the 1999 and 2001 updates: first, given the wide confidence intervals for some of the Sentinel Surveillance data, projections should be expressed as ranges; and, second, some of the Sentinel Surveillance sites assigned to districts without Sentinel Surveillance sites need to be changed. Upon review of the preliminary results, the MOHP leadership recommended limiting the number of changes in the current update's methodology in order to avoid confusion among the public and other stakeholders. In particular, given that Malawi was using the EPP model in conjunction with Spectrum for the first time, the MOHP recommended maintaining the 2001 Sentinel Surveillance site assignments for districts and presenting figure estimates rather than ranges. It recommended phasing in changes in these areas in succeeding updates.

The NAC released the final 2003 national prevalence estimates and projections in early December. National adult prevalence is estimated at just over 14 percent, with rural areas at roughly 12 percent and urban areas at 23 percent. The government and other stakeholders will use the data for planning, programming, and advocacy purposes. Over the next year, responsibility for conducting HIV/AIDS Sentinel Surveillance is scheduled to shift from the NAC to the MOHP as the latter's HIV/AIDS Unit becomes fully operational.

Orphans and Vulnerable Children (OVC) Policy Environment Assessment. At the request of the USAID Mission, POLICY is conducting an OVC policy environment assessment for Malawi. The purpose of the assessment is to identify and assess existing Malawi OVC-related policies and guidelines for their adequacy; to determine practice regarding their implementation and enforcement, to identify policy gaps, institutional arrangements, and practice; and to provide recommendations for improving the OVC environment. Rose Smart, POLICY consultant from South Africa, traveled to Malawi on December 18–19, to consult with local POLICY staff, the Mission, and OVC stakeholders before finalizing the scope of the assessment and beginning to identify issues, policies, and key informants. POLICY will also rely on a local OVC consultant to work with Smart in order to provide the necessary blend of local, regional, and international expertise and knowledge to inform the assessment. Next quarter's activities call for compiling important documents for review, identifying key informants, developing an interview tool, and beginning the interviews. POLICY expects to complete the assessment in May 2004.

National HIV/AIDS Policy Dissemination. The President's full Cabinet approved the National HIV/AIDS Policy in November with the President scheduled to launch the policy in early February. POLICY is a member of a task force that is assisting with the development of materials for the launch and with the development of follow-up dissemination activities, including a policy summary booklet and a computer graphics presentation—adaptable for several target audiences—for the NAC Executive Director's launch presentation.

ARV Access and Equity. Malawi has limited resources to provide antiretroviral (ARV) treatment to its citizens, yet the need for such treatment far exceeds the country's supply and infrastructure capacity. The government is embarking on a process to help address the issue of equitable access to ARV treatment. In particular, the NAC has formed a task force to provide needed recommendations; long-term advisor (LTA) Rita Chilongozi is a member of the task force. At present, POLICY is providing limited assistance to the NAC task force by reviewing the group's work and providing guidance on key issues and principles concerning ARV equity and access. The NAC expects to conduct a community consultation process early in 2004 to raise awareness about ARVs and to solicit stakeholder input to guide the government in addressing this difficult issue. Upon approval of the National HIV/AIDS Policy, the President established a Cabinet-level task force to look at the ARV issue; the NAC task force will provide that task force with regular briefs.

Capacity Building: Rita Chilongozi participated in POLICY's Technical Development Week (TDW) in Cape Town, South Africa, July 8–12, and took part in training sessions, including those addressing POLICY administration and financial management and USAID HIV/AIDS reporting. She also delivered presentations during the week-long meeting, including one on the MANET advocacy project and one on the World Bank training on gender and poverty in which she participated last February.

Other: Based on Mission guidance and consultations with local counterparts and implementing agencies (IAs), POLICY updated its workplan for October 2003–September 2004 and is to provide assistance to local counterparts in the following areas: HIV/AIDS prevalence estimates and projection updates; National HIV/AIDS Policy dissemination activities; PLHA advocacy capacity building; an OVC policy environment assessment; an exploratory analysis of operational policy barriers to HIV prevention condoms in the public sector; and guidance on issues and principles concerning equity in accessing ARVs.

POLICY is assisting USAID, the CDC, the World Bank, and UNAIDS in carrying out a study in 69 countries to estimate the current coverage of essential HIV/AIDS services and to measure progress toward the goals of the UNGASS Declaration and of each partner organization. The results will be useful to national programs as they track their progress, plan activities, and report to UNAIDS and other donors. The survey is now underway in Malawi; POLICY has engaged a local consultant to conduct the survey. Malawi-based local and international partners are overseeing the work, with the NAC taking the lead.

As of January 2004, POLICY will add an administrative officer to its local office to provide administrative, financial, and logistical assistance to the program. The LTA will supervise the new position.

MALI

Program Objectives: 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 an improved policy environment for HIV/AIDS, family planning/reproductive health (FP/RH), and nutrition. POLICY's strategy is to channel its assistance primarily through public sector "lead agencies" for each area, which helps these agencies provide the leadership and direction necessary for advocacy to succeed. Thus, POLICY collaborates with the following Ministry of Health (MOH) agencies: the National AIDS Program (PNLS), Division of Reproductive Health (DSR), Nutrition Unit (DSAN) within the Planning Office (CPS), Nutrition Division (DN) of the Health Services Department, and the National Unit for Coordination of Population Programs (CENACOPP) of the Ministry of Plan within the Prime Minister's Office. 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 to the lead government agencies, POLICY supports Groupe Pivot, an NGO representing more than 150 NGOs, that enjoys a close working relationship with government agencies and has received POLICY advocacy training and technical assistance (TA). Tools used to generate and update the necessary data to support the activities are stakeholder analyses, policy environment assessments, the AIDS Impact Model (AIM), RAPID, the Family Planning Model (FamPlan), and PROFILES. Assistance has taken the form of (1) information generation, analysis, and updating, using the SPECTRUM System of Models and the latest Demographic and Health Survey (DHS) in a participatory process with other ministries and NGOs; (2) training and TA in using presentations based on the model results to support advocacy and policy dialogue; and (3) institutional strengthening of the MOH agencies by providing direct TA in planning as well as carrying out the first two activities through these agencies.

Summary of Major Activities: POLICY/Mali finalized its draft workplan for July 2003–June 2004 in collaboration with the Mission and has submitted the draft to Washington for review.

FP/RH

POLICY is proceeding with advocacy activities in FP/RH with the dissemination of the RAPID Model. Major activities included the following:

RAPID Model Dissemination. The major activity for the reporting period was the RAPID Model dissemination and training sessions. In collaboration with the DSR, the following activities were organized:

- Training of 15 national trainers in the techniques of the RAPID Model presentation (July 21–23).
- Presentation of the RAPID Model to Regional Directors of Health and to the senior staff of the DSR on July 31. Following the presentation, participants developed a national dissemination agenda for August–November 2003.
- Presentation on August 8 of the RAPID Model to the Monitoring Committee of the Five-Year Health and Social Sector Development Plan (PRODESS). The Monitoring Committee meets once a year and is presided over by the ministers of Health and Social Development.
- Training of the members of the following regional teams in RAPID Model presentation techniques:
 - Gao: August 25–28 (17 regional trainers)
 - Kidal: August 26–29 (12 regional trainers)
 - Ségou: September 15–17 (12 regional trainers)
 - Koulikoro: September 16–19 (15 regional trainers)

Each training was followed by an advocacy day that targeted decision makers in the respective regions.

Maximizing Access and Quality (MAQ). At the request of the Mission, POLICY/Mali is an integral member of the facilitation team that prepared the MAQ exchange in September. As part of this activity, the long-term advisor (LTA) participated in:

- Planning sessions;
- Preparatory visit in July and workshop in September;
- Conference calls in May and August with USAID/Bamako and other members of the facilitation team to begin preparations for the exchange; and
- MAQ exchange training session (September 23–26) as facilitator for the following sessions:
 - Barriers to Access and Quality
 - Advocacy and Family Planning
 - Islam and Family Planning

Contraceptive Security. POLICY is part of a working group that is collaborating with DELIVER and the Ministry of Health's Division of Pharmacy and Medicine (DPM) to explore the issue of contraceptive security. POLICY participated in a meeting in early December to continue discussing contraceptive security issues. POLICY and DELIVER are in the process of finalizing the terms of their collaboration to assist Mali in developing a contraceptive security plan.

Other FP-Related Activities. After the start-up of the dissemination of the RAPID Model for advocacy in favor of RH and more particularly of FP, the last quarter of 2003 focused on the following major activities related to family planning under the aegis of Yacouba Simbé: training and dissemination of the RAPID Model, support for the development of regulatory texts to implement the law related to reproductive health, start-up of work on a video film on FP based on the RAPID Model, and, in collaboration with the Islamic High Council, design of an FP advocacy module for the faith-based community.

Training and Dissemination. In partnership with the Department of Health through the DSR and the DPM, POLICY continued its training in and dissemination of the RAPID Model beginning with training workshops in each of the following administrative constituencies:

- Region of Sikasso: October 14–18 (16 regional trainers) with the participation of Mission staff
- Region of Kayes: October 27–31 (19 regional trainers)
- District of Bamako: November 18–21 (20 regional trainers) with the participation of Mission staff

Each training session was followed by the organization of an advocacy day during which the regional advocacy team delivered a presentation.

Support for the Development of Regulatory Texts Related to the Reproductive Health/Family Planning Law. The President of Mali signed the RH law on June 24, 2002; however, the law still lacks the regulations for its implementation, which are ordinarily contained in presidential decrees and ministerial orders referred to as “implementation texts” (“textes d'application”). Thus, after a series of preparatory meetings that took place during the reporting period and that involved the DSR, the Network of MPs in population and development, and POLICY, the DSR took responsibility for organizing a workshop scheduled for November 17 for development of the regulations. The Reproductive Health Advisor of the Ministry of Health, assisted by Mission staff, presided over the workshop, which brought together 22 participants, including stakeholders of the ministries of health and justice, WHO, MPs, other technical staff, NGOs, and representatives of civil society. Following the workshop, a core team consisting of lawyers and representatives of the MOH was appointed to draft the appropriate decrees and orders.

Video on Advocacy for FP. To reinforce advocacy for FP/RH at the community level through the dissemination of the RAPID Model, the Ministry of Health, POLICY, and the Mission agreed to prepare a film to be produced by CESP. The film aims at influencing community decision makers to adopt actions that promote FP.

Design of an FP Advocacy Module for the Faith-Based Community. Given the importance of Islam in Mali, the development of an advocacy module based on Islam for the faith-based community will reinforce the advocacy tools of FP/RH. Many Muslims believe that their religion promotes a high birth rate, whereas Islamic beliefs emphasize parental responsibility for providing quality care of children rather than quantity of children. Several meetings were conducted with the head of the Division of Reproductive Health, POLICY staff, religious leaders who are members of the Islamic High Council of Mali, and Islamic associations to start the design of an FP advocacy module for the faith-based community. The module will help religious leaders draw upon the Holy Koran and the hadiths substracts related to the position of Islam regarding population issues and quality of life. The module will be used for preparing advocacy messages by religious leaders and decision makers, with texts in Arab and French. The quarter was essentially devoted to the collection and translation into French of the relevant substracts of the Holy Koran and the hadiths by religious people identified for this purpose.

HIV/AIDS

Advocacy: POLICY is one of the major partners of the PNLS in HIV/AIDS advocacy activities. Major activities included the following:

Advocacy Days with Religious Leaders. POLICY/Mali staff member Noumouké Diarra organized several work sessions with Islamic religious leaders who formed the Islamic Network for the Fight against AIDS. Organized with support from POLICY, the sessions were held in preparation for the HIV/AIDS advocacy days targeting religious leaders in the regions. Events reached more than 250 imams and Muslim religious leaders. UNAIDS representatives from Mali and other countries in the subregion observed the proceedings. The sessions involved religious and community leaders in the following towns selected by the network:

- Djenné (July 17, Mopti): 81 participants
- Dilly (July 24, Koulikoro): 45 participants
- Sansanding (July 30, Ségou): 126 participants.

Voluntary Counseling and Testing (VCT). Following a request from Population Services International (PSI) to assist in organizing advocacy activities for the access of adolescents (under age 18) to VCT services, POLICY initiated a meeting on July 11 with PSI and the PNLS on the legal aspects related to adolescent access to VCT centers.

Advocacy with Women's Organizations. Diarra organized several work sessions with the Coordination of Associations and Women NGOs (CAFO) to prepare its advocacy action plan.

Other Advocacy Activities. Between October and December, a variety of advocacy and awareness-raising activities were conducted with assistance from POLICY or by organizations that have benefited from POLICY support. The activities reached more than 2,200 people as described below:

District, Regional, and National Levels

- Members of Parliament of Bougouni and CAFO: October 23 in Bougouni; 180 participants
- UNTM (National Union of Workers of Mali): December 2; 84 participants
- SYLDEF (Free and Democratic Union of Primary Teachers): December 4; 75 participants
- Guild Chamber: December 9; 75 participants

- PASAOP (Support Program to Agriculture Services and Farmers Organizations): December 16; 75 participants
- CAFO in Sikasso: December 18; 113 participants
- CAFO in Ségou: December 23; 198 participants.

Communes (Contract No. 5907-371-GPSP-1). In the framework of the contract with Groupe Pivot/Health Population (GP/SP) and with the support of the Regional Divisions of Health, NGOs, designated “organizations in charge of facilitation,” organized advocacy days on HIV/AIDS in the following communes:

Region of Ségou

- N’Goa: November 11; 77 participants
- Tominian: November 14; 76 participants
- Bla: November 14; 76 participants
- Kokry: November 16; 80 participants
- Molodo: November 17; 62 participants
- Commune of Ségou: December 1; 120 participants

Region of Koulikoro

- Moribabougou: December 8; 118 participants
- Fana: December 12; 75 participants
- Ouelessebougou: December 15; 73 participants
- Banamba: December 18; 113 participants
- Didieni: December 22; 78 participants
- Urban Commune of Koulikoro: 102 participants

Region of Sikasso

- Kaboïla Sikasso: December 10; 80 participants
- N’Pessoba: December 11; 60 participants
- Lobougoula: December 12; 75 participants
- Sinsana: December 13; 65 participants
- Kadiolo: December 17; 85 participants
- Kai: December 19; 64 participants

Training. POLICY participated in the following workshops:

- Training of Mayors: September 30–October 1 in collaboration with UNDP PNLS; 43 participants
- Training of CAFO, October 13–15 in presentation techniques of the AIM Model with the support of the PNLS; 18 participants

Planning/Finance/Budgeting/Policy Formulation/ Strategies/Guidelines: *Decentralization of the PNLS.* POLICY met with the PNLS, UNAIDS, USAID, and the Dutch Cooperation (representing MOH’s development partners) to discuss more effective decentralization of the PNLS. POLICY explored the possibility of collaborating with UNAIDS (technically and financially) to further effective decentralization at the PNLS through the development of the capacity of the Regional AIDS Control Committees. UNAIDS envisions giving additional funds of \$40,000 to Futures to help in the support of the regional committees and reinforcement of the Alliance of the Mayors of Mali.

Legal and Ethical Aspects of HIV/AIDS. POLICY committed a consultant, Dr. Yéya Issa Maiga, to work on a study of the legal and ethical aspects of HIV/AIDS in close collaboration with the PNLS and all the

partners involved in the fight against AIDS in Mali. The aim of the study is to formulate a law related to HIV/AIDS in Mali.

Support to Members of Associations of PLHAs. At the recommendation of the Mission, POLICY organized working sessions in July with PLHA groups—Association Malienne d'Assistance et de Soutien aux Personnes Vivant avec le VIH (AMAS) and Association Féminine d'Aide et de Soutien aux Veuves et Orphelins du SIDA (AFAS)—to identify more fully their policy and advocacy needs and to explore collaboration. The sessions addressed the following issues:

- Development of an advocacy film with the full participation of decentralized structures of the associations of PLHAs in Segou and Sikasso; and
- Documentation of the experiences of AMAS and AFAS and support for strengthening their leadership and management.

Through core funding, POLICY is facilitating participation of AMAS President Modibo Kané at the next conference of PLHA in Kampala in October 2003. The LTA assisted Kané in developing an abstract for the meeting.

With the support of the PNLS and at the request of the PLHAs, POLICY prepared a document describing the structures of AMAS and AFAS. The document will help provide more visibility for these associations and promote their leadership.

All these activities were carried out under the supervision of Noumouké Diarra, the HIV/AIDS officer in collaboration with the PNLS, Groupe Pivot/Santé Population, and regional partners. Mr. Diarra also participated in several meetings on HIV/AIDS at the PNLS and in the Cabinet of the Ministry of Health in preparation for the National Campaign 2003 for AIDS Control. It is notable that Mali dedicated the whole month of December to the fight against AIDS.

Capacity Building: Members of Parliament. Diarra facilitated five working sessions with members of Parliament (MPs) that subsequently led to a capacity-building workshop for MPs in HIV/Development (August 5–6), followed by an advocacy day based on AIM. The Deputy Director of USAID, Head of the USAID Health Team, Resident Representative of the WHO/Mali, and Advisor of UNAIDS/Mali also attended the opening ceremony of the workshop, held at the Parliament. The workshop brought together about 60 members of Parliament and led to the development of an action plan for the Network of Malian Members of Parliament against AIDS.

Religious Leaders. The PNLS and POLICY conducted four working sessions with the Network of Religious Leaders on the development of an intervention aimed at strengthening the network.

Other Capacity Building. POLICY's HIV/AIDS Program Officer cofacilitated a training workshop for health communicators on July 10–12 with the PNLS Advocacy Officer. The workshop, which brought together 30 participants, was organized by the Health Communication Network with assistance from the PNLS. POLICY's HIV/AIDS Program Officer assisted in facilitating a training workshop organized by Family Care International on HIV/AIDS advocacy. The workshop, which brought together 25 participants from the MOH, NGOs, and associations, was held August 18–23.

Tools/Research: Results of the Integrated STI and Behavior Surveillance Survey (ISBS), carried by the PNLS and the Centers for Disease Control and Prevention (CDC), have been integrated into the AIM update, which is now in use. POLICY also worked with popular religious leader Racine Sall to record an audio cassette for HIV/AIDS advocacy aimed at religious leaders. The tape is now available.

NUTRITION

Several working sessions were held with the CPS and DNS (Nutrition Division of the National Health Office) to finalize as well as prepare for the presentation of the PROFILES Model in consultation with the DNS Chief Dr. Dado. The PROFILES Model was presented at the MOH and at the extended Cabinet Council meeting. A total of 22 senior staff of the MOH attended the presentation, chaired by the Minister of Health. In addition, the first draft of the PROFILES Model brochure was developed to accompany the PowerPoint presentation. POLICY also participated in the Nutrition Partners' Meeting on August 2 at INRSP.

During the last quarter, the LTA met with Sixte Zigirimugabé of USAID to explore possibilities for future POLICY nutrition activities in the context of two new bilateral projects. POLICY's proposal, adopted by USAID, calls for finalizing the PROFILES brochure, organizing an advocacy day for members of the government, co-organizing the training of national trainers with the new bilateral project consortium managed by Abt Associates, and transferring other competencies to Abt.

Other Activities: POLICY participated in the following three meetings initiated by USAID/Bamako:

- Octobre 29–31 at Eden Village
- November 5–7 at Hotel Mandé
- December 2 at Hotel Salam

MOZAMBIQUE

Program Objectives: The goal of POLICY Project assistance in Mozambique is to help ensure that uniform, timely, and accurate information on HIV/AIDS is available to partners in the National Program to Combat STDs/HIV/AIDS and that intervention efforts apply that information to 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, updating impact projections, and providing technical assistance to public and private sector counterparts in the use of the surveillance data. 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 (NAC), line ministries, and the private sector; and participating in donor coordination. POLICY also designed the methodology for 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. The methodology has been delivered to the NAC and the Ministry of Labor/DOL Project.

Summary of Major Activities:

FP/RH

At the Mission's request, POLICY contracted with an outside consultant, Milton Valdez, to improve the information management system of the Ministry of Health at the central and provincial levels in order to organize and use epidemiological information for decision making and to create a "health intelligence center." The system will be of great value to USAID in planning and monitoring USAID-funded activities conducted under the new Mission country strategy.

HIV/AIDS

POLICY's principal counterpart is the Multisectoral Technical Group (MTG), which consists of representatives from the National Statistics Institute (NSI); ministries of Health, Plan and Finance, and Agriculture and Education; the NAC; and the faculties of Medicine and Economics and the Center for Population Studies (CEP) at Eduardo Mondlane University. Activities carried out during the period included the following:

- The MTG prepared its report and recommendations to the Ministry of Health (MOH) from the 2002 Sentinel Surveillance. The Ministry accepted the report, which was presented at a POLICY-facilitated consensus workshop on November 6. More than 145 people participated in the workshop; UNICEF financed production of 200 copies of the report; and the Centers for Disease Control (CDC) financed production of 400 copies of laminated maps.
- HIV prevalence projections were updated using the Epidemiological Projection Package (EPP) Model with the new HIV/AIDS prevalence estimates based on the 2002 Sentinel Surveillance. The new estimates were presented to the MOH and NSI. Regional applications of the AIDS Impact Model (AIM) were also updated.
- Work was begun on the preparation of an updated HIV/AIDS fact book and CD, to be published in early 2004 and distributed to a second consensus workshop facilitated by POLICY and sponsored by NSI. The purpose of the publication is to encourage sectors and organizations to use the national figures and incorporate new projections into their planning activities and

advocacy messages. UNICEF will finance 5,000 copies of the publication and 2,000 copies of the CD.

- In October, the MOH and the Faculty of Medicine invited POLICY Technical Advisor Dr. Isabel Nhatave to facilitate and present a session on the Epidemiology of HIV/AIDS in the World and in Mozambique at a national training workshop for laboratory technicians.
- From November 17–21, the MOH invited Dr. Isabel Nhatave to facilitate and present a session at a national training workshop in Nampula Province for tertiary and fourth-level clinics on “STI Control Measures that Contribute to the Reduction of HIV Transmission in Mozambique.”
- At USAID’s request, Karen Foreit presented the results of the 2002 Sentinel Surveillance round for Mission staff on November 12.
- From December 16–19, the MOH and NGOs invited Dr. Isabel Nhatave to facilitate and again present the session “STI Control Measures that Contribute to the Reduction of HIV Transmission in Mozambique” at a national workshop on strategic planning for STI/HIV/AIDS in the health sector.
- POLICY was asked to disaggregate PLHA projections by age and gender for UNAIDS for inclusion in UNAIDS’s annual report and to disaggregate sentinel prevalence estimates by age for use in USAID’s strategic plan.
- At the CDC’s request, POLICY contracted with an outside consultant, Fortunato Oliveira, to develop the National List of Indicators for Monitoring and Evaluation and the Plan of Action, including data collection, flow, and quality control, for the MOH Strategic Plan for the Fight against STI/HIV/AIDS.

Planning/Finance/Policy Formulation: The NAC reconfirmed its interest in receiving POLICY assistance through the MTG for resource allocation for the new national strategic plan.

Capacity Building: The central MTG completed plans to establish replicas of the MTG in three provinces (Niassa, Manica, and Tete) and train their members. Directives requesting participation were sent from the central level to the NAC and provincial directorates of the ministries of Health, Plan and Finance, and the NSI. Provincial groups were established in Niassa and Manica provinces during the previous reporting period. In August, the third provincial group was established in Tete.

On November 11–12, POLICY conducted a two-day training course for members of the central technical group. The course included a review of the provincial scenarios for calculating and updating the new impact projections with the new HIV prevalence rates as well as a review of the EPP Model and new SPECTRUM suite of models. MTG member and POLICY Program Associate Pedro Duce, who had attended EPP training in Harare, presented the EPP Model. Twelve MTG members participated in the training.

Organizational Management Strengthening. POLICY contracted a short-term assistant for the Executive Director of Empresários Contra o SIDA (ECS—Business against AIDS) to visit member companies and potential new members. Her duties include increasing dues collection and looking for ways to increase organizational and financial sustainability.

Special Studies: Sero-Prevalence Surveillance. Analysis of the 2002 sentinel surveillance round by the MTG, which began in June, continued. A draft report was prepared in September and finalized by the MTG in November.

Legal and Regulatory Review. The terms of reference for the legal and regulatory review were translated into Portuguese, circulated for review, and approved by the NAC in the previous reporting period. POLICY Human Rights Advisor Lane Porter and Senior Technical Advisor Karen Foreit developed a template for document review and a key informant interview questionnaire, which NAC is reviewing.

Determinants of Regional Differences in HIV Prevalence. Three of the four studies sponsored by CEP under a POLICY subcontract have been concluded. The fourth study was designed and begun. It will examine district-level demographic characteristics correlated with variations in HIV prevalence rates among sentinel posts. CEP plans to hold a dissemination meeting in January 2004.

NIGERIA

Program Objectives: The POLICY Project is working to increase political support for high-quality HIV/AIDS, family planning/reproductive health (FP/RH), and child survival services in Nigeria and to improve the planning and financing of such services. To achieve these objectives, the project is following a multisectoral approach in working with a wide range of stakeholders and interest groups. Activities include the development of HIV/AIDS policies in the civilian, uniformed services, and military population; development of a national population policy; development of strategic plans for HIV/AIDS and young adult and adolescent reproductive health (YAARH); support for the development of Nigeria's Nutrition Plan of Action; advocacy for HIV/AIDS, FP/RH, and child survival services; 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 faith-based organizations (FBOs) to develop policies on HIV/AIDS and reproductive health and to increase FBO support for such policies.

Summary of Major Activities:

FP/RH

On July 11, Nigeria joined in the worldwide celebration of World Population Day (WPD). POLICY provided TA to the National Population Council (NPC) for the celebration. As part of the associated events, POLICY was featured in a media briefing hosted by the chair of the NPC on July 9. POLICY called for creation of a media network to support population management issues. On July 11, POLICY facilitated the national celebration at the Sheraton Hotel, Abuja. During the event, the RAPID Model was presented to the Vice President of Nigeria, Alhaji Abubakar Atiku. In his reaction to the presentation, the vice president noted the importance of population-based data and information for planning and socioeconomic development. He also announced a new date, December 2005, for the next census and expressed the government's commitment to support the NPC as it carries out its new mandate. Key dignitaries and stakeholders in population management, including Dr. Ann Peterson, Head of Global Health, USAID/Washington, attended the WPD event, which doubled as the launch of NPC monographs. The event received extensive publicity on radio and television across the nation. The NPC's success in coordinating the WPD events helped improve the government's and stakeholders' confidence in the organization and its capacity to perform its new population coordination role. POLICY has learned from the NPC that, since WPD, the president has been more supportive of the organization.

POLICY facilitated another WPD-related event on July 12—a two-hour national radio panel discussion on the WPD theme “Sexuality and Adolescent Reproductive Health and Rights.” The panel of five participants from POLICY, Action Health Incorporated (AHI), the Adolescent Health Information Project (AHIP), the Ministry of Health (MOH) Adolescent Reproductive Health Unit, and the NPC discussed major policy and program issues as well as the needs and challenges of Nigeria's adolescents and young persons. The panel responded to comments and questions from listeners who telephoned in from across the nation. Continuation of this popular and highly acclaimed radio program should be supported as a useful awareness-raising strategy.

The Nigerian Network of Civil Society Organizations for Population and Reproductive Health (NiNPREH) organized activities in the various zones of Nigeria to mark WPD. NiNPREH network members from the South-East, South-West, South-South, North-Central, and North-East zones organized radio discussion programs and seminars supported with RAPID presentations and dissemination (using the low-tech RAPID).

From July 16–18, POLICY conducted a Population Dynamics course at the conference room of the NPC in Abuja, where 61 zonal and state directors of the NPC received training. POLICY/Nigeria's Country Manager Dr. Scott Moreland and Dr. Robert Ssengonzi of RTI were the primary trainers, supported by Nancy Cecatillo (RTI), Professor Paulina Makinwa-Adebusoye (CEDPA/Nigeria Country Director), and Charity Ibeawuchi (POLICY/Nigeria). The purpose of the training, organized at the request of the NPC, was to refresh and strengthen the directors' skills to enable them to support the NPC's expanded population coordination role effectively at the state level.

As part of POLICY's ongoing efforts to engage policymakers, opinion leaders, and other stakeholders in population and development issues, POLICY, in collaboration with the NPC, organized a meeting for the North-East zone to disseminate and discuss the policy and program implications of the 1999 Nigerian Demographic and Health Survey. The meeting, the last in a series of five zonal meetings, took place in Bauchi at the Zaranda Hotel August 28–29. The Bauchi State Commissioner for Health, acting on behalf of the Executive Governor, opened the meeting, which drew policymakers from the zone, including civil society participants. Participants addressed major factors contributing to high infant and maternal mortality in the North-East zone and made recommendations on how to address the issue. Recommendations called for extending universal basic education up to senior secondary school level; promoting family life education, including education on the issue of polygamy; strengthening male involvement; restructuring Koranic and nomadic schools to provide wider curriculum coverage; and addressing the problem of out-of-school girls.

In keeping with the 2003 WPD theme of adolescent sexual and reproductive health and rights, POLICY, in collaboration with the Ministry of Education (MOE) and AHI, organized a one-day national stakeholder consultation to discuss the secondary school Life Planning Education and HIV/AIDS curriculum. AHI, a leading Nigerian NGO on sexuality and reproductive health issues, was instrumental in the Nigerian government's 2002 adoption and approval of the curriculum. The curriculum has received much criticism from religious leaders and parents. Some states, particularly those in the northern region, have refused to adopt the curriculum as advised by the Ministry of Education. In response, POLICY organized a national forum for stakeholders to discuss the problems and challenges associated with operationalizing the curriculum. Held on September 18, at the conference hall of the National Commission for Colleges of Education, Abuja, the forum drew about 80 persons representing state ministries of education, religious bodies, parents' and teachers' associations, civil society groups, secondary school teachers and students, and other development partners. Stakeholders viewed the forum as timely and necessary, providing an opportunity for 25 students to air their views and contribute to the discussion. In a communiqué issued at the end of the meeting, stakeholders agreed on the need to encourage regular dialogue among themselves. The Islamic and Christian representatives, while concurring on the need for family life education, called for a religious-based curriculum implemented with their full involvement.

An essential first step in completing the National Strategic Plan for Reproductive Health Contraceptive Security (RHCS) was to determine the FP/RH commodities requirements (and their associated costs) needed to achieve national population goals. Key technical partners in FP/RH in Nigeria formed a Technical Advisory Group (TAG) and, with TA from POLICY, used the FAMPLAN Model to develop estimates of Nigeria's commodities requirements and associated costs. During the process, TAG recognized that condom needs for dual protection were generally underestimated and thus addressed the issue in its projections. On October 24, the FAMPLAN TAG ratified the commodity and cost estimates used to develop the National Strategic Plan for RHCS.

UNFPA has always used the RAPID Model to train its own project staff as well as FP/RH service providers in the states in which it works. During the reporting period, UNFPA asked POLICY to provide

copies of the updated RAPID presentation in the low-tech format for use in training project staff and other stakeholders.

POLICY continues to provide TA to the Department of Community Development and Population Activities (CDPA) of the Ministry of Health (MOH) in support of the Strategic Pathways for Reproductive Health and Commodity Security (SPARHCS) process, which is directed toward achieving national RHCS. During the reporting period, POLICY received comments from stakeholders on the draft National Strategic Plan for Reproductive Health Commodity Security and, in collaboration with CDPA/MOH, incorporated the comments into the draft in preparation for the final review meeting. POLICY supported the final review meeting, which was held on October 14–16, in Kaduna, during which the national strategic plan was finalized and adopted. The adopted plan, which received endorsement of the Minister of Health, has been published and will be formally launched in early 2004.

POLICY Project staff, in collaboration with CDPA/FMOH staff, revised the 1995 guidelines for the national Contraceptives Logistics Management System (CLMS). The revision was necessitated by the recent revision of the CLMS itself and its Management Information System (MIS) and the adoption of the new National Strategic Plan for RHCS. The national CLMS stakeholders further reviewed and then adopted the draft CLMS at a meeting on December 19 in Abuja and are now awaiting final endorsement by the Minister of Health.

POLICY, working in partnership with Pathfinder International, initiated the development of a handbook entitled “The Islamic Perspective on Key Reproductive Health Issues” for use by Muslim communities in northern Nigeria. The handbook is aimed at addressing the negative attitudes toward and sociocultural barriers to utilization of FP/RH services, particularly as expressed by Islamic opinion leaders. In the process of developing the handbook, which will also serve as an advocacy tool, a consensus meeting facilitated by the POLICY/Pathfinder team on October 21–24 in Kano brought together 21 Muslim scholars, clerics, and opinion leaders from Muslim-dominated states in the north. Participants carefully considered major RH issues and identified the relevant Islamic tenets and teachings supporting them and are now reviewing the meeting’s output for further comment and input before the first draft is circulated among a wider group of stakeholders. The umbrella Islamic body of Northern Nigeria (Jamaatul Nasrul Islam—JNI) will endorse the completed handbook before its widespread dissemination and use.

POLICY’s TA and support to the National Population Commission continues in areas such as institution strengthening, support for the approval and launch of the National Policy on Population for Sustainable Development (also known as the National Population Policy, or NPP), the nationwide dissemination of RAPID and the NPP, and development of a national strategic plan for population management. Following the government’s confirmation of the National Population Commission’s new mandate to coordinate population activities in Nigeria, POLICY facilitated a final one-day workshop of national stakeholders on July 24 at the Rockview Hotel in Abuja to review further the draft NPP, focusing particularly on the institutional framework that outlines the responsibility of various government institutions for coordinating and implementing population activities. The goal was to ensure that the final draft reflects the new status and role of the NPC. The amendments to the institutional framework for population coordination included recommendations for creating a new Population Advisory Body (to be headed by the Chair of the NPC) and a new Technical Working Group (to be headed by the Director General of the NPC). The revised NPP, which incorporates the NPC’s new mandate, has been approved by the NPC Board and is now awaiting final approval by the Federal Executive Council. Upon final approval, the policy will be submitted to the National Assembly for enactment of appropriate bills and legislation in support of the policy’s recommendations.

POLICY has been working with the NPC and other stakeholders to ensure that adequate, reliable, and valid demographic statistics inform national development efforts. POLICY was represented at the 2003 National Demographic and Health Survey (NDHS) drafting workshop in Kaduna on December 3–5. All stakeholders participating in the workshop adopted the draft preliminary survey report on December 5; the preliminary report is now available for dissemination while final launch is scheduled for April 2004.

POLICY organized a one-day meeting of the RAPID Technical Advisory Group (RAPID/TAG) to review the draft RAPID report entitled “Population Growth and the Quality of Life in Nigeria.” The meeting took place at the POLICY/Abuja office on December 9. TAG members reviewed the draft report and provided input and recommendations. The document is now undergoing final editing for publication in January 2004.

Recognizing that gender, an important crosscutting issue in national development planning, has major implications for the welfare and productivity of certain demographic subgroups in Nigeria, POLICY continues to be involved in programs that seek to address gender inequities. On November 20–22, POLICY provided TA to the Ministry of Women’s Affairs and Youth Development (MWAYD) during the Stakeholders Workshop on Strategic Gender Assessment, held at the Chelsea Hotel in Abuja. Meeting participants reviewed the Strategic Gender Assessment (SGA) draft document and explored ways to mainstream gender in Nigeria’s development efforts. POLICY actively participated in all sessions and group activities.

POLICY continues work on the Young Adult and Adolescent Reproductive Health (YAARH) core package in Edo State, in collaboration with the Women’s Health Action Research Centre (WHARC). On September 10–12, a three-day advocacy skills-building workshop, facilitated by Elizabeth Neason (POLICY/Washington) and Theresa Effa (POLICY/Nigeria), drew 20 members of the YAARH Network. At the workshop’s conclusion, participants identified the “lack of a strategic plan to address young adult and adolescent reproductive health” as their advocacy issue; they also developed a draft advocacy action plan. Participants agreed to an expanded meeting that would include additional network members for the purpose of finalizing and adopting both the advocacy action plan and the Edo State YAARH Strategic Plan. On December 11, a one-day consensus meeting of the expanded YAARH Network formally endorsed the strategic plan as a product of the network. At the meeting’s conclusion, a committee was formed to lay the foundation for an advocacy campaign aimed at the state government’s adoption of the strategic plan.

Also in the YAARH area, POLICY funded and facilitated an advocacy training workshop from September 22–26 in Maidaguri, Borno State, in collaboration with AHI and a local NGO, the Community Health and Youth Friendly Association (CHAYFA). The training attracted 25 “policy champions” whom the project had earlier identified. The workshop concluded with a series of advocacy visits to key policymakers in the state ministries of health, education, and women as well as to a traditional ruler.

During the reporting period, POLICY continued to support the zonal branches of the Nigerian Network of NGOs and CBOs for Population and Reproductive Health (NiNPREH) by conducting advocacy skills-building workshops in each zone. The goal of the workshops was to build capacity and equip members of NiNPREH with advocacy skills to advocate effectively in support of FP/RH and population issues in their respective zones. The workshops were held between October 27 and December 8, 2003, in five of the six zones (South South, South East, North Central, North East, and North West), with training for NiNPREH South West scheduled for January 2004. In each zone, 24 members participated in the training, which was facilitated by the resident zonal coordinator and a visiting coordinator from another zone. The coordinators had received advocacy training at POLICY’s regional advocacy training-of-trainers event held earlier in 2003 in Ghana. Upon conclusion of the workshops, participants had drafted advocacy action plans focusing on one priority RH issue in each zone for 2004.

In policy work, it is important to understand and track trends in the policy environment and determine the effects of policy activities. To this end, the POLICY Project, in collaboration with the MOH, used its PES (Policy Environment Score) tool to conduct a survey to determine the degree to which Nigeria's current policy environment supports effective policies and programs for family planning, adolescent reproductive health, and HIV/AIDS/STIs. The survey report, disseminated on October 24, at a meeting of reproductive health stakeholders, identified several policy gaps and stimulated dialogue on ways to improve the policy environment. The report has since been submitted to the Minister of Health for his final endorsement and should be available for widespread dissemination in early 2004.

The World Bank Institute (WBI) is planning to conduct a course in Nigeria in April 2004 entitled "Millennium Development Goals (MDGs), Poverty Reduction, Reproductive Health and Health Sector Reform." As a member of the Steering Committee for the course, POLICY assisted in drawing up the course curriculum/workplan and adapting it to the Nigerian context. As a member of the Nigerian Adapting to Change Learning Programme (NACLP) network, POLICY will also assist the Intellfit African Training Centre, a Nigerian NGO selected by the WBI, with the development of course materials, presentation of papers, and facilitation of the course.

MCH

In collaboration with UNICEF and the International Institute of Tropical Agriculture (IITA), POLICY provided TA to the National Committee of Food and Nutrition (NCFN) of the National Planning Commission (Social and Welfare Services Department) in hosting a workshop on July 1–4 to develop a National Plan of Action on Nutrition. The draft plan, as developed at the workshop, articulates Nigeria's short-, medium-, and long-term programs and financing plans in response to the country's Food and Nutrition Policy. An editorial committee assumed responsibility for finalizing the draft plan over the course of two meetings, the first of which was held on August 15–16 at the IITA in Ibadan. At the second meeting, held in Ibadan on October 1–4, POLICY provided TA to the National Committee on Food and Nutrition (NCFN) of the National Planning Commission in updating the draft Nutrition Plan of Action. When completed, the plan will translate the goals, objectives, and strategies articulated in the National Policy on Food and Nutrition in Nigeria into costed activities and projects for inclusion in the National Economic Empowerment and Development Strategy (NEEDS). Malnutrition underlies more than 60 percent of all morbidity and mortality in children under five years of age in Nigeria. It is hoped, therefore, that the Nutrition Plan of Action will stimulate the government and its partners to provide adequate funds for nutrition.

In partnership with the National Planning Commission and UNICEF, POLICY participated in a Sensitization and Framework Development workshop in Kaduna on July 28–30, in preparation for the revision of the National Program of Action (NPOA) for Survival, Development, and Protection of the Nigerian Child. As a supporting partner and member of the review steering committee, POLICY continues to provide TA to various line ministries and agencies responsible for articulating the NPOA chapters on child survival, protection, and rights (human rights awareness and gender equity) and to the section on social mobilization and advocacy.

At the request of USAID/Abuja, POLICY is developing an advocacy package entitled the "What Works Package" that targets private sector companies, particularly U.S. multinational oil companies operating in the Niger Delta. The package details cost-effective, sustainable means of implementing health and development programs for women and children. The programs have been modeled after community-based approaches that have proven effective locally as well as others that have succeeded in similar international situations, such as those implemented by the BASICS II Project. To inform the development of the package, POLICY consulted BASICS field officers and Catchment Area Planning and

Action Committee (CAPA) partners in Abia and Kano states. Discussions have also taken place with Chevron Texaco and Mobil Producing Unlimited to learn about their experiences in interacting with their host communities. In view of the restiveness in the Delta region, the companies' efforts to provide social services to communities in the area seem not to have worked. The aim of the package therefore is to provide USAID/Abuja with a tool it can use to advocate to the multinational companies for investment in appropriate health partnerships and programs in the Niger Delta.

Following the publication of "Child Survival in Nigeria: Situation, Responses and Prospects—Key Issues," POLICY organized a one-day sensitization and awareness workshop on August 5, on child survival in Nigeria, in collaboration with the Integrated Management of Childhood Illness (IMCI) Unit, Reproductive Health Division, CDPA/MOH. Participants included representatives from the public sector agencies involved in child survival, protection, and development (ministries of Health, Education, Agriculture, Environment, Women's Affairs, and Youth Development and the National Primary Health Care Development Agency and National Planning Commission). In attendance, too, were members of the House of Representatives Committee on Health and representatives of professional organizations, academia, civil society, and international donor and development agencies. The Minister of Health attended the workshop and commended POLICY on the production of a rapid child survival situation analysis; he also committed to reading the document to inform his vision for child survival in Nigeria. He expressed the current administration's intent to support implementation of evidence-based, cost-effective, and integrated strategies that will lead to improved child survival.

From September 7–11, in collaboration with UNICEF, POLICY supported the CDPA/MOH/Nutrition Division in hosting a workshop in Kaduna to develop draft Infant and Young Child Feeding Guidelines and to review the existing Guidelines on Infant and Young Child Feeding and HIV/AIDS. Representatives from the public sector (line ministries, departments, and agencies), donor and development agencies, civil society, academia, and other groups involved in infant and young child nutrition activities attended the workshop. In October, an editorial committee revised the draft documents for dissemination to solicit wider stakeholder input. On December 9–12, stakeholders met to finalize the documents. The final guidelines will provide accurate information and guidance to health workers, caregivers, and the general public on infant and young child feeding both in general and in the context of the HIV/AIDS epidemic.

POLICY supported the participation of three government officials (the National Planning Commission/NCFN Chair and Nutritionist and the MOH's Nutrition Focal Person) in the ECOWAS Forum on Nutrition, which took place in Conakry, Guinea, from September 15–19. Their participation in the forum enabled the officials to obtain insight into other country experiences and to develop a deeper understanding of how they might assist in improving the policy environment for nutrition activities in Nigeria.

POLICY continued to develop the Child Survival Model for Nigeria. An initial Excel-based version of the model was completed during the reporting period, incorporating initial data.

POLICY participated in the Malaria Action Coalition (MAC) joint planning mission to Nigeria from October 13–16. MAC is a four-member partnership representing the Centers for Disease Control and Prevention (CDC), the Management Sciences for Health (MSH)/Rational Pharmaceutical Management-Plus (RPM Plus) Program, the JHPIEGO/Maternal Neonatal Health (MNH) Program, and the World Health Organization's African Regional Office (AFRO). MAC has received funding from USAID/Abuja for technical support to improve case management of malaria in general and malaria in pregnancy (MIP), two of Roll Back Malaria's (RBM) three main intervention strategies. The joint workplan developed during the planning mission focuses on activities and priorities to which MAC can contribute. It calls for collaboration among MAC, POLICY, and other RBM partners in the development, adoption, and

dissemination of MIP policy guidelines as well as for the revision of Nigeria's malaria treatment policy based on the results of the Drug Therapeutic & Efficacy Testing (DTET) trials.

POLICY, with support from WHO and UNICEF, participated in the Roll Back Malaria Essential Actions Progress Investment Gaps (REAPING) mission led by the RBM secretariat (WHO/Geneva) from October 19–24. The mission's aim was to ascertain the resource needs (manpower and materials) required by Nigeria to achieve its RBM targets. Based on the outcomes of the mission and in furtherance of the targets set during the 2000 African Heads of State Summit in Abuja, POLICY provided support to the RBM secretariat to produce a PowerPoint advocacy presentation for use at the National Council of Health meeting, which took place in Bayelsa state on December 15–17. RBM used the presentation to advocate to state ministries of health for increased funding for malaria in 2004 and beyond. At the meeting, most state commissioners of health renewed their commitments to increase funding for malaria.

POLICY supported the CDPA/MOH's Integrated Management of Childhood Illness (IMCI) branch in developing a Strategic Framework and Plan for Child Survival at a two-day meeting held on November 12–13, at the WHO/Lagos office. The framework and plan support the implementation of health sector reforms directed by the Minister of Health, who is an advocate for an integrated and more comprehensive approach to child survival interventions beyond the traditional IMCI strategy. POLICY will support further review of the draft Child Survival Strategic Framework and Plan as well as publish and disseminate the adopted instruments. In addition, POLICY participated in the WHO-supported five-year strategic plan development workshop for the CDPA/MOH IMCI branch, which took place October 27–31, in Lagos.

POLICY supported the 34th Annual General and Scientific Meeting of the Nutrition Society of Nigeria by producing the Book of Abstracts and the Conference Proceedings. POLICY also presented a paper entitled "Incidence of Mother-to-Child Transmission of HIV/AIDS, Feeding Practices and Survival of HIV-Infected or AIDS Children." The aim of the paper was to sensitize members of the society on how to advocate for adequate infant nutrition in the context of prevention of mother-to-child transmission (PMTCT) of HIV.

POLICY participated in a meeting held by the Federal Office of Statistics to harmonize the country's main sources of maternal and child health data. Previously, the office had not coordinated surveys to collect such data, resulting in different stratifications of data and terminology and thus data incomparability. The meeting resolved several data issues and released a communiqué highlighting the agreements reached. POLICY participated on the report writing group that ensured that various background characteristics were comparable as well as on the communiqué development committee.

HIV/AIDS

Advocacy: In collaboration with the National Democratic Institute (NDI), Pathfinder International, and the National Action Committee for AIDS (NACA), POLICY began cultivating relationships with newly elected members of the National Assembly to provide them with TA in developing an HIV/AIDS legislative agenda. To this end, POLICY and its collaborating partners met with the Senate and House of Representatives HIV/AIDS Committee chairs on September 15 to discuss possible plans for supporting the committees with legislative drafting and constituency outreach programs. As a result, the partners obtained immediate approval to organize an orientation program in October for all legislators. In addition, as part of the developing relationship with the National Assembly, POLICY and its partners sponsored the attendance of several assembly members at the International Conference on HIV/AIDS and STIs in Africa (ICASA), which took place in Nairobi from September 21–27. Their attendance helped broaden the assembly members' understanding of HIV/AIDS issues. On October 29–30, as part of an NDI/Pathfinder International-led partnership working with the National Assembly, POLICY, along with

other USAID implementing partners (CEDPA, FHI, Africare, and the Solidarity Centre), organized a gala night and orientation program on HIV/AIDS for the newly sworn-in National Assembly members. The events, attended by the President of Nigeria and Principal Officers of the National Assembly, provided an opportunity for legislators to brainstorm on how to use political campaign machinery to carry out effective HIV/AIDS campaigns in their constituencies. POLICY provided several POLICY-developed publications on HIV/AIDS for the legislators' use as reference material. In addition, POLICY delivered an updated PowerPoint presentation and policy briefs on HIV/AIDS in Nigeria. Immediately following these events, POLICY and its partners supported Senator Mamora (former Speaker of the Lagos State House of Assembly) in conducting an outreach program in his constituency (Lagos state) on December 1–3. The highly successful activity brought together traditional rulers, key politicians, and opinion leaders to develop their understanding of the HIV/AIDS situation in Lagos State and to discuss ways to respond to the epidemic. POLICY facilitated several sessions during the event.

POLICY continues to provide TA to the MWAYD to strengthen its orphans and vulnerable children (OVC) program. OVC stakeholders have now adopted a draft National OVC Information Kit developed with POLICY's TA, in collaboration with other partners, for publication in time for the first National OVC Conference, originally scheduled for October 2003 and now slated for February 2004. POLICY is also finalizing a policy issues paper for the conference. Entitled "An Overview of Orphans and Vulnerable Children in Nigeria," the paper is aimed at raising awareness about the growing number of OVCs in Nigeria and the need for a comprehensive and coordinated national response. In collaboration with key OVC stakeholders (FHI, CEDPA, the World Bank, and UNICEF), POLICY is providing TA to MWAYD to organize the national conference through chairmanship of the technical subcommittee and participation on the logistics subcommittee of the conference's local organizing committee (LOC). The conference theme will be Orphans and Vulnerable Children (OVC) in Nigeria: Challenges in the Face of the HIV/AIDS Epidemic. The conference is expected to raise public awareness about OVC issues and to help place these issues on the agenda for public and private sector responses.

As part of the U.S. Presidential Initiative on PMTCT, POLICY participated in the communications strategy planning and materials development workshops hosted by the Johns Hopkins University/Center for Communication Programs (JHU/CCP) on October 2–4 and 27–31, in Lagos and Ibadan, respectively. In collaboration with JHU/CCP and as part of the communications strategy, POLICY developed an advocacy plan and package for implementation of advocacy activities under the Presidential Initiative. When implemented, the advocacy plan is expected to galvanize policymakers and opinion leaders to support PMTCT activities implemented under the initiative.

The National AIDS Research Network (NARN) has proposed a scientific conference to share ideas on the effects of research on the national response to HIV/AIDS in Nigeria. HIV/AIDS stakeholders responded enthusiastically to the proposal, and a local organizing committee (LOC) formed to organize the conference, which is slated for April 2004. POLICY is a member of the LOC and serves on the Administration and Logistics and Protocol subcommittees. The conference, which is expected to serve as a dress rehearsal for the 2005 ICASA, will bring together for the first time all academic and technical stakeholders to address the most pressing issues affecting Nigeria's national response to the epidemic. It will also serve as a catalyst to expand network membership, affirm the network's relevance, and work toward sustainability.

POLICY participated in a series of five workshops organized by NACA that targeted top civil servants for HIV/AIDS sensitization. Conceived to improve the policy environment in the civil service as well as the contributions of the participants and their respective institutions to the national response, the workshops took place on September 4–8, in Abuja. POLICY was part of the LOC and delivered a PowerPoint presentation at each workshop to outline Nigeria's National HIV/AIDS Policy and its implications for various sectors of the civil service.

POLICY also continues to participate in the newly developed HIV/AIDS Business Council. It is providing guidance on operational issues, serving as a source of information on HIV/AIDS in Nigeria, and advising the council on possible members of meaningful public/private partnerships for HIV/AIDS.

POLICY has been collaborating with InterNews to improve the ability of the broadcast media to report on HIV/AIDS in Nigeria. InterNews's "Local Voices" program, produced by an enlightened and committed local broadcast community, seeks to foster a more supportive social environment for preventing and mitigating the impacts of HIV/AIDS. In December 2003, POLICY provided TA to the monthly Roundtable Forum for Nigerian Journalists for a discussion entitled "Access to Care and Support for PLWA." The discussion provided an opportunity for participants to understand the needs of people living with HIV/AIDS (PLHAs) and the contributions media and local communities can make to ameliorating the suffering caused by HIV/AIDS.

POLICY cohosted another forum with InterNews that brought together media practitioners and selected NGOs and PLHA support groups to discuss ways that NGOs can access and use the media and provide media practitioners with an opportunity for better understanding NGOs' needs and constraints. The event, which took place at the InterNews premises in Abuja on December 17, attracted a wide array of participants, including heads of public and private print and broadcast media organizations as well as heads of bilateral and multilateral agencies. The forum helped dispel NGOs' misgivings about the media as well as the media's misconceptions regarding the limited resources available to NGOs for communication activities. It also helped NGOs understand the difference between what constitutes "news," which is covered by the media without a fee, and what constitutes an "advertisement," which requires a fee.

At the August 2003 ICASA (International Conference for HIV/AIDS and STIs in Africa) in Nairobi, Nigeria won its bid to host the 2005 ICASA in Abuja. Toward the planning of the 2005 conference, the President of Nigeria approved the individuals (including POLICY staff) who will make up the 2005 ICASA LOC. The LOC was formally inaugurated at a meeting on November 28, at the Abuja Sheraton Hotel.

Planning/Finance/Policy Formulation: POLICY remains an integral member of the HIV/AIDS Fund for the World Bank's HIV/AIDS Program Development Project in Nigeria. POLICY is involved in setting policy directions and determining how the funds are allocated and used.

On August 4, President Obasanjo launched the Nigerian National HIV/AIDS Policy. POLICY facilitated the policy-drafting process by providing TA as well as making available consultants who were responsible for incorporating into the policy the viewpoints of various stakeholders. POLICY also supported workshops and stakeholders' forums to review the consultants' outputs. As a result, the new policy has found wide acceptance and earned commendation.

On July 17–18, under the auspices of the MOH's National AIDS and STD Control Program (NASCP) and with support from UNICEF, POLICY participated in the review of the National Guidelines for Pediatric HIV/AIDS in Nigeria. The revised guidelines outline a comprehensive approach for implementing the Pediatric HIV/AIDS Initiative in Nigeria, including provision of antiretroviral therapy (ART) to an initial 5,000 children. The pediatric ART program was fashioned after the adult program, building on lessons learned from its implementation.

In response to the U.S. Presidential Initiative on PMTCT and in its program coordination role, POLICY continues to support the NASCP by participating in various stakeholders' forums and supporting NASCP as host of the program's first-ever PMTCT Core Partners' Retreat, which took place October 9–12, in

Abuja. The retreat reviewed PMTCT efforts in Nigeria to date as well as the partnerships involved and provided a roadmap for the development of a strategic plan for the National PMTCT Program, which is expected to ensure a more integrated and effective program. The retreat provided the opportunity to conduct a SWOT (strengths, weaknesses, opportunities, and threats) analysis.

POLICY also provided TA to the MOH in organizing the PMTCT Task Force review meeting held from December 14–17, in Ibadan. The purpose of the meeting was to review the implementation of the National PMTCT Program along with its problems and prospects and to develop a framework for the 2004 joint action plan. All of Nigeria's 11 PMTCT centers as well as international implementing partners (IPs), including POLICY, presented progress reports on their 2003 activities. Common issues identified among all centers included inadequate logistics and supplies (especially for antiretrovirals (ARVs) and test kits), inadequate staff compensation, inadequate monitoring and evaluation mechanisms, lack of funds, and lack of capacity. The IPs expressed particular concern about the NASCP/MOH's inadequate capacity for effective coordination. POLICY articulated and presented a report on behalf of all IPs. During the meeting, participants developed, presented, and discussed the framework for the 2004 workplan. In addition, participants reached consensus on the need for a strategic plan, advocacy plan, improved logistics, capacity building, and proper management and coordination of activities in 2004. Toward these needs, POLICY will coordinate the development of a joint stakeholders' workplan and will lead the process of developing a strategic plan and advocacy plan for the national program.

POLICY continues to provide TA to the Ministry of Internal Affairs's (MIA) paramilitary sector in developing its HIV/AIDS policy. It is also providing support to an NGO, the Life Link Organization (LLO), which focuses on the prison sector. At a meeting on July 31, the Minister of Internal Affairs, represented by his permanent secretary, officially inaugurated multisectoral committees of stakeholders charged with assisting in the policy-drafting process. The Comptroller Generals of Prisons and Immigration Services were among the dignitaries who attended the inauguration and pledged to support the policy-drafting process. LLO coordinated meetings of the multisectoral policy-drafting committees. With the policy formulation process now nearly complete, the committees have submitted their input for review and collation into a single draft by the core drafting team. The final draft will be developed in January 2004 for distribution to key stakeholders to ensure maximum participation and ownership of the process and the final product. A draft foreword has been written and will be sent to the Minister for vetting and approval in early 2004.

Following reports of inordinately high HIV/AIDS prevalence among new applicants for recruitment into the Nigerian Armed Forces, POLICY successfully rekindled the interest of the Ministry of Defense (MOD) in completing its revised HIV/AIDS Policy for the Armed Forces. The policy formulation process was stalled for over two years owing to disagreements over institutional responsibility for oversight of policy implementation. A POLICY-supported review recommended continuation of the existing arrangement, which confers responsibility for oversight on the Armed Forces Technical Advisory Committee on AIDS (AFTACA) (a MOD creation) such that AFTACA oversees the Armed Forces Program on AIDS Control (AFPAC). The MOD responded with conflicting recommendations outlined in its "White Paper." In response, POLICY and a newly constituted policy drafting committee held a series of meetings in September 2003 and crafted a new draft policy (based on recommendations from the first review exercise) for presentation to a core team of decision makers headed by the Minister of State for Defense. Nearly three years after POLICY supported the first review of the Armed Forces Policy on HIV/AIDS, the policy finally received approval at the highest levels of the military hierarchy.

On November 11, 2003, the Minister of Defense and the Minister of State for Defense, in conjunction with the Chief of Defense Staff and the Services Chiefs for the Army, Navy, and Air Force, reviewed, ratified, and approved the latest draft of the armed forces policy, which addresses controversial issues around mandatory HIV testing, provision of ARV drugs, and eligibility for and length of postings to local

and foreign areas of military operation.. The Minister of Defense and the Chief of Defense Staff signed the preface. The formal launch of the policy is slated for March 2004 during Armed Forces HIV/AIDS week. POLICY will provide TA for the dissemination of the policy and will begin the process of developing a strategic plan for policy implementation. The POLICY Project was instrumental in facilitating the entire policy development and approval process.

A major shortcoming in the work of NACA in coordinating Nigeria's response to HIV/AIDS is the lack of an effective monitoring and evaluation system and the lack of a mechanism for collecting information and tracking the activities/contributions of stakeholders at various levels. Working with NACA and other collaborators, POLICY conceptualized a management information system to help NACA carry out its tracking functions. The system, dubbed the Nigerian National Response Information Management System (NNRIMS), is fashioned after the global Country Response Information System (CRIS). During the reporting period, NNRIMS was nearing completion but lacked state and local stakeholder input. Consequently, three zonal meetings held from November 30–December 9, in Kaduna, Uyo, and Lokoja, respectively, sought to sensitize the states on the NNRIMS, obtain feedback, and develop state action plans for use of the system to provide feedback to NACA. POLICY facilitated the three zonal workshops and the formulation of state action plans and made presentations on NNRIMS. The state action plans are expected to be fully operational by first-quarter 2004.

Since 2001, the Anglican church has been active in carrying out HIV/AIDS interventions. To increase its response to the epidemic, the church concluded that it needed to develop an HIV/AIDS policy and strategic plan to guide its interventions over the period 2004–2007. POLICY, asked to facilitate the church's policy formulation process and development of its strategic plan, began the process with a four-day policy formulation and strategic planning workshop on November 4–8. In addition to facilitating the workshop, POLICY made presentations on the policy formulation and strategic planning processes. At present, POLICY is providing TA to coalesce workshop outputs into a policy document and four-year strategic plan for eventual submission to the House of Bishops for approval.

Following POLICY support to the Catholic church to develop a strategic implementation plan (SIP) for HIV/AIDS, Bishop Fagun, Chair of the Church's Health Committee, approved the final plan during second-quarter 2003. With TA from POLICY, the church published the plan and disseminated it to all dioceses; the plan now serves as the basic tool guiding the church's HIV/AIDS response.

On November 10–11, POLICY participated on the technical team that developed a workplan for HIV/AIDS Desk Officers employed by the Federal and State Ministries of Education. The workplans became necessary when HIV/AIDS Desk Officers acknowledged their lack of capacity and understanding of their roles in and the types of activities the education sector should be contributing to the national HIV/AIDS response. POLICY's involvement in the workplan activity served as a prelude to the commencement of the HIV/AIDS policy-drafting process for the entire education sector.

POLICY continues to collaborate with other partners on NACA's National Behavior Change Communication (BCC) Committee. During the reporting period, POLICY participated in a five-day retreat to finalize the National HIV/AIDS BCC Strategy, which will guide and improve the BCC component of the national response to HIV/AIDS. At the meeting, POLICY provided the HIV/AIDS Emergency Action Plan (HEAP) document and the National HIV/AIDS Policy as reference materials.

The Nigerian Labor Congress (NLC), the umbrella body for most labor unions in Nigeria, has recognized the need to develop a workplace policy for labor union members, viewing its policy development efforts an important step toward advocating for workplace policies for its members, especially those employed by private sector organizations. Consequently, the Solidarity Centre, in collaboration with NACA,

funded a workshop in Abuja on November 27 to develop such a workplace policy. POLICY delivered the lead paper that guided the development of the draft policy.

Since early 2003, POLICY has collaborated with UNIFEM and other partners to develop the Enugu State HIV/AIDS Policy for the health sector. The draft policy underwent pilot testing, revision, and publication in second- and third-quarter 2003; the Commissioner for Health of Enugu State, standing in for the Governor, launched the policy on October 16. Providing guidance in dealing with the stigma and discrimination rife in health institutions, the policy reflects gender considerations as its primary theme. POLICY participated in and/or facilitated several sessions and provided technical input during meetings to develop and finalize the policy.

Tools/Research: In 2003, the MOH, in collaboration with several partners led by the Society for Family Health and Population Services International, carried out a National Reproductive Health Survey (NARHS) that focused on behavior and practices. POLICY participated on the study's central management, technical, and report writing committees and assisted in the development of survey instruments, in fieldwork, and in final report writing, which took place from July 2–5. At a follow-up dissemination meeting, the survey results were shared with a wide spectrum of stakeholders, including some state Commissioners of Health (including those from Lagos, Oyo, Benue, and Akwa Ibom) and representatives sent by other commissioners. The participation of various stakeholders led to pledges of increased commitment to reproductive health and HIV/AIDS programs. POLICY developed three presentations for the dissemination meeting.

POLICY, in collaboration with the MOH, Physicians for Human Rights (PHR), and the Centre for the Right to Health (CHR), conducted a study to determine the magnitude of the problems and factors contributing to PLHAs' limited access to health services and how such limited access might be related to stigma, discrimination, and violation of human rights. With funding and TA from POLICY, the first draft of "Access to Health Care and Human Rights for PLWHA" was developed and circulated to stakeholders for their review and comment. At the initial review, which took place in September 2003 in Abuja, a core group of stakeholders, including the MOH, NACA, Network of PLHA, UNAIDS, and USAID, recommended a second stakeholders' review, which took place in Abuja on November 6. Stakeholders recommended the correction of anomalies detected in the study results before release of the final report in early 2004. A third and larger stakeholders' forum will be held around the time of World AIDS Day to review a more refined draft and obtain final input and acceptance from primary stakeholders before publication and dissemination.

To improve monitoring and evaluation (M&E) of the national response to HIV/AIDS, POLICY continues to collaborate with partners (SFH/PSI, UNAIDS, MEASURE Evaluation, NACA, and MOH) as part of the M&E Drafting Committee to complete the drafting of the Nigerian National Response Information Management System (NNRIMS). As part of the process, POLICY sponsored a retreat, held on June 30–July 1 in Lokoja, to launch the final drafting exercise. Further reviews have since taken place, and the current draft of the NNRIMS will be shared with state stakeholders in consensus-building workshops around the country in late October 2003. The draft will also be vetted among stakeholders attending the CDC-, WHO-, USAID-, and UNAIDS-sponsored African Regional Conference for HIV/AIDS M&E, which will take place in Dakar, Senegal, from October 6–9.

The final report of the 2003 National Sentinel Sero-Prevalence Survey on HIV/AIDS is expected in February 2004. POLICY is participating on the technical team responsible for collating the report's survey results. The process is nearly complete. POLICY will use the survey data to update the AIDS Impact Model (AIM) and the Epidemic Projection Package (EPP), make projections, and develop advocacy presentations.

As the first step in the strategic planning process for scaling up and sustaining the national ARV program, POLICY responded to an MOH request to conduct a rapid assessment of the program. The assessment examined the ARV program's immediate needs, evaluated the preparedness of institutions to scale up care and support program efforts, and recommended appropriate action. A team headed by Dr. Gregory Pappas of the Futures Group undertook preliminary assessment visits to three ARV centers and met with the Minister of Labor and Productivity as well as with the President of the Nigerian Labor Congress and some PLHA support groups. The assessment identified significant gaps in the national ARV program, including inadequate human and infrastructure capacity, an irregular supply of ARVs, and the lack of appropriate mechanisms for forecasting and commodities management. It was recommended that immediate action be taken to provide ARVs to centers lacking them and that a more comprehensive assessment of all centers be conducted in the long term. POLICY has been selected to lead and coordinate the development of a joint workplan of all stakeholders (including DELIVER, PHR+, and WHO) for a more comprehensive ARV program assessment in early 2004. Using the outcomes of that assessment, POLICY will then lead the development of an ARV policy, operational guidelines, and emergency implementation plans for rapid scale-up to prepare Nigeria for assistance from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and WHO's 3 by 5 Initiative.

POLICY has been providing management, coordination, and M&E support to the National PMTCT Program. On November 18, POLICY attended a meeting hosted by CEDPA in Lagos to finalize the M&E framework for monitoring the U.S. Presidential Initiative on PMTCT in Nigeria. Drs. Jason Weisfield and Mark Spohr of MEASURE Evaluation facilitated the meeting. In conjunction with other USAID IPs, POLICY developed indicators to monitor PMTCT activities under the Presidential Initiative and submitted them to USAID in December 2003.

To determine the appropriate response of the education sector to the HIV/AIDS epidemic in Nigeria, it is necessary first to assess the effects and impacts of the epidemic on the sector. In collaboration with the Ministry of Education (MOE), POLICY will support a local research organization in undertaking a study to determine these impacts. During third-quarter 2003, POLICY began preliminary work toward this end. It convened a technical review committee composed of representatives of the MOE, UNAIDS, NACA, DFID, USAID, and the World Bank. The committee received over 40 applications in response to POLICY's request for proposals and, after a series of four meetings plus a round of interviews, selected the Centre for Population and Environment Development from more than 44 organizations to conduct the study. The selection process took place from July 18 through December 4. Fieldwork is expected to commence in early 2004, with study results expected by the end of the year.

POLICY collaborated with the Royal Tropical Institute of the Netherlands (Koninklijk Instituut Voor De Tropen—KIT), the Benue Agricultural and Rural Development Agency and Cooperative Extension Centre (BNARDA), and the Federal University of Agriculture, Makurdi (CEC) to conduct a study, funded by DFID, on the impact and policy implications of AIDS on rural livelihoods in Benue State. The final study report will be released in early 2004. As part of this collaborative effort, POLICY will produce advocacy briefs to aid in disseminating the study findings.

On November 27, before initiating a new national strategic planning process for HIV/AIDS, POLICY presented the GOALS Model to the Expanded UN Theme Group on HIV/AIDS and NACA for the purpose of sensitizing these stakeholders to the model and how it can contribute to the new strategic planning process. As a policy dialogue tool for rational resource allocation, the model has found use in other countries in supporting applications to the Global Fund for AIDS, Tuberculosis and Malaria and determining resource gaps in national HIV/AIDS programs. Training on the model in Nigeria is expected to begin in early 2004.

Support groups for PLHAs are major stakeholders in the control of HIV/AIDS. If the groups are to carry out their role effectively, however, they need to develop increased advocacy capacity. POLICY is assisting the Organization for Positive Productivity (OPP), a support group for PLHAs, in developing such capacity by providing TA in developing a conceptual framework for a situational analysis of PLHA support groups. On November 12, POLICY hosted a meeting to develop the study design and provided technical support that led to a study framework and draft tools for application in a study that is expected to commence in January 2004.

Capacity Building: As part of ongoing, multidonor efforts to strengthen NACA, POLICY participated with DFID and UNAIDS on July 3–4 in recruiting five new directors to execute NACA’s multisectoral coordination mandate. The new positions will help eliminate ambiguities and overlap between NACA and NASCP/MOH and other sectors involved in the national response to HIV/AIDS. POLICY is supporting the new NACA director, who is responsible for liaising with Nigeria’s newly established HIV/AIDS Business Council. POLICY will also provide TA and mentoring for the Director of Policy, Strategy, and Communication. DFID, UNAIDS, USAID (through SFH/PSI), and CIDA will support other positions.

On August 25 in Abuja, POLICY presented a paper entitled “HIV and Infant Feeding” at a PMTCT training for counselors from PMTCT centers of excellence in the northern states. The paper explored the policy-related issues around breastfeeding versus the use of breast milk substitutes in the face of HIV transmission, widespread poverty, ignorance, and malnutrition. The training equipped participants with the information required for effective counseling of all pregnant women and HIV-positive mothers on infant feeding options to preserve breastfeeding where possible while ensuring PMTCT of HIV.

On September 29–30, POLICY participated in a workshop held by NACA to disseminate the results of a study on the State Action Committees on AIDS and local government equivalents (SACAs/LACAs). The workshop explored ways to improve the relationship between NACA and the SACAs/LACAs and to enhance the operational efficiency of NACA’s decentralized counterparts. POLICY was part of the LOC and facilitated the workshop sessions. Nigeria’s vice president attended the event and expressed the government’s wish for a successful national response to the epidemic.

Through its subcontract with OPP, a support group whose purpose is to empower PLHAs to respond to the AIDS epidemic in the Federal Capital Territory (FCT), POLICY supported a three-day network-building training for 24 members of the organization. The main objective of the training, held at POLICY’s Abuja office from July 28–30, was to build OPP members’ capacity to promote and advocate for the implementation of HIV/AIDS policies and programs. In addition, a network-building plan developed during the workshop calls for revision of the support group’s constitution.

In August, POLICY supported the attendance of 10 Nigerian partners at the 2003 ICASA in Nairobi. Those receiving support included members of the National Assembly, PLHAs, the Civil Society Consultative Group on HIV/AIDS Nigeria (CISCGHAN), and representatives of NACA, MOE, MOH, MIA, and AFPAC. Two POLICY-sponsored attendees presented abstracts from publications supported by POLICY.

In accordance with POLICY’s and Family Health International’s (FHI) collaboration to implement the uniformed services HIV/AIDS project (AFPAC and the Police AIDS Control Project), FHI organized a three-day project management and advocacy orientation meeting in Abuja on December 15–17, for members of the Police AIDS Control Committee (PACC). POLICY facilitated the advocacy component of the meeting by following an agenda similar to that used with AFPAC for advocating in military settings. During the meeting, participants identified the need for a Police HIV/AIDS Policy to guide their AIDS control programs.

Other: POLICY's publications continue to be in high demand and are now used by several organizations as reference materials. The World Health Organization, for example, made a formal request to use portions of our publication on access to HIV/AIDS drugs in a new WHO publication. We have also received several requests to have our resources posted on various Web sites, such as those maintained by JHU/HCP.

POLICY assisted USAID/Abuja in organizing stakeholders' meetings to facilitate the collection of data for the Global HIV/AIDS Essential Services Coverage Survey and to collate and reach consensus on the survey findings. The survey, originally scheduled to be conducted between July and October 2003, was delayed by miscommunication. The final survey findings were delivered in December 2003.

POLICY has entered into a partnership with the Nigerian Institute for Policy and Strategic Studies (NIPSS), the highest and most prestigious policy training institution in Nigeria. The partnership, effective as of early 2004, will enable POLICY to support the institute's curriculum and training needs in the areas of HIV/AIDS, FP/RH, and child survival. POLICY will conduct collaborative policy-related research and advocacy activities with both the institute and its alumni, who are Nigeria's foremost policymakers.

REDSO/ESA

Program Objectives: POLICY activities support REDSO's regional program to build the capacity of institutions working on family planning, reproductive health, maternal and child health, nutrition, HIV/AIDS, infectious diseases, nutrition and food security, and health financing and reform. 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 enhance the capabilities of CRHCS staff in order 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.

Summary of Major Activities:

FP/RH

On behalf of POLICY, Dr. Wasunna Owino, Program Director, Health Finance and Policy, POLICY/Kenya, presented two oral/visual presentations to participants at the Directors' Joint Consultative Committee (DJCC) Annual Conferral Meeting, organized by CRHCS in Arusha, Tanzania, in July. The first presentation was entitled "Repositioning FP in ECSA: Implications on Human Resources for Health" and the second "Efficiency of Health Services in ECSA: The Lessons Learnt." Both presentation topics were germane to the theme and issues of the DJCC, namely, human resource development and capacity building in Eastern, Central, and Southern Africa (ECSA). The same content provided the theme of the Regional Health Ministers' Conference in Livingston, Zambia, during November. The annual DJCC meeting largely determines the technical content of the ministers' conference agenda. The DJCC comprises permanent secretaries; heads of schools of medicine, nursing, and midwifery; directors of health programs; and directors of research institutes in the 14-country ECSA region.

Joseph Deering conferred with senior CRHCS staff in Arusha during July regarding the implementation of collaborative actions during 2003–2004. Notable collaborations will include additional training and technical assistance (TA) in health policy advocacy and the development of policy briefs. Dr. Leah Wanjama and Deering conferred with REDSO in Nairobi during September to update REDSO staff overseeing POLICY activities in the ECSA region and to receive guidance regarding actions proposed for 2003–2004.

Dr. Wanjama and Deering completed a draft of a revised guide for use by CRHCS in workshops and training courses in the ECSA region relative to health policy analysis, policy development, and health policy advocacy.

HIV/AIDS

Dr. Wanjama and Deering participated in the next step of a series of collaborative activities with CRHCS and the SARA Project, held during the ICASA Conference, September 25, 2003, in Nairobi. The focus of the satellite meeting, organized by CRHCS, was "Mobilizing Resources for Improved Care for HIV/AIDS in East, Central and Southern Africa." CRHCS and SARA presented data and findings from their analysis regarding the impact of HIV/AIDS on health care personnel in the ECSA region, as studied in Kenya and Malawi. POLICY's role in this connection is continued collaboration with CRHCS and

SARA to raise awareness of policy issues underlying the recruitment, education/training, deployment, and support of health personnel in the ECSA region and assisting in strengthening and adapting policies, particularly operational policies. Future collaboration may include support for additional, relevant policy analysis and advocacy activities and dissemination of recommended actions for improving policies on human resource development in the face of the HIV/AIDS pandemic.

Deering conferred with senior CRHCS staff in Arusha in July regarding the implementation of collaborative actions relevant to HIV/AIDS during 2003–2004, particularly regarding training of CRHCS staff in the GOALS Model for HIV/AIDS Resource Allocation, tentatively planned for November 2003.

Dr. Wanjama and Deering participated in the CRHCS Satellite Meeting “Mobilizing Resources for Improved Prevention and Care for HIV/AIDS in East Central and Southern Africa (ECSA)” at ICASA in Nairobi during September. POLICY is collaborating with CRHCS and the SARA Project to examine policy issues, particularly operational policies associated with emerging recommendations regarding the training of health personnel in how to improve their working environment as governments face human resource challenges caused by increased HIV/AIDS infections, burn-out, and brain drain associated with working constantly amid crises.

SOUTH AFRICA

Program Objectives: 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.

Summary of Major HIV/AIDS Activities:

Because POLICY/South Africa is designed to increase, strengthen, and build the HIV/AIDS capacity of a multisectoral group of role players as identified by the South Africa National AIDS Council (SANAC), the country's highest HIV/AIDS decision-making body, POLICY interventions were implemented across a range of sectors, focusing on the following activities:

Advocacy: *South African AIDS Conference, August 3–6.* From August 3–6, the first South African AIDS Conference was held in Durban, Kwa-Zulu Natal. POLICY participated in the following activities at the conference:

POLICY provided support to Mrs. Skenjana, Director, Government AIDS Action Program (GAAP), Chief Directorate: HIV/AIDS and TB, in making a presentation on the multisectoral partnerships that had been established between GAAP and a range of civil society organizations and networks, many of which, such as the Faith Organizations in HIV/AIDS Partnership (FOHAP) Program, the National Traditional Leaders HIV/AIDS Task Force, and the provincial forums of women and men, have been supported by POLICY over the past three years. The presentation formed part of the “Policies and Government Responses” and was attended by approximately 300 delegates.

As part of a panel discussion on HIV/AIDS in the workplace, POLICY made a presentation on some of the lessons and reflections in developing a module on HIV/AIDS workplace policy for the Post Graduate Diploma in HIV/AIDS Management in the Workplace—a joint initiative of the University of Stellenbosch and MEDUNSA that has received POLICY support over the past three years. The presentation, entitled “The Challenge of Creating and Implementing an HIV/AIDS Workplace Policy: An Interactive Learning Model,” was attended by approximately 400 people. Aspects of the presentation were also broadcast on the South African Broadcasting Corporation national radio news the following day.

POLICY's support to the Church of the Province of Southern Africa (CPSA), which enabled the CPSA to develop a comprehensive and strategic approach to HIV/AIDS, formed the basis of a poster presentation entitled “Putting HIV/AIDS on the Anglican Map: Lessons Learned and their Application for Other Faiths.” POLICY distributed 250 copies of the publication “From Boksburg to Canterbury: Steps to Putting HIV/AIDS on the Anglican Map” at the conference to accompany the poster presentation.

Support to the Second Annual National Technical Meeting on Voluntary Counseling and Testing (VCT). With the support of POLICY facilitation and reporting, the above event convened September 1–2 in Durban, Kwa-Zulu Natal. Eighty government and NGO representatives from across the country attended the meeting to develop strategies to expand and strengthen VCT and, particularly, to integrate the VCT program into health service delivery, share lessons on better practice, and discuss key programmatic developments in relation to the Department of Health's current VCT strategy. A draft report of this event

has been submitted to the Department of Health for their approval and will be finalized for distribution in January 2004.

Support to the National Traditional Leaders HIV/AIDS Forum. As part of POLICY's ongoing assistance to the Traditional Leaders National HIV/AIDS Forum, POLICY supported the Department of Health in convening four consultative meetings with the National Forum during this period: the first, with the National Executive Committee was held on July 15 to finalize preparation for the next forum meeting; the second, held on July 25 and hosted by the Nelson Mandela Foundation, resulted in the launch and the adoption of the forum's HIV/AIDS National Strategic Plan (2003/4); and the third and fourth, held on September 9 and November 14, respectively, enabled further consultation between the National Task Team and the Department of Health on how best to embark on the implementation of the HIV/AIDS strategic plan across the six provinces with provincial Traditional Leader HIV/AIDS Forums. The first and second meetings were attended by eight Executive Committee representatives and the second and third meetings by 20 forum representatives. It is envisaged that the planned provincial activities will commence in March 2004.

Planning/Finance/Policy Formulation: Support for Development of a Workplace HIV/AIDS Policy for the Botswana Police Service (BPS). At the request of the Program Development Manager of the African Comprehensive HIV/AIDS Partnership (ACHAP)/Botswana—a past student of the POLICY-supported Stellenbosch University/MEDUNSA Postgraduate Diploma in HIV/AIDS Management in the World of Work Program—POLICY provided TA to the BPS as it developed a workplace policy for HIV/AIDS to support its 8,000 employees. From May 12–14, POLICY facilitated a consultative meeting with the BPS HIV/AIDS Advisory Committee and met with the Botswana Police Commissioner, Directorate of Personnel Management, BPS, and representatives from the National HIV/AIDS Coordinating Agency. Following this consultative meeting and with POLICY assistance, a working group within the BPS developed a draft HIV/AIDS workplace policy in line with its current occupational health and safety policy. Since July 2003, a facilitation team within the BPS has engaged in a consultative process and shared the draft HIV/AIDS workplace policy with BPS District Commanders. It is anticipated that the input received from this consultation will be incorporated into a second draft of the HIV/AIDS policy in the first quarter of 2004.

Support for Development of a Workplace HIV/AIDS Policy for the Working for Water Program, Department of Water Affairs and Forestry. In March 2003, POLICY was approached by members of the Social Development Cluster within the Working for Water Program to assist its National HIV/AIDS Steering Committee in reviewing the two existing HIV/AIDS workplace policies that the cluster developed during the past two years, and work toward finalizing a single HIV/AIDS workplace policy. On June 10, POLICY facilitated a consultative meeting between the National HIV/AIDS Steering Committee and management representatives from the Working for Water Program. Following the meeting, an HIV/AIDS Workplace Policy Task Force was established. With POLICY assistance, the task force developed a first and second draft of the HIV/AIDS workplace policy. The draft policy has been circulated for comment among the regional social development coordinators, training coordinators, and program leaders of the Working for Water Program throughout South Africa. On September 18, 2003 it was presented to senior management for their review. It is anticipated that the revised draft of the HIV/AIDS workplace policy will be re-presented to senior management for adoption by March 2004.

Development of HIV/AIDS-related Guidelines for the Chief Directorate: HIV/AIDS and TB. In April 2003 the Chief Directorate: HIV/AIDS and TB asked POLICY to facilitate the development of three sets of HIV/AIDS-related guidelines for the Department of Health: *Guidelines for the Care and Support of Health Care Workers in Relation to HIV/AIDS*, *Guidelines for the Development and Maintenance of PLHA Support Groups*, and *Guidelines for the Continuum of Care for HIV/AIDS and Related Diseases*. POLICY hosted two consultative meetings with the Department of Health to discuss the content and

framework of the PLHA Support Group and Health Care Worker guidelines (held August 25 and 28, respectively), facilitated a meeting with 20 stakeholders to review the first draft of the *Guidelines for the Development and Maintenance of PLHA Support Groups* (October 22–23), and on December 2 submitted a final draft of these guidelines to the Chief Directorate: HIV/AIDS and TB for its approval. A first draft of the *Guidelines for the Care and Support of Health Care Workers in Relation to HIV/AIDS* has been developed, and a revised draft will be presented to a stakeholder group in February 2004 for final review before being forwarded to the Department of Health for adoption.

Following the first stakeholder meeting in May 2003, POLICY convened a team of 20 local HIV/AIDS specialists and/or consultants to assist in the development of the various aspects of the Continuum of Care guidelines. On September 25, on behalf of the Department of Health, POLICY presented the first draft of the pediatric section of the guidelines at a national working group meeting attended by 23 stakeholders. Representatives from HIV/AIDS research units of three national universities, seven provincial hospitals, the National Laboratory Services, and organizations such as the AIDS Law Project, the Nelson Mandela Children's Fund, and the Children's Right Centre formed part of the working group meeting. On October 3, on behalf of the Department of Health, POLICY presented the first draft of the primary care section of the guidelines to a national meeting attended by 31 stakeholders. The first draft of these guidelines is currently being compiled and will be presented to the Department of Health in January 2004.

Support for Development of a Workplace HIV/AIDS Policy for the Western Cape Provincial Government. In November, at the request of the Provincial HIV/AIDS Coordinator for the Western Cape Government, POLICY conducted a desk review of a draft HIV/AIDS workplace policy that aims to govern the management of HIV/AIDS for all 65,000 public sector employees working across 13 government departments in the Western Cape Province. POLICY's review of the draft policy was incorporated into a reworked draft policy which will be submitted for approval to the Provincial Bargaining Council in the first quarter of 2004.

Tools/Research/Dissemination: *Local Government.* POLICY continues to provide TA to the local government HIV/AIDS program of the HIV/AIDS Inter-Departmental Support Program, Chief Directorate: HIV/AIDS and TB, Department of Health. Following the 2001–2002 local government HIV/AIDS master training program—a collaborative initiative that POLICY facilitated with the Department of Health, provincial and local government, and the South African Local Government Association (SALGA)—POLICY facilitated the development of a comprehensive report on local government HIV/AIDS-related activities in South Africa. The report, which documents past, present, and planned HIV/AIDS activities at the local government level, including a list of relevant resources, was approved by the Minister of Health. Printing and distributing this publication, a process that is being facilitated by the Department of Health itself, is currently in process, and it is anticipated that the publication will be released in January 2004.

Development and Facilitation of a Toolkit for People Living with HIV/AIDS (PLHA). In August 2002, POLICY, in collaboration with the Care and Support Sub-Directorate of the Chief Directorate: HIV/AIDS and TB, Department of Health and the local UNDP Greater Involvement of PLHA (GIPA) Program, commissioned a team of writers to embark on developing a *Toolkit for People Living with HIV/AIDS (PLHA)*. The toolkit focuses on issues of HIV/AIDS disclosure, legal and human rights, communication skills, facilitation skills, and advocacy. In early August 2003, after extensive consultation with and input from PLHAs, the fifth draft of the toolkit was produced by POLICY for final comment by the UNDP and the Department of Health.

In preparation for the next phase of the development of the toolkit, POLICY facilitated two consultative meetings with key stakeholders. The first, on August 28, was held with representatives from the Treatment, Care, and Support Sub-Directorate of the Chief Directorate: HIV/AIDS and TB, Department

of Health and a team of POLICY consultants to decide on the process for contracting and managing the design, illustration, editing, and printing processes required for the production and packaging of the toolkit. The second meeting, held on September 22 with representatives from the Department of Health and the Inter-departmental Committee on HIV/AIDS, focused on presenting the aspects of the draft publication to a group of 28 representatives in order to obtain broader feedback on the current content of the toolkit. In mid-October 2003, POLICY received final content approval for the toolkit from the Chief Directorate: HIV/AIDS and TB, Department of Health, and the process of layout, design, and illustration then got underway. Over the past two months, POLICY has facilitated three PLHA focus groups to obtain expertise and direction on the content of the illustrations for the toolkit and developed the first and second drafts of the designed publication. The third and final draft publication is expected to be ready in February 2004, for distribution at the end of April 2004.

Stellenbosch University/MEDUNSA Postgraduate Diploma in HIV/AIDS Management in the World of Work. POLICY continues to provide support to Stellenbosch University and the National School of Public Health at MEDUNSA in developing and facilitating aspects of the Postgraduate Diploma in the Management of HIV/AIDS in the World of Work. POLICY compiled a report summarizing the content, process, and lessons from a one-day training event that POLICY facilitated for 300 students as part of the program's annual winter school event on June 24. In addition, the POLICY-developed course module on "Developing an HIV/AIDS Workplace Policy," which forms part of the curriculum of the Postgraduate Diploma in the Management of HIV/AIDS in the World of Work, was utilized by Stellenbosch University's Bureau for Economic Research (BER). BER conducted an HIV/AIDS impact study involving 3,000 private sector companies across South Africa and incorporated into the results information on the roles and principles of HIV/AIDS workplace policies, as outlined in the POLICY course module. The research was commissioned by the South African Business Council on HIV/AIDS (SABCOHA) and will be disseminated widely to local businesses and organizations across South Africa.

National NGO Funding Unit Workshops: The "Masabelane" Project. In January 2003, within the context of an increasing budget and expanded responsibilities, the National NGO Funding Unit of the Chief Directorate: HIV/AIDS and TB, Department of Health, asked POLICY to help them establish a sound communication and NGO fund-disbursement and monitoring system for the future. Working in collaboration with the National NGO Funding Unit, Department of Health's provincial NGO coordinators, and local NGOs funded by the Department of Health, POLICY facilitated a series of nine provincial workshops from May–July in order to obtain their input and recommendations regarding NGO funding mechanisms.

On October 2–3, on behalf of the Department of Health, POLICY facilitated a national meeting with 60 NGO representatives from the nine South African provinces. A comprehensive report developed by POLICY and documenting the outcomes of the nine provincial workshops was presented to the national meeting. The first draft of a set of national guidelines that POLICY was tasked to develop for the Department of Health—outlining a recommended and standardized fund-disbursement and monitoring system to be used by the Department's NGO Funding Unit in their support of NGOs at both the national and provincial levels—was also presented for review at the meeting. Following input received at the national meeting, the *National Funding Guidelines: for NGOs receiving funds from the Chief Directorate: HIV/AIDS and TB* were revised by POLICY and on November 14 submitted for approval to the Department of Health. A comprehensive report which documents the outcomes of the national meeting was compiled by POLICY and distributed to all participants from both the nine provincial NGO workshops and the national NGO meeting.

Women in Partnership against HIV/AIDS (WIPAA), Department of Health Partnership Programme. In support of the WIPAA program, POLICY was requested to document the proceedings of a National WIPAA Summit that took place from August 15–17 and was attended by 300 people, including health

ministers from across the SADC countries. The conference aimed at strengthening the ties between the South African WIPAA initiative and the SADC region, with an emphasis on building leadership action in meeting the goals of the UNGASS and Abuja declarations on HIV/AIDS. The report will be widely disseminated across SADC countries and among senior officials from these nations.

Capacity Building: Faith-based Sector. Upon request from the HIV/AIDS Coordinator of the General Assembly of the Uniting Presbyterian Church in Southern Africa (UPCSA) to the Department of Health, POLICY developed and facilitated a strategic planning workshop with the church's HIV/AIDS committee from July 29–31. The workshop resulted in a strategic framework to guide the future activities of UPCSA in its response to HIV/AIDS. The workshop was attended by 17 participants responsible for HIV/AIDS across the presbyteries, as well as the Church Moderator, Rev. Moses Boshomane, who is titular head of the UPCSA. A vision statement for the church was also crafted as a result of this event.

On September 12, the outcome of the workshop was presented to the General Assembly, the highest decision-making body of UPCSA. POLICY developed a multimedia presentation for this event. The assembly overwhelmingly supported the vision statement and strategic plan and has committed itself to employing a full-time HIV/AIDS Convener to head its HIV/AIDS program. The strategic framework that was developed at the workshop and adopted at the General Assembly in September will now guide UPCSA's HIV/AIDS program across presbyteries in South Africa, Zambia, and Zimbabwe, and will support the UPCSA's 140,000 member congregation.

In addition, continuing its support for the implementation of the POLICY-developed Anglican Wellness Management Program, POLICY assisted in facilitating 14 diocesan training workshops in the Anglican church during this period. With POLICY's support in the initial development and ongoing dissemination of the Anglican Wellness Management manuals in conjunction with the implementation of a mentorship program, 14 master trainers from the Mothers Union and Anglican Women's Fellowship—all of whom were trained by POLICY in the first quarter—facilitated the Wellness Training in their respective dioceses. This resulted in 230 women being trained in Wellness Management. POLICY also supported the Church of the Province of Southern Africa (CPSA) Office of HIV/AIDS Community Ministries and Mission in conceptualizing an evaluation design that will assess the project's successes, challenges, and impacts. The evaluation will be supported by POLICY and conducted in the first quarter of 2004.

Men's Sector. Following the Department of Health's October 2002 Men's *Imbizo*, in which 400 men from across the country gathered in Cape Town under the slogan "South African Men Care Enough to Act" and participated in POLICY-facilitated discussion sessions, POLICY continued to support the department's "Men in HIV/AIDS Partnership" initiative at a provincial level. From July 26–27, POLICY facilitated the final provincial consultative workshop in the Eastern Cape Province, attended by 35 men, in which draft action plans to guide future activities were documented. Following this event and the previous seven provincial workshops POLICY facilitated from May–July, POLICY compiled a summary report outlining the key discussions and outcomes of this capacity-building process. The report identified priority areas of response as well as broad strategies for future HIV/AIDS initiatives. The report also captures participant and facilitator recommendations to guide future interventions by the National Department of Health in support of the men's program.

In November POLICY convened a meeting with the USAID-supported EngenderHealth and Hope Worldwide to explore possible collaboration on the Department of Health's "Men in HIV/AIDS Partnership" program. The meeting identified critical areas for potential partnership so as to strengthen the POLICY-established men's forums at both the national and provincial levels. In February 2004, POLICY will facilitate a roundtable discussion between EngenderHealth, Hope Worldwide, and the Department of Health to plan for closer collaboration and communication with regard to the future

activities of the “Men in HIV/AIDS Partnership” Program—a Department of Health program to which POLICY has provided support since October 2002.

Department of Public Service and Administration (DPSA). During the past two years, POLICY has provided ongoing support to the Department of Public Service and Administration (DPSA) Impact and Action Project. POLICY supported the implementation of the DPSA’s communication strategy, which was approved by the Director General of the DPSA in March 2003, within the public sector across the nine provinces of South Africa. The communication strategy, which aims to highlight the roles and responsibilities of various stakeholders in mitigating the impact of HIV/AIDS on the public service, has used the POLICY-developed manual, *Managing HIV/AIDS in the Workplace: A Guide for Government Departments*, as the basis of its content.

One peer educator workshop was conducted in the North West Province from July 22–23 and was attended by 55 employees from the public service in the province. The aim of the workshop was to create a pool of “HIV/AIDS competent” public servants who will improve operational capacity for program implementation by educating and supporting their colleagues that are either affected or infected by HIV/AIDS. Since May, POLICY has supported the training of 128 peer educators.

POLICY also provided technical support to the Chief Director of the Impact and Action Project in (a) the development of terms of reference to conduct an HIV/AIDS-related capacity audit of the public service, focusing on the current gaps that exist (related to employee HIV/AIDS information and skills, leadership support, or departmental structures) in relation to the implementation of HIV/AIDS programs across government departments; (b) the development of a scope of work for a one-year contract post for a Project Assistant of the DPSA’s Impact and Action Project; and (c) the DPSA’s Public Sector AIDS National Indaba III (October 12)—an annual event bringing together leaders from across the public sector to address workplace responses to HIV/AIDS in the civil service. POLICY presented a plenary session on HIV/AIDS-related stigma and our work on the Siyam’kela Project, in collaboration with the Centre for the Study of AIDS. POLICY also facilitated a workshop, attended by 40 government representatives, “Moving from Policy to Programmes,” focusing on the practical implementation of workplace HIV/AIDS programs in the public sector. The POLICY-developed manual, *Managing HIV/AIDS in the Workplace: A Guide for Government Departments*, was disseminated in CD-ROM to all of the 400 delegates at the conference. POLICY also provided support in developing a comprehensive report of the National Indaba’s proceedings, which will be released in January 2004.

Development of Two Specialized Advocacy Training Programs. POLICY provided technical support for the development of two specialized advocacy training programs, the first focusing on HIV/AIDS advocacy from a gender perspective and the second focusing on the synergy between advocacy and policy development.

POLICY collaborated on the first program with the Gender AIDS Forum, a network of community-based organizations and NGOs based in Kwa-Zulu Natal Province, to design an advocacy training program for local organizations to respond to HIV/AIDS policy-related issues through a “gender lens.” As a result of this collaboration, on August 25–27 in Durban, Kwa-Zulu Natal, POLICY facilitated an advocacy training program for 18 representatives from seven local NGOs and networks that provided each NGO with the necessary support to develop its own HIV/AIDS advocacy campaign, focusing specifically on issues related to HIV/AIDS and gender. These organizational advocacy plans are currently being documented and will be available in a report in October 2003.

On the second advocacy program, POLICY was asked to collaborate with the School of Public Health, University of the Western Cape (UWC), and the Child Health Unit, University of Cape Town, in developing an advocacy training program to provide health practitioners with an understanding of the link

between advocacy and the policy development process. As a result of this collaboration, a five-day advocacy training program, which included content on the policy process, was co-facilitated by POLICY from July 14–18 in Cape Town for 22 delegates from various local and provincial health departments and NGOs in South Africa. It is anticipated that the content of this advocacy training program will form the basis of a distance learning course for the UWC Masters in Public Health program in 2004.

South African AIDS Conference, August 3–6. From August 3–6, the first South African AIDS Conference was held in Durban, Kwa-Zulu Natal. POLICY facilitated the following activities at the conference:

- Session on “Building Community Support for ARV Programs,” co-facilitated with Health Systems Trust and Blue Print Development and attended by 15 delegates. The session focused on considering the kind of support required to provide comprehensive, holistic care to PLHAs receiving ARVs.
- Three sessions focusing on HIV/AIDS-related stigma and discrimination (based on the findings of the Siyam’kela Project), attended by 96 delegates.
- Three sessions focusing on “NGO Mentoring: Maximizing Resources, Business Plans, and Mentoring Relationships,” attended by 90 delegates.

Disability and HIV/AIDS Program. On October 29–30, at the request of the Government AIDS Action Programme (GAAP) and SANAC representative on disability, Ms. Bogopane-Zulu, POLICY facilitated an HIV/AIDS information workshop with 81 participants from the disabled community. A report is currently being compiled of this event and will be distributed to workshop participants, SANAC, and the Office of the Status of Disabled People within the South African government.

Other: Siyam’kela: HIV/AIDS-related Stigma and Discrimination Research. In the last year, POLICY/South Africa has been facilitating the implementation of a core-funded package: the HIV/AIDS-related Stigma and Discrimination Research Project (the Siyam’kela Project). POLICY facilitated the project’s second consultative meeting on July 30–31, which brought together 21 participants from the three project reference groups (i.e., representatives from national government departments, PLHAs, and leaders from different faith communities). The 21 participants provided critical feedback on the preliminary findings of the project’s media scan and field work and in doing so, helped to contribute to the production of the final HIV/AIDS-related stigma indicators, launched on November 25. Two further project documents, namely *HIV/AIDS Stigma Indicators: A Tool for Measuring the Progress of HIV/AIDS Stigma Mitigation* and *Examining HIV/AIDS Stigma in Selected South African Media: January–March 2003, A Summary*, were released at the launch, which was hosted by the Centre for the Study of AIDS and attended by representatives from USAID/Pretoria, POLICY/Washington, the National Department of Health, and the many partners who have contributed to the project’s success over the past year. Final reference group meetings were held on November 25 and November 27 for the four project reference groups so as to complete phase 1 of the project and gather ideas for future Siyam’kela research.

In addition, the Siyam’kela project also provided input into the following events:

- *The Public Service Indaba III, October 12, 2003.* Two team members from the Siyam’kela research project co-presented a paper on HIV/AIDS-related stigma and discrimination during a plenary session (reported in a preceding section of this report).
- *Skills-building Workshop on HIV/AIDS Stigma at the DEMSA Conference, October 14, 2003.* Three team members from the Siyam’kela research project facilitated a five-hour workshop on HIV/AIDS-related stigma within the workplace with 25 delegates at the Department of Social Development: Population Development Research Directorate Conference.
- *Seminar to Destigmatize HIV/AIDS, University of Pretoria, October 10, 2003.* A representative of the Siyam’kela project presented a paper on HIV/AIDS stigma during a seminar aimed at raising

awareness on HIV/AIDS stigma. This was a joint activity between the U.S. Embassy in Pretoria and the Centre for the Study on AIDS at the University of Pretoria.

- *Save the Children, Southern Africa, November 13, 2003.* A representative of the Siyam'kela project presented two hours of input on HIV/AIDS stigma to 18 project managers from different countries in Southern Africa, who are attempting to mainstream HIV/AIDS stigma mitigation into their existing activities.
- *Department for International Development (DFID), November 17, 2003.* A representative of the Siyam'kela project facilitated a three-hour seminar with 20 employees at the DFID regional office in Pretoria. The seminar aimed to encourage discourse on issues around disclosure in the workplace and fear of stigmatization that could impede an employees' access to ARVs.

Support of the Director (Research) Post at the Health Economics and HIV/AIDS Research Division (HEARD), University of Natal. POLICY support enabled HEARD to provide mentoring to junior staff and senior researchers within the unit, respond to a wide range of requests for information about the impact of HIV/AIDS on various sectors, and develop HIV/AIDS-related training programs.

Support of the Office Manager Post in the Office of the Chief Director: HIV/AIDS and TB, Department of Health. Beginning December 2002, POLICY supported the position of an Office Manager, Hyla van Rensburg, in the office of the Chief Director: HIV/AIDS and TB, in providing additional organizational and administrative support to the Office of the Chief Director, particularly to liaison with the public, parliamentary committees, and other government ministries.

Support for the National TB Control Program (NTCP)—NGO Mentorship Program. In May 2003, the NTCP, through USAID/Pretoria, asked POLICY to design a mentorship program and provide support to a group of local NGOs, all of whom had been selected by the Department of Health to either provide community-based DOT in specific communities in South Africa or to provide training to community representatives to promote the possible establishment of DOT interventions in selected districts in the future. POLICY worked alongside the NTCP and the relevant Department of Health provincial and district AIDS coordinators to ensure that the four NGO programs (i.e., programs submitted by TADSA, Operation Hunger, VUKA, and Deep South) that were approved by the NTCP contained realistic objectives and well defined interventions and activities, contained project objectives that were consistent with those of the NTCP and the global DOTS strategy, contained project budgets that were accurate, and that each NGO was allocated sufficient mentoring support to ensure effective program implementation. Three of the four contracts with the above NGOs have been finalized along with the establishment of annual project workplans. A comprehensive mentorship program has also been instituted to run until July 2004.

From September 15–16, a stakeholder meeting was held with POLICY, the NTCP, and USAID/Pretoria. The meeting was attended by 28 delegates, including the Director of the NTCP, Dr. Matji; CDC Public Health Advisor to the NTCP, Dr. Coggin; Department of Health provincial and district TB coordinators from the Free State, Eastern Cape, and Gauteng Provinces; Department of Health representatives involved in TB and NGO interventions; and representatives from the four NGOs that are being funded by POLICY through the mentorship program. The meeting was a significant event as this was the first time that representatives of the NTCP and representatives from the NGO community had engaged in an open process of consultation regarding the development and implementation of community-based DOT programs. A report of this event was developed and distributed to delegates in October 2003.

During November and December, POLICY provided mentoring support to the four funded organizations and produced a synthesized project report of their quarterly activities for USAID/Pretoria and the NTCP, Department of Health.

GNP+ Conference, Kampala, Uganda, October 26–30, 2003. POLICY/South Africa supported two delegates living with HIV/AIDS to attend the GNP+ conference in Kampala. This conference is organized every two years and is specifically for PLHAs. The delegates prepared and facilitated two sessions, namely, *HIV-related Stigma: Lessons Learned* and *A Toolkit for People Living with HIV/AIDS*. Both sessions were well attended with 50 PLHAs in each workshop. The first session, which focused on HIV/AIDS stigma, was informed by work from the Siyam'kela research project. The presentation on the toolkit focused on the process that POLICY had adopted in developing the toolkit and highlighting how the GIPA Principle has been at the forefront of the project. The presentation familiarized the participants with the contents of the toolkit, reflected on the challenges encountered in the process of development, and considered the richness of the product, achieved through including the voices and faces of PLHAs.

Rockefeller Philanthropy Workshop, November 13, 2003. In November, POLICY hosted 13 visitors attending the Rockefeller Philanthropy Workshop. This workshop, an international program, aims to build leadership and provide participants with collaborative problem solving that will inform their future choices and involvement in supporting projects and organizations globally. POLICY provided the group with an insight into HIV/AIDS-related issues within the context of South Africa and escorted the visitors to meet a group of five NGOs in the Cape Town community, including Fikelela Children's Home, the Community Health Media Trust, Iliso Lomzi support group of the Anglican Church of Saint Michael's, the Treatment Action Campaign, and the Networking AIDS Community of South Africa (NACOSA). The site visits provided the participants with an opportunity to use their newly acquired skills to learn and understand the complexity of HIV/AIDS work within communities.

RHAP/South Africa Program separation. Based on the growth that both the South Africa country and the Southern Africa regional programs have experienced, a transition process that separates the two programs both managerially and administratively was initiated. In October, Sylvia Abrahams was promoted to Country Director for RHAP. Other staff on RHAP now include Aguil Deng and Rene Petersen. The two programs expect to be fully functional separate units in January 2004.

TANZANIA

Program Objectives: POLICY's goal in Tanzania is to improve the policy environment for HIV/AIDS and reproductive and child health (RCH). Objectives include building and strengthening the capacity of government and civil society organizations and institutions across all sectors 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 (NACP). Activities include assisting 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 in policy and program development.

Summary of Major Activities:

FP/RH

Depo-Provera Demand Study. In July 2003, POLICY Research Director Karen Hardee worked with local consultant Peter Riwa to design a study on Tanzania's injectables supply. In concert with POLICY's local Long-Term Advisor (LTA) Maria Tungaraza and Country and Regional Managers Charles Pill and Brenda Rakama, respectively, Hardee and Riwa worked closely with USAID and Dr. Sanga, Head of the Reproductive and Child Health Section (RCHS) of the Ministry of Health (MOH) on development of the specifics of the study design. All agreed that the study would include a rapid assessment of the supply of injectables so as to understand operation of the system of procurement, distribution, provision, and reordering and to identify the root causes of problems in the system. They prepared an initial timeline and budget for the study and signed a subcontract with Health Scope Tanzania (HST). Peter Riwa is the lead HST staff member involved in the study. POLICY Senior Researcher Dr. Jay Gribble will assist with the study. With the survey instruments now finalized, the schedule is set for initiating the surveys in eight districts representing four regions. At present, HST is awaiting the introductory letter from the RCHS/MOH to pretest the questionnaires and focus group formats and to begin the field work at the district level.

Support to USAID SOI PMP: Monitoring of RCH and HIV/AIDS Policy Environment. POLICY's local consultant Barrington Shayo completed the field work on monitoring Tanzania's RCH and HIV/AIDS policy environment, and Drs. Kimambo and Simbakalia, senior consultants, reviewed the draft reports. The Country Manager and Dr. John Ross then finalized the reports and sent them to the Mission in December. POLICY Evaluation Specialist Alphonse Bigirimana is preparing a presentation on the assessment of the RCH and HIV/AIDS policy environment, which will undergo pretesting with major stakeholders in February 2004, including TACAIDS, RCHS/MOH, NACP, and PORALG. The finalized presentation will then be published in booklet form and distributed to major stakeholder groups. It is likely that a presentation will also be made to the monthly meeting of the NGO Policy Forum early in 2004.

Support to Establish a White Ribbon Alliance (WRA). With core support, POLICY is working with a group of stakeholders to establish a WRA in Tanzania. POLICY's LTA will soon facilitate a briefing on the WRA with Mrs. Mkapa, Tanzania's First Lady. POLICY's LTA has been liaising with the Mission to develop links to PMTCT as well.

HIV/AIDS

HIV/AIDS Legal Assessment. The Tanzania Women's Lawyers Association (TAWLA) initially delayed its submission of its draft HIV/AIDS legal assessment. POLICY then revised the deliverable schedule and extended the subcontract with TAWLA, which finally submitted the report to the Ministry of Justice and Constitutional Affairs (MOJCA) in early November. In mid-November and with the assessment completed, POLICY's Human Rights Advisor Lane Porter and LTA Maria Tungaraza participated in two working sessions with key MOJCA staff to discuss next steps. The two sessions led to a draft workplan that calls for a briefing memorandum to the Permanent Secretary, preparation of a cabinet paper, preparation of draft legislation, and identification of technical assistance (TA) activities to support the development of legislation per the assessment report. POLICY is currently planning the TA activities and has proposed a "working tour" to the United States (tentatively scheduled for late February 2004) to assist with drafting the legislation recommended in the report.

The impact of the assessment report has preceded the final report's arrival at MOJCA. For example, the Labour Institutions Act 2003, which was tabled for its first reading in Parliament during the November 2003 session, now makes specific reference to prohibiting discrimination in the workplace (Part II, Subpart C- Discrimination; Section 7 (4) (j), pages 56–57) on the basis of, among other things, HIV/AIDS. The Parliament will likely pass the draft bill in early 2004 after its second and third readings; in fact, the Cabinet already approved it. POLICY's LTA is liaising with the acting Parliamentary Drafts Person in MOJCA to track other legislative developments that have been influenced by the process of finalizing the HIV/AIDS legal assessment report.

POLICY has contracted with Professor Mukoyogo, Dean of the Open University and Tanzanian human rights and legal expert, to prepare a booklet summarizing the MOJCA report. With the report already submitted to MOJCA, Professor Mukoyogo is developing a draft outline and will prepare a final draft booklet by early January 2004, with publication expected in first-quarter 2004. The purpose of the booklet is to provide a summary of the legal assessment for policymakers, decision makers, and civil society and foster debate and dialogue on recommended legislative changes.

POLICY's LTA submitted an article on HIV and human rights and worked with the University of Dar es Salaam to prepare an issue of the Legal Aid Committee's quarterly bulletin on human rights and HIV/AIDS. The bulletin was published in late December 2003.

Support to Tanzanian Parliamentary AIDS Coalition (TAPAC). For the July/August Parliament budget session, POLICY organized and supported a series of training sessions for TAPAC members on HIV/AIDS budgeting processes and frameworks. A total of 160 members of Parliament (MPs), including the Prime Minister and the Minister of State for Policy and Planning (responsible for the Tanzania AIDS Commission (TACAIDS)), attended the training. The objective was to acquaint TAPAC members with public budgeting frameworks and processes to enable them to develop a clear understanding of how to track specific issues in the context of public budget frameworks and processes related to HIV/AIDS. Dr. Stergomena Tax of the Tanzanian Economic and Social Research Foundation (ESRF) delivered the sessions.

POLICY worked closely with the TAPAC Executive Secretary and several Executive Committee members and with the Training and Facilitation Centre (TRACE) to initiate an organizational development (OD) assessment of TAPAC. TRACE, a Tanzanian-based organizational development consultant group, carried out an initial assessment in late July in Dodoma. More specifically, a team of three senior TRACE staff carried out group and individual interviews with TAPAC and non-TAPAC members over four days. Per the findings in TRACE's OD assessment report, POLICY will work closely with TAPAC's Executive Committee during January 2004 to discuss next steps. Discussions will focus on TAPAC's approval of the TRACE report, establishment of structures to facilitate the recruitment of a TAPAC executive director, and activities for the next nine months. Owing to a variety of circumstances,

the Executive Committee was unable to meet during the November Parliament session to finalize TAPAC's acceptance of the TRACE OD assessment report.

As recommended by TAPAC in 2002, POLICY is preparing several policy briefs for MPs that will cover issues such as the inclusion of OVC, youth, and PMTCT in the national response to the AIDS epidemic. Plans are also underway with ESRF, other partners, and TAPAC to conduct a second training for MPs during the February Parliament session on resource mobilization for the district response to the epidemic. POLICY is liaising with USAID and DFID's Parliamentary Support Project (implemented by the State University of New York/SUNY and the British Council) to combine efforts to bring Parliamentary committee chairpersons into discussions on the recommendations for the legislative reforms outlined in the MOJCA HIV/AIDS legal assessment report.

POLICY continues to work closely with the Mission on the possible funding with other donors of an Executive Director for TAPAC; POLICY's support to TAPAC will likely terminate in September 2004.

Support for the Formation of the Tanzania Network of Persons Living with HIV/AIDS (PLHA) Organizations (TANOPHA). POLICY support enabled five TANOPHA interim Executive Committee members to attend an organizational development workshop in Morogoro from July 13–18. TRACE facilitated the workshop while POLICY facilitated a meeting with UNAIDS and TANOPHA on the UNAIDS-supported activity to develop a book of interviews with PLHAs and several brochures for TANOPHA. Staffing and contracting issues between Femina (the organization contracted by UNAIDS to prepare the brochures) and UNAIDS have delayed progress on the brochures.

POLICY also assisted TANOPHA in preparing to meet with the CIDA-funded Southern Africa AIDS Training Program (SAT) and then provided assistance to TANOPHA in preparing its proposal to SAT. With the success of its proposal, TANOPHA is now a SAT grantee and will receive about US\$15,000 in operations support (for staff, office, logistics, and partial program/activity support). In December 2003, TANOPHA received its first funds from SAT and set up its own office in Dar es Salaam. POLICY may continue to support TANOPHA for specific activities funded through the minigrant process. POLICY also has been assisting some TANOPHA partners in the development of a booklet entitled "Life Goes On," which will present the profiles of 21 PLHAs. It is the first effort of its kind in Tanzania; the book will likely be released in early 2004.

In July, POLICY supported the participation of several other PLHA networks/organizations in an Action AID-sponsored photographic exhibit on HIV/AIDS at the National Museum. POLICY supported a local network of five PLHA organizations called NET+ in carrying out five two-hour workshops on issues of disclosure, care, and support over the two-week event. More than 180 PLHAs attended the workshops. POLICY also enabled two TANOPHA members to attend the 11th International Conference of People Living with HIV and AIDS in Kampala, Uganda, from October 26–31.

In early November, POLICY funding enabled two PLHA women from NET+ to attend the 13th Annual Parastatal Pension Funds (PPF) Stakeholders Meeting in Arusha. During a special session on HIV/AIDS, the women delivered a presentation on their experiences as openly HIV-positive members of the workforce. As a result of their presentation, the overall meeting passed resolutions calling for all workplaces to establish HIV/AIDS workplace policies. The resolution is one of the first such recommendations regarding HIV/AIDS made by PPF, the largest pension fund in Tanzania.

Support for the Formation of the Tanzania Council of Persons Living with HIV/AIDS (PLHAs). In November, POLICY began to work closely with TACAIDS to complement the formation of a national council of PLHA organizations. In the same month, POLICY Consultant Captain Steven Talugende, a PLHA activist and organizer from Uganda, assisted POLICY and TACAIDS in developing a strategy to

continue working with PLHA organizations/networks in Tanzania. They reviewed previous support to TANOPHA and considered potential work with the upcoming PLHA Council. During November and December, Talugende held consultative meetings with various major stakeholder groups, including TACAIDS, TANOPHA, SHDEPHA+, UNAIDS, Care International, and PASADA, and with members of the PLHA Council. A concept paper was developed, outlining major recommendations for organizing PLHA activities in implementation of the National Strategic Framework on HIV/AIDS in Tanzania. A two-day meeting in November focused on the paper's recommendations and reached consensus among members of the PLHA Council and TACAIDS on PLHA activities. Meetings continued during mid-December. Also in December, Talugende developed detailed terms of reference for a PLHA organization mapping activity with the interim council; pending TACAIDS's approval, the mapping work will begin in early January 2004.

Support to Faith-based Organizations (FBOs). POLICY supported Reverend Ted Karpf, the Anglican Communion's HIV/AIDS Advisor, in assisting the Anglican Church of Tanzania (ACT) in conducting a three-day session to develop a four-year HIV/AIDS strategy to complement the church's health strategy (July 2003). Reverend Karpf also held a meeting with USAID staff to share his experiences in supporting the Church's efforts on HIV/AIDS in Southern Africa.

In August, POLICY supported the Christian Council of Tanzania (CCT) by funding a two-day workshop for women church leaders on HIV/AIDS and gender. The workshop focused on identifying HIV/AIDS-related issues facing women as well as existing opportunities that would permit women to address the impacts of HIV/AIDS. Participants developed a policy statement that is to be tabled at the next general CCT assembly. The workshop also discussed plans for HIV/AIDS activities that would be incorporated into the annual plans of women's desks in all CCT dioceses.

In July, POLICY supported the Shinyanga Catholic Diocese in carrying out a diocesan HIV/AIDS strategic plan and policy development workshop. Country Manager Charles Pill facilitated the workshop along with Jovin Riziki of PASADA and Alloys Madulu of the Tanzania Episcopal Council (TEC) AIDS Desk. The work of 30 participants over two days resulted in a series of six strategic visions and objectives for the diocese for presentation to the bishop as the basis for his policy statement. The workshop was timely; in the following month, the Shinyanga Diocese was awarded a US\$180,000 Rapid Funding Envelope Grant to implement its HIV/AIDS strategy. As it turns out, Bishop Balina, Bishop of Shinyanga, is a TACAIDS commissioner and the chairperson of the TEC Health Sector Committee. In September, he requested that all TEC diocese health secretaries begin to develop HIV/AIDS strategies. Early in 2004, POLICY's LTA will work with the TEC AIDS Desk to identify where further assistance may be necessary and will assist Bishop Balina in finalizing a diocesan HIV/AIDS strategy and pastoral letter on HIV/AIDS.

POLICY met with the National Islamic Council's (BAKWATA's) HIV/AIDS Project Coordinator and TACAIDS Commissioner Sheik Chizenga to finalize the outline of an Islamic document on responses to the AIDS epidemic. Internal issues at BAKWATA delayed negotiations with the council on the outline. During November, the Country Manager met with a group of Islamic intellectual leaders and advisors to the Mufti of Mainland Tanzania to discuss HIV/AIDS. The meeting resulted in the group's desire to pursue a minigrant to work with religious and Islamic community leaders to develop a document on Islam's response to the epidemic. POLICY will pursue the proposal with the group and expects a first meeting on the development of materials in early 2004.

In July, POLICY processed a request for support from the Tanzania Chapter of the World Conference on Religion and Peace (WCRP-TZ). From November 4-7, WCRP-TZ held a workshop to discuss the National HIV/AIDS Policy and National Multi-Sectoral Framework (NMSF) with a broad range of faith community leaders in Tanzania. The Mufti of Tanzania Sheikh Issa Shaaban Simba officially opened the

meeting, and the former President of the Republic of Tanzania His Excellency Ali Hassan Mwinyi officially closed the meeting. The FBOs represented at the workshop included the Christian Council of Tanzania (CCT), Tanzania Episcopal Council (TEC), Tanzania Muslim Council (BAKWATA), Aga Khan National Council of Tanzania, Anjuman-E-Seiffee (Bohra Community), Khoja Shia Ithna-Asheri, Mufti's Office Zanzibar, Hindu Council of Tanzania, Shri Guru Singh Sabha (Sikh), Tanzania Buddhist Association, and representatives of the Baha'i Faith and Zoroastrianism.

The WCRP meeting led to the formation of an Interfaith Task Force on HIV/AIDS. As part of the national response to the AIDS epidemic, the mission of the task force is to provide a forum for FBO networking and collaboration with the government and NGOs. TACAIDS Chair M.G. Lupogo confirmed to CCT's HIV/AIDS Director that he strongly supports the establishment of a forum that would effectively serve the entire faith-based community in the national response. Subsequent to the WCRP meeting, POLICY assisted in a series of discussions with other major stakeholders in the faith-based community, including CCT, Catholic Relief Services, and the Balm in Gilead. WCRP-TZ reports that the task force will become associated with the National Religious Council currently being formed to facilitate all discussions between the government and FBOs.

POLICY continued to meet with Dr. Jessie Mbwambo, BAKWATA, and the HIV/AIDS Director of CCT as follow-up to the planning activities for a faith leaders' seminar on stigma. The workshop—entitled the FBOs' HIV/AIDS-Related Stigma Reduction Skills Training Workshop—took place from December 9–11 at the Mbagala Spiritual Centre in Dar es Salaam. POLICY, the African Forum of Faith-Based Organizations in Reproductive Health and HIV/AIDS (FORUM), the Mumhimbili University College of Health Sciences (MUCHS), CCT, and ACT organized the workshop, which led to the formulation of individual faith communities' action plans to address stigma and to the establishment of the FBO Stigma Forum. POLICY will continue to work with the workshop and forum organizers to disseminate the workshop report and training materials to Tanzania's FBO community as well as support the forum in developing and implementing advocacy activities.

In November, the POLICY LTA began discussions with World Concern, an Irish NGO working in Tanzania, to prepare and disseminate a popular version of the National HIV/AIDS Policy. POLICY's LTA will continue to work with World Concern and, if necessary, develop a mechanism to assist with partially funding the production of the popular version the policy.

Support to Advocacy Network for HIV/AIDS in Tanzania (ANAT). POLICY executed a letter agreement with the Tanzania Public Health Association (TPHA) for ANAT to carry out a seminar with journalists on the National HIV/AIDS Policy and National Multi-Sectoral Framework (NMSF). The meeting took place from November 19–21 in Morogoro; participant journalists examined their strengths and weaknesses in reporting on various aspects of the epidemic, the national policy, and the NMSF. The journalists also formed a task force that will put pressure on MOJCA to put in place HIV/AIDS legislation. POLICY is still awaiting ANAT's final seminar report.

Support to the Association of Journalists Against AIDS in Tanzania (AJAAT). In September, POLICY provided AJAAT with a desktop computer and printer to facilitate the association's efforts to improve reporting on HIV/AIDS information/issues to the general public and to support the group's forthcoming training activities for journalists (to be supported by UNAIDS). During November and December, POLICY continued discussions with AJAAT regarding the establishment of a list-serve and website. AJAAT has been working with TACAIDS, UNAIDS, and other partners on a variety of efforts to support improved reporting on HIV/AIDS issues. In January 2004, POLICY will assist AJAAT with setting up the list-serve and website (www.tanzania-aids.org) and will then support AJAAT with a minigrant for promoting the site and raising the press's awareness about reporting on the epidemic.

Support to TACAIDS/ESRF/NACP: AIM and GOALS. In August, David Logan of POLICY/Ghana provided technical support to ESRF in the analysis of data for an ongoing research study on the socio-demographic and economic impacts of HIV/AIDS in Tanzania. Logan also initiated an AIDS Impact Model (AIM) development activity. POLICY worked with ESRF to hold a training session on AIM as well as a roundtable meeting to review the first efforts of a national AIM application. Participants (including representatives of TACAIDS, NACP, UNDP, and UNAIDS) expressed the desire to use AIM and other POLICY-developed tools to monitor and evaluate the performance of the national HIV/AIDS program. In HIV/AIDS intervention activities, NACP noted that it would like to use AIM to track its own interventions and thus gauge which actions would have the greatest impact on NACP programs. Logan suggested that the GOALS Model would be a good tool to guide the process. During November, POLICY Director of HIV/AIDS Finance and Planning Steven Forsythe worked with ESRF; he initiated discussions and held a two-hour training with the NACP Program Manager and his staff to develop a first application of the GOALS Model. The first application of GOALS, it is expected, will assist in developing a dialogue among key policymakers and decision makers regarding the need for a critical review of the allocation of resources in the national HIV/AIDS strategy. Early in 2004, Forsythe will return to Dar es Salaam with other POLICY staff to support the development of GOALS with NACP.

HIV/AIDS Essential Services Coverage Survey. NACP, WHO, UNAIDS, and USAID selected local consultant Dr. Mandara to complete an essential services survey; a consensus meeting held in mid-November provided 70 stakeholders with the opportunity to review the survey results. Some of the major issues growing out of the draft findings included the need to link together the various generators of data involved in the national response to HIV/AIDS. In attendance at the meeting was one of the USAID/Washington coordinators, who found the meeting useful in assisting the Tanzania stakeholders in further identifying their needs with respect to data reporting. The survey is part of an international effort supported by USAID, WHO, UNAIDS, CDC, and the World Bank to assist countries in the collection of data to be reported for UNGASS +5 and other purposes. POLICY is working with the various partners in Tanzania to disseminate the findings from the 2003 survey and to support steps to plan for the 2004 survey.

Support to NACP/MOH HIV/AIDS Strategic Planning Process. In July, POLICY provided a computer for the NACP Director of Advocacy and IEC to facilitate his outreach activities. POLICY is also providing financial support for printing the MOH's Health HIV/AIDS Sector Strategy developed earlier in the year. As of January 2004, 2,000 copies of the strategy will be disseminated throughout the country.

HIV/AIDS Video. The illness of LTA Tungaraza delayed progress in finalizing the HIV/AIDS video. During the next TAPAC Executive Committee meeting, which is tentatively planned for late January 2004, Tungaraza will meet with TAPAC's Executive Committee to discuss the video and the committee's desires to make copies available to TAPAC members.

Support to the Mission's AIDS Strategy Development. In late August and early September, POLICY assisted the Mission in carrying out five focus group discussions (FGDs)/consultative meetings in four regions (Dar, Zanzibar, Arusha, and Mwanza). Participants included leaders in PLHA care and support activities. The FGD format followed an appreciative inquiry approach to solicit information on what works in motivating PLHAs to seek care, support, and treatment. The summary findings of the five meetings fed into a USAID partners' meeting from September 15–16. Faye Richardson, POLICY's consultant on the FGDs, facilitated the five FGDs as well as the partners' meeting. The latter provided an opportunity to discuss both the FGD findings and the Synergy-supported HIV/AIDS strategy development efforts. The report from the workshop will be used to finalize the Mission's HIV/AIDS Strategy 2005–2015. POLICY also provided logistical support to the partners' meeting and is now assisting with planning the USAID Annual SO1 Partners Meeting scheduled for January 27–29, 2004.

POLICY Staff Capacity Building and Administration. In July, POLICY recruited a communications advisor; unfortunately, due to work permit issues, the preferred candidate was not able to join POLICY. In November, POLICY identified another candidate, Stephen Kiruswa, a Tanzanian currently completing his Ph.D. in communications from a U.S.-based university. Kiruswa will join POLICY full time in April 2004. In the interim, he will take on several consulting assignments.

POLICY hired a local administrator, John Ndoje. Ndoje, Bernard Kondigo (TANOPHA support person who completed his work with POLICY in November), and Maria Tungaraza attended POLICY's Africa Region Technical Development Week in Cape Town, South Africa, from July 7–12. Kondigo was one of the few POLICY staff from Africa who is openly HIV-positive. He made a presentation on the state of PLHA organizations in Tanzania.

From November 10–15, LTA Tungaraza attended a WRA capacity-building workshop in Lusaka, Zambia. In collaboration with Lane Porter and Matrine Chuulu (Zambia), she delivered a presentation on human rights and safe motherhood.

In early December, Saleh Chebii, POLICY/Kenya's Finance Officer, provided training to POLICY Tanzania Administrator John Ndoje in the following areas: internal control issues; planning and budgeting; financial management and guidance; procurement and inventory management; personnel and payroll; travel and per diem; and other POLICY Project policies and procedures.

UGANDA

Program Objectives: The goal of POLICY Project assistance in Uganda is to strengthen the commitment of the national leadership to population and reproductive health (RH) issues as a means of achieving the national development goals described in the government's development strategy documents, such as the Poverty Eradication Action Plan and Vision 2025. POLICY provides assistance in collaboration with the Population Secretariat (POPSEC) within the Ministry of Finance, Planning, and Economic Development as well as with the National Reproductive Health Department (NRHD) within the Ministry of Health (MOH) and with civil society organizations (CSOs). Activities promote dialogue and advocacy on population and RH with decision makers at all levels by using a RAPID application, Safe Motherhood Model, and other tools to develop and make presentations tailored to different audiences. POLICY promotes advocacy through CSOs by providing technical and financial assistance to enable them to plan, implement, and coordinate advocacy activities for RH. POLICY helps strengthen the ability of POPSEC and District Planning Units (DPUs) to provide leadership in population and development issues by transferring equipment, skills, and other tools, including application and dissemination of RAPID. POLICY is supporting the NRHD with technical and financial assistance, including POLICY core funds to use the Safe Motherhood Model in costing out interventions for reducing maternal mortality and strengthening NRHD's strategic planning and advocacy capabilities. The Mission also asked POLICY to support selected HIV/AIDS activities. POLICY is therefore providing technical assistance (TA) to help strengthen the role of the Inter-religious Council of Uganda (IRCU) in supporting community and faith-based organizations (FBOs) in carrying out HIV/AIDS-related activities with a special focus on orphans and vulnerable children (OVC). POLICY is also using core funds to analyze the legal/policy framework for addressing OVC issues, thereby assisting 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 in the development of a three-year strategic plan and one-year workplan.

Summary of Major Activities:

FP/RH

POLICY organized and conducted an advocacy skills training workshop from July 14–18 for the Uganda Reproductive Health Advocacy Network (URHAN); workshop participants, none of whom had experience in advocacy, included members of URHAN/Hoima, the Uganda Muslim Supreme Council (UMSC), and URHAN/Kampala. During the workshop, representatives of the three groups developed three advocacy action plans. The URHAN/Hoima plan focused on early marriage; the UMSC plan focused on policy guidelines on marriage within the Muslim community; and the URHAN/Kampala plan focused on adolescent reproductive health (ARH) services. POLICY is reviewing the action plans for funding.

A second URHAN workshop conducted on August 19 introduced URHAN to the five NGOs and three individuals who had recently joined the network. During the workshop, the coordinator discussed URHAN's goals and objectives.

In December, URHAN reviewed a document compiled by its Research Committee entitled "The Effect of Lack of Approved Adolescent Reproductive Health Policy on the Implementation of RH Programs." The paper's major finding is that the absence of an approved ARH policy is still an obstacle to the popularization and implementation of improved ARH services. The URHAN Coordination Committee will follow up the recommendations with the MOH in early 2004.

The consultant who has been working on an analysis of policies related to sexual and reproductive health issues in the Uganda Muslim Supreme Council completed his assignment in November 2003 and presented his final report to POLICY. Norine Jewell, Danielle Grant, and POLICY/Uganda reviewed the document, with a follow-up PowerPoint presentation for Ugandan Muslim leaders to be developed during early 2004.

POLICY contracted with two consultants from the MOH to collect national and district information for the costing component of the Safe Motherhood Model. The data collected by the consultants reflect the costs of various safe motherhood services and include maternal and newborn clinical management guidelines and family planning prevalence. They gathered district data from one Health Center III, one Health Centre IV, and one District Hospital covering six districts, namely, Kisoro, Luwero, Masindi, Arua, Mbale, and Kamuli. The sampled facilities account for regional representation and differences in socioeconomic status. Information obtained at the national and district levels will be applied to the WHO Mother-Baby Package to estimate the most cost-effective combination of programs for reducing Uganda's prevailing high maternal mortality rates. A workshop to disseminate the Safe Motherhood Model to stakeholders was held on September 30. POLICY core funds support the fieldwork and dissemination exercise. Project staff also participated in a REDUCE Model workshop organized by the MOH/RH Division. The REDUCE Model is an advocacy tool for safe motherhood and provides a mechanism for thinking about maternal deaths in terms of economic losses.

In November, POLICY staff participated in the MOH Annual Joint Review Meeting, at which time the Assistant Commissioner of the RH Division presented the revised RH strategy and the priority areas on which the MOH will focus in the next three years. The priorities call for increasing access to and use of FP services; increasing the quality and frequency of utilization of ANC services; increasing access to and use of adolescent-friendly RH services; increasing the proportion of deliveries supervised by qualified health workers; and increasing access to and use of basic and comprehensive emergency obstetric care services. Meeting participants approved the RH strategy. In response to the MOH's request for USAID/Kampala funding to support the MOH's dissemination of the revised RH strategy, POLICY committed funds to assist the MOH in organizing regional workshops that will develop district RH plans for next year, incorporating the priority areas. The workshops will involve the District Director of Medical Services (DDHS), District Population Officer (DPO), and two medical officers from each district.

Project staff were part of the task force formed by POPSEC to review the Government Strategic Plan "Poverty Eradication Action Plan" (PEAP) and include population as a crosscutting issue in all four pillars of the PEAP document. POLICY staff drafted parts of the proposal for consideration by the Ministry of Finance Planning and Economic Development.

POLICY organized and conducted an advocacy skills workshop from July 21–25 for POPSEC staff and stakeholders with no previous training in advocacy. The workshop trained participants in the advocacy skills needed for advancing RH and development in their workplaces.

POLICY's Doug Willier continued to assist POPSEC in the development of an interactive website, which will permit POPSEC to vastly expand its ability to act as a resource on population issues.

During the report period, POLICY reviewed the Draft Final Report of the "Review of Staffing Levels and Restructuring of Local Governments." Among other things, the restructuring report proposes staffing levels in the various departments of district local governments, including the District Planning Unit (DPU). It also outlines the job description of each head of department at the district level, the purpose of his/her job, major outputs, key activities, and personal specification of the position. In addition, it outlines the salary structure for each staff position. A review of the report revealed that, under the District

Planning Department, the position of District Population Officer (DPO), though recognized in the restructuring, has been grossly undermined as follows: The major outputs and activities of the DPU do not reflect the role of the DPO such that some districts may find the position of DPO irrelevant. In addition, under personal specification for the District Planner and therefore for the technical staff under him/her, the holder must have earned a bachelor of science degree in economics/statistics from a recognized university or institution. An academic background in demography was not a criterion for the selection of a District Planner, thereby implying that a DPO will be promoted to District Planner only if she/he is a statistician or economist. Finally, the salary scale of a DPO is U4-3 while that of a statistician and economist is higher at U3-2. Accordingly, a DPO cannot be promoted to head of the Planning Department.

POLICY took up the restructuring issue with the Population Secretariat together with Ministry of Public Service to determine what changes need to be made in the purpose, major outputs, key activities, and personal specification of the District Planner to protect the position of DPO. The Director of Population Secretariat has submitted the proposals to the Ministry of Public Service for inclusion in the restructuring reforms.

POLICY organized a refresher training course in CSPro from August 12–15 to train trainers for participation in CSPro regional training workshops for DPOs and DDHSs. Tom Goliber from POLICY/Washington facilitated the course. To date, the newly trained trainers have conducted three CSPro workshops for DPOs and DDHSs.

In Kampala on August 24–25, POLICY staff Danielle Grant and Leah Wanjamah provided training to the Church of Uganda's Bishops Consultation Workshop on Advocacy for ASRH. The purpose of the two-day workshop was to increase knowledge and awareness among the bishops and to encourage them to support ARH programs in their dioceses.

POLICY organized and implemented an advocacy skills workshop for the Uganda Private Midwives Association (UPMA) in November. Forty-two midwives participated, including members of the Executive Committee, the Executive Director, the UPMA advocacy team, and representatives from each regional branch. Danielle Grant (POLICY/Washington) was the main facilitator, and Grace Nagendi (POLICY/Uganda) gave a presentation on the MOH's reproductive health priority areas. Supported by core funds to help UPMA prepare a presentation to the MOH, Dr. Kiwanuka- Mukiibi delivered a briefing on the two surveys carried out by UPMA on the quality of maternal and infant health care services in public facilities.

All three POLICY/Uganda staff attended the Africa Technical Development Week, which took place from July 6–12, in Cape Town, South Africa. They shared a wealth of experience and learned from other countries' activities in the area of HIV/AIDS, reproductive health, and administration issues.

HIV/AIDS

Work with Parliamentary HIV/AIDS Committee. Early in April, POLICY assisted the Parliamentary HIV/AIDS Committee in drawing up a three-year strategy and a one-year workplan. During the reporting period, committee members visited several districts in northwestern Uganda, namely, Moyo, Arua, Adjumani, Yumbe, and Nebbi, to acquaint themselves with the districts' HIV/AIDS programs. Committee members visited 22 other districts in 2002. Ten MP members of the committee participated in the ICASA conference in Nairobi at the close of September/beginning of October, at which time they presented a report on the status of HIV/AIDS in Uganda; Parliament discussed and adopted the report in November. Based on the document's recommendations, Parliament plans to become more closely involved in HIV/AIDS. It has started to set up a resource center, establish constituency AIDS task forces,

and develop a parliamentary communication tool kit. The committee was involved in World AIDS Day commemorations and in preparations and discussions with U.S. Secretary of Health and Human Services Tommy Thompson and his entourage.

Work with IRCU. The IRCU lacked background information on financial management, human resources, and grant and contract mechanisms. Under contract to POLICY, Image Consults drafted manuals that cover these issues. The completed manuals have been submitted to the IRCU governing body for approval.

The last three of the 30 faith-based organization (FBO) proposals received approval and funding, thus completing the funding of the 30 IRCU/FBOs at a cost of \$135,000. The funding delay was attributable to USAID regulations that require review and approval of USAID/Washington for projects involving the purchase of seeds.

Project staff joined the IRCU coordinator in monitoring and visiting three FBO recipients of OVC funds. They visited the Chain Foundation, Kawempe Muslim, and the Namungoona Orthodox Project. During the visits, POLICY staff members Danielle Grant, John Kabera, and Norine Jewell met with the Metropolitan of the Orthodox Church in Uganda and learned that project activities are proceeding as scheduled.

Child-headed Households. POLICY has been in discussions with the Mission regarding a core-funded activity to identify policy issues related to child-headed households and develop an advocacy strategy to promote the issues. The focus will be on human rights, stigma, discrimination, and issues of interest to the Mission and Uganda counterparts.

Tools Development/Research and Use: With core-funded support, the POLICY Project's legal consultant Deo Nkunzingoma prepared, finalized, and submitted a report to POLICY on legal/policy issues. The report findings and recommendations were forwarded to the Mission, the ARCH Project, and the Ministry of Gender, Labor and Social Development. The study is intended to support efforts to develop an overarching OVC policy. Nkunzingoma also carried out a legal policy review of the 1996 National Council for Children (NCC) statute with a view to identifying amendments that would be required to merge the National Council for Children Statute (1996) and the Children Statute (1996) under the existing NCC but with a new mandate.

Uganda has been selected as one of the three countries in a multicountry study supported by POLICY core funds to explore the policy implications of integrating family planning into voluntary counseling and testing (VCT) and prevention of mother-to-child transmission (PMTCT) programs. Meetings with the Mission and the MOH addressed the study's importance to Uganda. In approving the study, both the Mission and the MOH agreed that it would complement efforts in the fight against the spread of HIV, especially MTCT, hence reducing the burden of illness on infants and mothers. Proposals were solicited from three bidders and sent to Washington. POLICY will work alongside another USAID-funded project, carried out by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), on the integration of family planning into its PMTCT services.

POLICY consultant Dr. Margaret Muganwa undertook a study that reviewed Uganda's coverage of key HIV services in 2002. MOH staff participated in the study by providing needed information. Dr. Muganwa presented the study results at the Ugandan AIDS Commission partnership committee. It provides useful information for the MOH, the Uganda AIDS Commission, and other stakeholders in looking at trends in coverage and thereby assisting in program planning. Several development partners (USAID, UNAIDS, World Bank, WHO, CDC) reviewed and discussed the results.

WARP

Program Objectives: POLICY Project assistance to the West Africa Regional Program (WARP) was initiated in October 2003 with the launch of WARP's RH project (AWARE RH). The goal of POLICY's assistance is to strengthen political commitment to FP/RH programs in close coordination with the AWARE RH contractor consortia. POLICY does not have a role in WARP's HIV/AIDS project (AWARE HIV/AIDS) but consults regularly with this project regarding those partners with which both projects work including parliamentarians, the West African Health Organization (WAHO) and CERPOD as well as the Sahelien advocacy networks. Over the coming year, POLICY assistance will focus on repositioning FP/RH and supporting the work of the other WARP partners in this domain. Assistance will focus on generating information to assess and monitor the policy environment for FP/RH, setting the regional policy agenda, and strengthening the roles of parliamentarians, NGOs, journalists, and other significant groups in policy formulation and advocacy. Activities will be undertaken with regional partners to strengthen their policy and advocacy capacity. Activities will include the preparation of regional presentations on the FP/RH situation for audiences, such as national decision makers, and support for organizing and conducting workshops and conferences directed at parliamentarians and NGOs/civil society to assist them in reinvigorating support for FP/RH programs in their countries. POLICY/WARP will coordinate closely with core-funded activities including the POLICY-DELIVER contraceptive security strategy development in Togo and Cameroon, and the POLICY IR1 Repositioning FP activity. Regional partners critical to project success include the Forum of African–Arab Parliamentarians for Population and Development (FAAPPD), CERPOD, WAHO, the Centre for African Family Studies (CAFS), and the WARP prime contractor consortia (AWARE RH).

Summary of Major FP/RH Activities:

From June 2–6, POLICY, in collaboration with FAAPPD, organized a forum for parliamentarians and other selected stakeholders from Benin, Burkina Faso, Chad, Guinea, Mali, and Senegal to examine legislative reform efforts based on the Reproductive Health Model Law developed in 1999. The purpose of the meeting was to provide an opportunity for parliamentarians and their private and public sector allies from the six countries to discuss the benefits of legislative reform, the challenges in implementing the law where already enacted, and of adapting the model law where not yet enacted. This activity was carried out with field support and core funding (IR1). The report has been completed and disseminated to all participants as a document and in CD-ROM format; the CD includes all of the presentations made at the forum.

LTA Justin Tossou presented the West Africa Team's experience with the development of the Reproductive Health Model Law in Francophone West Africa and our subsequent support to parliamentarians in the region at the POLICY/Africa Technical Development Week (TDW) in Cape Town, South Africa, July 8–12.

POLICY participated as a major field support partner in the first WARP Health Partners Orientation Meeting held in Accra, Ghana, September 29–October 3. The purpose of the meeting was to convene implementing CAs and regional institutions for an orientation to the objectives and proposed strategies of the new WARP RH and HIV/AIDS programs (AWARE RH and AWARE HIV/AIDS) and to provide an opportunity for all WARP partners to initiate their planning process in close coordination and collaboration with each other. POLICY made a presentation to partners on its work in West Africa since 1996 and met with all other relevant partners such as CERPOD and the Academy for Education Development (AED) to discuss plans for the first year.

POLICY subsequently submitted to AWARE RH and USAID/WARP a draft workplan for the period ending December 2004 and provided input into the AWARE RH workplan. Once the AWARE RH

workplan has been finalized, POLICY will make final adjustments to its own workplan. In the interim, POLICY initiated activities that were agreed upon during the October meeting. Activities included the conduct of a survey, to be completed in the next quarter, of parliamentary RH networks in the six countries that participated in POLICY's June 2003 legislative forum in Conakry for the purpose of preparing an update of progress on their strategies developed in the forum as well as preparation of a proposal for CERPOD at its request to strengthen its Sahelien networks and to expand its role in regional capacity building in SPECTRUM. POLICY also consulted with AWARE HIV/AIDS in the context of workplan development to ensure close coordination in areas of mutual concern (e.g., parliamentary workshops, capacity building for CERPOD, and other issues).

POLICY is providing continued assistance to NGO participants at the Ouagadougou Program of Action (OPA+5) Conference organized in Dakar, Senegal, by CERPOD, with support from POLICY. Each NGO participant was provided with funds to report to the other NGO members of their country networks on the proceedings and recommendations made at the OPA+5 Conference.

ZAMBIA

Program Objectives: POLICY's objectives in Zambia are to enhance HIV/AIDS responses and initiatives at the national and district levels and to promote HIV/AIDS-related human rights. POLICY's program in Zambia 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 (NAC) in implementing the National HIV/AIDS Strategic Framework by strengthening the implementation of a multisectoral response at the district level.

POLICY's expanded program will build on previous accomplishments, and POLICY will work closely with key stakeholders, including the government of Zambia (GRZ), nongovernmental organizations (NGOs), faith-based organizations (FBOs), cooperating agencies (CAs), and donors. POLICY's program will focus on the following three theme areas: multisectoral response focused at the district level; information for policy dialogue and planning; and human rights.

Summary of Major HIV/AIDS Activities:

Multisectoral Response. POLICY activities during the reporting period focused on building support among provincial leaders in Southern Province for HIV/AIDS programs. In August, POLICY organized and conducted a three-day advocacy training workshop in network building for members of the district HIV/AIDS task forces (DTFs). All districts participated, with each DTF sponsoring two members' participation in the workshop. The August workshop followed a May workshop, which introduced advocacy skills. In the period between the two workshops, Mazabuka, Sinazongwe, and Livingstone districts interacted to strengthen their advocacy plans and activities. During the workshop, the Southern Province HIV/AIDS Advocacy Alliance (SOPHAA) formed and drafted a mission statement as follows: "SOPHAA endeavors to create a favorable environment for implementation of HIV/AIDS programs and strengthening networking." Each advocacy team conducted a one-day dissemination meeting with its DTF to disseminate its advocacy workplan and information about SOPHAA. The dissemination meeting was conducted in conjunction with the strategic planning dissemination/validation meeting discussed below.

In July, August, October, and November, POLICY organized and conducted strategic planning meetings with representatives from 11 DTFs, with participants organized into three groups comprising core representatives (district administrators, district planners, and representatives from government and civil society). The representatives participated in stages 1 and 2 of the planning process. During stage 1, DTFs undertook a SWOT analysis of their districts (i.e., identifying strengths, weakness, opportunities, and threats); developed a strategic vision; and identified priority activities. At the end of August and through September, POLICY support enabled nine district HIV/AIDS planning teams to conduct dissemination/validation meetings with the full membership of their respective DTFs. The dissemination/validation meetings described the strategic planning process, district vision, objectives, and priority activities. The wider DTF membership had an opportunity to discuss, clarify, and suggest amendments. The third day of the strategic planning dissemination/validation workshop focused on reviewing advocacy plans. Eight districts reviewed their advocacy plans and aligned them with their strategic vision and objectives.² Each DTF adopted the advocacy plans developed by their representatives. At the end of the workshops, each DTF identified a writing team to draft the district's HIV/AIDS strategic vision, objectives, and priorities, forming the basis for stage 2 of the district strategic planning process.

² Gwembe District did not participate in the first advocacy training session and therefore did not have an advocacy plan.

Stage 2 of the strategic planning process took place in October and November. Each district planning team identified priority activities and developed a draft implementation plan for discussion and ratification by the full DTF membership during the second round of dissemination/validation meetings in January and February 2004. After the second strategic planning meeting, POLICY organized and supported a capacity-building exercise to train facilitators and rapporteurs in the 11 DTFs and to facilitate development of common principles and approaches among all DTFs. A common framework will make possible interdistrict and provincial HIV/AIDS planning and programming, which is needed to address problems that cross district borders (e.g., migrant labor and cross-border trucking and trading).

In August, the POLICY-supported Coalition of Southern Province Parliamentarians—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; 17 members participated. At the end of the strategic planning meeting, Atuzunde was formally launched. The Hon. 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 their initiative and said, “MPs are closest to grass-root 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 from NAC. She suggested that Atuzunde, in partnership with POLICY, might serve as an agent for the distribution of Global Funds to NGOs and community-based organizations in Southern Province. Follow-up inquiries were made with the Zambia Network of AIDS Organizations (ZAN), which is responsible for dispensing Global Funds to civil society organizations in Zambia, to see if such an arrangement would be feasible. While it is too late for Atuzunde to serve in the role of agent for the first period of disbursements (which ended in late 2003), the ZNAN chairperson expressed interest in a future arrangement.

In September, POLICY sponsored four parliamentarians (Hon. Sikwiba Sikota, Japhet Moonde, Vitalis Mooya, and Grace Sialumba) and one District Administrator (Emily Striedl from Siavonga) to participate in ICASA in Nairobi. Two parliamentarians represented the Health, Community Development and Social Welfare Subcommittees of Parliament (inclusive of the chairperson) and two represented Atuzunde.

The launch of Atuzunde also marked the debut of the coalition’s Atuzunde HIV/AIDS newsletter, with the second and third editions of the newsletter produced and circulated in August and December. The newsletter’s second edition features information on voluntary counseling and testing (VCT) and identifies VCT sites in Southern Province. The third edition provides information on antiretrovirals (ARVs).

Under the auspices of the Livingstone Multisectoral District HIV/AIDS Task Force, POLICY sponsored the launch of the Maramba Voluntary Counseling and Testing Center. Maramba is a community in the Livingstone District. Drama groups and exhibitions by NGOs/CBOs involved in HIV/AIDS prevention, control, and mitigation activities in the district drew a large crowd of residents to the center. Provincial Permanent Secretary Samuel Mpeshe officiated and represented the Provincial Deputy Minister, Hon. Chilufya Kanzaane. Senior government officials and the Deputy Mayor of Livingstone accompanied Mpeshe. Several community members and one POLICY staff member took an HIV test during the launch.

The 2003 World AIDS Day commemoration in Livingstone was made particularly notable by the visit of a high-powered delegation led by U.S. Secretary of Health and Human Services Tommy Thompson, Ambassador Tobias (President Bush’s special advisor on HIV/AIDS), and Professor Lee (head of WHO). With POLICY’s assistance, the Livingstone Multisectoral District Task Force organized several events to commemorate the day. On the eve of World AIDS Day, the district held an ecumenical candlelight

service, during which District Administrator Mrs. Alice Simango delivered moving testimony about the loss of her daughter to HIV/AIDS several years ago. Simango's speech represented only the second time a political leader has spoken out about a personal loss due to AIDS. Kenneth Kaunda was the first to speak out when he told the nation about the death of his son due to AIDS-related conditions.

In addition to assisting the Livingstone District Multisectoral Task Force, POLICY distributed 500 T-shirts to the 10 other districts in Southern Province and provided material support to all DTFs to enable them to organize activities in commemoration of World AIDS Day. POLICY also distributed IEC materials to all Southern Province districts on behalf of NAC. Activities included football matches, school debates, marches, and IEC campaigns.

In November, POLICY worked with JHPIEGO to host an international White Ribbon Alliance Workshop, which brought together participants from Africa, Asia, and Latin America as well as a Washington, D.C.-based representative from the POLICY Project/WRA. The core workshop activity was capacity building and training of representatives from various WRA chapters. Some DTFs have identified safe motherhood and prevention of mother-to-child transmission (PMTCT) as activities that WRA needs to integrate into DTF programs.

In December, POLICY engaged two organizational development consultants to work with the 11 DTFs to improve organizational functioning and efficiency. To initiate the process, the consultants are carrying out a baseline assessment of all DTFs.

Country Director Robie Siamwiza participated in a national workshop, jointly sponsored by the Cabinet Office and NAC, on the Multisectoral Response Initiatives to HIV/AIDS. Aimed at senior government officials and donors, the workshop focused on developing consensus on the part of government ministers and permanent secretaries on how best to implement the multisectoral response initiatives in the provinces and districts. POLICY was one of three organizations asked to deliver a presentation on mainstreaming a decentralized HIV/AIDS response. Other presenters addressing the same theme included UNDP, which has been supporting DTFs in Northwestern Province, and the Ireland Development Cooperation Agency, which will support provincial HIV/AIDS coordinators in various provinces.

Information for Policy Dialogue. Revision of the AIDS Impact Model (AIM) continues and is almost complete. Problems arising from disagreement on the HIV/AIDS projections are nearing resolution, and the 2003 Sexual Behavior Survey data are ready for incorporation into the projections. POLICY hopes to complete revisions to AIM in January 2004.

Likukela Walusiku and Akakandelwa Akakandelwa, the consultants engaged to develop a training manual for District HIV/AIDS Material Resource Centers, submitted a field assessment report in August. The report evaluated the preparedness of districts to receive, archive, and establish a library system for HIV/AIDS materials. The consultants offered recommendations for suitable locations for housing HIV/AIDS materials and discussed the degree of expertise required to oversee the collections. In September, the consultants submitted the draft training manual for review by POLICY staff and members of NAC. With changes to the draft now complete, the Mazabuka Multisectoral HIV/AIDS Task Force will pilot the manual in January 2004.

HIV/AIDS and Human Rights Project. Although Women and Law in Southern Africa had been working with POLICY to draft an HIV/AIDS Human Rights Charter, USAID regulations required the work to be subjected to competitive bidding. Three organizations (Women and Law in Southern Africa (WLSA), Zambia AIDS Research and Advocacy Network (ZARAN), and the Women's Legal Clinic) were invited to submit proposals for developing the charter. WLSA and ZARAN submitted proposals. In August, a review panel consisting of the Director of Programs for NAC, the Director of Women, Law and

Development in Africa, and a lecturer in the Gender Development Department of the University of Zambia selected WLSA to undertake the work.

After another competitive process, WLSA was also selected to develop policy guidelines for dealing with the implications of HIV/STI transmission in victims of sexual assault. Requests for proposals were made to WLSA, ZARAN, and the Women's Legal Clinic. The Women's Legal Clinic did not respond, and ZARAN submitted a proposal after the stipulated deadline for receipt of proposals. In compliance with the conditions in the RFP, the proposal was not reviewed and was returned to ZARAN.

The YWCA received a grant to administer the Human Rights Referral Centre (HRRC). One of the recommendations stemming from the Evaluation of the Human Rights Project was either to relocate the HRRC or open an additional site in a more user-friendly area. The YWCA is strategically located near several service organizations and is more accessible than the Salvation Army Headquarters, which previously housed the Network of Zambia People Living with HIV/AIDS (NZP+).

Chanda Phiri and Cecilia Wright, the human rights advisors formerly assigned to the HRRC, joined the multisectoral teams working in Southern Province. They will identify PLHA support groups in the districts and build the groups' capacity to serve on district HIV/AIDS task forces. Owing to stigma and discrimination, PLHA representation on DTFs is currently weak, particularly in rural districts.

In December, POLICY supported the Zambia Interfaith Networking Group on HIV/AIDS in conducting a publicity campaign on stigma and discrimination. The purpose of the campaign was to sensitize the public on the role of faith-based organizations in eliminating stigma and discrimination. The campaign featured newspaper and radio advertisements and a 30-minute television call-in program in which viewers interacted with a panel of representatives from religious umbrella organizations, the YWCA, and WLSA.

ZIMBABWE

Program Objectives: 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 carry out its activities by providing technical assistance (TA) for an update of the AIDS Impact Model (AIM) and a review of the Zimbabwean response to the epidemic. The material will be presented in the form of a briefing book and a series of policy briefs.

Summary of Major HIV/AIDS Activities:

Staff constructed an AIDS Impact Model (AIM) and continued to participate with an expert group looking at estimates and projections. The Ministry of Health and Child Welfare accepted the group's estimate of national HIV prevalence (24.6%), which provided POLICY with a major building block for the construction of AIM.

POLICY staff monitored a writing team of Zimbabwean professionals that drafted sections on different topics. Staff members have edited a number of the submissions to prepare them for review and assisted in drafting the AIM book.

The difficult political and economic environment and consequent loss of important counterparts in the National AIDS Council have slowed all activities. POLICY is nonetheless planning sessions for early in the next quarter to permit a review of the briefing book and some of the policy briefs, with publication soon thereafter.

ANE



BANGLADESH

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

Summary of Major Activities:

Campaign for the Prevention of HIV/AIDS and STDs. With support from USAID, the Social Marketing Company (SMC) developed, in collaboration with Mediacom, Asiatic, and the consultants of Howard Delafield International, two sets of clips for promoting condoms against HIV/AIDS. One set was for TV and radio and the other for local movie halls. Two clips were meant for selected movie halls in affected areas for target groups and sex workers. In this connection, POLICY's Country Director organized a presentation in which the clips were presented to the Secretary of Health and Secretary of Information. The concerned agencies for preparation of the presentation, as well as SMC and USAID, were also present. The clip for TV was cleared and is now being shown on national television and other private channels. The board finally approved the three film spots (short clips lasting for about 60 seconds), awarding them the censor certificate.

Five film spots have already been launched in selected cinema halls across the country (currently 145 cinema halls). These films are being exhibited before the screening of the main feature film at every show. Since September 2003, all billboards are in place close to the cinema halls.

In addition, there have been regular ads published in the newspapers. The 30-second shortened version of the television commercial was previewed, and Mediacom was asked to develop another version.

Sale and Distribution of Condoms. After POLICY's intervention with the Secretary of Health and the Principal Secretary (and finally the U.S. Ambassador taking up the matter with the Finance Minister), the condoms that were held up by the government were released to SMC. There is a sale and distribution effort targeting more than 7,500 retail outlets in the 30-targeted, high-risk areas. Of these 7,500 retail outlets, 5,000 retailers have been given training, and they all currently stock and sell condoms.

National Working Group of Government, NGOs, and Development Partners (DPs). The POLICY office played a significant role in helping to organize a National Working Group, comprising government, NGOs, and DPs, which has been established by the Ministry of Health and Family Welfare (MOHFW). The idea behind this National Working Group is to enhance collaboration between the government of Bangladesh and the donors and to further the cause of NGOs to play a greater role in health service delivery. In this connection, it may be mentioned that in the latest reform agenda circulated by the government a provision has been made to hand over at least 350 Family Welfare Centers (FWC) to NGOs.

The first meeting of this working group was held on October 6 and the second on November 8. The working group decided to set up a committee to be led by the U.K. Department for International Development (DFID) to work out the details of the procedure to be followed in handing over the 350 FWCs to the NGOs. The committee is yet to submit its report.

Action Plan for the Complete Reform Agenda. With the arrival of the new World Bank chief, further dialogue took place between the government of Bangladesh and donors, and a new reform agenda was agreed upon. POLICY played a significant role in helping to convince the Ministry of Health to adopt the reform agenda. Initially, the Secretary of the Ministry of Health did not embrace the integration issue, and as a consequence, was reluctant to even have a dialogue about it with donors. After several rounds of discussions, the Secretary agreed to examine the various facets of the agenda and share his thoughts with donors.

Contraceptive Security Package Advocacy Meeting. An 11-member team from Bangladesh participated in the Contraceptive Media Advocacy Conference, which was held in Penang, Malaysia September 28–October 1, which also included the Secretary, Ministry of Information. POLICY's program assistant, Samira Sharmin, also attended the workshop designed to bring together government officials, key media practitioners, selected donors and private sector participants, and NGOs in the field of FP/RH. The purpose of the workshop was to share experiences and lessons learned in developing programs to build a constituency for the contraceptive security advocacy program.

Corporate Steering Group Meeting. On September 8, 2003, the former Secretary, MOHFW, requested a special meeting of the Corporate Steering Group (CSG) of the National Integrated Population and Health Project (NIPHP) to clarify some of the NIPHP's ongoing projects. The secretary was given a briefing on the Jivita study being conducted by John Hopkins University, in collaboration with NIPHP. (Jivita is implemented in Northern Bangladesh and studies the impact of Vitamin A on the reduction of risks of pregnancy and maternal mortality.) The briefing was well received. Since PRIME, MOST, and IOCH are winding up, and the Rural Service Delivery Partnership (RSDP) and the Urban Family Health Partnership (UFHP) have merged, the Mission felt that the working groups for these projects needed to be recast. Accordingly, the recasting proposal was submitted to the secretary at the CSG meeting and, with minor modifications, approved. On recasting the working groups, the Country Director held consultations with the Health Secretary in advance, and as a result, the proposals were cleared by the CSG without difficulty. November 16 was set to hold another meeting to approve the workplans for each component of NIPHP. Once the annual workplan was approved, it was to be dovetailed with the government health program.

A meeting of the CSG for NIPHP was also held in the conference room of MOHFW on November 24. Sarwar Kamal, the new Secretary, MOHFW, presided over the meeting. The meeting was initiated with a welcome from the chair and an invitation to the Team Leader, Population, Health and Nutrition (PHN), USAID to present the six workplans approved by the respective NIPHP working groups. There were presentations by all the partners. The CSG emphasized improved coordination and cooperation between government organizations and NGOs in order to avoid duplication and overlaps and to maximize the utilization of resources.

Discussions concentrated on administrative issues related to the government's planning process and inclusion of budget projections in the workplans. Considering the technical appropriateness of the work plans, the proposed coordinated approach between the MOHFW and the NGOs and consistency with the government and the MOHFW's planning process, the CSG approved the NIPHP workplans for the above-mentioned projects for October 2003–September 2004 with the note to continue collaboration and cooperation among partners.

HIV/AIDS Strategic Planning Meeting. A Skills Building Workshop and HIV/AIDS Strategic Planning Meeting of the POLICY Project was held in Bangkok, Thailand November 18–21. Program Manager Areba P. Alam from the POLICY office attended the workshop. The workshop began with familiarizing POLICY staff with monitoring and evaluation issues and ended by formulating a vision and strategic plan for HIV/AIDS for the ANE region for the next two years. The POLICY/Bangladesh country director also

made a presentation, in which he highlighted some of the HIV/AIDS campaigns undertaken by BCCP, SMC, and FHI in the country.

SMC Activities. SMC, with the help of USAID and the POLICY office, is arranging for the DG Health, DG Family Planning, and the Joint Chief of Planning of MOHFW to travel to West Africa on the Study Tour of Reproductive Health Programs in West Africa (January 12–22, 2004). Senior Policy Advisor Alam is in dialogue with the Health Secretary Sarwar Kamal regarding this issue.

BCCP Activities. Agreement was reached between Pathfinder and the Bangladesh Centre for Communication Program (BCCP), and the contract was signed on September 15, covering BCCP activities until 2006. The Country Director, in his capacity as President of the BCCP Board, intervened with the NSDP for early resolution of the contract problem.

Family Planning Advocacy Program. In a meeting with the Information Secretary, the Country Director discussed the possibility of strengthening the Family Planning Advocacy Program. This was also discussed with Matt Friedman of USAID, who requested that POLICY obtain a request from the government for USAID funding for promotion/advocacy of family planning. Accordingly, the Country Director obtained a letter of request from the government to USAID from the Information Secretary on June 19 and passed it on to the Mission here.

Workshop for the Development of a Communication Strategy under HIV/AIDS Prevention Program (HAPP). The BCCP, on behalf of UNICEF, organized a workshop for the development of a communication strategy under HAPP on December 8. POLICY's program manager, program assistant, and coordination manager attended the workshop.

Annual Partners Retreat. A Partner's Retreat was held by USAID on October 21 at the American Club, where presentations were made by donors and projects, including USAID, FHI, SMC, NSDP, JIVITA, DELIVER, ENGENDER HEALTH, and POLICY. POLICY's Program Manager Alam gave a brief presentation on behalf of the Country Director, who was unable to attend. The next Partner's Retreat is to be held on February 11, 2004.

National Convention on HIV/AIDS. The Country Director, together with Charles Llewellyn of USAID, had a brief meeting with the Principal Secretary on November 10, and with the Health Secretary on November 11. The purpose of these meetings was to discuss the possibility of arranging a National Convention on HIV/AIDS to involve the government at the highest level, including the Prime Minister and cabinet ministers, members of Parliament, and donors; and to create national awareness on the hazards of HIV/AIDS. The proposal is still being discussed with the government.

CAMBODIA

Program Objectives POLICY assistance aims to create an enabling policy environment for 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 (NAA), and civil society networks and organizations.

Summary of Major Activities:

FP/RH

POLICY prepared an advocacy presentation, “Promoting Family Planning and Safe Motherhood as Priority Health Issues in Cambodia,” to be used in a national advocacy effort focused on reducing maternal mortality and expanding access to family planning. On October 28, POLICY, in collaboration with University Research Company (URC), delivered an advocacy presentation to representatives from the World Health Organization (WHO) and several USAID cooperating agencies (CAs). The presentation, entitled “Promoting Family Planning and Safe Motherhood as Priority Health Issues in Cambodia,” will be used in future advocacy activities that focus on reducing maternal mortality and expanding access to family planning.

An analysis of legal and regulatory barriers that constrain private sector participation in the provision of FP/RH services was conducted together with an assessment of operational policy barriers that affect access to expansion of safe motherhood (SM) services. Results of the analyses were discussed at a priority-setting meeting July 23 with representatives from the Ministry of Health (MOH), health NGOs, and donor agencies.

POLICY circulated a report that analyzes operational policy barriers to the expansion of FP/RH and safe motherhood (SM) services and that analyzes the legal, regulatory, and operational policies that restrain private sector participation in the provision of those services. This report was disseminated to all partners including the National Maternal and Child Health Center (NMCHC)/MOH, health NGOs, and donor agencies that joined the assessment discussion on July 23.

As part of the effort to strengthen the capacity of local NGOs and NGO networks, POLICY has supported the health NGO consortium, MEDiCAM, to build its advocacy capacity. Beginning October 1, MEDiCAM hired an advocacy specialist, formed a working group on FP/RH/SM, and organized an advocacy skills training workshop. POLICY participated in the first working group meeting held on October 2. The meeting focused on RH/SM issues and the advocacy role of the working group with regard to the Millennium Development Goals (MDG) committed to by the Royal Government of Cambodia. An advocacy training workshop took place on November 11–15 in Sihanouk Ville for members of the RH Working Group and POLICY in-country staff. The terms of reference (TOR) for the working group were finalized, and the Chair and Vice-Chair were selected. Two main policy issues were identified: men’s involvement in reproductive health and adolescent reproductive health. Development of an advocacy workplan is in progress.

POLICY joined the MOH Safe Motherhood Working Group led by the NMCHC. The mission of the working group is to support the implementation of Cambodia’s health sector strategic plan 2003–2007 and the MDG by reviewing and developing necessary operational policies and strategic plans on safe motherhood.

HIV/AIDS

Advocacy: The Cambodian Positive People’s Network (CPN+) and POLICY conducted a survey of political parties prior to the national election (July 27) regarding their positions on key HIV/AIDS issues. Survey results were reported in the media.

POLICY recruited an Advocacy Specialist, starting October 6, who has worked with POLICY staff and subgrantees to develop advocacy capacity and undertake advocacy initiatives concerning HIV/AIDS.

POLICY provided technical assistance (TA) to CPN+ in preparing a presentation on opportunistic infections (OIs) and antiretrovirals (ARVs) that CPN+ presented to a workshop on that topic organized by the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS), MOH. Also, POLICY provided TA to CPN+ to develop an action plan based on its three-year Strategic Plan (2003–2006), in which it hopes to receive support from partners, including POLICY.

POLICY and the Ministry of Women’s and Veterans Affairs (MOWVA) prepared a concept paper and initiated recruitment of a consultant for a project on “Influencing the Policy Environment on Gender and HIV/AIDS/STDs,” aiming to sensitize policy/decision makers of MOWVA at both the national and provincial levels within the policy framework of gender-related HIV/AIDS prevention and control. The paper was finalized and submitted to and approved by POLICY.

POLICY provided an advocacy consultant to CPN+ to participate in the strategic planning process, with the intention that CPN+ will recruit a full-time advocacy officer to participate in implementing the plan.

POLICY provided financial support to IEC and advocacy campaigns organized by the HIV/AIDS Coordinating Committee (HACC) and NAA in collaboration with other NGOs during the Water Festival (November 7–10) and World AIDS Day (December 1).

POLICY provided financial support to the NAA to organize a round table discussion on November 28. The discussion was attended by the following: Chairman and Secretary General of NAA, CPN+ Coordinator, Cambodian Women for Peace and Development (CWPD) Director, HACC Coordinator, and WHO representative. This discussion was also televised by the Cambodian television, TVK.

HIV and Human Rights: Legislative Audit. Australian National University Professor Dr. Helen Watchirs and POLICY’s Senior Technical Advisor for HIV/AIDS and Human Rights, Chris Ward, conducted an audit of the Cambodian legal system to assess its compliance with the International Guidelines on HIV/AIDS and Human Rights, which included a day-long meeting of HIV/AIDS legal and health policymakers to review the draft audit report. They also developed a new version of the audit instrument, originally written by Dr. Watchirs for use in developed countries, which is more relevant to the legal systems of developing countries. The audit report is subject to final editing by POLICY/Washington and approval for publication.

Law on Prevention and Control of HIV/AIDS. POLICY has produced a draft of the implementing regulations for the *Law on Prevention and Control of HIV/AIDS*, and on behalf of the NAA has held 12 consultation meetings with government and nongovernment stakeholders on the draft document. Consultations are now completed, and the feedback from the meetings was incorporated into the draft document. POLICY now has produced a second draft of the regulations, which is subject to approval by the NAA. Dr. Ty Chettra, on behalf of POLICY, joined a round table discussion on the Law and has highlighted the process and the importance of the development of the Complementary Code of Conduct. The discussion was organized by the NAA and TVK with financial support from POLICY for documenting and airing.

Emerging Issues. Males who have sex with males (MSM) and HIV vulnerability. POLICY engaged a local consultant, Kha Sovannara, to conduct an environmental scan of policies and projects concerning MSM and HIV vulnerability in Cambodia. Key informant interviews were conducted with organizations working in this area; the consultant also conducted focus-group discussions with MSM in Phnom Penh and four provincial towns. A draft report, including recommendations for future advocacy activities by POLICY, donors, and other NGOs was produced and is currently being reviewed with key stakeholders. POLICY circulated the draft of the report on MSM and HIV Vulnerability at a meeting for NGOs, government agencies, and donors. The meeting was chaired by Dr. Ly Pin Sun, chair of the Technical Bureau of NCHADS. POLICY presented the report's key findings and recommendations and received feedback from participants. The report has been completed and is awaiting final approval by POLICY/Washington. POLICY has drafted a SOW for a local consultant to implement the report's recommendations.

Illicit drug use. POLICY engaged a consultant, Dave Burrows, to carry out a policy and environment assessment of illicit drug use, the burden of drug-related harm, and HIV vulnerability in Cambodia. The consultant conducted key informant interviews in the capital Phnom Penh and in Poipet (a town on the Thai border where drug trafficking and use is believed to be growing), and ran a two-day national workshop for policymakers. A draft report is being reviewed and the amendments to the draft report on illicit drug use and HIV vulnerability in Cambodia have been submitted for final approval. POLICY has been drafting a SOW for follow-up work, which will include dissemination of the report's findings and capacity building. The draft report has been submitted to USAID/Phnom Penh for approval.

POLICY provided financial support to the Cambodia Human Rights and HIV/AIDS Network (CHRHAN) to organize "Human Rights and HIV/AIDS Day" on December 10. The objectives were to reduce human rights violations and address HIV-related stigma and discrimination. The program was attended by the Vice Chair (NAA), United Nations Commission for Human Rights in Cambodia representatives, USAID/Phnom Penh, and hundreds of PLHAs and human rights activists. Dr. Chettra delivered a speech during the event.

CHRHAN submitted its quarterly narrative and financial reports and the parallel report to the Royal Government of Cambodia submission to UNGASS. The parallel report presents the NGO perspectives.

HIV-related Stigma and Discrimination: POLICY developed a monitoring and evaluation (M&E) framework of HIV/AIDS stigma and discrimination to be used by POLICY's partners in the faith-based sector, such as Wat Norea in Battambang and Save the Children/Australia (SCA). The framework was finalized in English and Khmer and now can be applied to POLICY's stigma and discrimination work in Cambodia.

CHRHAN, Wat Norea Peaceful Children's Home (NPC), and Save the Children/Australia submitted their quarterly narrative and financial reports.

POLICY, along with NPC and UNICEF subcontractors, submitted a draft of recommendations to the "Women's Code" or "Chbab Srey" in Khmer. The recommendations aim to empower women to reduce stigma and discrimination, reduce domestic violence, and increase gender equity in Cambodia society.

SCA submitted booklets entitled "Following Buddha Teaching—Promoting Compassion on HIV/AIDS" in both English and Khmer. The booklets will be used as a teaching tool for monks to sensitize and mobilize the community in order to provide care and support to PLHAs.

Planning/Finance/Policy Formulation: TA and funding were provided to CPN+ and the HACC in the development of their three-year strategic plans.

POLICY provided TA to CPN+ to develop its one-year advocacy activity and budget plan, which is a part of a three-year workplan. POLICY also provided TA to Vithey Chivit (VC), a local NGO that is a member of the CPN+, to develop its own advocacy activity and budget plan for a one-year period.

POLICY participated in the MOH Health Financing workshop on October 24 sponsored by URC. The workshop addressed issues related to increased access to health care services, including MCH for poor Cambodians.

Tools/Research: POLICY supported an analysis of media reporting on HIV/AIDS in Cambodia from October to December leading up to World AIDS Day. A Cambodian NGO, Cambodian Researchers for Development, carried out the analysis. The report of the analysis now is being reviewed with assistance from a media specialist. The report contains findings and recommendations that will be published in both Khmer and English. The report recommendations will also be used for GIPA training and production of the media toolkit.

The National Ethics Committee for Health Research approved the study protocol, “Assessing the Social and Economic Impact of HIV/AIDS on Orphans and Vulnerable Children in Cambodia.” Permission to collaborate with the home-based care coordinator of the Battambang Provincial Health Department was granted by NCHADS. The Centre for Advanced Study (CAS) is responsible for the data collection, and the Ministry of Social Affairs (MoSALVY) agreed to provide one research coordinator and two data collectors to work with the project. Also, contact with home-based care organizations has been made. The survey instrument, training of interviewers, pre-test and post-test training, and field-testing were finalized in mid-October. Data collection commenced on October 2 and will be finished by the end of December. A data-entry template has been developed, and data have been entered from the first phase of the collection process.

Capacity Building: As part of developing an M&E framework for faith-based HIV/AIDS activities, staff development was conducted for the two relevant partners, NPC and SCA. In-service training was also provided to NPC staff in HIV/AIDS and human rights. A two-day training workshop in public speaking was provided for 17 participants from Vithey Chivith, the Path of Life positive peoples’ organization.

In-service training for POLICY staff included a seminar by Dr. Watchirs on the International Guidelines on HIV/AIDS and Human Rights, legislative audit methodology, and the preliminary findings from the Cambodian legislative audit; a seminar by Dave Burrows on illicit drug use and HIV vulnerability in Cambodia; and a workshop conducted by Kha Sovannara on issues concerning MSM and HIV vulnerability in Cambodia.

POLICY, in conjunction with CHRHAN, conducted two training sessions, on October 28 and November 26. The training sessions focused on human rights monitoring and creating a documentation database. The first session in October aimed to build skills in collecting and providing reports for the database. The November session examined participants’ experiences to date in using the database system, focusing on any barriers or problems with using the system and ways of overcoming them.

POLICY staff accompanied two POLICY-sponsored female PLHAs to the 11th International Conference for PLHAs in Kampala, Uganda from October 26–30. After returning from the conference, the two PLHAs shared their views on counseling with the support group leaders during the monthly meetings and the Friday support group meetings organized by Vithey Chivit and KOSHER.

Dr. Ty Chettra and two staff from POLICY attended the ANE Skills Building and Strategic Planning Meeting in Bangkok, Thailand from November 18–21.

During a field visit to Battambang on December 2–4, POLICY staff trained NPC staff on issues related to HIV/AIDS and human rights, gender inequity, and domestic violence.

As part of new staff orientation, Harry Cross, Felicity Young, and Alan Johnston traveled to Cambodia in October. Dr. Cross, Ms. Young, and Mr. Johnston helped to reinforce staff knowledge of the POLICY Project's philosophy as well as administrative and financial procedures. In-service training sessions were held on monitoring and evaluation procedures. As part of the orientation, Dr. Chettra and Alan Johnston held a series of meetings with POLICY staff, government officials, NGOs, and donor partners to review POLICY's workplan and discuss future collaboration.

Joanna Pilgrim completed her consultancy with POLICY at the end of October. The main objective of Ms. Pilgrim's consultancy was to provide TA to the operations staff in improving the documentation system, converting the annual workplan from a USAID format to a POLICY format, and preparing several project progress reports.

EGYPT

Program Objectives: The major thrust of USAID's current FP/RH program (TAHSEEN) is to ensure that a high-quality and sustainable family planning program remains once USAID has phased out (2009). The stated goal of TAHSEEN is *"To provide the kind of assistance that will solidify USAID's family planning/reproductive health investments of the last three decades, leave a sustainable FP/RH program that provides quality services to all who want and need them, and help Egypt take its final steps in reaching replacement level fertility by 2015."* To achieve this goal, TAHSEEN has been designed around four interlocking themes: focused attention to priority groups, improved quality for the customer, stronger institutional capacity and systems, and sustainable sectoral shares (expanded roles for both the NGO and commercial sectors).

POLICY's primary role in supporting the TAHSEEN strategy is to help bring about specific policy reforms that will, in turn, help the program achieve its goals. Specifically, POLICY/Egypt focuses in three primary areas: to work with counterparts to develop and advocate for the adoption of strategies and policies that will bring about contraceptive security; to continue working with youth to strengthen their capacity to advocate for FP/RH issues; and to mobilize religious institutions (specifically Al-Ahzar University) to train advocates for FP/RH issues. In addition, as necessary, POLICY will assist in the initiation, development, and adoption of policy reforms related to the achievement of national goals (e.g., age at first marriage) that will directly affect the achievement of TAHSEEN's goal.

Summary of Major FP/RH Activities:

Enhanced popular and political support. POLICY/Egypt aimed to expand policy dialogue at various levels, capitalizing on the momentum created by the dissemination of the Shura Council Report and preparatory activities for the annual conference of the National Democratic Party and other organs. This included diffusing recent information about the population situation and potential interventions/efforts to cope with its various elements. The comprehensive nature of the Shura Report and its contribution to the strategic framework for tackling the population problem and its implications gained intensive attention throughout the reporting period. The growing momentum culminated by having supportive policy statements at the highest level, along the lines advocated for by the Shura Council report and POLICY/Egypt.

National Democratic Party/POLICY team adopts a policy document concerning the population problem. The annual conference of NDP discussed a paper on the population problem and outlined priorities for intervention. The POLICY/Egypt Director contributed to the formulation of the document that advocated for specific actions along four directions: 1) voluntarily reducing the demand for children; 2) increasing coverage and demand for FP/RH services; 3) upgrading population characteristics that have a direct impact on growth; and 4) immediate reconsideration of the institutional framework responsible for the management of the population and family planning program. Besides providing leadership to the program, the document should also enhance partnership among public, private, and the civil societies, in order to increase the effectiveness of the program at both national and local levels.

Continuous POLICY support to the Shura Council's Population, Health, and Environment Committee. In response to President Mubarak's speech on November 19, 2003, for the opening of the annual session of Parliament, the Shura Council committee elaborated its position and needed strategies to tackle the various aspects of the population problem. Relevant up-to-date information, an in-depth analysis of recent population data and trends, and suggested overall policies advocated for by POLICY were provided to the committee.

Advocating for enhancing the role of NGOs. The POLICY Project advocated for strengthening the role of NGOs in the area of FP/RH among various organizations including the National Council for Women (NCW). A revised version of the presentation, “Egypt’s Future Population,” was introduced to the NGOs Committee of the NCW (June 30, 2003). The discussion following the presentation reflected the seriousness of the problem and the need for integrated work between the two committees concerned with issues related to health, population and NGOs: the Committee for NGOs and the Committee for Health and Population Policy.

Following the meeting with the NCW, POLICY was invited to be the key speaker in the NCW workshop, “The Role of NGOs in Confronting Population/RH/FP Issues,” held on October 22. The event was jointly organized by the Committee for NGOs and the Committee for Health and Population Policy. The “Egypt’s Future Population” presentation was delivered, and the potential role of NGOs in the POP/RH/FP field was discussed among committee and NGOs members working in the RH/FP and development areas.

POLICY assisted in the preparation, consolidation of outcomes, and review of the final document of the workshop. The document advocated for strengthening the role of active NGOs through the elimination of relevant barriers, highlighted the seriousness of the population situation, and identified the need to expand the demand for FP. Proposed actions would be advocated for through NCW forums to reach decision makers.

Youth task force. The formulation of a strong youth task force to develop and implement a national advocacy plan for FP/RH youth issues is one of the core activities assigned to POLICY. To this end, a draft framework was produced by POLICY and reviewed by other key partners, including CATALYST, CEDPA, and the USAID/RH and FP team. The framework includes a vision, goal, strategies and objectives, structure, and specific roles to enhance the effectiveness of youth programs in responding to their FP/RH needs and to identify required policy action. In addition, it discusses the details of its membership including proposed numbers, affiliations, representational issues (national agencies, consultants, technical and supportive donors), resources, sustainability, logistics, and expected outcomes. The final version of the framework was modified to accommodate relevant comments and suggestions. An Arabic version was forwarded to H.E. the Minister of Youth, who is considering establishing the task force under the auspices of the ministry. In addition, required materials to be used during task force meetings are being prepared.

Youth voluntary forums/fieldwork activities by youth leaders from the Ministry of Youth (MOY). POLICY champions continued advocating among their peers (newly married youth and those who intend to marry) to gain their support for the concept of small family size and to improve their attitudes toward FP. Two events were conducted by POLICY’s Youth Champions. These events were attended by 180 youth from the governorates of Assuit, New Valley, Beni Suef, Menya, Cairo, Kalubia, North and South Sinai, and Suez.

The role of POLICY champions. As demonstrated by his press statements, H.E. Dr. Ali El-Dine Helal, Minister of the MOY (August 26, 2003), stated that the protocol that was signed between the MOY and the POLICY Project succeeded in transferring the concept of small family size to youth and that a series of seminars are being conducted in different governorates with participation from POLICY. He identified such events as “From Youth to Youth.” Previous statements by H.E. the MOY, stated that his ministry is adopting several projects concerning raising awareness about population growth, illiteracy, and women empowerment (July 14, 2003).

POLICY also began reactivating its linkages with Al-Azhar University to follow up female students trained last year. This training focused on becoming advocates within their local communities about the

concept of small family size and the adoption of FP. Lessons learned would help POLICY to define the best strategies to expand this important avenue.

Developing a strategic plan for the implementation of the FP program of Port Said Governorate. The plan was developed by the Director of Women's Health Training Unit, based on the utilization of the information obtained from the application of SPECTRUM and the acquired skills from attending the policy analysis, advocacy, and presentation skills training course carried out by POLICY. The plan was presented to the Governor and the Local Board. In addition, as a member on the Health and Population Committee in the National Democratic Party (NDP)/Port Said, the director was asked to submit an analytical paper about the population policy and the proposed approaches to be adopted by the NDP. The submitted paper was accepted and endorsed by the committee.

POLICY issues/age at first marriage. The final version of the analysis was completed. Dissemination and discussion panels are currently being prepared and are will be carried out during the first quarter of 2004.

Evaluation of NGO Coalition and Women RH Counsel Office in Aswan. POLICY staff reviewed the final draft report of the evaluation and discussed comments with the consultant. The policy implications and lessons learned for replication were added. The consultant adopted these comments and the final version was sent to the USAID Mission on November 13 for comments and clearance.

Egypt FP Cost Study for July 1, 1998–June 30, 1999, and July 1, 1999–June 30, 2000. The second planned dissemination for the findings of the two cost studies took place at the end of July 2003. Representatives from USAID and CATALYST attended. The discussion emphasized the importance of such studies, as part of various efforts to secure sustainability after the planned phasing out. The meeting also pointed to the need for producing policy briefs, at various levels, to ensure full understanding of the findings. The third planned dissemination of the findings of the two cost studies took place at CDC on October 13, 2003. The dissemination was attended by 24 participants from relevant organizations, including the MOHP/PS, NPC/TS, RCT, CSI, HIO, THO, EPTC, CAPMAS, JSI, and selected university professors. The discussion was fruitful and several suggestions and comments were raised to improve the data collection process. A questionnaire to collect suggestions and comments was also distributed and analyzed.

Egypt FP Cost Study for July 1, 2000–June 30, 2001, and July 1, 2001–June 30, 2002. Preliminary work on the new rounds of the study was initiated during this period. A list of required data from the MOHP, CSI, EFPA, and HIO was identified and prepared, and the data collection process was initiated. Electronic database files were prepared to record the collected information.

Contraceptive Security (CS). USAID has requested that POLICY take the lead in enhancing awareness of the Contraceptive Security Study's findings through a series of dissemination activities at various levels, especially to H.E. the Minister of Health and Population. To this end, a user-friendly summary of the outcomes and a presentation of the materials to the minister were prepared in collaboration between POLICY and Peter Connell, who was among the senior authors of the original study. These were successfully produced, discussed, and finally presented to the head of the MOHP/Population Sector (PS) in August. The summary included updating the information previously taken into consideration in the preparation of the study, as well as a positive discussion of the sensitive issues that represented barriers for introducing the findings to the minister.

Other CS activities played an important role during this period. Various components of the system were elaborated as follows:

- Logistics Unit: POLICY assisted in preparing and facilitating a task force to discuss and improve the MOHP/PS staff vision toward CS. The task force was designed to discuss several important issues such as method mix, source mix, and local manufacturing versus importation. The task force was formulated from the MOHP/PS senior staff, specifically from the logistics and MIS units.
- MIS Unit: Upgrading the existing logistics system to include governorate, district, and clinical levels was carried out with TA from POLICY. This included developing new utilities and on-the-job training for staff. This will enhance their capability to maintain the system after USAID phases out.
- Adopting the SPARHCS Framework: POLICY conducted an assessment applying the SPARHCS framework in Egypt. The assessment was conducted by a team from POLICY/Washington, December 2–11, 2003. The assessment included visits to all relevant organizations, including the MOHP/PS Head and logistics unit staff; donors such as UNFPA, World Bank, World Health Organization (WHO) and the European Union; USAID projects such as Health Reform, CATALYST, and CSI; pharmaceutical companies such as EPTC, CID, and Nile; and NGO service providers such as EFPA, CEOSS, and BLESS. The outcomes specified priority requirements for implementing the framework and a draft proposal for a workplan was developed. As part of the preparation for the assessment, the SPARHCS Diagnostic Guide was used to identify the availability of information required and to determine the sources of the information.

Strengthening capacity for the implementation of the FP program. To ensure the sustainability of the FP/RH program in Egypt, there is a need to strengthen and build the capacity of the senior staff in the population sector in the area of policy analysis and formulation. In collaboration between MOHP/PS and POLICY, specific needs and the relevant gaps were identified. Several activities implemented by the MOHP/PS utilized TA from POLICY. These included: enhancing the advocacy capacity of the Raidat Riffiat; activating and building capacity for the MOHP/PS/NGOs unit; improving the utilization of the MIS Unit Systems; assisting the logistics unit to develop a strategy for CS; and strengthening policy formulation skills, advocacy, and partnership at the MOHP/PS.

The policy analysis and SPECTRUM curriculum was also adapted to respond to the needs of the MOHP/PS senior staff, with a special emphasis on the FP module. A tailored training program, emphasizing the participatory approach, was designed based on their particular needs. The training was conducted for 20 participants, December 8–11 (12 were from the central level representing all units and eight were from Cairo and Giza). The participants' evaluation was positive and indicated that the knowledge and skills of the participants were improved. The MOHP/PS head requested POLICY to conduct a similar program for other groups from the sector.

Providing TA to the National Population Council/Technical Secretariat (NPC/TS). As part of providing TA to the NPC/TS, the POLICY Project carried out the following activities for the IDP/USAID Project within the following units:

- Advocacy Unit: In developing advocacy plans for both Suez and Aswan governorates, the POLICY Project participated in the workshop conducted for 20 natural leaders from the governorates to develop plans for local FP/RH issues.
- Information Unit: POLICY provided TA to the unit in recruiting contractors, buying equipment and software, and conducting assessments of training needs.
- NPC/TS/IDP: POLICY provided TA throughout the preparation phase of the 2004 workplan.
- Research Management Unit (RMU): POLICY assisted the RMU in preparing for and conducting the workshop to identify key issues and research priorities (meetings held in October 2003). The planned workshop took place on December 24 with full participation from POLICY.

Policy analysis and presentation skills course at the Cairo Demographic Center (CDC). POLICY continued to follow the implementation of the subcontract with CDC concerning the introduction of the training program on policy analysis and advocacy. Both printed and electronic materials, developed for the course, were forwarded to POLICY/Washington. As a result of POLICY's work with the CDC in developing and conducting the Policy Analysis and Presentation Skills course, courses on Policy Analysis and SPECTRUM are being incorporated into CDC's diploma programs (Course Nos. 121, 122, and 222). This would suggest that the topics covered by the program are now sustainable within the CDC. Beginning with the next academic year (January–December 2004), approximately 70 students from various developing countries in Africa, Asia, and Eastern Europe will be trained annually on policy analysis topics. Training in presentation skills will be incorporated in the summer training courses.

Collaboration with the Cairo Technical Office (CTO). The POLICY Project successfully conducted two TOT courses on Policy Analysis, Advocacy and Presentation Skills (July 6–16 and September 14–24), in collaboration with the CTO–South-to-South partners. A total of 21 participants from 11 countries (Bangladesh, Egypt, Ghana, Jordan, Lebanon, Palestine, Sudan, Syria, Tunisia, Uganda, and Yemen) participated in the two courses. It is important to mention here that, although these training courses are frequently repeated, the curriculum was revisited and enhanced especially concerning policy analysis and advocacy. Additional exercises and sessions were added to emphasize the training-of-trainers (TOT) aspect.

Comments on the draft Youth Strategy. The strategy document *Youth* prepared by TAHSEEN/CATALYST, was reviewed and discussed. Comments were sent to both USAID and CATALYST for their consideration

Regional Conference on Arab Migration in a Globalized World. POLICY/Egypt Director attended the meeting held at the League for Arab States from September 2–4. Participants from Arab countries, including Egypt, discussed the impact of recent trends on the level of migration in the region, human resource mobility, and mechanisms to activate the Arab Diaspora.

Preparation for the development of the implementation plan for the year 2004. Overall activities of TAHSEEN/POLICY for the second year of the project were elaborated and discussed among the staff. Beside the planned activities within TAHSEEN, this also includes other activities in support of both the NPC/TS and the MOHP/PS.

MOY Conference on Women, Citizenship, and Democracy, December 27–29. The meeting was held under the auspices of H.E. First Lady Mrs. Suzan Mubarak. In addition to discussions of various issues related to the empowerment of women, all collaborating CAs presented their joint programs to the ministry, which included the POLICY Project, CEDPA, and the Population Council. POLICY's presentation elaborated on the strategies adopted, the role of policy champions (spread across 11 governorates), and the capacity built for selected youth leaders to become advocates on population and FP/RH issues among their peers (more than 1,000).

TOT for Raidat Riffiat in governorates. POLICY TOT for RR supervisors proved to be successful. Among the trained supervisors, four supervisors successfully conducted training courses (on their own) for other RRs in Qualiobia, Menya, Qena, and Sohag. The POLICY Project provided the main materials for the local training courses and one of its staff attended two of the local training programs to ensure the quality and effectiveness of the training, which was clearly noticeable in both cases.

Providing TA to the MOHP/PS. As part of providing TA to the MOHP/PS, POLICY carried out the following activities:

- Reviewing the MOHP/PS–IEC advocacy curriculum. POLICY provided TA to the MOHP/PS in harmonizing and unifying the concepts and methodologies for training on advocacy by various training providers. POLICY, in collaboration with the MOHP/PS-IEC Unit, reviewed the advocacy curriculum and provided them with comments and suggested modifications.
- Identifying key policy issues in FP/RH. In collaboration with the MOHP/PS–Policy, Planning, and Research Unit, a two-day workshop to identify key policy issues was designed. The workshop capitalized on the previous training program, “Policy Analysis for Population and FP/RH,” to provide participants with the skills to identify and prioritize policy issues. POLICY prepared a background paper, “Identifying Key Policy Issues for FP/RH,” to acquaint participants with the research findings and their policy implications and familiarize them with the key issues concerning demand for and supply of FP services. In addition, POLICY highlighted the main objectives and facilitated the working groups.

INDIA

Program Objectives: POLICY activities in India focus primarily on supporting the USAID Mission's bilateral projects in Uttar Pradesh, Jharkhand, and Uttaranchal. The objective of the \$325 million projects is to improve the quality of family planning and reproductive health (FP/RH) services. POLICY staff members work closely with the Mission and counterparts in all three states. Technical assistance (TA) includes activities related to policy formulation, monitoring and evaluation, data collection and analysis, operational plans, and development of new strategies for the project.

Summary of Major FP/RH Activities:

Uttaranchal

POLICY prepared the implementation plan for the IFPS Project in Uttaranchal and discussed the plan with Uttaranchal government officials, CA representatives, and USAID in Dehradun on September 12. Based on discussions, USAID has distributed the work among CAs. POLICY prepared, pretested, and translated the interview schedules for the household health expenditure survey in Uttaranchal covering 3,000 households. POLICY completed the collection of data on household health expenditure from 3,000 households and conducted eight focus group discussions to identify barriers to reproductive health services in the state. POLICY completed the analysis of subcenter data for four districts—Haradwar, Dehradun, Nainital, and Udham Singh Nagar—and provided the processed information to the Department of Health and Family Welfare, Government of Uttaranchal. The Medicine Policy of Uttaranchal, prepared by POLICY, was approved by the government of Uttaranchal. The Uttaranchal government has decided that the implementation of the Medicine Policy will be the joint responsibility of the World Bank-assisted Health Sector Reform Project and POLICY. POLICY established an office for CAs in Uttaranchal and the office was inaugurated by the health secretary of Uttaranchal on September 12. The government of India approved the proposal, prepared POLICY to set up the Uttaranchal Health Institute, and sanctioned an amount of Rs 30 million for the purpose.

Jharkhand

POLICY completed the analysis of the Ranchi district facility survey data and submitted the report to the Jharkhand government on September 29. The population and reproductive and child health (RCH) policy, health policy, and drug policy documents have been cleared by the Law Department and the Planning Department. The Department of Planning sent several comments, which are all related to the implementation of policies. The Health Department sent the files back to the Planning Department, saying that the implementation plans will be drawn after the approval of the policies. The policies are now awaiting Planning Department approval. Final clearance is required from the Finance Department.

POLICY attended the workshop organized by the Jharkhand health secretary to prepare the plan of action for the IFPS project and presented the facility survey results in the workshop. The Jharkhand government has approved the proposal prepared by POLICY to set up the Jharkhand Health and Family Welfare Institute and forwarded the proposal to the government of India for funding. POLICY attended two meetings conducted by the Principal Secretary of Health and Family Welfare to work out the details on implementation of the IFPS Project in Jharkhand.

Uttar Pradesh

USAID asked POLICY to conduct three benchmark evaluations of the district action plans. POLICY completed the evaluations and submitted the reports to USAID. POLICY helped SIFPSA recruit deputy general managers to the marketing division. POLICY is currently executing a Reproductive Health

Indicator Survey (RHIS) with a sample of 13,000 households in Uttar Pradesh (including Uttaranchal) spread over 83 districts. A sub-sample of 3,000 households was also drawn to conduct a household health expenditure survey. POLICY completed the data collection and analysis and provided USAID RHIS results on December 7. These results have been used to disseminate achievements of the IFPS project in Uttar Pradesh by USAID and SIFPSA in a workshop conducted in Delhi. POLICY prepared an impact analysis report and the draft was submitted to USAID for comments. USAID asked POLICY to conduct a DAP benchmark evaluation in five districts and submit the report by February 15, 2004. The data collection work is in progress. The UP Government asked POLICY to develop a state-specific HIV/AIDS strategy. POLICY prepared the design to conduct the workshop. As part of this, POLICY analyzed the census data on migration patterns, conducted rapid assessments of targeted interventions implemented with the help of NGOs, and prepared tools to assess voluntary counseling and testing centers. POLICY is also assisting USAID in getting approvals from NACO to conduct an Essential Services Coverage Survey.

JORDAN

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

Summary of Major FP/RH Activities:

Advocacy: Jordanian Network for Reproductive Health (JNRH). POLICY arranged nine meetings for the JNRH, in which organizational issues of the network were discussed and finalized. The meetings were marked by the formation of a JNRH task force, composed of eight people responsible for arranging, organizing, and allocating tasks for the launch of the network. The task force discussed the need to register the network under the Ministry of Social Development as an official organization. POLICY is currently assisting the network with the registration process and in finalizing the brochure. The network's application is currently under consideration by the respective government authority.

RAPID Presentation for Journalists. On November 20, POLICY delivered a RAPID presentation tailored to a group of journalists. The event was organized by the HPC and USAID JHU Communication Partnership Project.

Support to the National Council for Family Affairs (NCFA). Reflecting on 12 months of development since the completion of an earlier POLICY consultancy with the NCFA, the council currently perceives itself to be sufficiently well-established to undertake development of a longer-term strategy. POLICY staff met with the NCFA to discuss future POLICY technical support to it. The meeting focused on two discrete but associated objectives:

1. Assist the NCFA in developing a long-term strategy directed toward developing and strengthening the council's institutional capacity. Accordingly, POLICY will work with NCFA staff and key national and resident international stakeholders in reaching a consensus on long-term development objectives and on the definition of a set of activities whose combined accomplishment will lead to NCFA's establishment as a *Center for Excellence for Family Health Policy*. As part of this initiative, POLICY will also assist the NCFA in defining a detailed scope of work for the strategic plan's first year of activities.
2. Assist the NCFA through the provision of targeted technical assistance (TA) related to developing the council's expertise in policy issues associated with family planning/reproductive health (FP/RH) within the context of family health. Accordingly, POLICY would envision working with NCFA staff to increase their proficiency in policy analysis and in the formulation and advocacy of policy related to an improved family health environment.

POLICY followed up this request by developing a scope of work for the activity (which USAID/Amman subsequently approved), and implementing the activities contained within this scope of work. POLICY provided assistance focused on drafting a longer term strategic vision and a detailed two-year action plan

centered on a proactive approach to promoting the council vision: “to promote the status of the Jordanian family and strengthen its role in the society to enable it to participate in preserving the nation’s ethical and communal heritage and to keep pace with economic, social and cultural changes.”

Planning and Finance: *Contraceptive Security (CS) Committee and Working Group Meeting.* These two groups held their first meeting on July 23. POLICY prepared the meeting agenda, the speech for HPC/GS, and talking points for the USAID representative, a working paper, a list of the most recent population and RH indicators for Jordan, and a scope of work for the group. The meeting was opened by speeches by representatives from USAID, HPC/GS, POLICY, and UNFPA, and was facilitated by POLICY staff.

CS Working Group Meetings, September 3 and 23. The purpose of these meetings was to discuss the scope of work for the group, the structure and requirements for the CS briefing booklet, and the date for the next meetings of the working group.

CS-related Research. POLICY continued to work on and monitor three CS-related studies: Market Segmentation of Family Planning in Jordan, FP National Account, and Existing and Potential Drugs/Contraception Procurement Mechanisms. These and other information-collecting activities will provide the necessary information for developing the Contraceptive Security Diagnostic Booklet. The booklet will form the basis for designing the long-term CS plan for Jordan.

Reproductive Health Action Plan (RHAP) Revision/Update. POLICY provided TA to the HPC to prepare responses to the comments of the HPC board members on the RHAP. In addition, as per the request of H.E., the Minister of Planning, POLICY developed an annex of quantitative indicators and added it to the RHAP document.

Information: *“The Roles of Religious Leaders in Implementation of FP/RH and Gender Policies and Programs in Jordan.”* Queen Zein Al-Sharaf Institute for Development (ZENID) submitted the first deliverable of this study. POLICY local staff reviewed the document and sent comments to the researchers. POLICY continued to provide technical monitoring of the research and recently commented on the preliminary research report submitted by the research team at ZENID.

“Current Procurement Mechanisms” and “FP National Account Study.” These two studies were awarded to a local consultant in August. To facilitate the consultant’s work, POLICY approached the HPC and prepared a letter urging all concerned parties to cooperate with POLICY representatives and provide them with the needed financial and statistical data that will be used in these studies.

Capacity Building: *Policy Education.* POLICY’s Senior Researcher (SR) Issa Almasarweh worked on developing a course description for a graduate program in population studies, which POLICY advocated for at the University of Jordan. The program includes a semester course on RH, in addition to a course on analysis and formulation of population policies. Almasarweh also drafted an outline for a 15-session graduate course on population issues and problems to be used in the Ph.D. program in sociology at the University of Jordan and the MOH/Health Academy.

NEPAL

Program Objectives: 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 Greater Involvement of People Living with HIV/AIDS (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 programs.

Summary of Major HIV/AIDS Activities:

Advocacy: *American Center's Monthly Forum for Journalists.* Bhoj Raj Pokharel delivered a presentation, "Supporting Policies around HIV/AIDS in Nepal." The purpose of the presentation was to raise the awareness of journalists on HIV/AIDS and solicit their support for improved reporting. The national media covered the event.

Advocacy Meetings with Government. High-level meetings on HIV policy and advocacy were held with policymakers from various ministries, including the Health Secretary, Home Secretary, Director of Training Directorate/Nepal Police, Director General for the Department of Disaster Management and Narcotics Control, the Director General of Department of Health Service, the vice chairperson of the Nepal Planning Commission, and the Chief Secretary. A series of meetings have been conducted with the Director of NCASC.

Consultative Meetings with Stakeholders. A series of consultation meetings were held with different stakeholders (government organizations, NGOs, networks, PLHA, donors) to plan civil society mobilization activities for strengthening NGO/CBO networking and advocacy capacity. Anne Eckman provided technical assistance (TA) and has drafted an advocacy concept paper for POLICY/Nepal. The advocacy program will be implemented in 2004.

Consultative Meeting with Injecting Drug User (IDU) Community (IDU Core Package). A one-day consultative meeting was held with IDUs on July 30 on how to develop leadership skills among current and previous IDUs. The goal was to increase meaningful participation of IDUs in HIV/AIDS policymaking and thereby increase the effectiveness of HIV/AIDS prevention, support, and care among IDUs.

Consultative Meetings with NGOs Working with Sex Workers (SWs). POLICY has commenced work with SWs to develop their leadership and advocacy skills. In September, two consultative meetings were organized with NGOs and peer educators to discuss the option of replicating the IDU core package methodology with SWs. The concept received positive feedback. In addition, a meeting with SWs and service providers was held to plan activities for developing the advocacy and leadership skills of SWs.

National Consultation Meeting for Female Sex Workers (FSWs). A consultation meeting was held on November 4 in Kathmandu. The goal was to increase meaningful participation of FSWs in HIV/AIDS policymaking and thereby increase the effectiveness of HIV/AIDS prevention, support, and care among FSWs. Thirty-six FSWs from various districts participated.

Business and HIV/AIDS Interaction Program. An interaction program on “Options for Private and Public Sector Partnership in an Expanded Response to HIV/AIDS” was organized in collaboration with the Federation of Nepalese Chamber of Commerce and Industry (FNCCI) on December 17. One hundred people participated, including senior public servants, business owners and managers, and trade union leaders. David Lowe, Senior Technical Advisor, presented on the impact of HIV/AIDS on the private sector in Nepal and areas for private–public sector partnership. Dr. Shanker P. Sharma, Vice Chairman of National Planning Commission; Mr. Binod Bahadur Shrestha, Chairman, FNCCI; Ms. Sheila Lutzen, Director, Health Section of USAID; Mr. Tana Sharma, Joint Secretary of Ministry of Industry, Supplies and Commerce; and Mr. Bhoj Raj Pokharel also spoke on the issue.

World AIDS Day Seminar. POLICY supported the NCASC to organize an HIV/AIDS seminar to commemorate World AIDS Day. The Honorable Minister of Health was the Chief Guest at the function. POLICY shared the findings of the study on “Media Reporting on HIV/AIDS” during the seminar. About 160 people were present.

Planning/Finance/Policy Formulation: National Operational Plan Finalization Meeting. POLICY participated in various meetings organized by the NCASC to finalize the National Operational Workplan.

Database of NGOs Working in HIV/AIDS. POLICY has been working in collaboration with Family Health International (FHI) to assist the NCASC in developing a database of organizations working in HIV/AIDS. The first version of the database has now been completed, and the database will be updated regularly. POLICY will collaborate with other CAs to put the database into a Geographic Information System (GIS) format.

Website. As a part of NCASC capacity building, POLICY has supported the development of an NCASC website, which was launched at the end of September.

Nepal Police. A series of meetings were held with high-level police officers to develop the strategy for POLICY’s work with the Nepal Police. A study tour to Thailand and Cambodia will be organized for January/February 2004 for seven members of the Nepal Police.

USAID Meetings. POLICY participated in the quarterly meetings of USAID CAs, which took place September 26 and December 17. In these meetings, CAs share information on their activities and upcoming events. Similarly, USAID and POLICY meet on a monthly basis. A key purpose of these meetings is to promote collaborative planning.

Dissemination Meeting to Finalize the GOALS Model (using both ANE HIV regional and Nepal field support funding). A dissemination meeting was organized on October 31 to obtain feedback from the stakeholders in order to finalize the GOALS Model in Nepal. Seventy-five people participated in the meeting.

Important groundwork was laid in October to bring NGOs representing vulnerable groups into the HIV policymaking process in Nepal. In October, POLICY supported intensive meetings with the GOALS technical team to finalize the GOALS Model and promote civil society participation. As part of this process, POLICY facilitated a pre-dissemination meeting with eight members from vulnerable groups (IDUs, PLHAs, SWs, and MSM) to review the GOALS data from their perspectives and identify key questions and data they could contribute to the model’s finalization. These groups attended the dissemination forum held for the GOALS Model on October 31 and raised some key concerns. As a result, a follow-up meeting of the core technical team was held on December 12, in which important inputs came from the PLHA and IDU representatives. This involvement in the development of the

GOALS Model and its initial dissemination has laid the groundwork for the ongoing involvement of vulnerable groups in the upcoming application of the GOALS Model in policymaking.

Focus Group Discussion with Female PLHAs. A focus group discussion was held on November 6 with six female PLHAs with the objective of understanding the issues and barriers to their greater involvement in advocacy, particularly in the context of PLHA and IDU communities.

Tools/Research: *Coverage Survey (under HIV core funds).* POLICY/Nepal convened a meeting for Dr. Nirmal Pandey, the consultant who conducted the National Coverage Survey, to disseminate the preliminary findings and gather feedback as part of the validation process, prior to finalizing the report. Thirty-two people, including the DG, DOHS, NCASC director, USAID, and other development partners and stakeholders, attended the meeting.

Consultation meeting with PLHAs. A consultation meeting was held with PLHAs on November 26 to gain their feedback on the draft GIPA study, “Documentation of the Impact of PLWHA Participation in Policy in Nepal.” Twenty people participated. The feedback from the dissemination of the preliminary findings is being incorporated into the study. The report will be finalized and submitted to POLICY/Nepal by the end of January.

Repackaging of the National Strategy and Operational Plan. The first draft has been submitted to the NCASC.

Media Review. The review on the reporting of HIV/AIDS in the Nepalese media has been completed. The preliminary finding of the study was disseminated on December 2. The final draft report has been submitted to POLICY/Nepal. Following approval, the final report will be disseminated, and an action plan will be developed based on the recommendations.

Baseline Research on Stigma and Discrimination in Health Settings in the Rural Area. The data collection phase of the research on stigma and discrimination in health settings in rural areas has been completed, and the report will be submitted in January 2004.

Legislative Audit. A consultative meeting was held with stakeholders October 22 to gain feedback on the preliminary findings of the legislative audit on HIV/AIDS and human rights conducted by the Forum for Women, Law and Development (FWLD) on behalf of the POLICY Project. Ninety people participated. FWLD submitted the final draft report to POLICY/Nepal, and the report has submitted to the Mission and POLICY/Washington for approval. FWLD is in the process of drafting legislative amendments. Following approval, the final report will be disseminated and an advocacy plan for law reform developed.

IDUs Leadership Curriculum (IDU Core Package). The first draft has been completed and sent to Philippa Lawson for feedback.

Capacity Building: *Talks Program on the Global Fund.* Phillipa Lawson, Senior HIV/AIDS Specialist, gave a talk entitled “The Global Fund and Nepal’s Application” on July 31. The objective of the talk was to increase understanding of the Country Coordination Mechanism (CCM) among members and other stakeholders about how the Global Fund operates. The talk emphasized the importance of involving PLHA in the CCM. Approximately 80 people attended.

Talks Program on SW Programs. David Lowe, Senior Technical Advisor, gave a talk on September 4 that examined the effectiveness of different models of sex work interventions and emphasized the importance of involving SWs and respecting their human rights. Thirty-five key stakeholders attended.

Talks Program on GIPA. Dr. David Stephens, Senior Technical Advisor, POLICY/Vietnam, provided a talk on November 28 to build the understanding of stakeholders about the principles of GIPA and how it operates and also to share preliminary findings from the GIPA study, “Documentation of the Impact of PLWHA Participation in Policy in Nepal.” About 90 people attended.

Training of Trainers (IDU Core Package). Three days’ facilitation training was conducted from July 27–30 for eight IDU leaders to prepare them to facilitate the national consultative meeting of IDUs in Nepal.

Facilitating Training for FSWs. Eleven FSWs were provided with facilitation training November 2–3 to enable them to facilitate a national consultative meeting of FSW. Communication and facilitation skills, as well as processes designed to identify advocacy strengths, key advocacy issues, potential solutions, and needed skills to future advocacy efforts were included in the training.

PLHA Monthly Forums. POLICY is supporting two doctors to provide information on opportunistic infections at the monthly forum of PLHAs. The purpose of the sessions is to increase the knowledge of PLHAs about opportunistic infections and primary management. Between July and December, six sessions took place, attended by 180 PLHAs with an average attendance of 30 PLHAs per session.

Strengthening the NCASC’s Capacity. The Organization Development Center (ODC) has started the OD consultancy with the NCASC. POLICY has also assisted in finalizing the terms of reference for staff positions funded by the GFATM and assisted the NCASC in planning for World AIDS Day.

Equipment Support and Computer Networking. NCASC was provided with a multimedia LCD projector, laptop, and computer networking system (LAN).

PDB Training for the POLICY Project Staff. Alphonse Bigirimana conducted three days of on-site training for POLICY staff from November 24–26.

PLHA Exposure Trip. POLICY supported a PLHA to attend the 11th International Conference for People Living with HIV/AIDS in Kampala from October 26–November 3.

The Country Director and Operations Manager attended POLICY’s ANE Skills Building and Strategic Planning Meeting in Bangkok from November 18–21.

PHILIPPINES

Program Objectives: POLICY Project assistance in the Philippines aims to strengthen the capability of national government agencies and community-based people's organizations and institutions, both national and local, in the design, implementation, and evaluation of policies and plans for resource mobilization and use for sustained political and financial support to population/FP/RH/STI/HIV/AIDS. 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 FP/RH/STI/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 FP/RH/STI/AIDS services that ensure the health of Filipino families.

Summary of Major Activities:

FP/RH

POLICY technical assistance (TA) to the local government unit (LGU) of Pangasinan is centered in identifying strategic options to reduce unmet FP needs and to identify initiatives toward self-reliant provision of contraceptives (contraceptive self-reliance—CSR). Having generated and used information from surveys in the project sites on Willingness to Pay and Public and Private Sector Facilities, this reporting period focused on intensive face-to-face advocacy with the local chief executives of the 10 CSR project sites, municipal health officers, municipal population officers, provincial and municipal budget officers, and members of the local legislative councils. Parallel to this is the expansion of the province-based advocacy network in the 10 project sites where selected community-based civil society groups are now affiliates of the provincial advocacy network known as Advocates for Better Life of Pangasinan (ABLE). Workshops on operationalizing CSR action plans and budget planning in the 10 project sites were simultaneously occurring. POLICY TA in these workshops is crucial to ensure that local funds are allocated for contraceptive procurement and that the CSR action plans are funded. In addition, an advocacy and networking skills training workshop was also conducted for stakeholders in the public sector. Related activities during the reporting period included:

- *Dialogue with Central Department of Health Officials on CSR.* POLICY conducted a half-day dialogue with officials of the Department of Health (DOH) on July 1. The main purpose of the dialogue was for central DOH to gain LGU perspectives and insights on CSR and how the DOH could help the LGU in the implementation of CSR strategic options. This meeting allowed cross-fertilization of collaboration for CSR. A major agreement reached was the formation of a multisectoral CSR Technical Working Group at the DOH, including representatives from FP program donors. The working group will serve as a mechanism with a legal mandate to track and jointly work on policy issues affecting LGUs that need DOH and other stakeholder action.
- *Drafting of DOH Department Order on CSR.* On July 15, POLICY organized a small group meeting with DOH Directors from the Bureau of Local Health and Development, the Bureau of Health Policy Development, and the Undersecretary of Health. The purpose of the meeting was to draft the provisions of a Department Order creating the CSR Technical Working Group and identifying its roles and functions. POLICY staff provided assistance in the completion of a draft Department Order which is due for deliberation and, hopefully, approval in mid-October by the DOH Executive Committee members.
- *Local Policy Environment Scanning.* POLICY conducted one-on-one meetings with the mayors of the 10 project sites during July 8-17. The meetings were aimed to orient the LCEs on the USAID Contraceptive Commodity Support Plan and the Pangasinan CSR Initiative; gather their

insights on the Pangasinan CSR Initiative; gauge the level of support to allocate funds for the procurement of contraceptives; and gauge working relationships with program managers. This was an exercise in policy environment scanning at the local level that would guide project staff in advocating for self-reliance in the provision of FP commodities.

- *Information Dissemination of Benefits-Cost Study on Including Other Methods of FP in PhilHealth Outpatient Benefits Package.* A technical review of the benefit-cost study on “Expanding the Benefits of the Philippine Government-endorsed Public Health Insurance (PhilHealth) to Cover Oral Contraceptives and Injectables,” completed last June, was attended by DOH and PhilHealth representatives on July 22. The review increased awareness of the findings based on scientific inquiry that benefits outweigh the costs when pills and injectables are included in the PhilHealth outpatient benefits package. The evidence from the study will be used in advocating for a policy change at PhilHealth to include other non-surgical FP methods as a financing strategy toward contraceptive self-reliance
- *Budget Planning Workshop.* POLICY conducted a one-day workshop on August 6 for Municipal Health Officers (MHOs), Municipal Population Officers (MPOs), Municipal Budget Officers (MBOs), and members of the municipal and city legislative councils of the CSR Project sites, in consultation with the Provincial Budget Officer. The goal of the workshop was to enable the local program implementers to craft budget plans for the procurement of FP and the implementation of FP program activities. Available sources of funds and regulations for the creation of new line items were among the crucial information shared by the Provincial Budget Officer with the local program implementers and local legislators. These budget plans were made in time for the municipal budget hearing for fiscal year 2004 as a measure that will institutionalize provision of budget for contraceptive procurement beyond the May 2004 elections, should there be changes in local political leadership. POLICY assistance ensured participatory budget planning between program implementers and the municipal purse holders. Seven of 10 project sites introduced a new budget line item for FP procurement while the remaining three amended their existing gender, population, or health budgets to accommodate FP procurement as a subitem in their budget lines for gender, population, or health.
- *CSR Action Plan Operationalization Workshop.* POLICY conducted a three-day operationalization workshop on September 9–11 for 41 FP program implementers of the CSR Initiatives Project and other stakeholders, including representatives from civil society and municipal/city legislative councils. This activity marked the culmination of the preparatory phase of the project and the transition into the implementation phase of the CSR strategic options. POLICY staff facilitated the development of the 10 CSR operations plan of the project sites. The plans incorporated the provincial as well as municipality/city perspectives and zeroed in on the financial and human resource implications of implementing the CSR strategic options. Priorities, sequencing, and linkages of activities in support of the CSR strategic option(s) were clearly understood by the program implementers. The remaining critical activities for the project were also identified.

Following the September CSR Operationalization Workshop, POLICY TA focused primarily on helping the lead agencies of the province, the population and health departments, and the 10 LGU sites in the finalization of their respective CSR operational plans. From October to December, POLICY assisted the province of Pangasinan and the 10 municipal/city CSR project sites in conducting dialogues with program stakeholders, validating availability of resources with finance groups, and advocating support from other departments/institutions that were identified as possible collaborators to implement the CSR action plans. As POLICY recognizes the CSR initiative as heavily contingent on policy reforms, POLICY TA focused on further enhancing the capacity of the program implementers of Pangasinan CSR, including ABLE-

Pangasinan, on developing responsive advocacy plans and successfully implementing them. In the last quarter, the provincial offices and the LGU program implementers engaged in finalizing their advocacy plans for the priority operational policy reforms that include targeted FP services, appropriation of funds for contraceptive procurement, and sustained support among local chief executives to prioritize FP concerns in their political agendas. Meanwhile, ABLE-Pangasinan, in collaboration with the LGUs, mounted grassroots advocacy campaigns. Moreover, some key implementers also involved themselves in high-level policy dialogue and forums to discuss CSR issues, which concern agencies such as the Department of Health and USAID.

- *Finalization of LGU CSR Operational Plans.* From November to December 2003, POLICY assisted the province of Pangasinan and the municipal/city CSR project sites in firming-up their respective CSR operational plans. Finalization of the plans was slowed down due to difficulty in reaching an agreement on procurement options by the provincial and municipal/city FP program managers, given politically sensitive decisions on provincial-level pooled procurement or bidding and municipal-level procurement. This issue was resolved, however, after POLICY facilitated a series of consultative meetings with the provincial and the LGU program managers. In December, eight municipal/city CSR plans were completed. Finalization of the remaining two municipal plans and the provincial plan are underway, which are expected for completion by January 2004. Advocacy efforts spearheaded by the LGU internal advocates for the approval of the completed plans by the LCEs are ongoing. Meanwhile, the Population Office, which has taken the lead role in finalizing the Provincial CSR Operational Plan, is currently reviewing the final draft which will include the action agenda of the provincial government through the population and health offices to support the CSR initiatives of the 10 LGU project sites. The plan also includes activities to set up systems to implement the initiative in the remaining municipalities and cities in the province. Advocacy efforts for the approval of the LGU CSR operational plans by the local chief executives are ongoing. The Provincial CSR Operational Plan is expected to be completed and approved by the end of January 2004.
- *Expansion of Advocacy Network to the Municipal/City Level.* POLICY supported the ABLE-Pangasinan organizational meeting on September 16 where the network developed its 2003–2004 advocacy plan, giving priority to activities in support of advocacy initiatives identified by the CSR project sites. Nine ABLE-Pangasinan members attended the last day of Advocacy Skills and Plan Development Training for the LGU program implementers on September 19. The network presented its advocacy plan to the CSR LGUs and sought approval and support to join network members in conducting the first batch of grassroots advocacy initiatives in October.
- *Advocacy and Networking Skills Workshop for Internal Advocates.* Having trained the provincial advocacy network on advocacy skills, POLICY conducted a three-day Advocacy Skills and Plan Development Training on September 17–19 for the program implementers in the project sites. The provincial network officers were brought in during the last day of this workshop to enhance their capability as advocacy and networking skills trainers. Twenty-one Municipal Health and Population Officers from the 10 project sites and 10 representatives from the Provincial Health and Population Offices learned skills and techniques to conduct policy advocacy using the POLICY advocacy model. At the end of the workshop, the project sites were able to draft their respective CSR advocacy plans, which would be integrated into their funded CSR Action Plans.
- *Finalization of LGU CSR Advocacy Plans.* Provincial offices and LGU program implementers, with POLICY assistance, engaged in finalizing their advocacy plans for priority policy issues, which included a) passage of an Executive Order for the creation of a Pangasinan CSR Technical Working Group, the implementation of targeted FP services, and the review of the Local Revenue

Code to undertake cost recovery measures; and b) creation of a budget line item with corresponding allocation for FP contraceptive commodity procurement under the annual budget of either the Municipal Health or Population Office. The plans, which were initially drafted in October 2003, had to undergo refinements and checks for consistency and convergence between initiatives by the provincial and the municipal internal advocates as well as civil society groups, particularly ABLE-Pangasinan. To date, there are 11 major plans being finalized—the Provincial Advocacy Plan and the LGU Advocacy Plans specific to the 10 LGU project sites. In December 2003, LCEs of five LGUs (city of Urdaneta and the municipalities of San Jacinto, Calasiao, Mangaldan, and Malasiqui) have approved their CSR Advocacy Plans with budget appropriations. Plans in the remaining five municipalities/city are still awaiting approval, which is expected to take place by the end of January 2004. Meanwhile, the first draft of the provincial advocacy plan is still being reviewed to cover TA requests of the different CSR sites. The plan is expected to be finalized by the Provincial Population Office in January 2004.

- *CSR Advocacy at the Grassroots Level.* POLICY supported ABLE-Pangasinan in conducting three grassroots advocacy initiatives in October 2003, focusing on orienting barangay officials and married women of reproductive age at the barangay level on the CSR Initiative (October 21, 2003—Barangay Gomez, Municipality of Malasiqui, attended by 40 participants including married women of reproductive age, Barangay officials, Rural Health Unit Physicians, ABLE-Pangasinan members and POLICY staff; October 22, 2003—Barangay Awai, Municipality of San Jacinto, attended by 37 participants; and October 24, 2003—Barangay Mabilao, Municipality of San Fabian, attended by 45 participants, including the mayor and his wife). The grassroots campaigns highlighted an open forum where participants were asked to raise their concerns. Among the more significant concerns noted were 1) the need for the local government to be more active in conducting similar IEC campaigns on FP at the grassroots level; 2) the sentiment expressed by some participants that they would still rely on government to provide for their FP needs; 3) the willingness expressed by other participants to buy FP commodities only if it would be cheaper than the current market price; 4) the consideration by some that the permanent FP method is the best alternative when free commodities are no longer available; and 5) anecdotes and misconceptions on the use of pills and other more effective FP methods.
- *DOH/CSR Technical Working Group (TWG) Meeting.* POLICY supported the first DOH-CSR TWG meeting on December 9 at the Manila Pavilion Hotel with 22 participants from DOH, USAID, UNFPA, Province of Pangasinan, POPCOM, LEAD for Health, and POLICY. The meeting officially confirmed the members of the CSR TWG created by the Secretary of DOH through POLICY assistance and reiterated policy issues on CSR, particularly presented by Pangasinan from their CSR initiative experience, to be resolved by the national government, through the DOH. The meeting was able to prioritize issues and define immediate action plans to resolve them. The action plan would include the strategies for allocating and distributing the reduced USAID commodities among the local governments nationwide and ensuring the inclusion of oral contraceptives in the drug formulary to facilitate procurement of contraceptives by the LGUs. It was agreed that the LEAD-LGU project would be responsible for the future meetings of the DOH-CSR TWG.
- *Workshop on Identifying Strategies to Address Unmet FP Needs.* POLICY provided TA to implement activities to address the issue of high unmet FP need. POLICY's assistance was expanded to include collecting critical information on unmet FP need of the province and the conduct of a multisectoral workshop to identify strategies to address the said issue. As part of its TA to Pangasinan in working toward CSR, POLICY facilitated a strategic planning workshop to address unmet needs for FP and identify workable strategies to address the high level of unmet FP needs in the province. The two-day workshop was conducted November 19–20 for 50 population

and FP program implementers from the provincial, municipal/city, and barangay levels. Aside from identifying broad strategies, the program implementers developed a proposed revision of the existing implementing structure of the FP program and clarified among themselves their role delineations. They also developed proposed modifications to the existing FP data gathering tool—the Community-Based FP Management Information System (CBFPMIS) form—to properly identify clients with unmet FP needs and facilitate the implementation of the targeted service in support of the twin goals of promoting continued use of FP and reducing unmet needs for FP.

HIV/AIDS

POLICY TA on prevention of HIV/AIDS to the local governments in eight cities continues to foster multisectoral partnerships in the implementation of advocacy and capacity-building activities. The activities revolve around the action plans of the Local AIDS Councils (LACs), with POLICY in cooperation with its partners, the Philippine National AIDS Council (PNAC) and the Department of Interior and Local Government (DILG). Specific activities during the period included:

Advocacy:

- POLICY provided TA to a facilitative team composed of members of the Philippine National AIDS Council and a representative from DILG. The team engaged the mayors and city health officers of Dagupan City and Batangas City in dialogues on the importance of HIV/AIDS prevention on August 4–6 and September 9–12, respectively.
- Dagupan City has an existing resolution on HIV/AIDS. POLICY advocated for upgrading the resolution to a city ordinance. The facilitative team, with support from POLICY, made a presentation to the members of the City Legislative Council on the HIV/AIDS situation in one of its public hearings on the resolution.
- The facilitative team visited Batangas City to advocate to the chair of the City’s Committee on Health for the passage of its own HIV/AIDS ordinance with support from the Governor of Batangas Province. A draft ordinance has been scheduled for first reading in late October.
- POLICY sites were given the opportunity to present their initiatives as well as to encourage non-project sites to respond to the problem of HIV/AIDS, and a presentation of local responses was conducted in Caylabne, Cavite October 27–29. Seven of the eight sites presented what they had done during the duration of the project to members of the Philippines National AIDS Council (PNAC), USAID, NGOs, and other partners. Also present were representatives from cities located close to the project sites, who at the end of the activity came up with an action plan to respond to HIV/AIDS.
- On December 1, employees of the city of Laoag invited the Country Director to talk as part of their World AIDS Day (WAD) activities. POLICY also coordinated with the organization of PLHAs to join the Country Director. The city of Laoag shouldered the transportation, accommodation, and meals of the PLHAs. Likewise, the POLICY HIV/AIDS program officer advocated for more support to the initiatives of the Dagupan City AIDS Council during the WAD program of the city. Both activities had substantial media coverage.
- Advocacy streamers depicting partnership between the project and LGUs were posted during the concert of Mandy Moore at the Global City, Fort Bonifacio, during her pre-World AIDS Day concert on December 21. The DOH provided POLICY a spot where the streamers could be posted free of charge. The free concert was sponsored by MTV, UNAIDS, and DKT.
- DILG in Laoag City has integrated lectures on HIV/AIDS in the training of “barangay tanods,” or community peace keepers. Sex workers were also involved in Laoag City’s awareness-raising activities. The cities of Urdaneta and San Fernando conducted information campaigns. The Naga City AIDS Council involved the private sector in its billboard campaign for prevention of

HIV/AIDS. The Dagupan City AIDS Council conducted training on AIDS awareness for its police officers.

Capacity Building:

- As identified by the AIDS Council of the City of Laoag, there was a need to further increase the level of awareness among sex workers in the prevention of STIs and HIV/AIDS. This was addressed by a module on “Peer Education” in an AIDS Prevention Workshop on August 27–28 in which 18 night establishment sex workers participated. The city council-initiated sex workers organization now conducts regular meetings every last Thursday of the month with the local chief executive and other line agencies to thresh out problems they may be having, to increase sex workers’ access to services, to inform sex workers about current policies, and to further involve the organization of sex workers in council activities.
- The POLICY Project provided technical support in the conduct of training for sex workers in three other project sites, namely the cities of San Fernando, Dipolog, and Naga. The “Peer Educators Training on STI and HIV/AIDS Prevention” is in support of the initiatives of the local AIDS councils. It aims to encourage a more active participation of vulnerable sectors in the prevention of STIs and HIV/AIDS. Trained educators will assist in providing information on STIs/HIV/AIDS among their peers. This will help reinforce the initial information campaign conducted by the Social Hygiene Clinics. The local AIDS councils are expected to sustain the participation of vulnerable groups by training more of them. The city governments provided the venue for the training.
- As part of our phasing out activities, training on monitoring and evaluation was conducted October 13–17 in Cebu City. DILG and LGU representatives from project sites took part in the training. The objective was to provide project sites with the capacity to monitor and further develop local initiatives on HIV/AIDS. The Assistant Secretary of DILG and concurrent Vice Chair of PNAC attended the closing program.

Other:

- A member of the Laoag AIDS Council attended the World Health Organization (WHO)-sponsored “100% Condom Use Workshop” in Laos on August 17–23 as a representative of PNAC. The representative was able to share experience of LGU-level interventions for use of condoms. In the Philippines context, however, the WHO 100% Condom Use Program has been modified to be a “No Condom, No Sex” program of the Department of Health.
- POLICY participated in the workshop on “Developing a Monitoring and Evaluation Plan” for PNAC, December 3–5 in Cavite. Outputs made by the group will be presented to PNAC for approval. The activity aims to develop a monitoring and evaluation plan for PNAC.
- To ensure that the established local AIDS councils in the eight project sites are implementing activities that they had included in their workplans, which were developed with POLICY assistance, the facilitative team revisited the sites to provide TA in April 2003 where necessary. Of the eight local AIDS councils, five have conducted awareness-raising activities such as seminars, lectures, and training.

CLOSE-OUT ACTIVITIES

- In preparation for the close-out of the POLICY Project II in the Philippines, POLICY staff made process documents of major projects starting from the inception of POLICY II in the year 2001 to date. The staff have successfully written process documentation reports for the Local Advocacy Project (2001), the Reproductive Health Advocacy Network (2001), the Provincial Advocacy Network (2002), HIV/AIDS Prevention Initiatives (2003), the HIV/AIDS Guidebook (2003), and

the Contraceptive Self-Reliance Project in Pangasinan (2003). These documents outline the major stages, activities, and results of each project in which issues and obstacles to project or activity implementation, influencing factors, and solutions undertaken and their results are highlighted. These documents were made in the hope of providing a greater understanding of the projects and their contexts. It is hoped such documents will provide insights for the implementation of similar projects in the future. These documents are part of a more comprehensive documentation effort in the form of a CD-ROM. The CD-ROM includes all project results, studies, documentation, presentations, and other POLICY-related data for the duration of the implementation of POLICY II. The CD-ROM is currently being developed and will be distributed during the close-out conference scheduled in February 2004.

VIET NAM

Program Objectives: POLICY's role in Viet Nam is to assist in the creation of an HIV/AIDS policy environment that is human rights-based, participatory, and 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 developing a new HIV/AIDS national strategy, working in partnership with government and international agencies on improving access to antiretroviral (ARV) treatments, reducing stigma and discrimination (S&D), and increasing participation of people living with HIV/AIDS (PLHAs) in policy, program planning, and implementation. The strategic approach of POLICY/Viet Nam is to work with the government and civil society (with a focus on PLHAs) to build policy capacity and create links and mechanisms that will facilitate civil society participation in HIV/AIDS policy development and decision making.

Summary of Major HIV/AIDS Activities:

Advocacy: In collaboration with CARE International, POLICY supported the Ho Chi Minh Political Academy's Human Rights Research Center in reviewing and providing comment on Viet Nam's human rights commitments in the context of HIV/AIDS and the relationship to national legislation. Findings of the project were presented to the national HIV/AIDS Technical Working Group on August 27.

In October, Dr. Nafis Sadik, the United Nations Envoy for HIV/AIDS in Asia, visited Viet Nam. POLICY gave a press briefing on S&D prior to Dr. Sadik's visit. POLICY Country Director Tran Tien Duc made a presentation on the international NGO perspective on HIV/AIDS during a meeting between Dr. Sadik and the international community working on HIV/AIDS. POLICY also facilitated a meeting between Dr. Sadik and PLHAs in Hanoi.

In collaboration with CARE International and UNAIDS, POLICY provided a briefing on the concept of GIPA for bilateral agencies and other international organizations. The materials from the briefing are currently being shaped into an issues paper for policy advocacy.

In collaboration with other international agencies working in HIV/AIDS, POLICY provided technical input into a briefing paper presented at the CG Meeting on December 2. The CG is the annual meeting of all donor agencies in Viet Nam and is significant in determining development priorities for the coming year. The 2003 meeting was the first at which HIV/AIDS was allotted a special session for discussion.

In collaboration with UNAIDS, CARE, AED, FHI, and others, POLICY coordinated the collection and development of materials for the International Finance Corporation annual meeting of the international and national business sector in Viet Nam on World AIDS Day.

On November 30, in collaboration with United Nations Volunteers (UNV) and Health Volunteers Overseas (HVO), POLICY mobilized PLHAs to participate in a fair jointly celebrating World AIDS Day, Disability Day, and UNV Day in Lenin Park in Hanoi. The fair was organized for the two vulnerable groups with about 600 participants. The PLHA group distributed AIDS red ribbons, HIV/AIDS leaflets, booklets, and condoms, and told their stories and sang. Many of the PLHA participants were interviewed by the print and visual media, and stories ran for several days, showing the general public a positive view of PLHAs.

Planning/Finance/Policy Formulation: POLICY has been negotiating with the Ministry of Health (MOH) regarding the provision of financial and technical assistance for the review and redrafting of the *Ordinance on HIV/AIDS Prevention and Control*. Since the last quarterly report, the project has received

approval from the Prime Minister's office, and the contract was signed in December. Activities will commence in January 2004.

POLICY has continued to hold discussions with USAID, UNAIDS, UNODC, and FHI on a comprehensive HIV/AIDS policy and program intervention in the 05/06 drug rehabilitation centers in Viet Nam.

POLICY has conducted preliminary needs assessments in two focal provinces, Ho Chi Minh City and the southern province of Kien Giang (August 20–23). The preliminary assessments were conducted with the provincial health officials responsible for HIV/AIDS, provincial People's Committees, and local NGOs and PLHAs. The assessments covered issues related to capacity building, policy review, and linking HIV/AIDS prevention and care policies with drug rehabilitation programs.

POLICY provided technical input into the first draft of the National HIV/AIDS Strategy. POLICY's focus was on PLHAs and the need to strengthen the policy environment and reduce S&D. As part of this process, POLICY convened a meeting of several groups of PLHAs from Hanoi, Quang Ninh, and Haiphong in the north of Viet Nam to solicit comments on the fifth draft of the strategy. Comments on the strategy were also sought from PLHA groups in Ho Chi Minh City. The comments were sent to the MOH for consideration in the final draft of the strategy.

The AIDS Division/MOH (Dr. Nguyen Thanh Long, Dr. Nguyen Van Kinh, Dr. Pham Duc Manh) applied the GOALS Model to inform the development of the National HIV/AIDS Strategy and the accompanying budget for 2004. As a result, the government budget for 2004 was increased by 33 percent.

POLICY staff have been instrumental in assisting a PLHA group from Hanoi in developing and successfully submitting a proposal to the Hanoi International Women's Club (HIWC). The HIWC have provided US\$5,000 to the group "Bright Futures." As a result, the group will rent and equip premises to establish a coffee shop as an income-generating business for PLHAs.

Research/Tools Development: In order to assess how the media reports on HIV/AIDS, specifically PLHAs, POLICY contracted the Hanoi School of Communication and Journalism to conduct a media study in selected national and provincial print media. The project involved a retrospective content analysis of media reporting for one year and interviews with newspaper editors and senior journalists. The report is currently being finalized.

In collaboration with CARE International and COHED (a local NGO), POLICY provided technical and financial support for a research project exploring awareness and implementation of the GIPA principle among HIV/AIDS policymakers. The project involved semistructured interviews with policymakers designed to assess awareness of GIPA and gauge views on the involvement of PLHAs in HIV/AIDS policymaking. The report will be presented to stakeholders in the next quarter and will form the basis for further activities aimed at creating greater involvement of PLHAs in the policy process.

POLICY continues to provide TA to the MOH ARV Task Force, including the production of a report and presentation describing the current treatment access environment of the government's strategy to increase ARV access. POLICY also presented this information September 19 at the Care and Support Working Group Meeting of the National Technical Working Group (TWG) on HIV/AIDS.

At the request of the U.S. Ambassador to Viet Nam, POLICY prepared a socioeconomic briefing paper on the impact of HIV/AIDS for use at the mid-term donor meeting (CG meeting held in June). In this quarter, POLICY worked with the UNDP to develop terms of reference for a more in-depth socioeconomic impact study, funded by the UNDP and conducted by the Futures Group International.

POLICY is providing logistical and technical support to the consultant working on this study. The final report is due in January 2004. The delay was due to late approval of estimates and projections by the MOH.

In partnership with the World Health Organization (WHO), UNAIDS, FHI, and national counterparts, POLICY took part in workshops and meetings (July–September) aimed at developing accurate and reliable estimates and projections of the HIV/AIDS epidemic in Viet Nam. POLICY's role in this project will be to develop policy advocacy materials once the final report is complete later this year.

Capacity building: The Country Director and Resident Advisor have been active participants in a range of forums and networks. The Country Director has chaired three bi-monthly meetings of the HIV/AIDS TWG and two meetings of the Harm Reduction Working Group (a subgroup of the TWG). The Resident Advisor chaired meetings of the GIPA Subworking Group. POLICY is also represented on the Community of Concerned Partners (CCP), a forum of bilateral, multilateral, and other international actors working on HIV/AIDS.

POLICY held discussions with the Ford Foundation and USAID concerning technical and financial support to develop an HIV/AIDS health policy curriculum. It is anticipated that development of the curriculum would involve collaboration with the Ford Foundation, USAID, and Harvard University's Kennedy School of Government.

In collaboration with UNAIDS and CARE International, POLICY conducted a self-help and support group workshop for PLHAs in the northern provinces of Viet Nam from August 4–6. POLICY provided financial and technical assistance in the design and implementation of the workshop. More than 70 PLHAs from six provinces, including Hanoi, attended. Outputs were a needs analysis, workplan matrix, and identification of focal points for each province represented. The workshop report and design provided the template for similar activities held in the south of Viet Nam.

Following the northern GIPA meeting, from October 20–22 POLICY conducted a self-help and support group workshop for PLHAs from the southern provinces of Viet Nam. POLICY provided full financial and technical support for the design, planning, and implementation of the workshop. Over 80 people with HIV/AIDS from six provinces, including Ho Chi Minh City, attended. The outputs are a needs analysis, a workplan matrix, and the identification of focal points for each province represented.

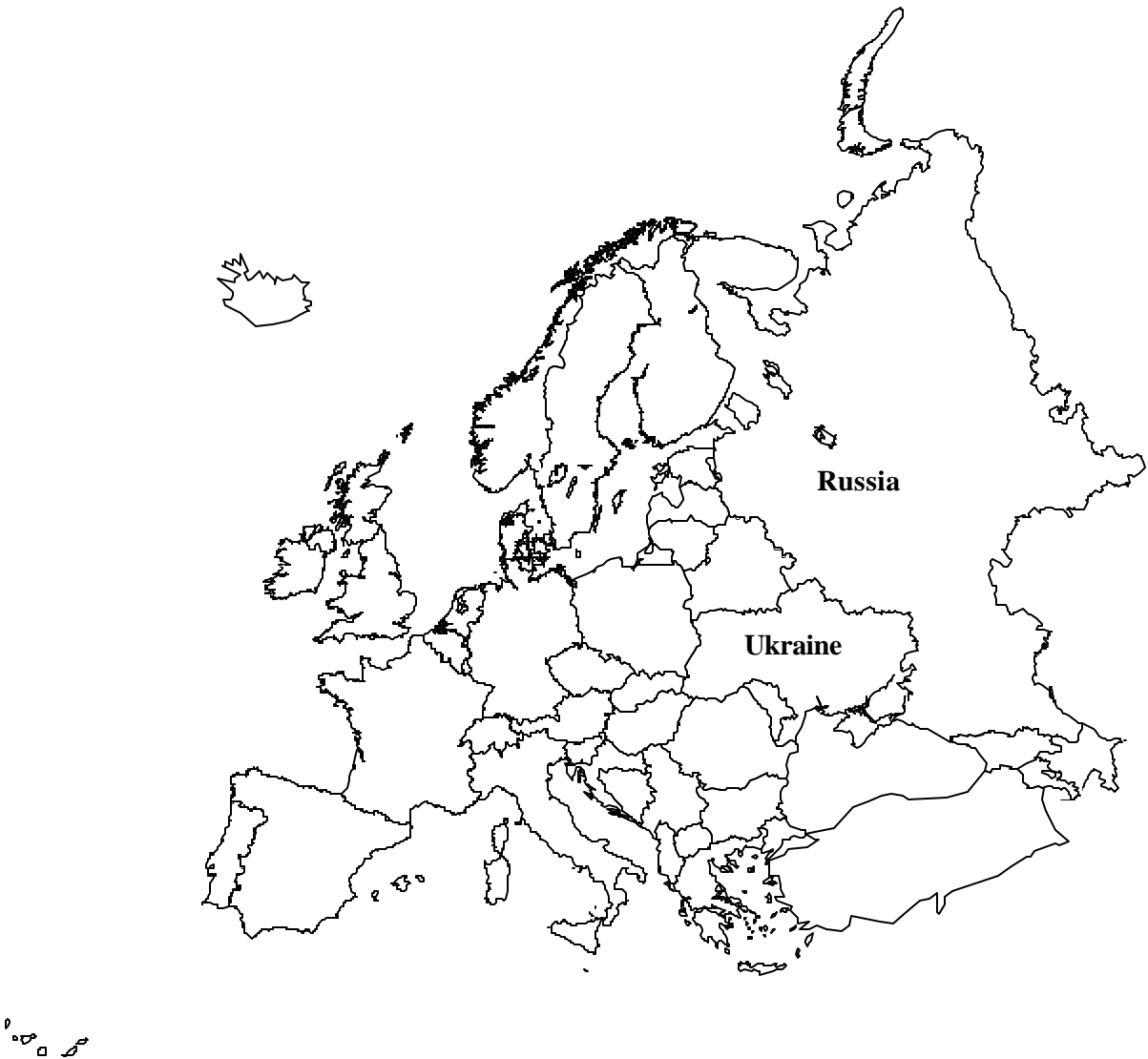
POLICY is conducting an HIV/AIDS photo-documentation project. The first activity was a workshop held on September 22 to introduce PLHAs to the theory and methods of photo-voice (a documentary-based advocacy methodology used by marginalized groups throughout the world). Following the workshops on photo-documentation (summarized in the previous quarterly report), POLICY submitted a series of photo-documentaries to the British Broadcasting Corporation (BBC) website for World AIDS Day. Two of the stories were featured on the Website (see http://news.bbc.co.uk/1/hi/talking_point/3074429.stm). An exhibition of all the photos was held in Hanoi December 1–3. The exhibition raised over US\$1,500 which was donated to assist children affected by HIV/AIDS. The exhibition received extensive press coverage in the Vietnamese media (media clipping file will be forwarded). POLICY has received several requests for the exhibition to be available at events and meetings in Viet Nam. As a result of the event, the editor of the Vietnamese national labor newspaper *Lao Dong*, Mr. Pham Huy Hoang, met with POLICY, and they have decided to make a portion of the charity fund held by the newspaper (with the value of 60 Billion VND, approximately US\$4 million) available for projects aimed at assisting PLHAs. Mr. Pham Huy Hoang also plans to convene a media group (with support from POLICY) on HIV/AIDS, which will involve senior editors and journalists from the Vietnamese media.

POLICY provided technical and financial support for a GOALS Model workshop in Quang Ninh Province. The workshop included national and provincial health officials, NGOs, and PLHAs. Advocacy issues were identified and an advocacy plan developed. This plan forms the basis for strategic development on HIV/AIDS planning and will be implemented in FY04.

POLICY provided continuing TA to SUCCECON (a local NGO) to develop guidelines for additional data collection for a GOALS Model application in Quang Ninh province. POLICY assisted USAID/Hanoi in the coordination of the HIV/AIDS Coverage Survey; this included TA to SUCCECON (the implementing agency).

POLICY supported two PLHAs to attend the 11th International Conference of People Living with HIV/AIDS held in Kampala, Uganda, October 26–30. They were accompanied by the Resident Advisor.

E&E



RUSSIA

Program Objectives: POLICY's primary goal in Russia is to strengthen the ability of the Advocacy Network for Reproductive Health (Network) to advocate for policy change that promotes access to quality family planning (FP), maternal health, and reproductive health (RH) services. To keep in step with USAID/Moscow's overall strategy, and with the reality of where RH policy decisions are being made, POLICY/Russia has turned its attention to regional initiatives, including small grants, training, and technical assistance (TA), to support five oblast/regional-level advocacy networks.

Summary of Major FP/RH Activities:

On July 9–10, the Network held a meeting to assess the current RH policy environment in Russia and to plan future advocacy and sustainability efforts. POLICY met with the Coordinating Committee before the meeting to support the planning and facilitated the meeting. During the meeting, participants exchanged news about recent successes in advocacy; shared updates on the current RH policy environment; and welcomed a member of the Legislation Committee of the Federal Duma, Alexander Barannikov, who was interested in hearing about RH issues in the regions and sharing his perspectives on the RH policy environment. In light of the changing policy environment and December elections at federal and regional levels, the Network drew up an advocacy plan to increase government support for RH at federal and regional levels. This included three advocacy objectives related to increased involvement and support for RH of federal and regional ministries of health, increased RH awareness among candidates and support for RH-supportive candidates, and increased Network collaboration with concerned groups and organizations. The Network is communicating with POLICY about priority activities for which they are requesting support during this year of modest funding and project transition. The Network is now finalizing an informational package on RH issues for policymakers, which network members can augment with region-specific material for their respective advocacy campaigns.

USAID/Moscow's "Healthy Russia 2020" (HR 2020) project staff presented an overview of the project at the July meeting, and HR 2020 staff has been in dialogue with members on the type of support or collaboration the networks can anticipate. To facilitate the transition, POLICY has provided HR 2020 with contact information lists of federal and regional Network members, training alumni, and other POLICY partners, as well as all relevant training and TA materials for network formation, capacity building, and support. The Network will include an announcement about the HR Foundation in its next newsletter.

In terms of agenda items related to the Network's research and communication tools, a network member presented preliminary results of the Maternal and Neonatal Program Index (MNPI) conducted by the networks in six regions, and the attendees suggested additional analyses and agreed on a concept for the fact sheets. The MNPI fact sheets are now completed; translated Russian versions are under final review by the regional coordinators. In addition, two of the six regions, Altay Kray and Tver Oblast, have completed the Policy Environment Score (PES). The network elected a new editor and finalized plans for issuing its third newsletter, which is devoted to collaboration of NGOs and governmental organizations in STI and HIV/AIDS prevention in preserving the reproductive health of Russian people; all articles have been written, and it is planned for publication in January. The network selected men's reproductive health as the topic for the fourth issue.

Since the meeting, there has been progress in the Network's public communication efforts. POLICY supported the Network in developing its introductory web page; the page was included in the HR 2020 web portal launch in September. By the end of December, each of the five regional networks will complete its respective page. HR 2020 anticipates that Network members will have access to an Intranet

for communication among members only by January 30; this will represent a significant and important step forward in the networks' ability to communicate on an ongoing basis.

With support from a POLICY small grant, Olga Volkova, founder of NGO Youth Centers and a February 2002 training-of-trainers (TOT) alumna, conducted a five-day advocacy workshop. Volkova designed the training, developed the materials, and facilitated the July 21–25 workshop in Smolensk City. As noted below, she developed and published a training manual for participants of this and many future workshops. Participants included teams of two from each of six participating regions in the central part of Russia that have favorable policy environments but do not yet have youth-friendly clinics. In addition, two members of the Ukrainian Network for Reproductive Health (URHN) were invited to attend. Training participants keep in touch with Volkova on their progress with advocating for youth centers in their cities. The Kaluga participants report that they have begun building local policymaker support through a series of three roundtables on RH and HIV issues and unhealthy behavior of adolescents; participants have included representatives of the municipal youth committee and the healthcare, education, and social policy departments. In Voronez, the training participants conducted an analysis of adolescent RH (ARH) and prepared an official inquiry to the city health care department on behalf of the Youth Committee about the need for creating a youth center; they also managed to obtain a letter of support from the deputy who represents Voronez in the Russian Federal Duma. In October, the Smolensk participants conducted a similar analysis and assessed needs and services in this area; based on the collected information, they prepared a letter to the oblast health care department advocating that a working group be formed to develop an oblast program on youth RH. None of this work is being facilitated by POLICY TA or funds.

In early October, POLICY's local training consultant, Alexander Borovikh, facilitated the fifth in a series of strategic planning workshops for each of the five regional networks in Perm. During the fall, each regional network submitted its draft strategic plan to POLICY and Borovikh for review and feedback. In order to help the networks augment and finalize their draft strategic plans, two leaders from each of the five networks and six from the host region gathered in Tver on December 18–19 for another POLICY-sponsored workshop. This workshop focused on identifying process and results indicators to develop a monitoring and evaluation plan and fundraising strategies for the networks' respective strategic plans. By the end of the workshop, the participants identified indicators and drafted monitoring and evaluation plans. All workshop participants expressed that the workshop was very helpful; Borovikh will communicate with the networks to help them finalize their strategic plans by the end of February.

To provide financial support and TA for the regional networks' ongoing advocacy efforts, a third and final round of small grants will be awarded; the grantees are concluding the activities described below and are preparing financial and technical reports for the second round of grants.

Tomsk Oblast. In July, POLICY awarded a third small grant to this network to support its strategy of advocating for ARH programs in rayons (counties) to ensure access to quality ARH services that will not be covered by the recently passed oblast-level program "Healthy Child for 2003–2005." In addition to its rayon-focused strategies, the network has continued with regional- and municipal-level advocacy strategies. One of their initiatives resulted in the adoption of a municipal prevention program for youth, entitled "Tomsk City Program 'Healthy Child' for 2003–2005."

Altay Kray. The network in Altay Kray has been advocating actively for a regional reproductive rights law. Having been reviewed and approved by the Health, Social Affairs, and Legislative Committees of the Regional Duma, all partners anticipated it would be discussed and approved by the full Duma in November or December. Unfortunately, this policy schedule coincided with the December political election cycle for the Duma. As often occurs, some candidates for the regional and municipal Duma campaigned negatively about FP/RH, and the sitting members of the Altay Kray Duma, who were supportive of FP/RH and the upcoming law, decided not to argue publicly with the candidates about this

issue. In personal meetings, the deputies expressed to network members that given the election cycle they were not ready to vote for the draft law. Not to be forestalled, the network continued its efforts with the general public and with policymakers. In response to the misinformation included in the negative campaigning, the network organized and conducted a small informational campaign in local mass media, both radio and TV, to increase public understanding and support of RH. Then, through a series of personal meetings, they advocated to regional and municipal legislative and executive powers to start the process of creating a comprehensive law on the region's health and fertility, which would include the components of the reproductive rights law. The head of regional administration issued a decree creating a cross-sectoral work group to draft this complex health law. The work group includes many supportive regional and municipal-level policymakers and two NGOs in the network. The work group has already had its first meeting, and the network's next grant application will request support for this initiative.

Far East Region. This network is focused on expanding the services in RH-related sections of various governmental strategic plans and on raising the priority of RH-funding in regional and subregional programs and legislative documents. As a step in its strategy, the network members in Khabarovsk worked with the Khabarovsk Kray Government Committee on Youth Policy and held meetings with representatives of the Kray Health and Educational ministries in order to advocate for several issues related to adolescent health and RH. Several youth-related initiatives were included into a Kray-level drug abuse decree as a result of the network coordinator's advocacy efforts. After completing its activities under the current small grant, the network will apply for a third POLICY small grant in January to obtain approvals for ARH programs in three oblasts in the Far East.

Tver Oblast. This network continues to focus its efforts to advocate for incorporating and funding several proposed RH prevention measures for municipal/regional health care as part of the "Tver Oblast Health Development Program" for 2005–2010, which was adopted in a general form in June. The network has observed and is working in a changed policy environment, particularly following the recent death of the Tver mayor who had been a strong supporter of the network's RH initiatives. On October 15, the network convened a well attended and publicized roundtable for NGOs and government officials to come together to discuss RH issues and options for taking a comprehensive approach to family health care in the oblast. The network plans to continue to find means of informing the newly elected mayor, the governor, municipal/regional executive powers, and the Municipal Duma Committee on Social Policies in order to gain their support for proposed RH initiatives.

Perm Oblast. This network is advocating to increase the oblast's budget allocation for the under-funded RH component of the regional program, "Family and Children of Prikamye from 2002–2005." During this reporting period, the network prompted a significant opportunity for future collaboration with the public sector on RH financing. As part of their strategy, the Network Coordinator, Dr. Valentina Filippova, wrote to the Head of Regional Legislative Council (Duma) to urge that the regional budget fully fund all components of the program (with emphasis on the RH component) for 2004–2005. The Head of the Regional Council, Mr. Devyatkin, forwarded Filippova's letter to the Regional Governor supporting Filippova's suggestions. The August 28, 2003 response from the Governor's office to Devyatkin stated that for the year 2003 the Perm Regional Administration will provide 3,470,000 rubles for the "Safe Motherhood" and "Healthy Child" components. In the attached 14-page description and funding history of the program, he acknowledged that unfortunately the 2002 funding for these components had been limited. In the same letter, the Governor suggested that a working group be constituted to work on the mentioned requests, pointing to the regulation that allows for the official creation of such a group. The copy of the response from the Governor's office was forwarded by Devyatkin to Filippova as an attachment to his September 4, 2003 letter, which Devyatkin addressed to her personally. In this letter he informed Filippova that the Legislative Council had requested the Regional Administration to fully finance the program starting in 2004.

Although Dr. Filippova does not think that her letter on behalf of the network influenced the 2003 funding decision, her letter and the responses signal a significant opportunity for the Network to participate more directly in the RH funding process for 2004 and beyond. In October, the network organized a roundtable with local policymakers, during which its members advocated for making official the Governor's suggested working group, for including network members in that group, and for endorsing the Duma's request to the Regional Administration. The roundtable participants agreed with the network's suggestion and the network expects to have this verbal decision formalized into a written order.

During the same period, the network was planning and implementing its local city-level RH advocacy strategies. The Solikamsk City Duma approved a municipal RH program for 2004–2007. Under Dr. Filippova's leadership, the network developed the program, and it was approved almost without modification by the Duma.

UKRAINE

Program Objectives: POLICY's goal in Ukraine is to strengthen the ability of the Ministry of Health (MOH) and local partners to implement the National Reproductive Health Program 2001–2005 (NRHP) and policies that improve RH services. This is accomplished largely by providing technical and financial assistance to two groups:

- The Policy Development Group (PDG), which identifies and makes recommendations to remove operational policy barriers that impede successful program implementation; and
- The Ukrainian Reproductive Health Network (URHN), which advocates for adoption and funding of the NRHP at regional levels and the creation of and financing for youth clinics to ensure better access to RH services for youth.

To stem the spread of HIV/AIDS, POLICY is working with NGOs and policymakers to document the barriers persons living with HIV/AIDS (PLHAs) face when trying to access reproductive health (RH) services and to recommend needed reforms in laws, policies, and regulations. The focus is on upholding human rights (HR) principles of reproductive choice, nondiscrimination, and confidentiality, as well as improving access to services for HIV-positive pregnant women and reducing mother-to-child transmission (MTCT).

In addition, during this period POLICY began assisting the Mission in implementing its new HIV Strategy.

Summary of Major Activities:

FP/RH

Field Support Activities. POLICY continued its support to the PDG in strengthening recommendations to remove operational policy barriers and to the URHN in implementing its advocacy campaigns. In addition, POLICY continues to analyze data from interviews with HIV-positive women and providers and has initiated a targeted legal review focused on issues of reproductive rights. POLICY also supported the MOH as it finalizes the NRHP's M&E plan and begins the process of reviewing implementation over the past two years. POLICY culminated implementation of the core package with dissemination of study findings at a national roundtable policy dialogue.

PDG. POLICY is assisting the MOH in finalizing an MOH order on inpatient obstetric-gynecological (Ob-Gyn) care (the Inpatient Order) and is assisting the PDG to develop an RH Guide.

Developed by PDG members in 2003, the Inpatient Order was finalized by the MOH's departments and POLICY's specialists according to feedback sent by oblasts' chief specialists and university Ob-Gyn and neonatology departments and was approved on December 29.

At a spring 2003 PDG workshop, several local RH experts expressed the need for an RH guide that will add specificity to their recommendations for policy change to enable local policymakers to successfully implement new policies. The PDG concluded that RH specialists at regional and national levels, policymakers, and the community need an RH guide to serve several related purposes that will help gain political support for the policy changes and assist in successfully implementing them. On October 25, POLICY held a special one-day PDG meeting to review and discuss the draft outline of the RH Guide; identify PDG members who will be responsible for writing the RH Guide and those who will edit particular chapters; and discuss the plan and timeline for development of the RH Guide. After the

meeting, three PDG members drafted the RH Guide based largely on materials developed by the PDG during 2001–2003. The first draft of the RH Guide was discussed during the PDG meeting on December 13. According to suggestions and amendments made by PDG members during that meeting, writers are revising the RH Guide for the next round of discussions that is tentatively scheduled for February 2004.

Monitoring and Evaluation (M&E) for NRHP. POLICY is assisting the MOH in finalizing an M&E Plan for the NRHP 2001–2005. On December 19, representatives of the MOH, Ministry of Economy and European Integration (MOEEI), Academy of Pedagogical Sciences, Academy of Medical Sciences, Center for Ukrainian Reform Education (CURE) Project, POLICY, the URHN, and the FP Association gathered for the first in a series of working meetings to discuss implementation of the NRHP for the period 2001–2003. The group discussed the draft M&E plan that is expected to be updated and approved by the MOH in February 2004.

URHN. POLICY continued to support the URHN's plans to become more sustainable and increase its capacity to advocate for the implementation of the NRHP at regional and national levels in Ukraine. On October 23–25, POLICY supported a three-day meeting of the URHN in Kyiv focused primarily on revising a strategic plan first discussed at the June URHN meeting, updating the current status of on-going advocacy campaigns, planning further advocacy steps, and obtaining skills to conduct an effective public relations (PR) campaign. Participants represented 20 NGOs in Ukraine, including one new member from Chernihiv oblast. The new NGO member, "Saint Maria Fund," is working with women on cancer prevention.

Network members revised the strategic plan's objectives, and at the next URHN meeting in February, they will edit the M&E section. URHN members filled out another sustainability checklist (the baseline was done in 2001), which showed that the network needs to strengthen its financial sustainability. As a result, it decided to develop a database of donors and write proposals to donors on further program activities according to the URHN strategic plan. Network members Olga Kobets, Oksana Kolesnikova, Katerina Garkava, and Ludmilla Logginova have formed a working group that has met twice thus far to develop a proposal on behalf of the URHN to address the problem of a low level of awareness of RH issues among students aged 14–17. The proposal should be finished by February 2004. The proposal will be submitted to USAID/UCAN and other donors interested in supporting RH issues.

A key issue URHN has been addressing as part of its sustainability plan is to raise its own visibility while increasing the population's awareness of RH by issuing newsletters. The network's first newsletter was published in fall 2003 and disseminated among members and NGOs that are included in the network's NGO database (created for the MOH to promote greater collaboration with NGOs working on RH issues). The URHN expects that the newsletter will help increase its visibility, raise awareness of the importance of RH issues in Ukraine, and attract new members. A second newsletter, devoted to youth issues, is now being drafted. The member responsible is Olga Kobets. The edition will likely address key youth issues such as RH, HIV/AIDS, and healthy lifestyles.

Oksana Kolesnikova and Larissa Skvira took part in training on youth clinics on their trip to Smolensk, Russia, in summer 2003. Designed by Olga Volkova, a member of the POLICY-supported Russian Reproductive Health Network, the training took place on July 21–25 and focused on teaching advocacy approaches for use in campaigns aimed at creating youth clinics. It included information on how to create and operate youth clinics and methods to involve the community and other agencies working with youth. At the October URHN meeting, Skvira and Kolesnikova shared their plans to conduct an advocacy campaign to set up youth clinics in Kremenchug and Poltava.

Anna Seredinskaya also presented information on the draft advocacy campaign she is initiating on behalf of the URHN on ensuring women's reproductive rights in three cities: Makeevka, Donetsk, and Odessa.

Svetlana Drobisheva updated the network on progress in the advocacy campaign to improve the RH component in school curricula. Network representatives organized a national roundtable dedicated to secondary schools and RH on December 22. The roundtable included 55 RH and youth specialists, including representatives of the MOH, Ministry of Education (MOE), Cabinet of Ministers (COM), Academy of Medical Sciences, Academy of Postgraduate Studies for Teachers, Academy of Postgraduate Studies for Doctors, UNICEF, teachers, directors of schools, heads of city health administrations, and youth. A press conference took place before the roundtable to increase press around the issues of youth. The facilitator at the roundtable, Zoreslava Skiriak-Nyzhnik, a professor from the National Institute of Pediatrics and Gynecology, led discussions. There were many thoughtful and interesting suggestions made, some of which will be considered for inclusion in a resolution that will be sent to the MOE, MOH, and COM in January or February 2004. Perhaps most importantly, the MOE informed participants that starting in 2005 a new obligatory subject will be launched in all schools of Ukraine called the “Basics of Health.” It includes 17 lessons per year for each grade. Experts are starting to design a manual and training courses for teachers who will teach the health courses. A number of suggestions at the roundtable were related to this important subject. URHN members disseminated *Secondary School and Reproductive Health*, a book they wrote using a POLICY minigrant that includes 20 articles on the RH of adolescents. A technical report will follow in early 2004.

The PR training provided as part of the network’s October meeting was led by an expert from the CURE Project: Andriy Kulish, author of the book *Public Relations for the NGO Sector*. It is expected that the skills and knowledge received at the training will help the network improve its image, attract new members, and increase awareness of RH and HIV issues.

RH/HIV Initiative. POLICY is continuing to analyze qualitative research findings from interviews with HIV-positive women and providers and edit a draft research report on those findings. In addition, POLICY’s subcontractor has drafted a targeted legal review.

POLICY continued to work on the first draft of the qualitative research study.³ It took POLICY’s subcontractor, UISR, longer than expected to draft the report, and it is now taking considerable time for POLICY to review and edit it due to what seems to be confusion over coding. Monica Medrek, Lindsay Flury, and Oleg Semerik, with assistance from Anne Eckman and Karen Hardee, are reviewing the data and rewriting the draft report, which includes checking the research findings, reorganizing the study’s format, and reviewing the proposed references to Ukrainian legislation. The draft should be ready in February 2004 when it will be reviewed by the Community Advisory Board (CAB). The final report is expected to be produced by March.

POLICY held a CAB meeting to facilitate the CAB’s analysis of the initial research findings from interviews with HIV-positive women and RH providers. The CAB identified the four most critical human rights violations that require a legal assessment to determine whether the rights are provided for in Ukrainian laws and regulations. The CAB felt the top issues were related to (1) confidentiality and medical record keeping; (2) confidentiality of one’s HIV status; (3) regulation of pre- and post-test counseling, including informed consent; and (4) reproductive choice. POLICY’s RH/HIV initiative will focus on the aspects of the RH issues that were identified as unique to positive women.

³Conducted by the POLICY Project and its subcontractor, the Ukrainian Institute for Social Research (UISR), the qualitative research study documents barriers HIV-positive women face accessing quality reproductive health and specifically maternal health services in Ukraine.

Using the initial research findings and the CAB's input, POLICY has initiated a targeted legal and regulatory review, which focuses largely on reproductive choice issues. As research findings show, women are sometimes pressured to abort and often are not counseled or provided with FP to avoid unwanted pregnancy. While the main focus will be on these and related reproductive rights issues, the study will also look at the strongly linked issues of access to information to make informed and voluntary decisions, confidentiality, and nondiscrimination—all of which the CAB pointed out are critical to being able to make informed reproductive decisions.

POLICY drafted an outline of a targeted legal and regulatory review and a guide for the group of local and international legal and medical experts that are conducting the review. Using the guide, a local human rights expert, Professor Mikhail Buromensky, has begun the legal review. It includes identifying relevant Ukrainian laws, regulations, and guidelines and comparing them to international human rights instruments to which Ukraine is a party. The international standards will serve as a framework for carrying out further analysis and drafting recommendations. Medical expert, Professor Natalia Nizova, is assisting Buromensky in collecting and reviewing local regulations, drafting recommendations, and writing parts of the report. Local legal and health expert, Chief of Secretariat of Health Care, Motherhood, and Childhood Committee of the Verkhovna Rada (Parliament), Dr. Volodymyr Rudi, will review the draft report and provide critical comments on the conclusions, policy statements, and recommendations. Lane Porter, POLICY's human rights expert, and Monica Medrek are providing guidance to the local experts and will review and edit the final paper. POLICY will prepare a synthesis report linking the findings from the interviews, the review of Ukrainian laws, the international comparison, and additional documents to be used in policy dialogue.

TA to Kamianets-Podilsky (KP). During the reporting period, POLICY's local consultant and KP representative, Olga Slobodian, developed spreadsheets to calculate the cost of each activity specified in the City Reproductive Health Program (CRHP) and carried out sensitivity analyses. The latter was needed by the KP city government to help make final decisions about the scope of the CRHP's interventions, e.g., deciding which groups will receive free contraceptives, whether iron supplements can be offered free to all pregnant women, whether to buy lab equipment or outsource lab test provision, and so forth. POLICY consultants reviewed all collected information on the cost of inputs necessary to implement activities specified in the CRHP and prepared a report that was presented to and discussed with the KP City Health Care Administration (CHCA) in early November. In that meeting, the draft CRHP budget was agreed on and the activity report was approved. In December, the CRHP budget was finalized and submitted to the KP CHCA. The CHCA submitted the CRHP budget, as a part of the total city budget, to the City Council. The council held the first budget hearing and supported it in general (i.e., the total amount of city spending and for major sectors: education, transport, health care, etc.). The program was considered as part of the city health care budget—although an autonomous one—and the final decisions on separate line items within the major budget categories, including a line item called CRHP, were made during a special budgetary session on December 29, 2003.

These discussions happened very late in the calendar year given that the budget passed is for 2004. According to local KP authorities, the delay in the budget hearings was caused by changes in the revenue structure of local budgets. Starting January 1, 2004, a uniform personal income tax is being introduced in Ukraine equal to 13% of wages. Since this represents a large reduction in current personal income tax rates, and the personal income tax was the biggest revenue source for local budgets, analysts forecast considerable reductions in tax revenues. Hence, all budget expenditure decisions are being made slowly and carefully now.

If any changes to the CRHP and budget are needed, KP can likely make budget forecast-dictated amendments independently with the help of Olga Slobodian, whose capacity to do this has been enhanced by working with POLICY's consultants over the past several months.

Core Package Activities. POLICY and MEDMA finalized a report and policy brief based on the Reproductive Health Resource Efficiency Study conducted in the cities of KP and Svitlovodsk. On November 13, the MOH and POLICY co-hosted a policy dialogue roundtable in Kyiv to disseminate and discuss the study findings. A diverse group of policymakers, including representatives from the MOH, the Verkhovna Rada Committee on Health Care, Motherhood, and Childhood, the Kamianets-Podilsky city administration, KP's mayor, other city and oblast health administrations, URHN members, and the MOEEI, participated in the roundtable. The roundtable participants expressed interest in sending a memorandum of recommendations from the roundtable to relevant policymakers in the President's Administration, Verkhovna Rada, the MOH, and other ministries by the end of the year. This marks the end of programmatic activities under the core package. POLICY will continue to monitor and report results as well as prepare final documentation on the core package.

HIV/AIDS

Field Support Activities. POLICY began assisting the Mission in implementing its new HIV/AIDS Strategy. POLICY has begun identifying new technical staff to be hired in-country, and identified a new country manager, Philippa Lawson. POLICY began assisting the MOH in developing new HIV policies, including the National HIV/AIDS Concept through 2011, a new multisectoral prevention of mother-to-child transmission (PMTCT) program, and the National HIV/AIDS Program 2004–2008 (the latter of which involved POLICY's TA prior to this reporting period). Also, POLICY continued TA to a coalition of HIV service NGOs and PLHAs and with core funds, provided advocacy training for PLHAs from 12 countries in the E&E region. POLICY assisted the Mission by providing technical and logistical support for two M&E workshops for HIV/AIDS program managers in partnership with the Synergy Project and organized a meeting to discuss results from the HIV/AIDS Services Coverage Study.

The National HIV/AIDS Concept through 2011. In response to the President's commission No. 1-1/952 (of August 4, 2003) regarding the development of a draft Concept of the State Policy to Fight HIV/AIDS for the Period till 2011 and in accordance with MOH order No. 397 (of August 26, 2003), a multisectoral group was formed to develop the above-named concept. The Concept of the State Policy to Fight HIV/AIDS for the Period till 2011 is aimed at overcoming negative trends in the spread of HIV/AIDS and its consequences for Ukraine. The concept sets priorities and strategic areas within the political and socioeconomic context to enable successful implementation of the State Policy. In late September, the MOH asked POLICY to provide TA to develop the concept's political commitment component. POLICY's participation was approved by USAID/Kiev and a group of POLICY's specialists, including Pablo M. Magaz, Senior Advisor/Advocacy HIV/AIDS, Monica Medrek, and Oleg Semerik assisted with its development. Submitted to the MOH on October 6, the political commitment component was incorporated into the draft concept by the MOH and submitted to the Cabinet of Ministers (COM) on November 27. On December 2, the COM returned the draft concept to the MOH with remarks. By the end of this year, the MOH will revise and resubmit the draft concept to the COM. Once approved, the COM will submit it to Verkhovna Rada for review and approval.

Support Regular Planning and Working Group Meetings to Help the MOH Create its New PMTCT Program. The MOH, citing its interest in using POLICY's RH/HIV study findings, requested POLICY's assistance in developing a new PMTCT program for 2004–2008. On December 9, POLICY held a one-day meeting of the multisectoral experts' group to discuss results of implementation of the PMTCT program for 2001–2003; identify and discuss operational policy barriers in the area of PMTCT; and discuss a tentative plan for the working group on further development and implementation of a new multisectoral PMTCT program for 2004–2008. Experts from different organizations, including representatives from oblast and city health administrations, Secretariat of Verkhovna Rada Committee on Health Care, Motherhood and Childhood, CAs, and PLHAs discussed materials prepared by UNICEF,

WHO, and the MOH on implementation of the PMTCT program for 2001–2003. Using tools promoted by the POLICY Project, participants identified 19 operational policy barriers that preclude successful implementation of PMTCT service in Ukraine. Barriers include a lack of agreed upon uniform VCT standards, an absence of agreed upon uniform university curricula for study programs on PMTCT, absence of an M&E system for PMTCT activities elaborated in the prior program, and the lack of a clear budgeting system for PMTCT activities. Experts decided to draft proposals to improve the multisectoral PMTCT program 2004–2008 and to discuss them during the next working meeting tentatively scheduled for January 21, 2004.

Status of the Draft National HIV/AIDS Program, 2004–2008. In the first two quarters of this year, POLICY supported the MOH's Department for the Prevention of Socio-dangerous Diseases, AIDS, and Healthy Lifestyle Promotion (MOH's Department on AIDS) in an effort to develop an HIV/AIDS Prevention, Care, and Treatment Program for 2004–2008. POLICY provided TA to develop the Political Support and Management component of the program, reviewed the draft program, and provided recommendations to strengthen it. The draft program has been reviewed and approved by all ministries and state oblast administrations involved in program implementation. The MOH has submitted the draft program to the COM for approval. It is expected that the draft program will be approved in December/January to become a part of the National HIV/AIDS Policy.

M&E Workshops. In early September, USAID/Kyiv requested that POLICY help organize two M&E workshops to assist Ukrainians with developing the National HIV Program's M&E Plan. The purpose of the two workshops was to help draft a joint, National HIV M&E Plan in September and October of 2003 and prepare the workshop participants for a Commonwealth of Independent States (CIS) regional workshop that was held in November in Kyiv. POLICY, in partnership with the Synergy Project, provided assistance to the Mission in conducting two workshops for about 20 managers of HIV/AIDS programs, representatives of 13 government ministries, Prime Recipients of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), NGOs, and PLHAs. Both workshops were held in Kiev—the first in late September and the second in late October. A small working group of Ukrainian stakeholders was identified during the first workshop to refine the draft plan between the workshops. As a result of the workshops, a draft National M&E Plan was developed that includes indicators reflecting 1) the goals and objectives of the draft National HIV/AIDS Program for 2004–2008; 2) indicators required for UNGASS reporting (with one exception);⁴ and 3) indicators considered important by government organizations and NGOs, including the GFATM indicators in Ukraine. The MOH effort to establish a national M&E system in Ukraine, including results of these two M&E workshops, was presented at the CIS Regional M&E meeting held in Kyiv on November 11–13.

The two M&E workshops form part of the effort to develop a national M&E system, which includes the following steps: 1) assessment of the current M&E system; 2) development and prioritization of national indicators (core and additional indicators); 3) identification of institutions responsible for implementation of the national M&E system; 4) operationalization of the M&E plan (coordination of the data collection and analysis, reporting, sharing and use of information); 5) identification of needed resources; 6) finalization of the draft National M&E Plan and National M&E Guide, and submission for approval to the State Committee on HIV/AIDS by March 2004; 7) training for national M&E trainers (by May 2004); 8) provision of regional M&E trainings; and 9) implementation of a National M&E System.

Oleg Semerik, Policy's local RH/HIV Technical Advisor was invited to serve on the M&E Advisory Group (AG) that was set up by the MOH with assistance from UNAIDS. The AG will continue to work on developing the National M&E System. The AG held five meetings in December. Using the draft indicators developed during the two M&E workshops, the AG has identified 15 core and 10 additional

⁴ The one indicator excluded is orphans' school attendance, which was not deemed a current priority for Ukraine.

indicators to be used for the HIV/AIDS National M&E Plan; reviewed the results of the UNAIDS assessment of the current M&E system; discussed the draft plan for the national M&E system; and agreed on the next steps to develop the national M&E system.

National Health Accounts (NHA) Workshop. At USAID/Kyiv's request, POLICY identified and supported the travel of three Ukrainian officials to the NHA Workshop held in Almaty, Kazakhstan, on December 8–13, for the CIS. Ukraine's participants included Svitlana Petrivna Bezpalko, Deputy Chairman, Department of Finance for Health Care and Social Programs, Ministry of Finance; Yuriy Mykolaevych Vitrenko, Chairman, Department for Humanitarian Development, the MOEEI; and Valentyna Ivanivna Luzan, Deputy Director, Department of Economy and Finance, MOH. All three deal with health care finance issues in their respective ministries. The workshop served to introduce the methodology and basic concepts of the NHA framework with a component on how to capture the flow of funds for HIV/AIDS. NHA is a methodology for obtaining a comprehensive and consistent picture of health care spending in a country. By systematically tracking the flow of funds through the health system, NHA helps to reveal the allocation and distribution of resources and assist policymakers in evaluating efficiency and equity implications of health reform programs. NHA can show how funds are being spent within the system on HIV/AIDS activities as part of the overall effort to improve transparency in the health system—something many believe is needed in Ukraine. As a result of this workshop, participants will likely support implementation of NHA strategies in Ukraine because now they understand its importance and how it works. Moreover, the participants seemed to appreciate how it can capture and estimate expenditures on HIV/AIDS within a logical framework and how to produce, analyze, and apply NHA methodologies to better inform decision makers of key health policy issues.

Coverage of Essential HIV/AIDS Services Review. At USAID/Kyiv's request, POLICY provided logistical support to hold a brief meeting with stakeholders to review the initial findings from the *Coverage of Selected Health Services in HIV/AIDS Prevention and Care in Less Developed Countries, 2003*. USAID, in collaboration with UNAIDS, WHO, the Centers for Disease Control (CDC), and the World Bank conducted a second HIV/AIDS coverage survey for 2003. In Ukraine, POLICY funded two local consultants (Yuriy Kruglov and Larissa Bochkova) to estimate the size of the most-at-risk populations for HIV and estimate the current coverage of essential HIV/AIDS services for those groups. The purpose of this study is to measure progress toward the goals of the UNGASS Declaration and of each partner organization. The results will be useful to national programs in tracking their progress, planning for the future, and reporting to UNAIDS and other donors. The brief meeting was held at the POLICY/Kyiv office on November 26. Participants were able to review and discuss the preliminary results of the survey, its accuracy, sources and applications of the data, and the estimates of sizes of the vulnerable populations. There were some disagreements that are being further investigated before Ukraine's results are considered final.

Support to a Newly-forming Coalition of HIV/AIDS Service NGOs and PLHAs. The lack of transparency and equity in GFATM planning and implementation processes in Ukraine has spurred NGOs who have an interest in fighting the HIV epidemic to unite for their common cause. While these NGOs lack key skills to advocate for greater NGO participation in GFATM program development, implementation, and evaluation, they are committed to carving out a role for themselves and ensuring the GFATM grants bring results to Ukraine in a transparent manner. In June 2003, 30 NGO leaders working in HIV met to discuss the problems NGOs face working with GFATM primary recipients and partners and to find ways to be more involved in GFATM planning and implementation processes. At the June meeting, sponsored by POLICY and HIV/AIDS Alliance, the NGOs agreed that ensuring greater civil society participation on all levels is needed to promote true multisectoral implementation of the GFATM. As a first step, they decided to create a coalition that will 1) unite networks and individual NGOs to effectively work on HIV/AIDS prevention and support PLHAs; 2) coordinate NGO activities in Ukraine; 3) cooperate with GFATM and government stakeholders; 4) ensure the transparency of GFATM planning and

implementation processes; and 5) strengthen the role of the nongovernmental sector in implementation of the GFATM grants. On December 11, the first meeting of the working group that is preparing for a conference for the coalition met in POLICY's local office. Sixteen NGOs from Ukraine, including representatives from the PLHA Network, Harm Reduction Network, and Ukrainian Reproductive Health Network, received critical information on the steps to build a coalition (e.g., how to develop a mission statement, organizational structure, communication tree, charter, and norms). In addition, they developed a common vision of the coalition of HIV service NGOs and divided responsibilities among themselves to develop the specific elements that are needed to create the coalition by the next working group meeting, scheduled for January 20, 2004. The Conference of HIV Service NGOs is tentatively scheduled for February 19–21, 2004. Olena Suslova works with Olena Truhan as a consultant to POLICY on this activity.

Core-funded Activities

Advocacy Training for PLHAs from Eastern Europe. The EuroCASO partnership office in Eastern Europe, located in Vilnius, Lithuania, requested that POLICY/Ukraine advocacy trainers provide training for HIV service NGOs and PLHAs to develop their advocacy skills. The training aimed to increase the capacity of NGOs and other civil society representatives to address HIV issues at local and national levels in their countries. The training took place in Vilnius on November 19–22. The 25 participants represented 12 CIS countries.

The Vilnius training was planned as a follow-up to the conference on “Increasing Opportunities to Conduct Advocacy to Forward the Rights of PLHAs in the CIS,” held in Minsk, Belarus on May 7–11, 2003. After that conference, a one-year AIDS Advocacy Grant Program for CIS countries was launched by the Tides Foundation and IHRD/OSI. While the Minsk conference aimed to introduce the concept of advocacy and see how advocacy could help to obtain positive changes in HIV/AIDS, the grant program is to provide financial resources to implement advocacy activities in the CIS region in 2004. The follow-up step identified by Minsk meeting participants and people involved in the grant making process was that the participants still needed to build their advocacy skills. Hence, the November workshop was designed to support the organizations that received grants to conduct advocacy campaigns and to encourage others to undertake advocacy activities. Olena Truhan, POLICY's local advocacy coordinator, Oleg Semerik, POLICY's local RH/HIV technical advisor, Ludmilla Logginova, an active URHN member and director of programs for an NGO called COMPASS that works on youth issues, and Alexandr Levin, a Russian specialist on working with mass media facilitated the sessions. The workshop went very well as evidenced by having met the expectations and needs of participants. Namely, there was an exchange of advocacy experiences and transfer of knowledge and skills on how to successfully conduct advocacy campaigns. Some of the participants had the chance to improve their on-going advocacy campaign plans and some of them developed advocacy campaigns for the future. It is expected that the participants will use these skills in their advocacy efforts to address problems related to treatment for PLHAs in their respective countries and they will share their lessons learned with one another. The Belarus, Ukraine, and Moldova contingent worked on the lack of quality and accessible medical services for PLHAs. The problems in these three countries are similar.

LAC



EL SALVADOR

Program Objectives: The primary objective of POLICY's work in El Salvador is to provide technical assistance (TA) and support to the Asociación Demográfica Salvadoreña (ADS) to conduct secondary analyses of the recently conducted demographic and reproductive health survey (FESAL 2003), and to use the data to provide strategic information on FP/RH issues to policymakers so they can better respond to national needs. POLICY will support ADS in developing its own internal capacity for such data analysis. POLICY will also provide TA to complement ADS's plans for disseminating FESAL results by working with new stakeholder groups, such as the media and universities. Finally, POLICY will help ADS improve its internal capacity for advocacy.

POLICY will accomplish the above goals through a series of workshops and one-on-one training and TA activities. ADS staff will work closely with POLICY staff to define the secondary analyses to be conducted and will receive on-the-job training in how to conduct them. In addition, a larger group of ADS staff and other stakeholders will receive training in Use of Data for Decision Making, as well as in Data Analysis Applications and Demographic Projections. POLICY will help ADS raise awareness among journalists and universities about the importance of FP/RH data through workshops for the media and one-on-one contacts with university representatives in departments of sociology, demography, or public health applications. POLICY will also provide training and TA to ADS in developing an organizational advocacy plan.

Summary of Major FP/RH Activities:

In November 2003, Nancy Murray, Country Manager, and Varuni Dayaratna, LAC Regional Manager, made an initial visit to El Salvador to discuss proposed activities and to develop POLICY's workplan. During this trip, POLICY staff met with USAID/San Salvador, ADS, and other CAs to discuss POLICY's proposed activities and agree on priority areas of TA. During and after the visit, POLICY staff developed a draft workplan, timeline, and budget, all of which are currently being fine-tuned in consultation with the ADS and USAID/San Salvador. The bulk of POLICY activities in El Salvador will not begin until June/July 2004 after the final FESAL 2000 report has been produced and publicized.

GUATEMALA

Program Objectives: The goal of POLICY assistance in Guatemala is to help create a favorable policy environment for FP/RH and promote recognition of linkages between population and development. To achieve this goal, POLICY will:

- Support the active participation of private and public sector organizations in public information campaigns, advocacy activities, and reproductive health (RH) and population policy formulation;
- Provide assistance in monitoring the RH policy environment through civic surveillance, including monitoring the status of human rights, namely health and sexual and reproductive rights, and investments in RH;
- Help develop and/or strengthen policies, laws, regulations, and plans that promote and improve access to FP/RH services, including those related to resource allocation;
- Provide training in data analysis and develop information and communication tools for educating decision makers, professional associations, civil society organizations, and other groups in FP/RH, population, and development policy issues; and
- Provide assistance to develop, update, and transfer policy tools and methodologies to ensure that up-to-date and relevant information informs policy decisions and to strengthen human resources in FP/RH policy analysis through formal educational programs.

Summary of Major FP/RH Activities:

Guatemala held two rounds of elections—a Presidential Election on November 9, in which none of the contending parties obtained the required majority, and a run-off election between the two lead vote-getters (GANA and UNE) on December 28. On December 28, with 54 percent of the votes, Gran Alianza Nacional (GANA) declared victory. GANA is considered a conservative party with strong links to the private sector.

The bulk of POLICY's activities during the last six months focused on the elections, namely on implementing activities in the electoral strategy (2002–2004) to guarantee conditions for continuity of FP/RH policies, resources, plans, and programs between the present government and the next one. POLICY worked with contending political parties to raise awareness and garner their support for RH and with the current administration to put in place policies and laws that support RH, as well as health in general. Within this context, POLICY also provided technical assistance (TA) to different local counterparts in planning and implementing various activities for the final stages of the electoral period. They included, among others, the Women's Network for Building Peace, the Guatemalan Association of Women Physicians (AGMM), and the Association of Gynecology and Obstetrics of Guatemala (AGOG). POLICY facilitated working groups and technical sessions that resulted in debate, dialogue, and ultimately, the creation in July and August of two coalitions formed for the primary purpose of advocating with political parties for the health of women and children both in the electoral and post-election periods. The two coalitions are:

- (1) The Coordinating Committee for Political Action on Health and Women's Development (Instancia Coordinadora de Acciones Políticas por la Salud y el Desarrollo de las Mujeres—Instancia), composed of two networks and 23 women's and human rights organizations and professional associations that focus on women's health and rights. Its goal is to advocate with political parties for attention to and financing for integrated women's and reproductive health issues; and
- (2) The Guatemalan Forum of NGO Networks Working on Reproductive and Child Health (Redes de ONGs de Salud Infantil y Reproductiva de Guatemala—Foro de Redes), composed of seven networks (representing 150 service delivery organizations) that belong to the MOH's Health Coverage

Extension Program (SIAS). Its goal is to advocate with political parties for universal health coverage and financing, including coverage for RH and other women's health care services.

Following their creation, POLICY supported these networks in their efforts to advocate for their causes with political parties and presidential candidates. With POLICY's support, the two coalitions developed two policy proposals titled "Priority Actions for Addressing the Health of Women in Guatemala: Considerations for Inclusion in Public Policies and Plans of the Government 2004–2008" (Instancia); and "Right to Health and the Situation of Vulnerable Communities" (Foro de Redes), which were presented to the political parties between August and December.

At a press conference in October, Instancia, in collaboration with the political parties, presented a document titled "The Minimum Agenda and Proposals of the Political Parties for Health, 2004–2008," which was prepared with TA from POLICY. The document outlines the parties' professed commitments in the area of health and will serve as a powerful advocacy tool in the post-electoral period. In December, in a second press conference, the technical health teams of GANA and UNE presented their responses to health needs for development and, in particular, addressed issues related to women and children. In their presentations to the press, both parties extensively used information from the October proposal developed by Instancia and POLICY.

POLICY also worked closely with the aforementioned coalitions and organizations to implement a series of national forums for the political parties on women's development and RH, maternal-child health, health financing, the coverage extension program, and decentralization. POLICY provided technical and financial assistance at all the stages of planning and implementing the forums by facilitating working group sessions and consultative meetings, making contact with political parties and candidates to ensure their participation, and preparing awareness-raising materials and policy presentations/documents. Four important forums were completed as a result of this process prior to the first electoral round: the "National Forum on the Health Situation of Guatemalan Women: Challenges and Opportunities for the Next Five Years," conducted in collaboration with Instancia; the forum on the "Right to Health and the Situation of Vulnerable Communities," conducted by Foro de Redes; the forum on the "Minimum Agenda for Women's Development," conducted in collaboration with COBISOGUA and directed at the spouses of the presidential candidates; and the forum on "Women in Diversity," conducted with the Women's Movement and the network REMUPAZ. Nine different political parties participated in the forums, including the two parties that faced off in December's run-off elections, GANA and UNE. Presidential and vice presidential candidates from the parties as well as the technical health teams participated in the forums.

POLICY also provided key information for health policy development to all political parties participating in the first round of elections, and subsequently to GANA and UNE prior to the run-off election. POLICY met with parties that requested assistance and expressed interest in using information for policy formulation. During the meetings, technical staff were introduced to POLICY tools and approaches—namely the SPECTRUM suite of models, the Safe Motherhood Model, and operational policies—that can be used for analyzing information for decision-making purposes. GANA and UNE demonstrated much interest in having access to POLICY tools and receiving TA in the event that they are elected.

Between November 10 and December 28, POLICY worked with Instancia to prepare for the second electoral round of the electoral strategy. Advocacy, awareness-raising, and policy dialogue activities during this interim period took the form of individual meetings with candidates, who chose to avoid public confrontations and exposure to attack and more public meetings with their technical teams. In December, POLICY sponsored a public forum with the candidates' wives in Alta Verapaz, the department with the highest maternal mortality rate in Guatemala. Hundreds of Mayan women attended the event at which local organizations, in collaboration with Instancia, presented to the candidates' wives

a compendium of demands designed to improve the quality of life of rural and indigenous women. Some of the demands addressed access to FP/RH services.

In the interim electoral period, POLICY developed two political scenarios that took into consideration a GANA versus a UNE administration. Based on the information provided by the scenarios, POLICY will work in early January with the various organizations of Instancia, REMUPAZ, and COBISOGUA, as well as USAID/Guatemala to prepare a six-month post-electoral strategy designed specifically for the new government. The strategy will respond to the current USAID strategy that ends in September 2004. In December, POLICY also prepared a draft analysis of GANA's proposed health policies in order to understand their impact on key programs and activities related to FP/RH.

Other POLICY activities during the electoral process were directed at congressional candidates and incumbents. In collaboration with La Cuerda, a local media organization, POLICY carried out several meetings with elected Congresswomen to raise awareness about RH and women's issues and hosted a National Encounter of Women Journalists to prepare them for the electoral process. With GEMAS, an NGO in the department of Sacatepéquez (member of Instancia), POLICY organized a campaign on "Political Participation, Female Citizens and the Right to Social Surveillance." The campaign included a forum designed primarily to obtain from congressional candidates in Sacatepéquez a firm commitment to support and advance women's issues, including RH. Community leaders from the 17 municipalities of Sacatepéquez participated in the forum, at which the six local congressional candidates signed, in a signal of commitment, the Women's Agenda presented to them. With technical and financial support from POLICY and as part of the ongoing campaign "No More Violence against Women—A Legislative Commitment," REMUPAZ organized a working session and discussion with congresswomen on the topic of gender-based violence. During the meeting, REMUPAZ presented a declaration on "Demands and Denunciations Against Violence Against Women," which the congresswomen endorsed. They also expressed their commitment to working in favor of women's development, including women's health.

POLICY also worked with the current administration to solidify legislation and policies that favor RH and health financing. POLICY continued to coordinate with the MOH and USAID to support the Health Financing and Economics Commission in its efforts to promote a more favorable allocation of public sector resources for RH. Within this context, POLICY, USAID, and other CAs and donors formulated a formal donor declaration in favor of increasing the national budget for health. In October, POLICY, USAID, and the Pan-American Health Organization (PAHO) held a press conference to publicize the declaration. The U.S. Ambassador participated in the event and emphasized the need to invest in social development. POLICY also provided TA to the MOH in developing the 2003 National Reproductive Health Report, which the Minister of Health presented to civil society organizations and media representatives in December.

As part of the operational policies core package, in September, POLICY staff met with high-level MOH officials to discuss two policy interventions that were determined by stakeholders (in a February workshop) to be of highest priority in assuring continuity and sustainability of Guatemala's RH programs in the face of changing governments and mercurial political climates. The first priority is the institutionalization, through regulatory change, of the National Reproductive Health Program (NRHP) within the MOH structure. The second is the creation of a formal mechanism that will allow the allocation of funds to RH, including family planning. As a result of discussion and policy dialogue between POLICY staff and MOH officials, in September, the Minister of Health agreed to support two key policy actions to address the first priority: an executive order to modify ministry regulations in order to formally recognize the national RH program, and two regulatory changes through ministerial orders to further define the national RH program. These policy changes will strengthen and institutionalize the MOH's role and responsibilities vis-à-vis RH and women's and children's integrated health and provide a political and organizational base to ensure continuity regardless of changes in government. POLICY

contracted with a local firm to assist counterparts to prepare these regulatory instruments, and final drafts were presented to the minister for approval in late November. Action is expected in the next quarter.

Also as part of the core package, in September, POLICY organized a workshop with representatives from different divisions of the MOH to develop medium- and long-term action plans and assign roles/responsibilities for operational policy changes that will address other priority barriers identified during the course of the core package activities. Participants included the Vice Minister of Health, the National Health Director, the NRHP Director, other representatives of the MOH, and representatives from USAID and CAs. At the end of the workshop, participants also recommended that in the short time remaining under the current administration, highest priority be given to regulatory changes that will institutionalize the NRHP. The Minister of Health agreed to incorporate this recommendation, as well as information from their medium- and long-term action for other operational policy changes in the Transition Plan that the current government is preparing for the incoming administration. This action will draw attention to the need for implementing the executive order and ministerial orders to ensure continuity of the national program.

In response to a specific request from USAID, POLICY provided TA in the area of contraceptive security—specifically, in drafting a section in the decree to create a National Commission of Contraceptive Security. POLICY developed and submitted the section to USAID and the legal office of the MOH. Also, in October and November, USAID and MOH asked POLICY to conduct and facilitate six work meetings for the creation and consolidation of the National Commission of Contraceptive Security. These meetings served to develop the regulations and bylaws for the Commission. The final draft of the regulation was submitted to the Director of the NRHP.

POLICY carried out the 2003 medical barriers study in coordination with AGMM, MOH, IGSS, and APROFAM. The preliminary results indicate an important reduction in barriers to access for FP services. In January a draft of the report will be available and discussed with new government officials in order to plan further activities to continue eliminating barriers to access for family planning.

In its ongoing financial and technical support to the Secretariat of Economic Planning (SEGEPLAN) in implementing the Social Development and Population Policy, POLICY, in collaboration with SEGEPLAN and the Instituto Nacional de Administración Pública (INAP), conducted the second diploma course on Population and Development between July and November. The underlying theme of this second course was public financing, and similar to the first course, which took place in 2002, it targeted managers and technical staff in the public sector who are responsible for implementing Guatemala's Social Development Policy. Forty-five participants enrolled in the course. SEGEPLAN officials commended the course for its valuable contribution to social policy and planning and expressed the need to extend it to the decentralized level. During the closing ceremony, Diplomado participants officially submitted to SEGEPLAN, the "Inter-institutional Strategy for Monitoring and Evaluation of the Social Development and Population Policy," which they had developed during the course. SEGEPLAN included the strategy in its Social Development and Population Policy Annual Report. Those enrolled in the course also participated actively in the political forums and press conferences leading up to the elections, asking key questions about social development law and policy, public financing for health, and other topics covered by the Diplomado.

Also as part of its TA to SEGEPLAN, POLICY provided SPECTRUM training to officials in the Social and Economic Policy, Regional, and International Cooperation Divisions, as well as other departments involved in providing TA to SEGEPLAN's decentralized offices. POLICY also conducted a SPECTRUM training workshop for 22 public sector officials in Region II (Alta and Baja Verapaz) and Region III (Zacapa, Chiquimula, Izabal, and El Progreso). Representatives of the Urban and Rural Development Councils participated in these workshops.

HAITI

Program Objectives: The goal of POLICY assistance in Haiti is to fill the policy void in population, RH, and HIV/AIDS 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.” POLICY is also helping to address other RH issues, such as gender-based violence. POLICY provides technical and financial assistance in advocacy and fundraising to NGOs, faith-based organizations (FBOs), and other civil society organizations (CSOs) that have activities focused on youth, women, health care, education, community development, and other issues. In the public sector, POLICY provides technical assistance (TA) to support HIV/AIDS and RH policies and strategies currently being developed or already in place, including the National HIV/AIDS Strategy, addressing such issues as prevention of mother-to-child transmission (PMTCT), care and support of persons living with HIV/AIDS (PLHA), maternal mortality reduction, and quality assurance. The Mission has also recently asked POLICY to help the Ministry of Public Health and Population (MSPP) strengthen its health information system and develop a National Strategic Plan for the Health Sector. POLICY collaborates with the bilateral project HS-2004 (administered by Management Sciences for Health (MSH)) and NGO grantees as well as MSPP department officials to improve operational policies that promote the quality of and access to FP/RH and HIV/AIDS services.

Summary of Major Activities:

In September, responding to a request from the Mission, POLICY organized and facilitated a CAs meeting to develop a coordinated workplan that would help the Mission achieve its program objectives. Representatives from the Mission, POLICY, the Health Communication Partnership (HCP), HS-2004, FHI/IMPACT, PSI, the Association of Private Health Projects (AOPS), a local NGO, and CDC attended the meeting. The Mission oriented participants with respect to its program emphasis on HIV/AIDS, particularly PMTCT, and four priority intervention areas of planning and advocacy, care and treatment, prevention and BCC, and care and support of PLHAs. CAs will closely coordinate their project objectives and activities within the context of the Mission's “sustainable social and community response” strategy, prepared by CAs at the Mission's request. Following the workshop, CAs agreed on their respective roles and, in October/November, developed a joint workplan with coordination mechanisms (“HCP–HS-2004–IMPACT–POLICY PROJECT–PSI: Mobilisation pour la prise en charge communautaire du VIH/SIDA et le support aux PVVIH: Plan de Coordination, November 2003”). As a member of the steering committee for mobilization, POLICY participated in the planning and follow-up meetings on October 28, November 13, and December 3. Other committee members include UCC-STDs/HIV/AIDS, MSPP, and FHI/IMPACT.

FP/RH

POLICY received core funds to implement a project on gender-based violence (GBV) with counterpart organizations. The project is intended to result in a strategy for reducing GBV through RH and HIV/AIDS programs. POLICY, the Mission, and Konesans Fanmi, a local NGO, agreed on a draft workplan that focuses on the use of DHS data to illuminate key issues in GBV and a strategic planning process to identify opportunities for introducing measures that raise awareness about and mitigate GBV. During the reporting period, POLICY formed a steering committee composed of donors and other NGOs, and in December, signed a contract with Konesans Fanmi to locally coordinate project activities. POLICY staff also began secondary analysis of DHS data to extract relevant information related to GBV, and initiated contact with Konesans Fanmi, IHSI, IHE, and USAID to create a multisectoral technical team

that will contribute to and validate the results of the analysis. POLICY staff met with Dr. Ginette Rivière Lubin of the Ministry of Women, who committed to participating on the technical team and giving the ministry's support to the GBV project.

As a result of discussions and working sessions that took place in November/December, POLICY and the Secretary of State for Population signed a memorandum of understanding under which POLICY will provide technical and financial support to the Secretary of State for Population in:

- Updating POP DEV based on the results of the last census.
- Developing a presentation on demographic dynamics over the period from 1804–2004.
- Determining health sector targets by geographical area.
- Creating and maintaining a web site on demography and reproductive health.
- Producing and disseminating information on demographic characteristics and trends in Haiti.

HIV/AIDS

Advocacy: POLICY provided TA to World Relief in organizing a four-day conference on HIV/AIDS for Protestant churches in Haiti in July. Three hundred Protestant church leaders participated in the conference. In addition to logistical support, POLICY also participated in the discussions and presentations during the conference, which was broadcast on four radio stations in Haiti to an estimated audience of over two million people. At the end of the conference, all participants signed a declaration of engagement to become involved in the fight against HIV/AIDS. POLICY's support was also requested for monitoring progress after the conference.

Since the beginning of July, POLICY has been supporting the HCP/JHU as part of a steering committee created to develop and implement advocacy activities. The committee also includes the Ministry of Health AIDS program (UCC/IST/SIDA/MSPP), FHI/IMPACT, CARE, PSI, and CECOSIDA (a journalist network).

In October, November, and December, POLICY met with representatives from Smartwork (a local NGO that provides TA to organized labor) and HCP (a project financed by the U.S. Department of Labor and administered by AED through the Haitian Ministry of Social Affairs) to discuss mobilization of trade unions in Haiti (includes two trade union organizations and about 85,000 members). POLICY, HCP, and Smartwork signed a memorandum of agreement in December to strengthen HIV/AIDS programs in the workplace. Drafts of a terms of reference (TOR) and a memorandum of collaboration between the three organizations and the two trade unions were prepared and presented to union representatives for review. Three principal activities proposed in the TOR are policy dialogue among selected unions; institution building for union members in HIV/AIDS prevention, care, and support; and assistance to unions to plan and implement specific interventions. Discussion and finalization of the documents has been postponed, however, given the current political situation in Haiti.

In October and December, POLICY and HCP met with representatives of the Scouts to discuss opportunities for mobilizing its 35,000 members in Haiti's battle against HIV/AIDS. Within this context, in mid-October, POLICY and HCP conducted a training-of-trainers workshop on HIV/AIDS for 30 Scouts from different geographical areas in the country. The trained Scouts will repeat the training in the nine geographical departments of the country. As a next step, POLICY will provide TA to the Scouts in developing and implementing their own mobilization plan.

In November and December, POLICY also met with a local committee for the planning of a three-day conference for Catholic, Protestant, and Episcopalian churches (Episcopalian churches from the northeast

department of the country). Representatives from POZ, POLICY Project, Plan, Caritad, World Relief, HCP, and Caritas participated in the meeting. The local committee is made up of representatives from the Ministry of Public Health and Population, CDS centers, the office of education in the Catholic Diocese, the town hall of Fort-Liberté, media (Radio Gamma and Radio Parole de Vie), representative of the national police, Protestant churches (Baptist, Adventist, Church of God, Church of Christ), dean of the law school, and Plan International. The conference, which was planned for December 17–18, was postponed due to the current political situation.

Strategies, Guidelines, and Plans: POLICY assisted the MSPP in elaborating the National Strategic Health Plan. In July, POLICY prepared a plan to collect and analyze information in the health sector and, at the request of the Mission and the MSPP, hired a consultant who worked with the MSPP between July and November to produce a draft strategy.

As a follow-up to the POLICY-sponsored December 2002 policy dialogue workshop carried out with Christian churches and a National Catholic HIV/AIDS Conference, in September, the Catholic church presented an action plan for addressing HIV/AIDS to representatives of the Catholic clergy, international organizations, and NGOs. POLICY was subsequently asked to provide feedback and assist in developing a final action plan.

POLICY also continued to provide TA to World Relief in preparing a first draft of a document explaining the operational policies of the Protestant church in regard to HIV/AIDS. The process validating this document has already started, and at this time the document is being analyzed by different leaders in the Protestant church.

POLICY participated in a workshop in October to develop a national operational approach/strategy to community mobilization and responsibility regarding HIV/AIDS. The projects and organizations that participated in the workshop are: MSPP, AOPS, IMPACT/FHI, HCP/JHU, HS-2004/MSH, USAID, POLICY, CRS, Salvation Army, Bethel Clinic, CARE, CDS, Espoir Anaïse, CECOSIDA, POZ, FEBS, Plan Haiti, ASON, and World Vision. Following the workshop, a committee composed of AOPS, HCP, HS-2004, POLICY, and FHI was created to develop an operational manual incorporating the results of the workshop. The general content and the specific chapters were written and constitute the first draft of the community mobilization manual. A consultant was hired to prepare the final draft of the manual.

Generation, Dissemination, and Use of Data and Information: POLICY provided TA to World Relief in analyzing results of a KAP study it conducted among 1,213 young Protestants in the metropolitan area of Port-au-Prince, and in preparing a description of its policy implications. The survey collected information on demographics, church-related practices, knowledge regarding STI/HIV transmission and related issues, and attitudes toward such practices as abstinence and discussion of sexuality with friends and parents.

POLICY submitted four abstracts for a Caribbean HIV/AIDS conference in the Dominican Republic to be held in March 2004. The titles of the abstracts are (1) Improving Access to Reproductive Health Services by Building Consensus among Christian Faith-Based Organizations to Fight the HIV/AIDS Epidemic in Haiti: GOALS Modelling in the Caribbean; (2) Using a Resource Allocation Model to Assess the National Strategic Plan or Global Fund Budget Proposals While Measuring their Impact on the HIV/AIDS Epidemic; (3) Sexual Behavior among Protestant Youth: Using a KAP Study to Assess the Impact of Traditional Moral Values on the HIV/AIDS Epidemic in Haiti; and (4) Socioeconomic Impact of AIDS among Professionals Living with AIDS in Port-Au-Prince, Haiti. All four were accepted and will be presented at the conference in March 2004.

In December, POLICY staff participated in several radio broadcasts:

- A broadcast, aired by radio Métropole, addressed HIV/AIDS-related problems for youth in particular. Radio Métropole is relayed by five other stations and covers an audience of 1.5 to 2 million people.
- A broadcast, organized by radio Métropole (and relayed by the other radio stations) with the group Growth S.A., touched on Haiti's demographic data and projections; key indicators related to sustainable human development, dependency ratio, demography, reproductive health, and challenges and obstacles within the context of economics and health; epidemiological data on HIV/AIDS; indicators from an HIV/AIDS study among professionals in Haiti; and results of the survey on knowledge, attitudes, and behavior of Protestant youth, which were compared to the results from the survey of professionals. The broadcast also directed a message toward parents and religious leaders to improve dialogue about sexuality with young people. Similarly, it sent a message to youth, encouraging them to adopt responsible behavior while reinforcing the principles of abstinence, fidelity, and condom use.
- A series of broadcasts with the CLED (Center for Free Enterprise and Democracy) addressed various topics, including demographic growth and development, the impact of HIV/AIDS, AIDS and development, and health problems and development in Haiti. These radio broadcasts were sponsored by USAID. They began on December 20 and were aired on six stations in Port-au-Prince and other stations in the provinces to a listening audience of 2.5 to 3 million people.

HONDURAS

Program Objectives: POLICY began work in Honduras in August 2002, updating the RAPID Model and projections for use in policy dialogue and advocacy with the new Honduran administration. The objective of the policy dialogue is to build political and popular support and secure adequate funding for FP/RH programs.

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, was 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 (PLHAs), Garifuna, men who have sex with men (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 (AIM), and the GOALS Model to local counterparts, and providing technical assistance (TA) to the National Commission of Human Rights (CONADEH). 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.

Summary of Major Activities:

FP/RH

In September, POLICY consultant Eric Gaillard traveled to Tegucigalpa to finalize work on the RAPID application. The closure of this activity was delayed due to repeated difficulties in receiving comments and feedback from counterparts. During his TDY, Gaillard met with several local stakeholders, such as the acting Minister of Agriculture, and facilitated a workshop to review and receive comments on the draft RAPID presentation and corresponding brochure from the Instituto Nacional de Estadística (INE) and Mission staff. The brochure is ready to be printed, and INE is pleased to co-author it. Next steps include designing the cover page, printing copies, and disseminating the brochure. INE is willing to disseminate the brochure broadly and use it as part of its training processes. A multisectoral dissemination workshop is planned for January, based on the Mission's schedule. Other activities in this area will depend on field-support funding for population activities.

HIV/AIDS

In August, Dr. Aragon officially began work as the Long-term Advisor (LTA). On September 30, the Mission officially launched the POLICY/Honduras Project. Invitations from USAID's HPN Officer and POLICY's LTA were sent to more than 60 groups and individuals. Office setup activities—locating office space, negotiating a lease and contracts, purchasing equipment and furniture, and setting up

electricity, phone, and cable services—have been finalized. In December, responding to advertisements placed in newspapers and via email, candidates for the administrative assistant position were interviewed and references were checked. Mercedes Gómez was shortlisted after several interviews and has accepted the position of POLICY administrative assistant. Mercedes has years of administrative experience, including working the GTZ SIDACOM (HIV) project in Honduras.

Advocacy: In Honduras, as in many countries, PLHAs have formed a national network, ASONAPVIHSIDAH; however, unity within and ownership of the network still needs to be established and strengthened. There are several groups that recently separated from the network because of the perception of exclusion and belief that their needs were not being addressed. POLICY works with PLHAs in a transparent and open manner and does not get involved in the internal politics among groups. POLICY developed applications and criteria for PLHAs to apply for POLICY funding to attend the International PLHA Conference in Uganda and the Central American HIV/AIDS Conference (CONCASIDA) in Panama. Candidates, selected on the basis of their experience and commitment to working together, signed a written agreement declaring that they would work with ASONAPVIHSIDAH prior to and after the conference. In October, two selected PLHAs attended the conferences. Participants found both conferences inspiring and useful and reported increased skills and knowledge. The goal of their participation was not only to learn skills and information that can be used for effective advocacy and policy intervention but also to share this information with other PLHA groups. From November–December, POLICY assisted the PLHAs in writing articles and replicating meetings/workshops to other PLHAs in San Pedro Sula and Tegucigalpa.

In November, POLICY conducted four focus groups with vulnerable populations at high-risk for HIV/AIDS in La Ceiba. The focus groups were held with Garifuna, MSM, PLHAs, and sex workers (SWs). Participants were recruited primarily through their affiliation with one of four existing, but still nascent, support and advocacy groups serving these populations. The purpose of the focus groups was to:

- 1) Assess participants' knowledge and understanding of HIV/AIDS stigma and discrimination;
- 2) Document participants' experiences and perceived levels of stigma and discrimination; and
- 3) Explore directions for POLICY activities to reduce stigma and discrimination in these populations.

Major Findings across All Groups:

- The disproportionate rate of HIV in vulnerable groups is a reflection of their marginalized status in society and also constitutes a layer of stigmatization in addition to being part of an already stigmatized group based on gender and occupation (SW), race/ethnicity (Garifuna), and/or sexual orientation (gay/MSM).
- Participants were not familiar or were only vaguely familiar with the concepts of stigma and internalized stigma, yet all shared numerous examples of having felt stigmatized by others and/or feeling internalized stigma based on their membership of a marginalized group in society.
- Participants most closely associated stigma with the Spanish word “rechazo,” or rejection.
- Participants had a good understanding of discrimination but seemed unable to differentiate between stigma and discrimination and often described stigmatizing behaviors by others, internalized stigma, and discriminatory acts all as discrimination.
- Participants exhibited a wide range of intense emotions describing their experiences with “rechazo,” including anger, pain, resignation, and equanimity.
- None (except for the PLHA group) disclosed their HIV status—a reflection and confirmation of a “culture of silence” surrounding getting tested, testing positive, and living with HIV that surfaced fleetingly in the discussions several times in all of the groups. In fact, the expression “hay que sacar VIH del closet” was used in two of the groups.

- Participants often “depersonalized” their comments—speaking in the third person and referring to the experiences of others rather than their own, particularly when describing painful or shameful experiences.
- All expressed the need for a meeting space and access to basic communication technology, such as phone, fax machine, and internet access as essential to their participation in advocacy and other stigma reduction activities.

Tool Development and Use: POLICY continued to gather information and tools (such as baseline data and guidelines) related to the current HIV/AIDS situation in Honduras. A primary challenge in this endeavor continues to be the lack of information, reports, and tools in electronic form. Using the information that was gathered, POLICY developed a draft database, which uses the National AIDS Plan (PENSIDA II) as the framework and includes NGOs, private voluntary organizations (PVOs), and other groups implementing HIV/AIDS activities in Honduras, along with their technical focus area, target populations, funding sources, and geographic concentration. Donors, such as Global Fund, USAID, and World Bank, would also be included and linked to the corresponding plans (e.g., the Global Fund workplan, the USAID Results Framework) and to the recipients of the funds and implementers of their projects. The goal of this effort is to use the database as a planning and monitoring tool to help coordinate funding and interventions, reduce duplication, and ensure that activities/interventions are directly linked to the goals and objectives of the PENSIDA II and donor plans. On September 30, POLICY presented the database to a multisectoral group and received comments and a commitment to provide more electronic information for inclusion in the database. In October, a form to provide POLICY information was designed with input from USAID. The form was circulated to CAs in Honduras, and two responses were received. POLICY increased efforts to gather as much information as possible. The database was revised based on comments from USAID and the Ministry of Health (MOH).

In September, POLICY and the MOH co-facilitated a follow-up workshop on the prevention of mother-to-child transmission (PMTCT), highly active antiretroviral therapy (HAART), and AIM. Gaillard and Dr. Rosalinda Hernandez, Director of the Ministry of Health (MOH), facilitated the two-day meeting, during which participants from the MOH, INE, UNAIDS, World Bank, UNDP, UNICEF, and National University of Honduras provided a final review and validation of the indicators and the brochure text. There has been a delay in finalizing the brochure due to changes and suggestions made by reviewers. The final brochure and presentation will be completed in February, depending on USAID and MOH availability.

In October, the MOH and the Fundación for the Global Fund expressed interest in using the GOALS Model. Eric Gaillard presented the model to a team from the Fundación in the Global Fund LAC regional meeting in October in Panama. POLICY has continued to work with the MOH as the lead and with Fundación and UNAIDS to develop the best approach and plans to begin using GOALS next quarter.

JAMAICA

Program Objectives: The goal of POLICY Project assistance in Jamaica is to foster an environment that is supportive of RH, with a specific focus on the needs of youth. To achieve this goal, POLICY works closely with the Ministry of Health (MOH) and Regional Health Authorities (RHAs) at the decentralized level. In addition, POLICY has been addressing multisectoral approaches to youth development in Jamaica. This youth initiative involves developing the technical capabilities within the National Centre for Youth Development (NCYD), a coordinating agency for all youth activities under the Ministry of Education (MOE), and fostering linkages between the NCYD and the RHAs to achieve the mutual goal of providing adolescents with access to comprehensive services that meet their RH needs. POLICY has provided technical assistance (TA) to the NCYD in developing a National Youth Policy and is supporting the development of a National Strategic Plan for Youth Development (NSPYD) to operationalize the policy. POLICY's work with the RHAs involves strengthening the implementation of RH programs at the local level by building skills within the regions and parishes to advocate for RH goals, including a more rational allocation of resources at both the regional and parish levels. POLICY is working through advocacy to foster partnerships among key public sector stakeholders, NGOs, and the private sector. POLICY is also working with the Northeast Health Region to identify and review operational policy barriers to the integration of RH services and will test the feasibility and scope of integrating these services via different models. This feasibility study is being funded through a core package and will inform decisions on the potential scope of integrating services in the other three health regions.

Summary of Major Activities:

FP/RH

Integration of FP/RH and HIV/AIDS Services. POLICY is implementing a core-funded package in the Northeast Health Region to determine the feasibility and potential scope of integrating RH and HIV/AIDS services in Jamaica, using the parish of Portland and the St. Ann's Bay Health District as pilot sites. In September, POLICY subcontracted the firm KPMG Peat Marwick to undertake three components of the feasibility study: (a) a survey to determine client attitudes toward two proposed models for integration; (b) a study among providers to determine their attitudes toward the models; and (c) a study to identify the operational barriers that would need to be addressed to facilitate integration of RH services as defined in the proposed models. The two models under consideration—one with low resource requirements, and the other with higher inputs of financial, technical, and human resources—were identified in consultation with local counterparts during the first half of this year. The two proposed models identify key interventions for integrating FP/MCH with STI/HIV/AIDS services, with focuses on training, screening, counseling, access, referral, outreach, patient education, management information systems (MIS), and treatment. POLICY also commenced a desk study to assess the cost-effectiveness of the proposed models, based on cost data provided by the MOH and the Northeast Regional Health Authority (NERHA).

KPMG Peat Marwick is currently conducting the operational barrier study through face-to-face interviews with program managers at the central, regional, and local levels. The interviews are based on questionnaires tailored to each technical officer, which were developed jointly by KPMG and POLICY. During the next quarter, KPMG will conduct interviews with service providers and hold focus group discussions with clients in the pilot areas. KPMG and POLICY began developing questionnaires for the service providers, as well as focus group guides for the client survey in October. Analysis of the program managers' responses is already underway.

Multisectoral Youth Development. During the 3^d quarter of 2003, while awaiting new field support allocations for youth activities, POLICY developed a plan of activities to support the finalization of the

National Youth Policy and development of the NSPYD. In the 4th quarter of 2003, POLICY received additional field support and initiated implementation of this workplan. In October, POLICY arranged for Aleph, S.A. to provide TA to NCYD in designing a conceptual approach and methodology for developing the NSPYD. The approach, which was developed during a team visit in October, is multisectoral, consultative, and participatory, and proposes NCYD as the agency to lead the NSPYD process, with supporting technical advisory groups and a multisectoral steering committee. Criteria, roles, and responsibilities for each group have been developed as part of the conceptual framework, which is under review and discussion by the NCYD and the POLICY team. During the October visit, POLICY staff and consultants met with the Minister of Youth, who expressed his commitment to carrying forward the National Youth Policy and to the process of developing the NSPYD. The POLICY and NCYD team also met with a core committee of stakeholders in youth development to seek their support and commitment. The NSPYD development process will begin during the first quarter of 2004.

Advocacy. Following the joint POLICY/Youth.now Advocacy Workshop held in June 2003, POLICY participated in a follow-up meeting with one of the Kingston-based parish groups to review progress in finalizing its advocacy plan. The parish group was granted a meeting with the Minister of Youth, Dr. Donald Rhodd, to discuss its proposal for the inclusion of family planning services for adolescents at the Youth Information Centres, which the Ministry has established through NCYD. Youth.now has continued to meet with the other parish groups. Representatives from the PIOJ, NFPB, and NCYD who work at the national level have continued to offer support to the groups.

HIV/AIDS

The National Youth Policy, which advocates for the full implementation of the HIV/AIDS/STI National Plan of Action, was submitted in October by the Minister of Youth to the Council for Human and Social Development (COHSOD), a committee of cabinet ministers, for approval. Once approved by COHSOD, the policy will be debated in Parliament. Following parliamentary approval, the National Youth Policy will be distributed islandwide, and a dissemination plan formulated. The policy highlights youth at risk for STIs/HIV/AIDS as a key target group for interventions.

While no new funding has been allocated to POLICY/Jamaica activities under the HIV/AIDS portfolio, POLICY/Jamaica Country Director, Kathy McClure, was invited to participate in the Technical Review Committee for the draft National HIV/AIDS Policy. The draft document has been reviewed by POLICY and suggested changes are being presented to the committee for discussion and inclusion.

During the period under review, POLICY's Country Director was also invited to participate in a workshop, conducted by the MOH in collaboration with the Jamaica Employers' Federation (JEF), on the development of a Workplace Policy on HIV/AIDS. Mrs. McClure facilitated a working group of JEF members in developing their individual workplace policies on HIV/AIDS. Workshop members were introduced to the Workplace Policy Builder, a tool designed by the Futures Group to facilitate HIV/AIDS workplace policy development. The tool is currently in the final design phase, and discussions with the Ministry of Health, as well as the ministries of Local Government, National Security, and Labor yielded significant interest in having POLICY pilot-test the program in Jamaica. The latter three ministries are line ministries with responsibility for developing workplace policies to govern activities within their relevant industry areas. All four ministries are interested in introducing the Workplace Policy Builder to their private and NGO sector counterparts as a policy development tool.

Jamaica has been selected to participate in a core-funded multi-country investigation of barriers to the provision of family planning in VCT and PMTCT programs. The study is designed to help governments identify the realities of integrating these services, as well as to examine the specific needs of service providers and clients in providing and accessing the services at the local level.

MEXICO

Program Objectives: 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 (TA) to help establish the planning groups as permanent advisory boards that, among other things, advocate for HIV/AIDS policy in their states. Additionally, POLICY provides technical updates and training on key issues, including youth and adolescents, HIV/AIDS and human rights, gender, and advocacy for HIV/AIDS. Since 1998, this program has been referred to as the MCG program. 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.

Summary of Major HIV/AIDS Activities:

Participation/Advocacy. POLICY collaborated with Synergy on two activities designed to strengthen the capacities of local NGOs working with vulnerable groups and foster their increased participation in the policy arena. POLICY supported two Mexican NGO representatives to participate in a Synergy Project south-to-south technical exchange in Brazil in August, where they visited Brazilian NGO counterparts and colleagues that have been successful in addressing HIV/AIDS among the populations they serve. One of the Mexican participants, from the state of Puebla, leads a local NGO working on HIV prevention and human rights among young gay men in the state; he also serves as the state representative to the UNAIDS Mexican Task Force on Men who Have Sex with Men (MSM) and HIV. The other participant was a woman leader of an NGO working on HIV prevention with sex workers in Mexico City. The second collaboration with Synergy involved several CAs working together with REDLA+, the Latin American Network of Positive People, to conduct a week-long workshop and technical visits in Mexico City for people living with HIV/AIDS (PLHA) leaders from Latin America. POLICY's long-term advisor (LTA) and the HIV/AIDS Alliance representative in Mexico (from Colectivo Sol) developed and conducted a technical program for participants to learn from successful NGO programs for and by PLHAs in Mexico. The team, together with a Synergy representative, hosted approximately 10 participants from August 25–29 (visa difficulties prevented eight people from participating). The agenda included technical sessions by POLICY's LTA on public policy changes, conflict resolution, and internal communications, as well as presentations by and dialogue with representatives of the Vera Cruz MCG. Additional POLICY-sponsored leadership development activities included supporting two PLHAs to travel to Uganda in November for the International Conference of People Living with HIV/AIDS and travel by an MCG representative to present the Yucatan MCG experience at the International Congress on HIV/AIDS in Uruguay in December.

In September, POLICY Regional Advocacy Advisor Sandra Aliaga and LTA Francisco Hernandez visited Vera Cruz to conduct an advocacy training workshop for the Vera Cruz MCG as part of its follow-up TA and training program. The workshop was held September 10–12 in Puerto del Vera Cruz for 39 participants. The MCG members included representatives from the Mexican Social Security Institutes (IMSS and ISSTE), three PLHAs, and six NGOs. Reflecting the tremendous interest in the MCG's work, representatives from the municipalities of Veracruz and Boca del Rio attended all three days of the workshop, along with four civil society leaders from the state of Sonora (from Colectivo Hijos de Lilith and Requiem al Tabu, a sexual and reproductive rights NGO). In addition, at the request of the state HIV/AIDS program coordinator, representatives of all 11 health jurisdictions attended to become better

acquainted with and involved in the work the MCG is doing in the state. The Vera Cruz MCG members have been active in recent months in a dialogue with the state Secretary of Health about deficiencies in the state's specialized health care services for PLHAs; the advocacy training was particularly timely as the MCG prepared for a meeting with the Secretary of Health on this issue at the end of September.

Hernandez and Aliaga continued work on the development of the MCG manual, which will be launched at the International HIV/AIDS Conference in Bangkok in July of 2004. Kincaid and Hernandez met with CENSIDA in October and November to discuss initiation of MCG activities in several new states in 2004, including Chiapas, Puebla, and the border state of Sonora. In an effort to improve coordination of MCG activities with CENSIDA, POLICY is hiring a part-time technical advisor to work on the MCG program and be based in CENSIDA's offices. In December, coinciding with World AIDS Day events, Hernandez held a half-day meeting in Merida with key representatives of the MCG network to vet the new strategy for the next year and solicit participation of current MCGs in the MCG Ambassador program, which is scheduled to begin in the first half of 2004. Hernandez also identified a member of a current MCG who will serve as a consultant to POLICY in 2004 to provide TA to the project in new states; a second member was identified to assist with communications within the MCG network and to strengthen the national network.

In mid-2003, POLICY entered into an agreement with the UNAIDS Mexican Task Force on MSM and HIV, led by Arturo Diaz, to provide support for creating and training state-level task forces in the MCG states and training all state task force representatives in advocacy. Sandra Aliaga of POLICY conducted the three and a half-day training workshop for 28 task force representatives from November 16–19 in Distrito Federal, using the ASICAL/POLICY advocacy guide on HIV and MSM. The workshop was co-financed by CENSIDA. POLICY also provided support for Diaz to travel to Guerrero in September to assist MCG members and others with an advocacy campaign dedicated to reinstating a newly launched, interinstitutional HIV prevention program targeted to MSM and implemented by the state HIV/AIDS program in collaboration with local NGOs and others. The MSM program had been pulled after the Catholic Archbishop in Acapulco denounced the program in August and lobbied the state Secretary of Health and the governor to shut it down.

POLICY supported several activities surrounding the national celebration of World AIDS Day on December 1. The project supported travel for six MCG representatives and two FRENPAVIH members to attend the World AIDS Day national celebration in Merida, Yucatan, and also printed stigma and discrimination campaign materials for CENSIDA and its state programs. POLICY collaborated with the U.S. Embassy and the USAID Mission to co-sponsor a visit to Mexico City by the photographer Andrew Petkun, known for his photographs of PLHAs worldwide. Petkun took photographs of Mexican PLHAs, presented his work, discussed HIV/AIDS stigma and discrimination (S&D) at a breakfast meeting with 14 journalists and the USAID Mission Director (organized with the local NGO, Letra S), and presented his photographs at a slide show at the Embassy on World AIDS Day. His photos are currently on exhibit in a metro station in Mexico City.

Research. Progress on the Stigma and Discrimination Core Package proceeded on schedule under the management of the National Institute for Public Health (INSP) in Mexico. The PLHA network, Red Mexicana de Personas que Viven con VIH/SIDA, completed its analysis of interview data for Component 1 (internal stigma) and prepared a final report. INSP entered survey data into the database for Component 2 (health service providers—this component is being funded by MEASURE/DHS) and presented preliminary findings of the survey. The team of consultants and INSP staff working on Component 3 (legal/policy assessment) prepared a report for the legal situation analysis, conducted interviews with FRENPAVIH members to assess advocacy capacity and needs of the network, facilitated strategic planning exercises with FRENPAVIH, began work on focus groups with labor unions, and prepared draft reports on each of these activities. Letra S conducted a journalist training workshop in October, which

was co-facilitated by Sandra Aliaga. The three-day workshop had 12 participants representing nine major newspapers, and ran from October 7–9. Letra S also sorted through the 310 photographs of the 11 PLHA participants in the photojournal activity, all of which were taken by a PLHA photographer; prepared a blue-line of the photojournal; and completed its analysis of the media scan, which was a qualitative analysis of the over 1,100 newspaper articles on HIV/AIDS collected since 2002. INSP organized an end-of-project workshop for implementing partners from November 24–26 to present results, develop recommendations, and identify common findings across the four components (with representation from MEASURE/DHS). The team held a second meeting on December 19, to formally present the findings and recommendations to CENSIDA's executive director and key staff and to the USAID HIV/AIDS officer. The team agreed to complete reports and indicators by mid-January and present findings at a dissemination seminar to a broad audience of interested parties in late January. In addition, POLICY supported a weekend fair on HIV/AIDS prevention for MSM youth in Cuautla, Morelos (near Mexico City), during which two INSP researchers involved in the core package made presentations and facilitated discussion on HIV/AIDS-related stigma and discrimination.

Several preliminary findings emerged from the core package during this quarter; they will be explored in more depth in the final reports due in the next month. Of note is the relatively high coverage of HIV/AIDS in two state newspapers, both from Yucatan, with coverage comparable to a leading national newspaper. A question to be explored by the team is whether the media savvy Yucatan MCG, formed in 1998, influenced coverage of HIV/AIDS issues in that state. In the photojournal activity, Letra S found it difficult to identify participants willing to show their face; this was particularly true of women PLHAs. Out of respect for the particular stigma that positive women face in Mexico and to include them in the photojournal, Letra S agreed that the two women participants be photographed without showing their faces. During its analysis of interview and focus group data, the Red Mexicana team identified six themes that were both disturbing and helpful to understanding the phenomenon of internal stigma: sexual identity, sexuality, mode of infection, secrecy, isolation/self-isolation, and suicidal tendencies. As interviewees talked about the consequences of internal stigma, the team noted five common themes: stigma around physical changes, including loss of weight; tendency to avoid socializing with others; fears about how to talk in public about HIV status; changes in sexuality, including desire and condom use; and experiences of talking about HIV status with potential sexual partners.

PERU

Program Objectives: The goal of POLICY assistance in Peru is to strengthen civil society organizations (CSOs), advocate for sexual and reproductive health and rights, including those related to HIV/AIDS, and participate in the design and surveillance of FP/RH policies and programs to ensure that they respond to the needs of both women and men. Project assistance focuses on training and technical assistance (TA) to local partners in the area of sexual and reproductive health rights. POLICY supports policy dialogue and advocacy in the context of Peru's changing political climate, conducts analyses, and disseminates information on RH issues. POLICY also works closely with organizations of people living with HIV/AIDS (PLHA) 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.

Summary of Major Activities:

FP/RH

POLICY provided TA and financial support to the National Network for the Promotion of Women (RNPM) to strengthen its departmental branches and expand its citizen surveillance strategy in five USAID geographic concentration areas. Within this context, POLICY provided support to RNPM departmental networks in monitoring the function of existing Citizen Surveillance Committees (CSCs) in Ucayali (9 de Octubre, Nuevo Ucayali, and San Francisco), Huanuco (Collpa, Licua, Aparicio Pomares, and Pillcomarca), and Junin (Chilca and Sicaya). POLICY also continued to support RNPM's efforts to expand the formation of provincial branches to Ambo and Leoncio Prado (Huanuco), Chanchamayo and Satipo (Junin), Oxapampa (Pasco), and Padre Abad (Ucayali). POLICY's TA consisted of advocacy workshops for leaders from grassroots organizations in Huanuco, Satipo (Junin), and Aguaytia (Ucayali); a public forum on safe motherhood to raise awareness of authorities in Aguaytia; and the formation of CSCs in Chanchamayo (San Ramon) and Jauja (Masma). POLICY staff also made coordination visits to Bellavista and Tarapoto in San Martín to help define this department's CSC expansion plans. On October 29–30, representatives of the RNPM's 25 departmental branches and CSCs in those same departments met in Lima for the Third National Meeting of CSCs to assess civil society's role in monitoring reproductive health and rights. The meeting, which was organized and implemented with technical and financial support from POLICY, was inaugurated by the President of the Congressional Commission on Decentralization, Regionalization and Modernization. During this meeting, RNPM presented a video showing the importance and impact of citizen surveillance in the prevention of maternal mortality.

POLICY provided TA to the RNPM in its participation as a member of the Consultation Committee for the Congressional Commission on Decentralization, Regionalization and Modernization. Specifically, POLICY worked closely with RNPM to review and suggest modifications to the commission's legislative proposal on Participation and Citizen Control. The suggested modifications, which were based on RNPM's experience with CSCs as a successful mechanism of citizen participation, were presented to the commission during a public consultation held on November 14. RNPM also provided this information to its departmental branches, so they could present a united position at all decentralized public consultations.

With POLICY's support, RNPM has positioned itself as a primary and valuable civil society partner of different government organizations. During the fourth quarter of 2003, RNPM signed two agreements with government agencies—one with the Ministry of Women and Development and the other with the Ombudsman's Office. As part of the first agreement, RNPM organized a workshop on citizen surveillance for local leaders in Lima's peri-urban areas and conducted advocacy workshops addressed to young leaders in three Lima areas. In October, POLICY supported RNPM in conducting a workshop for their

departmental coordinators elected as civil society representatives to the Regional Coordination Councils in order to update them on women's and RH issues to be addressed at the decentralized level.

In the area of protecting client rights, POLICY is working with the Peruvian Association of Public Health Law (APDS) to form three specialized pilot centers to promote the conciliation of complaints from clients of health facilities in Northern Lima, Ayacucho, and San Martín. The work is being carried out in collaboration with the NGOs COTMA/Red in the first two sites and CEPSCO in San Martín. During the reporting period, APDS conducted the second phase of training for health personnel and CSOs in Ayacucho and San Martín (August) and both phases of the training course in Northern Lima (July and September). A total of 133 health providers and 133 representatives from NGOs received training in alternative mechanisms for conflict resolution in relation to health complaints. Messages promoting clients' rights were transmitted through weekly radio talk shows and informational spots in all three sites. APDS' experience was discussed in a meeting with the main actors, namely, the Ombudsman's Office and specialized defense offices of the MOH, Social Security, and private providers, working on the promotion and defense of health users' rights in Lima, as well as in three public forums in Lima, Ayacucho, and San Martín (Aug 25–29). In December, the experiences of the three centers were analyzed, systematized, and presented in a workshop to identify main guidelines for continued support to the centers for six more months. In November, a study tour group composed of representatives of Congress, the MOH, the Ombudsman Office, and NGOs from Bolivia (UNFPA/DFID) visited APDS' Northern Lima Center to learn about the innovative techniques being implemented by CSOs for the protection of health users' rights.

POLICY completed field activities for the annual monitoring of the Tiahrt Amendment and national FP norms, which was conducted in collaboration with both RNPM and its affiliate, INCAFAM. A total of 238 FP providers, 237 antenatal care providers, 1,122 FP users, and 1,044 pregnant women were interviewed for this purpose. POLICY is currently working to produce final research reports for USAID, the MOH, and other local partners. Preliminary findings show that no FP provider was subject to quotas nor received any incentive to provide a method, and none of the users received incentives to accept a method.

POLICY continued to support the civil society coalition ForoSalud in forming regional coalitions for dialogue on health policies at the decentralized level. These regional coalitions, composed of local NGOs, professional organizations, and civil society representatives, are in different stages of formation. POLICY provided TA to the regional Foro in La Libertad and the “catalyst” groups (grupos impulsores) in Lambayeque, Ayacucho, Junín, San Martín, and Ucayali in a range of topics designed to fit each coalition's stage of development. This included TA for organizational meetings, elaboration of regional working plans, organization of thematic working groups, identifying/understanding the main issues of decentralized participation, and sexual and reproductive health policies focused on youth. Between October–November, POLICY systematized its experience with the San Martín Foro Salud in elaborating a participatory health diagnosis and disseminated the information during a two-day TOT workshop, held in December, for Foro Salud members from five regional coalitions. The diagnosis itself was presented in a public meeting on December 30.

POLICY also provided TA to the national ForoSalud in two of its ongoing activities: follow-up of the legislative health commission debates and elaboration of informational notes that are disseminated through the Internet to more than 1,000 registered members. During the last six months, POLICY also supported the Foro in organizing and implementing three events: the Second Meeting of Regional Foros, which brought together representatives from regional coalitions in 12 departments; the International Forum on Civil Society and Public Health; and a three-day popular fair, where different organizations presented their health promotion activities.

POLICY conducted other workshops to provide technical tools and training to different CSOs. In Huanuco, POLICY facilitated a workshop in July on methods and tools for citizen surveillance for members of the Mesa de Lucha contra la Pobreza, and in September, in collaboration with Catalyst, conducted a workshop with local stakeholders to raise awareness about the MOH Integrated Health Care Model, which will be implemented in each region in accordance with its specific health needs. In September, POLICY, in collaboration with Catalyst, PHR+, and Universities Consortium, facilitated a workshop with the Regional Health Council of San Martín to define the council's role and functions within the decentralized health system. Through a small grant with the NGO Surmubi, POLICY organized a workshop in Amazonas with leaders from grassroots organizations to facilitate the informed participation of these groups in the policy dialogue spaces created by the regional Mesas de Lucha contra la Pobreza in August.

POLICY is supporting the MOH in defining mechanisms to extend international assistance, both technical and financial, to the decentralized Regional Health Directions. For this purpose, two POLICY consultants based at the MOH Office of International Cooperation (MOH-OGCI) continued providing TA to three regions—San Martín, Lambayeque, and Ayacucho—to help them install Offices of International Cooperation at the regional level. Preliminary results of this TA included the creation of an international cooperation office within the general structure of the Regional Government in San Martín, the integration of the different areas of international cooperation within the General Management Office in Ayacucho, and within the Economic Development Office in Lambayeque. At the central level, the proposal of the MOH-OGCI Manual for Organization and Functions was completed and sent to both the legal and strategic planning offices for final review and approval by a Ministry Resolution. POLICY consultants also prepared a proposal from the MOH-OGCI to the Peruvian Agency for International Cooperation (APCI) for separating the management of TA projects from investment projects that fall within the National Public Investment System (SNIP). On December 10, APCI issued an official norm, which included the MOH-OGCI proposal.

From September to December, POLICY LTA Marcela Huaita served as an advisor to the Prime Minister, providing TA on social policies to fight against poverty and policies related to adolescents, children, and gender. Huaita also played a key role in developing regulations for a Sexual Harassment Law. During this appointment, she also participated actively in meetings of the very influential Commission on Social Issues, composed of representatives of all social sector ministries.

POLICY also provided TA to the subcommittee on Local Health Administration of the Congressional Commission on Health, Population and Family in developing a legislative proposal on Citizen Participation and Co-management in Health. As a result of this TA, the original proposal was modified to include a broader scope for citizen participation than just co-management of health facilities. In December, in collaboration with PHR+ and Catalyst Projects, POLICY also co-financed two public consultations of this proposal in Ayacucho and Cusco and will finance two additional consultations in La Libertad and San Martín. RNPM and the ForoSalud participated in the December public consultations and shared their experiences in social participation developed with POLICY support.

POLICY provided TA to one of the NGO members of the Coalition on Human Rights for Health in analyzing the legislative proposal on Patients Rights, and developing an alternative proposal on People Rights Related to Health Services. The alternative recommends a broader perspective that considers the rights of all people vis-à-vis health services and the responsibilities of health professionals, as opposed to the narrower focus of patients' rights and medical doctors' responsibilities. The MOH formed a commission for the revision of the first proposal and included two representatives from the coalition who will present and advocate for the alternative proposal.

POLICY staff prepared a compendium of legislative activities of the Health Population and Family Commission of the National Congress as an updated resource for local partners working in legislative modifications or proposals with POLICY support. POLICY also updated its database on norms and regulations (1996–present) related to the health sector, which includes all laws related to FP/RH and HIV/AIDS, and continued work on an inventory of norms and policies related to decentralization, based on which a summary of the normative framework that could affect the implementation of health policies was developed. POLICY staff also prepared an analysis of country accomplishment vis-à-vis the international framework on Human Rights and Reproductive Health. This summary will be used by regional decision makers as they analyze regional functions and skill levels necessary to implement policies and activities related to health, population, and gender.

Other legal analyses and reports prepared by POLICY staff included an analysis of a legislative proposal to modify Health Directorate Regulations on Organization and Duties, which was sent to the Reproductive Health Oversight Committee (Mesa de Vigilancia), composed of NGOs working on RH, for use in their advocacy efforts with Congress; a report on HIV/AIDS policies and laws within the framework of human rights; and the elaboration of an analytical table of the international standards on Human Rights and HIV/AIDS.

The POLICY/Peru team worked closely with Washington staff to conduct a market segmentation analysis using DHS 2000 data. This analysis, which is in its final stages, will serve as the basis for defining public and private sector strategies to achieve contraceptive security. Preliminary results were discussed with the MOH-DGSP staff and presented in December to the drugs committees of the main Lima Hospital as part of the workshop organized by MOH-DIGEMID for the implementation of the integrated system of drugs management. Findings of the study show that Peru's contraceptive market is poorly segmented. The MOH serves almost 70 percent of contraceptive users, 29 percent of whom belong to the two top wealth quintiles and can clearly afford to pay for services. There is a clear need for the MOH to implement a targeting strategy with user fees to ensure that its subsidized products benefit only those who are in need. Within this context, POLICY staff prepared a report on the international and national legal framework related to contraceptive security in order to identify the laws and policies that stand in the way of targeting and charging user fees in government facilities.

POLICY continued activities to enhance local capacity in health policy analysis and decision making in the context of Peru's ongoing decentralization. Between October–December, through a subcontract with Universidad del Pacífico Research Center, POLICY organized three four-day courses on “Health Decentralization: Challenges and Opportunities” in the regions of La Libertad, Lambayeque, San Martín, and Ucayali. Representatives from the regional government, the main local university, and the regional ForoSalud coalition selected 36 participants—regional social development and health officials, university lecturers, and representatives of CSOs—to participate in each course. The courses were well received by participants because of their updated theory and context analysis and because they provided a space in which participants initiated dialogue and discussion on health problems and proposals for the regions. During the course, university authorities stated their willingness to work with POLICY to strengthen health policy issues in their curricula according to priorities defined by the Regional Health Council.

POLICY provided TA to university professors in conducting a diagnosis of current capacity and capacity-building needs in the area of health policy in the four regions of Lambayeque, La Libertad, San Martín, and Ucayali.

POLICY initiated a joint activity with PHR+ and Catalyst/Pathfinder to design and implement a program to develop human resources in public health management (PROGRESA), which will benefit six of USAID's prioritized regions. For this purpose, POLICY, PHR+, and Catalyst each sponsored the

participation of a consultant in a training course at the Center for Management Development in Mexico. Following the training, the three consultants initiated the program design. This included elaborating performance-based profiles, which were validated by a group of local experts; presenting the program to authorities from regional governments, the MOH, and universities in the six regions; developing terms of reference for a competitive process through which to select the local universities that will implement the program; and presenting the program to other health projects working in the same regions. The European Union health project has agreed to finance the implementation of PROGRESA in Ayacucho.

In September, POLICY supported the participation of nine lecturers, including three POLICY staff, in the VI International Congress on Gender and Universities in Cusco. POLICY team members made presentations on how to integrate gender into higher education, citizen surveillance of RH service provision, and male participation in reproductive health. In December, POLICY supported the participation of 12 civil society professionals from USAID's prioritized regions and two POLICY staff as lecturers in the VII International Course on Human Rights and Women, organized by Movimiento Manuela Ramos.

POLICY staff and consultants continued to implement the Safe Motherhood Core Package. The core package team finished data collection and analysis for the costing component. Qualitative data collection has been completed in Piura and San Martín and is in its final stages in Puno and Huanuco. Preliminary results of the cost and qualitative analysis were presented to the staff of the MOH Integrated Health Insurance (SIS) program, which covers antenatal and delivery care to the poorest women in the country, so they can use preliminary cost results to evaluate the adequacy of reimbursement payments being made to health providers.

As part of the Regional Contraceptive Security Feasibility Study, funded by the USAID/LAC Bureau, POLICY and DELIVER completed an assessment of Peru's situation vis-à-vis contraceptive security, in September. A team made up of four POLICY and DELIVER staff and consultants, including members of the local POLICY team, gathered data and conducted extensive interviews with a range of stakeholders in Lima and Chiclayo over a two-week period. Results of the assessment were presented to a recently formed intersectoral contraceptive security committee that is composed of representatives from USAID, UNFPA, the MOH, the Social Security Institute, APROPO, PRISMA, and INPPARES.

HIV/AIDS

POLICY provided TA to Colectivo por la Vida's legislative committee in elaborating and implementing a proposal to modify the 7th article of the current AIDS Law (CONTRASIDA). The proposed legislative changes include language about nondiscrimination and provision of free services and medication for PLHAs and opportunistic infection; they also address the need for monitoring, pre- and post-test counseling, rehabilitation, and social reinsertion, in addition to prevention and treatment. Colectivo por la Vida's media committee used several media activities (press conferences, public presentations on radio and TV, public mass mobilization activities) as well as a Public Audience in Congress to mobilize support for the proposal. As a result of this strategy, the Congressional Health Commission approved the proposal on November 26. As a next step, Colectivo will advocate for its presentation to the entire Congress for approval and enactment.

In July, POLICY conducted two training workshops for PLHAs—one on leadership skills for the national PLHA network (Peruanos Positivos), and the other to build media communication skills among PLHAs from Colectivo por la Vida. To supplement these trainings and reinforce previous advocacy training efforts, POLICY conducted a second advocacy workshop for Colectivo por la Vida members in October. Advocacy plans were prepared, with emphasis on the development of regional systems to guarantee access to treatment.

POLICY completed an initial assessment of PLHA groups in the eight regions of Chimbote, Cusco, Huancayo, Ica, Iquitos, Piura, Pucallpa, and Trujillo. Only one to two groups in each region were surveyed in this exploratory effort. Preliminary findings show a low level of capacity for policy dialogue and advocacy among regional PLHA groups, primarily due to poverty and strong stigma and discrimination in the provinces. In the next quarter, POLICY will expand this diagnosis to include all PLHA groups in the nine regions.

From October–December, Colectivo por la Vida used findings from the initial assessment for its decentralized activities, which included press conferences and workshops in each of the eight regions. The workshops were designed, with POLICY TA, to develop and strengthen participants' skills to advocate with regional congressmen and garner their support for HIV/AIDS-related legislation and policies. Twenty-five to 30 people participated in each workshop. They included representatives from PLHA groups and other CSOs, and representatives from local government, including those in charge of the Regional STI/HIV/AIDS Health Office. POLICY also worked with Colectivo to help create eight regional networks (incipient Colectivo branches), comprised of PLHAs and other CSOs, to work on policy dialogue and advocacy related to HIV/AIDS. These networks will be consolidated and strengthened during the next quarter. The regional press conferences brought together 25 to 35 journalists, who will work with the regional networks to disseminate information and raise public awareness on HIV/AIDS.

POLICY also facilitated various meetings with the members of Red SIDA Peru, a network of NGOs working on HIV/AIDS, to design a system for citizen surveillance related to AIDS policies and activities. Red SIDA will use this system to monitor Global Fund activities, implementation of commitments under the UNGASS declaration, and enforcement of the AIDS Law. POLICY also helped the network develop an advocacy framework to be used once results of the monitoring activities are available. POLICY transferred its HIV/AIDS stakeholder database to Red SIDA and provided training to enable them to maintain and update it.

POLICY continued its support to the Global Fund Country Coordination Mechanism (CONAMUSA), providing TA to elaborate the technical documents that identify roles and responsibilities for their different members, to develop procedural mechanisms, and to define decision-making processes. Organizational and Functional Norms of the entity were approved by the Assembly and sent to the MOH legal office for approval.

Accion Internacional por la Salud (AIS) completed the elaboration of two proposals for a drug policy and legislation, which include HIV/AIDS-related drugs. The proposals were based on a review of current legislation and norms and interviews with key informants from the health sector. Three public forums were organized in November to discuss and receive feedback on the two proposals in Lima (80 participants) and two regions, La Libertad (28 participants) and Arequipa (55 participants). Representatives of the health sector, civil society, PLHA groups, university lecturers and researchers, international cooperation, and the private sector participated in these forums. The legislative and policy proposals were modified based on these participative discussions, presented at a National Seminar in December, and will be presented to Congress early next year.

PROBLEMS AND CONSTRAINTS

POLICY has faced many management challenges as an ongoing part of the project's functioning (i.e., providing overall strategic vision to core and field programs, maintaining appropriate staffing patterns, monitoring and evaluation) as we strive to provide appropriate and effective services. Some of the continuing challenges also reflect new realities for the project in terms of funding patterns and balance among the project's core technical areas (FP/RH, Maternal Health, and HIV/AIDS) as well as its crosscutting issues.

Specific management challenges and issues addressed during the reporting period include the following:

FP/RH

- POLICY's FP/RH programs are focusing on critical thematic areas such as repositioning family planning, contraceptive security, and exploring strategic linkages between family planning and HIV. In this context, we need to reexamine initiatives that started early in the project but are not yet complete. In order to use the resources most effectively, we need to be watchful and keep activities on track and reprogram money to new initiatives as needed to be consistent with the thematic thrust of project activities.
- We are still waiting to fill the position for the IR1 Director for FP/RH Advocacy, a position that has been vacant for more than a year. This vacancy has placed additional demands on the rest of the IR1 staff to complete all activities.
- A critical need on the project is for POLICY staff to be able to address HIV/AIDS and RH issues and manage portfolios in both areas. We will continue to offer training and joint programming opportunities to staff in order to build their capacity to work in HIV/AIDS and RH, with a special emphasis on integration.
- As we move into the last 20 months of the project, we may have fewer core resources to support Washington-based staff. Many core packages will be coming to an end. We will need to ensure that staff are well integrated into field programs.
- In addition, as we move toward the end of the project, we need to be thinking about disseminating and documenting project successes and how to allow for dedicated staff time to pursue these activities.
- Recognizing how long the planning process for TD weeks may take, we need to begin planning for TD weeks and/or thematic regional meetings early so that needed preparations can be integrated into annual workplans.
- Recent staff transitions will necessitate some changes in POLICY's regional management structure. As a result of Don Dickenson leaving, Brenda Rakama (Regional Manager for East and Southern Africa) is now providing regional management for the entire continent. Given the size of this portfolio, additional backstopping support will be required. In the interim, Norine Jewell will provide regional oversight for countries in West Africa.

HIV/AIDS

- The appointment of Felicity Young as the Deputy Director: HIV/AIDS, effective January 1, 2004, will assist with consolidating the HIV/AIDS portfolio. However, this has created a new vacancy in the position for IR1 Director for HIV/AIDS Advocacy, and filling this is now a priority. Additionally, the project needs to continue to recruit additional senior technical staff to work on HIV/AIDS.

- The establishment of the Global AIDS Council (GAC) and the strong focus on the 15 initial PEPFAR countries has resulted in OHA having to respond to the changing demands of the broader U.S. government HIV/AIDS policy environment. It is anticipated that the next 12 months will be a period of change, which will cause some uncertainty in terms of where the project fits within emerging structures. The project recognizes the need to actively monitor the changes and the importance of being flexible in responding to requests.
- As a result of PEPFAR, the project, where appropriate, is re-orienting activities to assist in achieving PEPFAR goals. This will require the reprogramming of some existing HIV core activities, which will be undertaken in the first quarter of the calendar year in consultation with USAID.
- HIV/AIDS management will provide continued oversight of the implementation of HIV/AIDS core activities to ensure adherence to timelines for deliverables.
- Because HIV/AIDS core resources may be decreased in Year 5, management needs to proactively ensure that there are strong linkages between core and field activities. It is proposed to support some targeted regional meetings to allow staff supporting core and field activities to jointly plan activities. This planning will be undertaken within the context of PEPFAR and will also provide an opportunity for capacity building of staff with regard to increasing understanding as to how the project can actively assist in the realization of PEPFAR goals.
- The project will actively disseminate lessons learned to build a body of evidence that demonstrates that policy is an essential component of the global HIV response.
- USAID has asked POLICY to establish a small technical office in Bangkok. The lack of a mechanism under which to do this has hampered progress in this domain. However, the U.S.-Thai government bilateral was signed in late December 2003, which will facilitate POLICY's opening and registration. POLICY is exploring the feasibility of co-location with the FHI Asia Regional Program. Position descriptions for POLICY/Thailand are currently being prepared and will be advertised before the end of February 2004. It is proposed that the office will include a Regional Manager position responsible for backstopping Cambodia, Nepal, Viet Nam, and ANE HIV/AIDS regional activities. This position will be supported by a small team of Thai national staff for both technical and administrative work.

APPENDIX: MANAGEMENT CHARTS

Project Management Structure

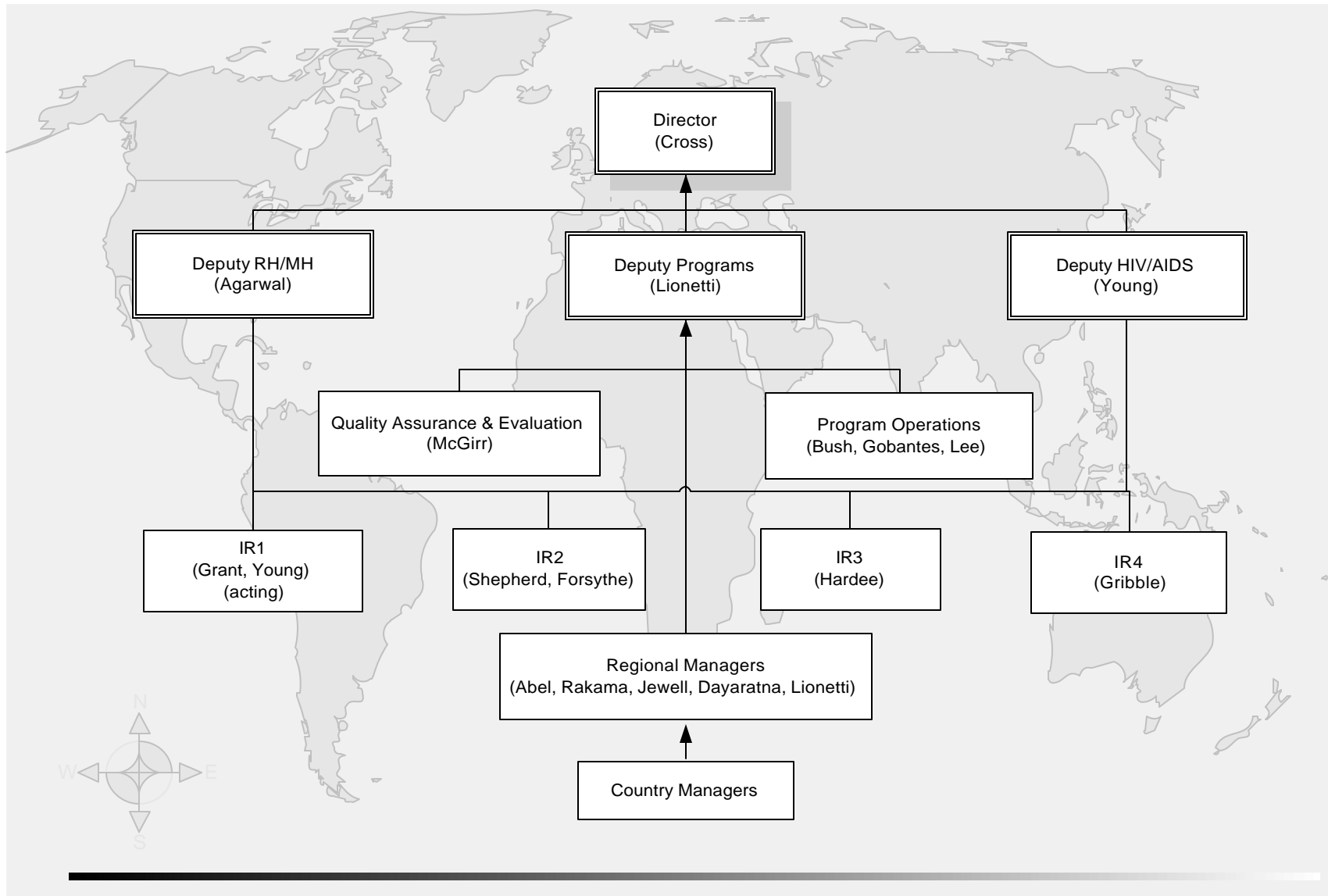


Table A1. Managers of Core-Funded Activities
(As of 1/6/04)

Deputy Director	IR/Working Group	IR/Working Group Director	Administrator/ Administrative Backstop
Core Activities:	IR 1 (FP/RH/MH)	Danielle Grant (acting)	Vicky Bush/Whitney Gafford
Koki Agarwal (FP/RH/MH)	IR1 (HIV/AIDS)	Felicity Young (acting)	Karen Lee/Elisabeth Smith
Felicity Young (HIV/AIDS)	IR2 (FP/RH)	Carol Shepherd	Vicky Bush/Kimberly Lohuis
	IR2 (HIV/AIDS)	Steven Forsythe	Karen Lee/Moira Cahan
	IR3	Karen Hardee	Rodrigo Gobantes/Jon Adler
	IR4	Jay Gribble	Rodrigo Gobantes/Jon Adler
	SSO2 – Maternal Health	Koki Agarwal	Vicky Bush/Whitney Gafford
	SSO4 – HIV/AIDS	Felicity Young	Karen Lee/Elisabeth Smith
	Quality Assurance	Nancy McGirr	Vicky Bush/Nikki Duncan
Working Groups:	Adolescent RH	Nancy Murray	Rodrigo Gobantes/David London
	Gender	Anne Eckman	Rodrigo Gobantes/Sarah Bradley
	Human Rights	Lane Porter	Rodrigo Gobantes/Megan Noel
Core Packages:	Guatemala	Norine Jewell	
Koki Agarwal (FP/RH/MH)	Jamaica	Margaret Rowan	
Felicity Young (acting) (HIV/AIDS)	Kenya	Angeline Siparo	
	Malawi	Rita Chilongozi (canceled)	
	Mexico (HIV/AIDS)	Mary Kincaid	
	Nepal (HIV/AIDS)	Philippa Lawson	
	Nigeria	Scott Moreland	
	Peru (Safe Motherhood)	Patricia Mostajo	
	RH Goals	Carol Shepherd	
	South Africa (HIV/AIDS)	Caroline Wills, Nikki Schaay	
	Swaziland (HIV/AIDS)	Sylvia Abrahams	

Deputy Director	IR/Working Group	IR/Working Group Director	Administrator/ Administrative Backstop
	Ukraine	Nicole Judice	
	New core packages/targets of opportunity	POLICY Directors	
<i>Miscellaneous:</i>	Grants	Determined by Funding Source	Vicky Bush/Sarah Bradley

Table A2. Managers of Country and Regional Programs
(As of 1/6/04)

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Africa:</i> Brenda Rakama Backstop: Harry Cross	Africa Regional Funds	Felicity Young (acting) (HIV/AIDS) Koki Agarwal (FP/RH/MH)	Rodrigo Gobantes/ David London	Rose McCullough
	Southern Africa/RHAP	Sylvia Abrahams*		
	Ethiopia	Elizabeth Neason		
	Kenya	Angeline Siparo*		
	Malawi	Shawn Aldridge		
	Mozambique	Henriqueta Tojais*		
	REDSO/ESA	Joseph Deering		
	South Africa	Nikki Schaay*		
	Tanzania	Charles Pill		
	Uganda	John Kabera*		
	Zambia	Robie Siamwiza*		
	Zimbabwe	Tom Goliber		
	Norine Jewell (acting)	Ghana	Megan Noel	
Backstop: Brenda Rakama	Madagascar	Nicolas De Metz*		
	Mali	Modibo Maiga*		
	Nigeria	Scott Moreland		
	WARP	Norine Jewell		
<i>Asia/Near East:</i> Ed Abel Backstop: Denise Lionetti	ANE Regional Funds	Koki Agarwal (FP/RH/MH) Felicity Young (acting) (HIV/AIDS)	Vicky Bush/Nikki Duncan	Elizabeth Schoenecker
	Bangladesh	Syed Ahsan*	Sarah Bradley	
	Cambodia	Ty Chettra*		
	Egypt	Hussein Abdel Aziz*		
	India	Gadde Narayana*		
	Jordan	Ed Abel		
	Nepal	Bhoj Raj Pokharel*		
	Philippines	Aurora Perez*		
	Vietnam	Tran Tien Duc*		
<i>Eastern Europe & Eurasia:</i> Denise Lionetti	Russia	Anne Jorgensen	Vicky Bush/ Kimberly Lohuis	Rose McCullough
	Ukraine	Philippa Lawson		

Regional Managers	Country	Country Manager	Administrator/ Administrative Backstop	CTO
<i>Latin America:</i> Varuni Dayaratna Backstop: Denise Lionetti	LAC Regional Funds	Varuni Dayaratna	Vicky Bush/ Moirá Cahan	Elizabeth Schoenecker
	El Salvador	Nancy Murray		
	Guatemala	Lucia Merino*		
	Haiti	Laurent Eustache*		
	Honduras	Philippa Lawson		
	Jamaica	Kathy McClure*		
	Mexico	Mary Kincaid		
	Peru	Patricia Mostajo*		

** Indicates overseas staff member*

Table A3. Managers of HIV/AIDS Core-Funded Activities
(As of 1/6/04)

Global Activities	Activity Manager	Year 4 Activity #
Advocacy Manual	Pablo Magaz	1
CORE Initiative	Felicity Young	2
GNP+ Conference	Pablo Magaz	3
GNP+	Omar Perez	4
OVC	Brenda Rakama	5
International Conferences	Anita Bhuyan	6
Asia Pacific Leadership Forum	David Lowe	7
Global Fund CCM	Philippa Lawson	8
S&D Follow-up South Africa	Felicity Young/Nikki Schaay	9
GIPA Research follow-up	Pablo Magaz	10
Stigma Index	Lori Bollinger	11
Core Package: Swaziland	Sylvia Abrahams	12
Core Package: Nepal	Philippa Lawson	13
Rapid Response and Communications	Felicity Young	14
AIDS & Economics	Steven Forsythe	15
HEARD Subcontract	Steven Forsythe	16
AIDS Program Effort Index (API)	Jane Begala	17
UNAIDS Estimates and Projections Reference Group	John Stover	18
Global Survey to Measure Service Coverage	Jane Begala	19
UNAIDS Reference Group	Steven Forsythe/John Stover	20
Core Package: South Africa	Nikki Schaay/Caroline Wills	21
Core Package: Mexico	Mary Kincaid	22
ABC Research	Jay Gribble	23
Project Development-Capacity Building/Training	Jay Gribble	24
ASICAL	Omar Perez	25
Human Rights Support	Lane Porter	26
FXB +	Lane Porter	27
Women's Inheritance Rights -Kenya	Anne Eckman	28
Core Package TBD	Felicity Young	29
Regional Activities	Activity Manager	Year 4 Activity #
<i>Africa</i>		
Africa Bureau OVC Activities	Felicity Young	
Southern Africa Regional HIV/ AIDS Program (RHAP)	Sylvia Abrahams	30
<i>Asia/Near East</i>		
Building Civil Society	Anne Eckman	34
Political Commitment: Regional	Pablo Magaz	35
Regional Faith-based	Felicity Young	36
Women and HIV	Felicity Young	37
Rapid Response/ANE	Felicity Young	38
APN+	Pablo Magaz	39
Policy Assessment: China	Felicity Young	40
Advocacy and Sex Work	Felicity Young	41

Regional Activities	Activity Manager	Year 4 Activity #
GIPA CA Study	Pablo Magaz	42
MSM	David Lowe	43
Treatment Access	David Lowe	44
Country Program Activities	Manager	Year 4 Activity #
Ethiopia	Elizabeth Neason	45
Ghana	Michelle Prosser	46
Kenya	Angeline Siparo	47
Madagascar	Nicholas DeMetz	48
Malawi	Shawn Aldridge	49
Mali	Modibo Maiga	50
Mozambique	Henriqueta Tojais	51
Nigeria	Scott Moreland	52
REDSO/ESA	Joe Deering	53
South Africa	Nikki Schaay	54
Tanzania	Chuck Pill	55
Uganda + SWAP	John Kabera	56
WARP/REDSO w FHA	Norine Jewell	57
Zambia	Robie Siamwiza	58
Zimbabwe	Tom Goliber	59
Cambodia	Ty Chettra	60
India	Gadde Narayana	61
Nepal	Bhoj Raj Pokharel	62
Philippines	Aurora Perez	63
Viet Nam	Tran Tien Duc	64
Ukraine	Philippa Lawson	new
Haiti	Laurent Eustache	65
Honduras	Philippa Lawson	66
Mexico	Mary Kincaid	67
Peru	Patricia Mostajo	68