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2008

Democratic Republic of Congo

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Table 1: Overview**Executive Summary**

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DRC_MiniCop_Executive_Summary_FY08.doc	application/msword	10/3/2007		LKapesa

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

Ambassador Letter

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Brock letter to Dybul.pdf	application/pdf	10/6/2007		LKapesa

Country Contacts

Contact Type	First Name	Last Name	Title	Email
DOD In-Country Contact	LTC Scott	Bryson	Defense and Army Attaché	brysona@state.gov
HHS/CDC In-Country Contact	Karen	Hawkins-Reed	Chief of Party	khawkins@cdcdc.org
USAID In-Country Contact	Aleathea	Musah	Health Officer	amusah@usaid.gov
U.S. Embassy In-Country Contact	Gregory	Groth	Economic Counselor	grothgs@state.gov
U.S. Embassy In-Country Contact	Katya	Thomas	Public Diplomacy Officer	thomask@state.gov
Global Fund In-Country Representative	Yves Pierre Alexandre	Nicholas	Country Coordinator	nicolas.alexandre@undp.org

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	59,000	671,000	730,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	1,500	15,200	16,700
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	7,000	35,000	42,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	58	0	58
8.1 - Number of OVC served by OVC programs	0	7,200	21,600	28,800
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	86,000	65,000	151,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	436	11,500	11,936
Human Resources for Health				
End of Plan Goal				
	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	85,000	645,000	730,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	1,900	15,000	16,900
Care (1)				
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	8,500	43,000	51,500
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	60	0	60
8.1 - Number of OVC served by OVC programs	0	9,300	28,000	37,300
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	92,000	34,000	126,000
Treatment				
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	880	16,500	17,380
Human Resources for Health				
End of Plan Goal				
	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ASPH FELLOWSHIPS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5947.08
System ID: 8041
Planned Funding(\$): \$170,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Association of Schools of Public Health
New Partner: No

Mechanism Name: Care and Support OVC & HBC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5881.08
System ID: 8002
Planned Funding(\$): \$783,294
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Bureau Diocesain des Oeuvre Medicales-Comite Diocesain de Lutte contre le VIH Sida
Planned Funding: \$80,923
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Eglise de Christ au Congo
Planned Funding: \$186,524
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: World Vision International
Planned Funding: \$256,547
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Fondation Femmes Plus
Planned Funding: \$84,691
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HIV/AIDS content based ESL teacher training

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5902.08
System ID: 8132
Planned Funding(\$): \$120,077
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Congo Language Supporters House
New Partner: No

Mechanism Name: Rapid Country Assessment, Analysis, and Action Planning (RAAAP)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5884.08
System ID: 8001
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Constella Futures
New Partner: No

Mechanism Name: Technical Support to the MINAS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5883.08
System ID: 7995
Planned Funding(\$): \$700,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Constella Futures
New Partner: No

Mechanism Name: Care & Support Intervention, to Include VCT, OD and M&E Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5882.08
System ID: 8003
Planned Funding(\$): \$679,927
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Avenir Meilleur pour les Orphelins au Congo
Planned Funding: \$145,456
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Fondation Femmes Plus
Planned Funding: \$139,156
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Hopital General de Reference Nyantende
Planned Funding: \$13,224
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Centre de Santé de Reference Nvuzi
Planned Funding: \$13,224
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Hopital General de Reference-Kenya
Planned Funding: \$13,224
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name: ROADS project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5878.08
System ID: 8004
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: Project AXxes

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5894.08
System ID: 8005
Planned Funding(\$): \$368,264
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Interchurch Medical Assistance
New Partner: No

Sub-Partner: Eglise de Christ au Congo
Planned Funding: \$132,999
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety

Sub-Partner: World Vision International

Planned Funding: \$81,464

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety

Sub-Partner: Catholic Relief Services

Planned Funding: \$105,222

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HMBL - Blood Safety

Mechanism Name: KINSHASA SCHOOL OF PUBLIC HEALTH COAG

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5978.08

System ID: 8063

Planned Funding(\$): \$1,160,549

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Kinshasa School of Public Health

New Partner: No

Mechanism Name: Support of Military Program and Policies

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5945.08

System ID: 8126

Planned Funding(\$): \$20,000

Procurement/Assistance Instrument: Grant

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: Ministry of Defense, Democratic Republic of Congo

New Partner: No

Mechanism Name: Providing AIDS Care and Treatment

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8113.08

System ID: 8113

Planned Funding(\$): \$1,180,851

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: N/A

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Providing AIDS Care and Treatment

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8114.08
System ID: 8114
Planned Funding(\$): \$624,941
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Mechanism Name: ABCD Mass Media Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5907.08
System ID: 8130
Planned Funding(\$): \$470,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Drugs Forecasting

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8037.08
System ID: 8037
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: GDA Banro Corporation

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5864.08
System ID: 7885
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GDA Mining

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5863.08
System ID: 8006
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: HIV/AIDS Hotline

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8035.08
System ID: 8035
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Sub-Partner: Fondation Femmes Plus
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name: Integrated HIV Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8039.08
System ID: 8039
Planned Funding(\$): \$3,622,988
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PD prevention efforts

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5909.08
System ID: 8131
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: BCC and HIV Prevention

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5936.08
System ID: 8127
Planned Funding(\$): \$190,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: BCC program in 3 regions

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5862.08
System ID: 8007
Planned Funding(\$): \$1,358,857
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: HIV CT in the Military

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5937.08
System ID: 8128
Planned Funding(\$): \$130,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Family Health International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name: PSA lab technical assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5925.08
System ID: 8064
Planned Funding(\$): \$40,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Professional and Scientific Associates
New Partner: No

Mechanism Name: GDA-Safe Blood in Rural Health Zones

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5880.08
System ID: 8008
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name: Strengthened collaborative TB-HIV activities

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8038.08
System ID: 8038
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: TB-CAP
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10644.08
System ID: 10644
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10643.08
System ID: 10643
Planned Funding(\$): \$450,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: IRM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8320.08
System ID: 8320
Planned Funding(\$): \$36,956
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Management and Staffing Costs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8321.08
System ID: 8321
Planned Funding(\$): \$573,044
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10642.08
System ID: 10642
Planned Funding(\$): \$416,500
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC-GAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5918.08
System ID: 8062
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: KINSHASA SCHOOL OF PUBLIC HEALTH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8115.08
System ID: 8115
Planned Funding(\$): \$0
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Management and Staffings Costs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8344.08
System ID: 8344
Planned Funding(\$): \$611,817
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Providing AIDS Care and Treatment

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8118.08
System ID: 8118
Planned Funding(\$): \$0
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Management and Staffings Costs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5946.08
System ID: 8129
Planned Funding(\$): \$54,018
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: CSCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8345.08
System ID: 8345
Planned Funding(\$): \$253,121
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8346.08
System ID: 8346
Planned Funding(\$): \$365,121
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Department of State
New Partner: No

Mechanism Name: ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8349.08
System ID: 8349
Planned Funding(\$): \$5,982
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ICASS

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5900.08

System ID: 8009

Planned Funding(\$): \$90,000

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Prime Partner: US Department of State

New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5881.08	8002	Catholic Relief Services	U.S. Agency for International Development	GHCS (USAID)	Bureau Diocesain des Oeuvre Medicales-Comite Diocesain de Lutte contre le VIH Sida	N	\$80,923
5881.08	8002	Catholic Relief Services	U.S. Agency for International Development	GHCS (USAID)	Eglise de Christ au Congo	N	\$186,524
5881.08	8002	Catholic Relief Services	U.S. Agency for International Development	GHCS (USAID)	Fondation Femmes Plus	N	\$84,691
5881.08	8002	Catholic Relief Services	U.S. Agency for International Development	GHCS (USAID)	World Vision International	N	\$256,547
5882.08	8003	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Avenir Meilleur pour les Orphelins au Congo	N	\$145,456
5882.08	8003	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Centre de Santé de Reference Nvuzi	N	\$13,224
5882.08	8003	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Fondation Femmes Plus	N	\$139,156
5882.08	8003	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Hopital General de Reference Nyantende	N	\$13,224
5882.08	8003	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Hopital General de Reference-Kenya	N	\$13,224
5894.08	8005	Interchurch Medical Assistance	U.S. Agency for International Development	GHCS (USAID)	Catholic Relief Services	N	\$105,222
5894.08	8005	Interchurch Medical Assistance	U.S. Agency for International Development	GHCS (USAID)	Eglise de Christ au Congo	N	\$132,999
5894.08	8005	Interchurch Medical Assistance	U.S. Agency for International Development	GHCS (USAID)	World Vision International	N	\$81,464
5937.08	8128	Population Services International	Department of Defense	GHCS (State)	Family Health International	N	\$0

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$1,024,721

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Overview

EPP-Spectrum estimates project 141,500 HIV+ women delivering with 42,450 children infected through mother to child transmission (MTCT) in 2008. The National AIDS Control Program (PNLS) prioritizes the scale-up of PMTCT, with a goal of universal access to PMTCT with ARV services for pregnant women by 2009. PNLS is in the process of revising the PMTCT protocol from Nevirapine single dose to combined ARV prophylaxis for pregnant women and their newborns based on World Health Organization (WHO) recommendations.

The PNLS estimates that of the total 515 Health Zones (HZ) in DRC, 153 HZ will offer PMTCT services through 315 sites in 2008. Despite the estimated 134,000 women in need of services, PNLS estimates that only 3435 (2.6%) HIV+ pregnant women and 3624 (2.4%) of newborns received Nevirapine (NVP) in 2006.

Challenges

Barriers to scaling up the PMTCT program include: low uptake and poor quality of antenatal services, limited access to rural facilities, lack of human capacity in PMTCT services, unreliable supply chains, fragmented and inefficient collection of essential data, stigma, and women's inferior legal and cultural status. In Kinshasa alone, where access to health facilities is better than in most areas of the country, 40% of HIV+ women do not return to maternities wards for delivery. In large, overburdened maternities same day HIV test results are not provided.

Challenges at the program level include lack of involvement of male partners, insufficient follow-up of and support to HIV+ mothers and their infants, and poor psychosocial support to HIV-affected couples. Insufficient nutritional support for the mother and her infant, especially after weaning at 6 months pose additional programmatic challenges.

Leveraging and Coordination

The Continuum of Care model leverages other donor investments, including linking programs that provide ARV for families under care to ensure a full package of services to targeted beneficiaries. Clinton Foundation is working in 7 large congolese cities to implement pediatric AIDS program with a target of enrolling 2,000 children on ART. The USG will partner with the Clinton Foundation to fill in the existing gap in pediatric AIDS services. The USG is also working with EGPAF to ensure continuity of services to two of Kinshasa's largest maternities as USG funding decreases resulted in limited USG support for these priority maternities.

USG-supported sites serve as a replicable model for scaling up Global Fund and MAP PMTCT efforts. The GFATM supports 162 PMTCT sites in DRC, but experienced difficulties with funding bottlenecks. Throughout 2007, the USG supported technical assistance to the CCM to help remove barriers and bottlenecks. Communication and coordination within the CCM and the national program has improved as a result of the TA, and DRC has successfully secured \$71 million of Round3-Phase 2 funds for HIV. Once Phase 2 funds are received by the CCM, it is expected that disbursements to implementers will occur without delay and PMTCT programs will resume with national scale-up.

As a result of delays in implementation due to mismanaged contracts, the MAP program has reassessed its approach to HIV services in DRC. MAP has opted to realign HIV programs, including PMTCT, to work in health zones that already have well-established World Bank support for other health programs. New, legitimate contracts have been signed, and by working in areas with an established World Bank presence, implementation is expected to roll out more efficiently. The USG's primary concern with MAP's new approach is that existing World Bank health programs are the key determinant of MAP rollout rather than epidemiological evidence. The USG will remain vigilant in working with the national program to assure that the Global Fund and MAP programs are able to implement at scale.

The USG and UNICEF support PMTCT policy reform efforts by working with the PNLS to update national PMTCT guidelines, promoting comprehensive services that include primary prevention for women of reproductive age, prevention of unwanted pregnancies for HIV+ women, prevention of HIV infection from mothers to the newborns, treatment and care for HIV+ mothers, infants and family members, including the provider initiated testing and counseling and the revision of National PMTCT Protocol from single dose Nevirapine to ARV Combination for HIV+ mothers and their new born babies.

Current USG Support

In collaboration with the Congolese MOH the PNLS and the National Reproductive Health Program (PNSR), the USG through UNC has provided assistance for PMTCT activities in 34 maternities in Kinshasa, since June 2003. FY07 funds to support PMTCT cover over 25 % of pregnancies in the capital city. Services include PMTCT training, PICT for women at ANC sites, provision of NVP to HIV+ mothers and their infants, management of pregnancy-related complications, syphilis testing and treatment, TB screening and case management, intermittent presumptive malaria treatment, promotion of insecticide treated bed nets, routine vaccination for women and children, and counseling on family planning and nutrition. These services are part of a larger family-centered continuum of care and ARV treatment. Activities will target men to improve partner involvement, promote HIV testing, and raise awareness of reproductive health issues, including HIV and PMTCT. Support groups for HIV+ mothers and affected parents are also funded.

Monthly supervisory site visits, data collection and the provision of supplies assure the quality of the Kinshasa programs. Monthly meetings are held to review experiences and solve problems with maternity staff. In-service training sessions for health care workers including traditional birth attendants are supported to extend program reach. Technical assistance is provided to maternities which receive support from other organizations such as BDOM, Salvation Army, Eglise du Christ au Congo (ECC), and military health facilities to improve the continuum of care and ARV services.

Kinshasa based continuum of care programs also serve as models for rural health programs, including Project AXxes, the USAID rural health services package run by a consortium of faith-based partners. Project AXxes is working with UNC to apply components of the urban program that are feasible in a rural setting. Rural services include PICT for pregnant women with an unknown HIV status at delivery, on-site antenatal counseling and testing to pregnant women and their families, provision of NVP and cotrimoxazole prophylaxis, follow-up post-partum care for the family unit, and M&E. The program supports exclusive breast feeding up to six months unless an alternative is AFASS. The program is leveraging existing USG investments in 20 rural health zones (60 sites). Through PMTCT programming, the USG is working across agencies and branching out to other donors to implement a consistent, high-quality package of services in a variety of settings.

USG FY08 Support

FY08 funds will continue support to family-centered care in Kinshasa's 34 maternities and will build on the rural groundwork laid in FY07 by expanding to 120 rural PMTCT sites. Program improvement activities include on-site rapid testing and same day results, counseling for HIV+ persons through peer support groups including these support groups in PMTCT promotion, and PICT for women with unknown HIV status at delivery. Increased PMTCT coverage is planned through collaboration with other organizations and training of trainers and implementation facilitators. These activities will improve coverage of services that address the long term needs of HIV+ pregnant women and their families, including family planning. Funds will be used to evaluate the implementation challenges of WHO recommended ARV regimens for PMTCT.

A new Integrated HIV program (using the AIDSTAR IQC) will begin with FY08 funds in Lubumbashi, the USG's 5-year strategy priority city with the nation's highest prevalence (6.6% ANC). The model of an Integrated HIV program was articulated by the MOH, which envisions comprehensive health care at the site level with strong community linkages. With several other USAID health and development projects ongoing in the region, including family planning and MCH programs, as well as other donor investment, there is an opportunity to leverage other investments (at least \$7 million in other USG funds) in this high-prevalence region in order to maximize the effectiveness of services for HIV+ women and their families. The Integrated HIV program will also seek to strengthen the continuum of care between health facilities and community level programming by implementing activities at both levels in order to address needs more comprehensively. The Integrated HIV program will continue to apply many of the principles of the Kinshasa based PMTCT program. Expansion to other regions in out years will be determined by regional priorities in the DRC 5-year strategy as well as the results of the DHS.

A public health evaluation (under \$25k) protocol will be developed with FY08 funds to identify the barriers to providing same day test results to pregnant women in large maternities in Kinshasa in accordance with the National HIV rapid testing protocol. The hypothesis is that individual post counseling sessions and the facility laboratories are overloaded, preventing health worker from providing the test results the same day. Results are given 48 hours later during individual post counseling session. The public health evaluation will assess relevant reasons and the feasibility of innovative methods for improvement.

Products/Outputs

With FY08 funds, 85,000 women will have received HIV testing and their results, and 1,900 women will have received a full course of ARV prophylaxis.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	154
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	85000
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1900

Custom Targets:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5894.08	Mechanism: Project AXxes
Prime Partner: Interchurch Medical Assistance	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 11770.08	Planned Funds: \$314,129
Activity System ID: 18224	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11770	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11770	11770.07	U.S. Agency for International Development	Interchurch Medical Assistance	5894	5894.07	Project AXxes	\$314,129

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5918.08	Mechanism: CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 18474.08	Planned Funds: \$75,000
Activity System ID: 18474	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area: \$1,118,057

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Overview

2005 ANC surveillance estimates DRC's HIV prevalence to be 4.5%. Prevention programs for youth and the general population lack adequate investment and coverage. Behavioral data indicates a need for increased attention to high risk behaviors among the general population. Key priorities include promoting sexual debut, reducing multiple and concurrent partners, and addressing other social norms that increase HIV risk.

The results of the 2006 BSS+ survey indicate that awareness of HIV is well over 90%, but only 12% of 15-24 year olds can cite three sexual transmission prevention methods. The age of sexual debut for unmarried youth is 16.3 years for girls and 17.5 years for boys. Rates of transactional sex are high; 46% of males reported giving money or gifts in exchange for sex and 30% of females reported receiving gifts or money for sex in the last year. Cross-generational sex is cited as a common occurrence in DRC. Multiple sexual partners are common, with 58% of sexually active young men and 56% of sexually active young women reporting two or more partners in the past year. There is no specific data available on concurrent partnerships, but it is commonly believed to be prevalent. Despite some awareness of condoms, at last sexual encounter only 23% among boys and 21% among girls.

Women and girls represent 52% of all HIV infections in DRC. Gender inequities, war, and instability have resulted in widespread rape, sexual violence, and abuse. The horrifying level of violence against women in eastern Congo likely affects gender norms overall in Congolese society. Addressing male norms, behaviors towards women, gender-based violence, and social norms related to multiple/concurrent partnerships and transactional sex are key priorities for preventing new infections. Although risk behaviors and social norms of the general population are a concern, the common practice of male circumcision likely mitigates some of the potential impact of risky behaviors.

Challenges

Stigma, discrimination, and widespread belief in sorcery as a cause of HIV/AIDS challenge the acceptance of prevention education. A weak civil society limits opportunities for organizations to engage in community dialogues around harmful social norms and risky behaviors. The USG has limited resources to meet the prevention needs of millions of Congolese in the general population. There is also evidence of high prevalence among high-risk groups, and troubling behavioral data among youth groups who need targeted, comprehensive services. Given the limited funds for prevention in DRC and data on high-risk groups that merit continued investment, the USG will continue to prioritize targeted, comprehensive prevention programs among persons engaging in high-risk behavior while also addressing risks for youth and the general population. USG expects preliminary results of the first-ever DHS in December to help identify areas where increased investment in youth and general population programming is a priority.

Leveraging and Coordination

USG BCC partners are also supported by the Global Fund and MAP. DHS results will help to refine implementation and prevention programs on a larger scale. However, bottlenecks in funding disbursements have stalled rapid scale up of programs modeled after USG services. In 2007, the USG supported technical assistance to the CCM of the Global Fund. As a result of the TA, DRC has successfully secured \$71 million of Round3-Phase 2 funds for HIV. Once Phase 2 monies are received by the CCM, disbursements to implementers will occur without delay and prevention programs will resume with national scale-up.

The MAP program, as a result of persistent delays in implementation, has realigned HIV programs to work in health zones that already have well-established World Bank support for other health programs. By working in areas with an established World Bank presence, implementation of behavior change programs is expected to roll out more efficiently. The USG will remain vigilant in working with the national program to assure that the Global Fund and MAP programs to address behavior change on a national scale are implemented.

Other USG sector activities implemented in overlapping geographic areas are leveraged, such as the USAID-funded protection program that aims to reduce the number of separated and abandoned children and assists victims of gender-based violence. USG also works with DfID on their behavior communication programming in Kinshasa, which includes the use of DFID-developed materials.

Current USG Support

As part of BCC programs focusing on Matadi, Bukavu, Lubumbashi, Kasumbalesa and Boma, young people 13-18 are the target audience for a delayed sexual debut media campaign called “Je m’engage” (‘I pledge’). The campaign is reinforced with in-school youth through interpersonal activities that encourage abstinence prior to marriage. The BCC program works in communities to mobilize CBOs/FBOs to engage youth in activities and skills building to delay sexual debut and reduce their number of sexual partners.

In the same cities as the “Je m’engage” programming for youth, mobile video units (MVU) aim to increase risk perception among adults in the general population. Community screenings of MVUs are followed by question and response sessions with trained facilitators, with either referrals to VCT or mobile VCT accompanying the event. Community dialogue regarding transactional and trans-generational sex, alcohol and drug abuse, coercion, and other harmful practices is also taking shape within the BCC program.

Congolese military personnel and their families are also reached with behavior communication through community outreach and MVUs. Through peer education, programs focus on sexual coercion, transactional sex, and alcohol and drug abuse. Global Development Alliances (GDA) with mining companies in Katanga and South Kivu leverage private funds to target miners, their families, and underage artisanal miners with MVU, peer education and related prevention activities.

USG supports the regional ROADS project which delivers prevention services at the DRC/Rwanda border. The program strengthens campaigns initiated by community associations and youth groups called “clusters” to reduce alcohol abuse and domestic violence among drivers and men in the community. In collaboration AFL-CIO's with Solidarity Center, ROADS will train 50 teachers in adult learning techniques in order to provide transportation workers with skills and alternative activities in the evening.

All programs for adults, especially mobile men with means, are comprehensive and contain condom social marketing, skills building and either referral to points of sale or free condom provision. These elements of the comprehensive program are funded in OP.

The USG also supports a toll-free hotline program. Youth and adults nationwide can call trained hotline counselors to ask questions and discuss personal risk reduction strategies, including abstinence, delayed sexual debut, partner reduction and referrals to HIV services. The hotline receives 35,000 calls per month.

USG Public Diplomacy, through its Congo American Language Institute, has trained 500 secondary school English teachers from five cities in HIV/AIDS awareness. These teachers will reach 165,000 students. The USG also drew in top Congolese musicians to create a music CD and related documentary entitled “ABCD – Rien que la Vérité” (“Nothing but the Truth”) and sparked much needed public discourse on HIV/AIDS. A large concert by these same musicians in Kinshasa in May 2007 attracted many important public figures, and the BCC and mobile VCT were available nearby.

USG FY08 Support

With FY08 funds the following populations will continue to receive prevention services described above: In-school youth and adults in community forums in 5 cities, church groups, mobile men with money and other members of the community along transport corridors, the military and their families, mining communities, OVC, and street youth. Addressing risks around concurrent partnerships will be a more substantial focus of future activities.

DRC will support the ROADS program by adding FY08 bilateral funds and will target the 25 youth associations to promote AB behaviors, CT before marriage, and other protective behaviors. In addition, the program will train an additional 250 peer educators and reach 45,000 people. 100 of the 250 peer educators will receive special training in AB prevention for youth. All of these activities will leverage other USG programs by linking clients to programs where appropriate referral services are available such as OVC and PLWHA.

Building on the success of FY07 efforts in public diplomacy, the USG will create a more robust curriculum for addressing behavior change with an English language program that reaches 165,000 students. There will be opportunities to use the music CD entitled “ABCD – Rien que la Vérité” to reinforce existing behavior change programs so that efforts are mutually reinforcing. Additional activities aimed at involving musicians in prevention activities will help leverage the impact of the CD among youth and other target audiences. USG is also planning to create a serial drama for both radio and television targeting HIV behavior change, and will involve the musicians who participated in the CD project. In addition to the programs for English teachers, PD will expand the curriculum for secondary school teachers to include French language materials and teacher training.

FY08 funds will also be used to expand support for the HIV Hotline’s capacity. New counselors will be recruited and trained and the referral directory service will be updated annually.

Products/Outputs

With FY08 funds, investments in prevention programs for both youth and adults will result in reaching 340,000 with AB messages.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	340000
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	130000

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5902.08 **Mechanism:** HIV/AIDS content based ESL teacher training

Prime Partner: Congo Language Supporters House **USG Agency:** Department of State / African Affairs

Funding Source: GHCS (State) **Program Area:** Abstinence and Be Faithful Programs

Budget Code: HVAB **Program Area Code:** 02

Activity ID: 11776.08 **Planned Funds:** \$120,077

Activity System ID: 18560

Activity Narrative: Not applicable

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11776

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28637	11776.28637.09	Department of State / African Affairs	Congo Language Supporters House	11693	5902.09	HIV/AIDS content based ESL teacher training	\$100,000
11776	11776.07	Department of State / African Affairs	Congo Language Supporters House	5902	5902.07	HIV/AIDS content based ESL teacher training	\$30,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5978.08 **Mechanism:** KINSHASA SCHOOL OF PUBLIC HEALTH COAG

Prime Partner: Kinshasa School of Public Health **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Abstinence and Be Faithful Programs

Budget Code: HVAB **Program Area Code:** 02

Activity ID: 21113.08 **Planned Funds:** \$50,000

Activity System ID: 21113

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5878.08
Prime Partner: Family Health International
Funding Source: GHCS (USAID)
Budget Code: HVAB
Activity ID: 11772.08
Activity System ID: 18220
Activity Narrative: Not applicable
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11772
Related Activity:

Mechanism: ROADS project
USG Agency: U.S. Agency for International Development
Program Area: Abstinence and Be Faithful Programs
Program Area Code: 02
Planned Funds: \$150,000

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27391	11772.27391.09	U.S. Agency for International Development	Family Health International	11420	5878.09	ROADS II project	\$150,000
11772	11772.07	U.S. Agency for International Development	Family Health International	5878	5878.07	ROADS project	\$100,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5862.08
Prime Partner: Population Services International
Funding Source: GHCS (USAID)
Budget Code: HVAB
Activity ID: 11767.08
Activity System ID: 18229
Activity Narrative: Not applicable
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11767
Related Activity:

Mechanism: BCC program in 3 regions
USG Agency: U.S. Agency for International Development
Program Area: Abstinence and Be Faithful Programs
Program Area Code: 02
Planned Funds: \$447,980

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11767	11767.07	U.S. Agency for International Development	Population Services International	5862	5862.07	BCC program in 3 regions	\$385,794

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8118.08	Mechanism: Providing AIDS Care and Treatment
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 18282.08	Planned Funds: \$0
Activity System ID: 18282	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Total Planned Funding for Program Area: \$379,135

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

It is estimated that at least 5% of HIV infections in DRC occur through transfusion of contaminated blood or blood products. This percentage has a disproportionate effect on pregnant women, children with life-threatening anemia and trauma victims since blood transfusions are most common in these populations. In 2006, the National Program for Safe Blood Transfusion (PNTS) estimated that in 411 of 515 Health Zones, 272,922 blood transfusions were administered. Of the donated blood, 66.8 % was received from a donating family member, who does not receive payment for the donation, instead of from a voluntary donor. The

military health facilities systems for blood safety also depend completely on the PNTS blood safety network and thus is at risk for un-secured transfusions. In August 2007, one of the biggest military hospitals (Kamina Base) found that HIV prevalence among blood donors was very high (66.66%). The PNTS reports frequent stock-outs of HIV tests and other commodities, and a lack of available resources for implementation of voluntary donor mobilization campaigns.

Challenges

The USG recognizes that there is insufficient attention to blood safety in DRC's response to HIV/AIDS. The DRC has poorly developed, fragmented blood safety practices and the blood transfusion system is predominantly hospital based and suffers from chronic staff shortages, a lack of training, and a serious deficiency in testing capacity including HIV testing before transfusion. The system lacks access to a reliable supply chain that can meet current demands for universal precaution materials, lab reagents, and other basics. These along with an acute shortage of blood are the major constraints to efforts to minimize medical transmission of HIV/AIDS. The USG recognizes that the provision of technical assistance to strengthen the supply chain, establishment of common training manuals, and the ability of labs to manage a safe blood supply are all key priorities. In addition, donor coordination and cost recovery/affordability of service remains challenging. For example, all health services in the military are free of charge yet the military must pay for safe blood from the PNTS network or from other civilian health structures.

Leveraging and Coordination

Current USG funding levels do not permit financial support of all of these priorities, thus increasing the importance of partnering with larger donors such as the World Bank and GFATM. GFATM and MAP both incorporate blood safety into their national HIV/AIDS planned programs. However, efforts to invigorate the PNTS by a recent MAP award were suspended due to mismanagement, resulting in the replacement of the PNTS director in 2006. New leadership has improved management and the MAP program signed two new contracts in October 2006 to support the blood safety program. The focus of the PNTS and donor group is to revitalize and improve the national blood safety program through a combined approach of voluntary and remunerated donations.

The USG views its role in improving blood safety programs and reducing HIV transmission with the National Blood Safety Program as limited to program evaluations, policy development and leveraging funding from other donors. A Kinshasa School of Public Health (KSPH) evaluation of the blood safety program noted that donor coordination, supply chain management needs improvement, and cost recovery/affordability all need improvement. DFID has expressed interest in working on blood safety policy and programming.

Current USG Support

Through support from the USG, the Kinshasa School of Public Health (KSPH) conducted an evaluation of the National Blood Safety Program in 2006. The evaluation conducted an organizational audit, assessed stock management, and evaluated service coverage, and measured strengths, weaknesses, opportunities and barriers to safe blood services nationwide. The evaluation found that program activities are appropriate but that coverage is only effective in Kinshasa and in provincial capitals. Coverage outside of provincial capitals is scant, partial and incomplete and there are hospitals that do blood transfusions with staff who are not trained in proper safe blood procedures. Earlier efforts of the USG to assist the PNTS to establish volunteer blood donor groups ongoing, yet many volunteers donate blood irregularly or infrequently. The average cost per transfusion is \$5.00, while many Congolese families live on less than \$1.00 a day.

Previously, the USG has supported efforts to prevent transfusion of un-screened blood through its rural health zone program; this resulted in an increase from 69% to 97% safe blood transfusions in the USG-supported health zones. In FY07, the USG is contributing directly to basic training and provision of universal precaution equipment in the 57 Project AXxes-supported rural health zones. The USG complemented the rural health program with a blood safety public-private partnership that leveraged \$1.30 (in total \$1,909,426) for every \$1.00 the USG invested (in total \$1,200,000). The Global Development Alliance (GDA) with Safe Blood for Africa (SBFA), in collaboration with the KSPH, is working to strengthen blood safety efforts for the 7.5 million Congolese in the Project AXxes health zones through provision of rapid test kits, test kit use training, blood bank and lab administration, and training in volunteer donor recruitment.

The USG also collaborated with the Belgian Red Cross to set up a pediatric blood bank at Kalembe Lembe Pediatric Hospital in Kinshasa.

FY08 Support

With FY08 funds, the USG will continue the GDA with SBFA to implement the blood safety program based on voluntary blood donations in 57 rural health zones, leveraging a \$1.30 in private funds for every \$1.00 of USG investment. The SBFA and Project AXxes joint efforts will continue to focus on three main areas. 1) The program will support the testing of all donated blood for transfusion-transmissible infections, HIV blood group tests, transfusion supplies and compatibility in each General Reference Hospital (GHR). 2) Project AXxes will provide GHR with adequate HIV and blood groups tests and transfusion supplies and will ensure the availability of safe blood to all patients requiring transfusion, especially women and children. HZ teams will be trained to recruit and retain low-risk blood donors, especially volunteer, non-remunerated blood donors from low-risk populations. With PNTS support, SBFA and Project AXxes will reduce unnecessary transfusions by training health care providers in the appropriate use of blood transfusions and alternatives to transfusion.

The goal of the Congolese military's strategic action plan is to build the military's safe blood capabilities. Through a TBD mechanism an additional 16-32 military health staff from 8 brigades will be trained in blood safety procedures.

Technical assistance in policy and programming will continue in 2008 in collaboration with the National Blood Safety Program (PNTS). Support for the PNTS will be leveraged by conducting an assessment and by expanding on KSPH's work to include a strategic plan, a policy matrix, a review of blood safety norms and standards, laboratory protocols, equipment standardization, maintenance, training materials and planned human resource capacity development. Experts will also assess and make recommendations regarding recurrent stock management, equipment and human investments, commodity procurement/supply chain, and quality control of lab services. This assessment will also address issues such as appropriate use of blood transfusions and recommend a policy statement on reducing blood transfusions, especially among women and young children under the age of

five. National program staff will be assisted in determining medium and long term planning objectives.

Products/Outputs

FY08 funds, will train 456 individuals in blood safety procedures and fund 57 service outlets.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	57
3.2 Number of individuals trained in blood safety	456

Custom Targets:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5880.08	Mechanism: GDA-Safe Blood in Rural Health Zones
Prime Partner: Safe Blood for Africa Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 11764.08	Planned Funds: \$300,000
Activity System ID: 18232	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11764	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27397	11764.27397.09	U.S. Agency for International Development	Safe Blood for Africa Foundation	11421	5880.09	GDA-Safe Blood in Rural Health Zones	\$300,000
11764	11764.07	U.S. Agency for International Development	Safe Blood for Africa Foundation	5880	5880.07	GDA-Safe Blood in Rural Health Zones	\$300,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5918.08	Mechanism: CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 11846.08	Planned Funds: \$25,000
Activity System ID: 18354	

Activity Narrative: Not applicable

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11846

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28387	11846.2838 7.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11619	5918.09	CDC-GAP	\$25,000
11846	11846.07	HHS/Centers for Disease Control & Prevention	Center for Disease Control and Prevention, Department of Sexually Transmitted Diseases	5918	5918.07	CDC GAP BASE	\$20,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5894.08

Mechanism: Project AXxes

Prime Partner: Interchurch Medical Assistance

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 11763.08

Planned Funds: \$54,135

Activity System ID: 18225

Activity Narrative: Not applicable

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11763

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11763	11763.07	U.S. Agency for International Development	Interchurch Medical Assistance	5894	5894.07	Project AXxes	\$54,135

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: \$19,115

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

The USG recognizes that insufficient attention is paid to the risk of HIV/AIDS infection during invasive medical procedures in the DRC. Lack of training and an unreliable supply chain for universal precaution materials able to meet current demands are major constraints to minimizing medical transmission of HIV/AIDS. The USG recognizes that the provision of technical assistance to strengthen the supply chain and the establishment of common training manuals and safer waste management practices are priorities. There is very little documentation regarding actual clinical practices that increase the risk of exposure.

Leveraging and Coordination

USG funding levels do not permit financial support of all of these priorities. The USG will work with other partners, such as professional associations for physicians, nurses and laboratory technicians, to ensure coverage of this important program area through the provision of technical assistance.

Current support

The USG is working with the MoH on policy-level changes in injection safety with the goal of creating policies that decrease demand for injections. The KSPH with USG support is assessing the incidence of accidental blood exposure. Using USG funding, a survey in medical transmission safety is currently being conducted in Kinshasa to determine the extent of the problem, its causes and possible remedial actions. The results of this study will provide specific information for health care provider professional associations to assist in their efforts to reduce accidental medical transmission of the virus. Technical assistance on risk reduction will be given to associations of physicians, nurses, lab technicians and dentists to develop information packages for their members.

FY08 support

Using FY08 funding, the KSPH will provide technical assistance to the MoH National AIDS Control Program (NACP) to develop guidelines and training manuals and to establish national standards for universal precautions. A training session for trainers will be conducted.

Products/Outputs

With FY08 funds, guidelines and training manuals will be developed and 30 trainers will be trained.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety 30

Custom Targets:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 8115.08	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN	Program Area Code: 04
Activity ID: 11847.08	Planned Funds: \$0

Activity System ID: 18359

Activity Narrative: Not applicable

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11847

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11847	11847.07	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	5978	5978.07	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$15,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5978.08

Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG

Prime Partner: Kinshasa School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 21114.08

Planned Funds: \$19,115

Activity System ID: 21114

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$1,649,744

Amount of total Other Prevention funding which is used to work with IDUs

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview & Challenges

Epidemic Projection Package-Spectrum projects that there will be nearly 172,000 new infections nationwide during 2008, many of which will come from DRC's high-risk populations. Although national prevalence is estimated at 4.5%, many prevalence hotspots are in areas where higher risk populations often congregate: border crossings, transport corridors, ports, and regions with a large military presence. PNLS reports that HIV prevalence among commercial sex workers is 16.9%. Nationally, truckers have 3.3% prevalence, but in Katanga, a USG focus province, long-haul truckers from southern African countries have a 7.8% prevalence. While there is little surveillance data on high-risk groups, behavioral data supports the idea of maintaining a focus of prevention efforts on high-risk groups. Working with high-risk populations helps the USG in DRC assure measurable impact on prevention in an environment of extremely limited resources.

Multiple/concurrent sex partners are common. The BSS+ indicates 37.3% of truckers reported having sex with non-regular, non-cohabitating partners in the past 12 months. Miners are another target high risk group: 55.5% of miners report sex with a non-regular, non-cohabitating partner in the last 12 months and 55% report two or more sex partners in the last 12 months. Among the military, 26.6% respondents report sex with a non-regular, non-cohabitating partner in the last 12 months and 32.9% report two or more sex partners in the last 12 months. HIV prevalence rates among street children are unknown, but the rates of multiple partners are shockingly high, with 75.1% of street boys and 81.1% of street girls reporting two or more sexual partners.

Rates of exchanging sex for money are high, while rates of condom use are relatively low. About half of the mobile men surveyed said they had exchanged money for sex in the past year. Condom use is low, with 26% condom use at last sexual experience with commercial partners, 14% with occasional partners, and 4% with regular partners. Among truckers and the military, condom use with non-regular partners is nearly 45%, but condom use with regular partners remains under 10% for both groups. 72% of CSW report using a condom with their last client.

Leveraging and Coordination

USG partners working with high-risk groups have also been awarded GFATM funds for prevention. However, bottlenecks in funding disbursements have stalled rapid scale up of programs modeled after USG services. In 2007, the USG supported technical assistance to the CCM of the Global Fund. As a result of the TA, DRC has successfully secured \$73 million of Phase 2 funds for HIV. Once Phase 2 funds are received by the CCM, it is expected that disbursements to implementers will occur without delay and prevention programs will resume with national scale-up.

The MAP program, due to persistent delays in implementation, has realigned HIV programs to work in health zones that already have well-established World Bank support for other health programs. By working in areas with an established World Bank presence, implementation of behavior change programs is expected to proceed more efficiently. The USG will remain vigilant in working with the national program to assure that the Global Fund and MAP programs to address behavior change on a national scale are implemented.

Currently, USG provides limited support for prevention for discordant couples. By working with CT, PMTCT, and home-based care programs, USG is expanding efforts to address this important population, including encouraging the GFATM and MAP program to address discordance. OVC programs will also help identify high-risk youth in need of comprehensive prevention services.

Current USG Support

With prevalence and behavioral data clearly delineating prevention needs among high-risk groups, targeting persons engaging in high-risk behavior remains a key priority to DRC prevention efforts. USG is supporting BCC programs targeting CSWs, truckers, and the uniformed services in the three focus cities of Lubumbashi, Matadi and Bukavu. Through site-based peer education and mass media, correct/consistent condom use and healthy living alternatives will be promoted, and risk perceptions about multiple/concurrent sexual partnerships will be heightened. Condom social marketing is targeted to high-risk populations.

The USG is also leveraging the regional ROADS program in Bukavu at the DRC/Rwanda border. The ROADS project target CSW, truckers, out-of-school youth, low income women, and government workers. The ROADS program is using the regionally branded 'SafeTStop' to deliver coordinated messages and services to mobile populations along the transport routes. The project works with 9 transport associations to promote condom use, fidelity, partner reduction, C&T, Sexually Transmitted Infection (STI) treatment seeking, care treatment for other infections, stigma reduction, reduced gender-based violence, and less alcohol abuse among its members and communities. A mix of targeted condom social marketing and the provision of condoms for those in need will be used. In addition, programs are linked to the LifeWorks Partnership, which creates jobs for marginalized, vulnerable people in East and Central Africa, including low-income women and CSW.

The USG is also working with the private sector through a GDA (Global Development Alliance) to improve access to prevention services for miners, both artisanal and professional. The GDA will work with BANRO Mining Corporation in South Kivu and with an association of mining companies in Katanga. Projects will provide a prevention program for miners that include peer education, MVU, group discussion and referral to testing. The GDAs will also facilitate HIV/AIDS policy development, as well as education and awareness against stigma and discrimination of persons living with HIV and AIDS. The GDA in Katanga is very comprehensive, as it leverages other USAID and private investments including education, democracy and governance, strengthening civil society, microfinance, and other health services.

Beyond the focus cities, individuals who are identified as high-risk through the “Ligne Verte” toll-free HIV/AIDS Hotline will receive comprehensive prevention messages and referrals to HIV services available in their respective areas. The hotline receives 35-40,000 calls per month.

FY08 Support

With FY08 funds, the USG will continue to build on its history of successful programs directed at high-risk groups with comprehensive ABC messages through targeted, site-based interventions. The comprehensive prevention programs in Lubumbashi, Matadi, and Bukavu will continue to focus on CSWs, truckers, miners, the military, IDPs, and refugees. In addition, continued expansion of programs to reach new target groups, street youth, and mobile workforces will be prioritized.

As a component of continued BCC activities with high-risk populations, six million USG condoms will be socially marketed in the targeted settings. Referrals and linkages to VCT and STI services will continue. These programs will also address many normative factors such as alcohol use that may contribute to high-risk behavior. In areas where gender-based violence is most prevalent, those working with high-risk groups will be trained to address this sensitive issue within the context of behavior change programs.

The DRC began adding bilateral funds to support ROADS activities in FY08. The programs will focus on associations of high-risk people accessing SafeTStops. The low-income women’s cluster of 73 associations will reach 42,000 low-income women, and the transport workers’ cluster of seven associations will reach 1,000 drivers, their family members, plus over 5,000 passengers, fishermen and community members with a package of comprehensive prevention services. Continued support to GDA programs will increase coverage of miners, a key high-risk population.

The USG will also continue to support the toll-free hotline. New counselors will be recruited and trained and the referral directory service will be updated annually.

USG will also expand efforts to reach the military with key behavior change programs. Scaling up current HIV prevention activities with the Congolese Armed Forces (FARDC) will contribute to a reduction in HIV/AIDS transmission among military personnel. The DOD program will aim to increase personal HIV/AIDS risk perception and improve access to condoms among military personnel and their families in conjunction with VCT scale-up efforts. These objectives will be achieved by training master trainers and peer educators, by “troop level” HIV/AIDS prevention education and by behavior change communication.

Products/Outputs

With FY08 funds, 640,000 people will be reached with messages that include, but go beyond, abstinence and faithfulness.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	380
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	640000
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	980

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5978.08	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 21115.08	Planned Funds: \$50,000
Activity System ID: 21115	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5918.08	Mechanism: CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 18533.08	Planned Funds: \$10,000
Activity System ID: 18533	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5936.08	Mechanism: BCC and HIV Prevention
Prime Partner: Population Services International	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 11782.08	Planned Funds: \$190,000
Activity System ID: 18553	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11782	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28476	11782.28476.09	Department of Defense	Population Services International	11645	5936.09	BCC and HIV Prevention	\$190,000
11782	11782.07	Department of Defense	Population Services International	5936	5936.07	BCC and HIV Prevention	\$190,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5862.08	Mechanism: BCC program in 3 regions
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 11775.08	Planned Funds: \$708,855
Activity System ID: 18230	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11775	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11775	11775.07	U.S. Agency for International Development	Population Services International	5862	5862.07	BCC program in 3 regions	\$610,483

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8118.08	Mechanism: Providing AIDS Care and Treatment
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 18283.08	Planned Funds: \$0
Activity System ID: 18283	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5878.08 **Mechanism:** ROADS project
Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Condoms and Other Prevention Activities
Budget Code: HVOP **Program Area Code:** 05
Activity ID: 11778.08 **Planned Funds:** \$175,000
Activity System ID: 18221
Activity Narrative: Not applicable
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11778
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27392	11778.2739 2.09	U.S. Agency for International Development	Family Health International	11420	5878.09	ROADS II project	\$175,000
11778	11778.07	U.S. Agency for International Development	Family Health International	5878	5878.07	ROADS project	\$140,000

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area: \$1,174,422

Estimated PEPFAR contribution in dollars \$0
 Estimated local PPP contribution in dollars \$0
 Estimated PEPFAR dollars spent on food \$0
 Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Overview

2006 EPP-Spectrum analysis estimates that 1,230,000 Congolese are living with HIV and that 219,600 children need cotrimoxazole. In 2006, the PNLS reported 54,573 opportunistic infection (OI) cases treated in 166 sites and 19,645 PLWHA received cotrimoxazole prophylaxis. Only 28% of PLWHA enrolled in ART received at least one palliative care service. Overall, the coverage and quality of palliative care in DRC is inadequate. However, the USG is a major donor for palliative care services in DRC both in clinical and community-based settings. In addition, the USG also provides leadership in supporting palliative care to victims of sexual violence, including HIV-services.

Challenges

Throughout the DRC, poorly paid health care workers often demand unofficial payments and are frequently unable to provide basic care. Cost of care and poor outcomes often deter clients from seeking care. Preventive measures including vaccination, hygiene, sanitation, and public infrastructure have been neglected for years resulting in recurrent epidemics of communicable diseases, such as measles and typhoid fever, and even Ebola in August 2007. Other challenges in palliative care include lack of disclosure, stigma, access barriers to free or highly subsidized care, poor supply chain systems, relatively few care and treatment facilities, and lack availability of food and nutritional support for patients. Pediatric care barriers include the retention of children after birth in clinics, malnutrition, tuberculosis, ARV dosing and the socio-economic cost of care for HIV positive children.

Leveraging and Coordination

The Global Fund is providing support to 181 clinics nationwide for prophylaxis and treatment of OIs (as of June 2007). Despite some progress, funding and coordination bottlenecks have hindered full-scale rollout of care programs. Throughout 2007, the USG supported technical assistance to the CCM of the Global Fund to help remove barriers and bottlenecks. As a result of the TA, DRC has successfully secured \$71 million of Round3-Phase 2 funds for HIV. Once Phase 2 funds are received by the CCM, it is expected that disbursements to implementers will occur without delay and programs will resume with national scale-up.

Even more severe than the Global Fund, delays in implementation due to mismanaged contracts have resulted in a reassessment of the approach to HIV by the DRC's World Bank MAP program. MAP has opted to realign HIV programs to work in health zones that already have well-established World Bank support for other health programs. New, legitimate contracts have been signed, and by working in areas with an established World Bank presence, implementation of care programs is expected to proceed more efficiently. The USG's primary concern with MAP's new approach is that the location of World Bank health programs is the key determinant of MAP rollout rather than epidemiological evidence. The USG will remain vigilant in working with the national program to assure that the Global Fund and MAP programs are able to implement their ARV programs at scale.

Other international donors have a history of supporting CBOs and FBOs that implement Home Based Care (HBC) programs but there is a lack of national data to show the extent of these programs.

Current USG Support

The USG strategy promotes the integration of palliative care into the framework of the Family Centered Continuum of HIV Services, and it supports this model at the national level. The development of home-based care guidelines, standardization of training, standardization of a package of services, and provision of critical commodities (home-based care kits) are all priorities.

In clinical settings the USG provides care as a component of the family-based continuum of care. USG support provides access to the following package of services: psycho-social assessments during each clinic visit; individual, couples and family counseling; home visits; support groups; and disclosure support. Coordinators are responsible for the development, training, implementation and evaluation of support activities to be carried out by clinic staff or participating local community based groups.

At the community-level, in 2006, the USG supported four Congolese CBOs, through CRS, which provided 1,931 PLWHA basic care and support in Lubumbashi, Matadi, and Bukavu. The home-based care program offers the following services to participants: training and support of caregivers with IGA, nutrition support, legal aid, psychosocial support, and clinical monitoring. Community-based care programs also provide linkages to youth friendly VCT services, specifically to serve marginalized youth and OVC. Linkages to treatment, health and social services are provided to PLHIV and OVC through home-based care providers. These home-based care programs include organizational capacity-building of the indigenous organizations as a key strategy to sustain community-based efforts.

USG FY08 Support

FY08 funds will continue to support palliative care services in clinical settings. Family-centered programs will continue to provide the package of services described above. USG will continue to develop a health network of facilities including Kalembe Lembe Pediatric Hospital and twelve Salvation Army operated clinics that will provide post-birth follow-up care for HIV+ mothers, newborns and immediate family members. Efforts to support community-based palliative care programs will also continue in FY08 in 3 cities.

In recognition of the programmatic gap between continuous clinical and community based care programs identified in the FY07 mini-COP, the USG is launching an Integrated HIV program (using the AIDSTAR IQC) in high-prevalence Lubumbashi with FY08 funds. This model of an Integrated HIV program was articulated by the MOH, which envisions comprehensive health care at the site level with strong community linkages. With several other USAID health and development projects ongoing in the region, as well as other donor investment, there is an opportunity to leverage other investments (approximately \$10 million) in this high-prevalence region in order to maximize the effectiveness of care services. Services will include counseling and testing, lab, TB screening and treatment, OI management, PMTCT, and ARV services. The Integrated HIV program will also seek to strengthen the continuum of care between health facilities and community level programming by implementing activities at both levels. Leveraging of USAID funds for family planning, nutrition, and economic growth programs will be essential to strengthening care programs. Since the ongoing community-based care program will also receive FY08 funds, the two programs will coordinate to avoid duplication and to strengthen each other's efforts. Given the enormous need, the launch of a new activity in Lubumbashi will help the USG meet the high demand for services in this critical region. Expansion to other regions in out years will be determined by regional priorities in the DRC 5-year strategy as well as the results of the DHS.

The USG has provided palliative care support to over 75,000 victims of sexual violence in conflict-ridden eastern Congo since 2002. The Special Rapporteur on Violence Against Women recently stated that "atrocities perpetrated...are of an unimaginable brutality that goes far beyond rape. The atrocities are structured around rape and sexual slavery and aim at the complete physical and psychological destruction of women with implications for the entire society." In FY08, other USG funds will be leveraged to provide VCT and PEP as components of comprehensive palliative care programs for survivors of sexual violence. This holistic approach to care includes medical assistance (including fistula repair), psycho-social support, advocacy, socio-reintegration services, promoting judicial support and referral, and new protection laws. VCT is often a pre-requisite imposed by husbands

before accepting their wives who have been raped back into the household. Women who are eligible for ART are referred to MSF and other donor treatment centers. As care for HIV-positive victims of GBV is a key priority, USG HIV programs will attempt to support and link with these programs that provide comprehensive services to a critically underserved population.

FY08 funds will also support a public health evaluation (under \$25K) to establish an effective referral system in each of the urban areas where prevention, VCT, Palliative Care (including TB/HIV) and ART services are provided. A tracking and monitoring system for linkages and mutual referrals between community services and clinic-based services will be included in the information system. The evaluation will address issues of patient confidentiality as HIV+ individuals are referred from one service (eg.PMTCT) to another (eg. post-birth follow-up). Three scenarios will be developed. In-house referral will be simple for those health facilities providing PMTCT and post-birth services. A confidential referral system will be developed for HIV+ women enrolled in USG-supported PMTCT maternities clinics without post-birth follow-up services. Technical assistance will be given to PMTCT partners modeling their own post-birth follow-up services which will be financed independently. Other service delivery points based in the community will be able to use the HIV Services Mapping documents developed by the KSPH and GFATM/MAP for client referral. Data collection tools will need to be developed to track referrals. USG referral efforts will be closely linked to similar referral services developed by the Clinton Foundation for identifying pediatric HIV cases.

Products/Outputs

With FY08 funds, 8,500 individuals will provide with HIV-related palliative care.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	53
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8500
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1000

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5881.08	Mechanism: Care and Support OVC & HBC
Prime Partner: Catholic Relief Services	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 11784.08	Planned Funds: \$357,914
Activity System ID: 18213	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11784	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11784	11784.07	U.S. Agency for International Development	Catholic Relief Services	5881	5881.07	Care and Support OVC & HBC	\$357,914

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5878.08
Prime Partner: Family Health International
Funding Source: GHCS (USAID)
Budget Code: HBHC
Activity ID: 18279.08
Activity System ID: 18279
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: ROADS project
USG Agency: U.S. Agency for International Development
Program Area: Palliative Care: Basic Health Care and Support
Program Area Code: 06
Planned Funds: \$100,000

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5918.08
Prime Partner: US Centers for Disease Control and Prevention
Funding Source: GAP
Budget Code: HBHC
Activity ID: 18478.08
Activity System ID: 18478
Activity Narrative: Not applicable
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: CDC-GAP
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Palliative Care: Basic Health Care and Support
Program Area Code: 06
Planned Funds: \$25,000

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV
 Budget Code: HVTB
 Program Area Code: 07

Total Planned Funding for Program Area: \$834,244

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Overview

The DRC ranks twelfth in the world for total number of TB cases, with an estimated 150 new cases of TB per 100,000 population each year. DRC has a 70% TB case detection rate (63,488 new cases in 2006), and an 81% DOTS completion rate. The 2004 multi-drug resistance surveillance in Kinshasa revealed an MDR rate of 2.9%. EPP Spectrum analysis estimates that there will be 127,500 individuals in DRC co-infected with HIV and TB in 2008.

With 21% HIV prevalence rates among adult TB patients, TB clinics are prime locales to identify PLWHA for care, support, and treatment. The DRC's national TB program (PNT) within the MOH has a reputation as the strongest of the national health programs while the National HIV/AIDS Program (PNLS) is still weak. TB clinics are prepared to take on issues of co-infection.

Despite strong improvements in TB programming in the DRC over the past five years, the DRC program identifies four areas that are still in need of significant strengthening: laboratory facilities (specifically quality control and resistance surveillance), coordination of programs at the provincial level, supply chain and distribution of medication, and management of TB/HIV co-infection. Through PEPFAR funds, the USG is expanding efforts to address TB/HIV co-infection, building from the strengths of the national TB program.

Leveraging and Coordination

The USG provides the DRC National TB Program with technical support to improve co-infection case detection, care, and treatment policies. The USG supports the steering committee for TB-HIVAIDS set up by the MoH in 2006 to better coordinate the National AIDS and TB program efforts to address the provision of quality services to TB-HIV patients. The Global Fund granted DRC \$36.2m to develop a program to strengthen DOTS strategy, social mobilization, development of TB/HIV collaborative activities and multi-drug resistant tuberculosis treatment. Global Fund TB grants have been disbursed with fewer bottlenecks than HIV funds. Linkages and referrals to GFATM PMTCT and ARV programs will be supported to ensure a continuum of services. Global Fund TB Round 5 grants are expected to develop comprehensive care and treatment services in 250 Health Diagnoses and Treatment Centers by the end of 2008.

Current USG Support

The USG supports TB clinics to assure HIV rapid testing of new TB clients and palliative care for those individuals co-infected. Several of the Kinshasa TB clinics also provide other HIV services as a part of the Continuum of Care package. Service referral and linkages for those stand-alone TB clinics are being developed by UNC. The USG, through counseling and testing funding, also supports HIV CT in TB clinics in Matadi, Bukavu, and Lubumbashi.

USG provides the National TB Program with technical assistance in developing training manuals for the treatment of co-infected individuals, assuring microscopy competence to diagnose TB, and instituting laboratory quality control efforts.

With non-HIV USAID TB funds, TB CAP supports TB-HIV activities in 2 provinces. The program is a joint project with the European Commission, and USAID TB funds provide support for the development of an Integrated HIV Care for Tuberculosis patients living with HIV/AIDS (IHC) in 21 pilot sites: nine sites in Bas-Congo province and twelve sites in North Kivu province.

In addition, UNC is conducting a public health evaluation protocol (under \$25k) to assess the feasibility and effectiveness of integrated TB and ARV treatment administered at 3 TB clinics in Kinshasa. The integrated TB and ART treatment at the TB clinic is supporting timely access to ART for those eligible (according to WHO criteria), and good clinical, immunological and virologic response to ART 6 months after initiation of ART. USG programming will continue to compliment and leverage work being done in eighty health zones through TBCAP, a USG supported TB program. Programming will focus on strengthening local capacity to better manage TB and TB HIV co-infection case management and promote VCT for TB patients.

USG FY08 Support

FY08 funds will continue support of USG efforts to address HIV/TB co-infection. The USG counseling and testing program will continue to support PICT for TB patients at fourteen health facilities in Kinshasa. Within these same facilities, linkages to ARV and PMTCT are offered through GFATM support. The USG will also continue to support HIV testing at 3 TB clinics in Matadi, Bukavu, and Lubumbashi. In addition, the USG will continue to support service models for integrating HIV/TB services in Kinshasa and Matadi by developing a health network of facilities including Kalembe Lembe Pediatric Hospital and twelve Salvation Army, clinics which will provide follow up care for HIV+ TB patients and their immediate family members.

USG technical assistance will continue to be provided to develop TB/HIV training guides for training of trainers and nurses. Subjects covered include: TB/HIV collaborative activities and the role of the TB/HIV counselor; PICT for TB patients; management of HIV + TB patients; management of OIs and referral; M&E; stigma; family approach to counseling; counseling children; support groups for patients; community mobilization; and palliative care. Training guides will be used by the TB program nationwide.

FY08 funds will also be used to support technical assistance to the PNLS and the PNT for collaboration in addressing TB-HIV. In

2005/6, the GDRC initially decided to create an entirely new national program for TB-HIV, separate from the PNLS and the PNT. This approach was not supported by donors and other national bodies, and eventually the decision to address TB-HIV through collaboration of PNLS and PNT was approved. Through TB-CAP, which has a history of working with the PNT, the USG will fund technical assistance to coordinate TB-HIV activities at both the national and provincial levels. The TA will support the MoH in coordinating and producing a joint strategic planning document to guide coordination between the PNLS and the PNT to define the vision, the role, and the responsibility of each department to the MoH. This joint strategic plan will support implementation at the service delivery point, aim to increase TB-case detection among HIV patients, increase HIV testing for TB patients and work to establish a harmonized monitoring and evaluation system. The document will draw upon the best practices and successes of the PNT. TA will be provided to assure collaboration in both the development and the execution of the plan at the national as well as provincial level.

The USG is also committing new FY08 funds to address TB-HIV co-infection at health facilities in Lubumbashi. With FY08 funds, the USG is launching an Integrated HIV program (using the AIDSTAR IQC) in high-prevalence Lubumbashi (6.6%ANC). This model of an Integrated HIV program was articulated by the MOH, which envisions comprehensive health care at the site level with strong community linkages. With several other USAID health and development projects ongoing in the region, as well as other donor investment, there is an opportunity to leverage other investments (approximately \$10 million) in this high-prevalence region in order to maximize the effectiveness of care services. The program will also leverage ongoing efforts by TBCAP to provide DOTS in health zones in Northern Katanga. Integrated services will include counseling and testing, lab, TB screening and treatment, OI management, PMTCT, and ARV services. Leveraging of USAID funds for family planning, nutrition, and economic growth programs will be essential to strengthening care programs. Expansion to other regions in out years will be determined by regional priorities in the DRC 5-year strategy as well as the results of the DHS.

Products/Outputs

FY08 funds will provide TB disease treatment for 60 HIV-infected clients attending HIV care services and provide HIV counseling and testing to 5,200 TB patients at a USG-supported TB service outlet.

Program Area Downstream Targets:

- 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting 1
- 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease 60
- 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed) 15
- 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet 5200

Custom Targets:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5918.08	Mechanism: CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 18480.08	Planned Funds: \$20,000
Activity System ID: 18480	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 8038.08	Mechanism: Strengthened collaborative TB-HIV activities
Prime Partner: TB-CAP	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 18287.08	Planned Funds: \$300,000
Activity System ID: 18287	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$1,922,528

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Overview

EPP-Spectrum estimates 4.6 million orphans nationwide as of 2007, with one quarter of these children are orphans attributable to HIV. In addition, the 2007 new case estimates for newborns is about 37,500, of whom half will not reach their second birthday without access to ART. An estimated 220,000 HIV+ children are vulnerable and in need of palliative care in 2007. HIV/AIDS in the family is a major source of vulnerability and poses several child protection challenges. All of these children and their families or caretakers will need access to a flexible package of services based on an individual needs assessment. Experience at Kalembe Lembe Pediatric Hospital has shown that families allowing home visits have better health status than those families that refuse psycho-social support.

Leveraging and Coordination

The Ministry of Social Affairs (MINAS) is responsible for OVC needs and is developing the national action plan with technical support from UNICEF, WFP, DFID, USG and PNMLS. An OVC technical and M&E working group was established in 2006 by the PNMLS and MINAS with USG, UNICEF, and WFP support. Preliminary work on the Rapid Country Assessment, Analysis, and Action Plan (RAAAP) initiative began in September 2006. The PNMLS is overseeing the RAAAP process slated to be completed in 2008; UNICEF is providing the leadership while UNICEF and DFID have provided funding for the first phase of the RAAAP. DRC will develop a national plan of action and budget which is the reference document for all donors working with OVC. The document will also be an advocacy tool to help the MINAS direct interested donors and other GDRC stakeholders towards supporting OVC. The USG will also collaborate with child protection programs active in Kinshasa, Mbuji-Mayi and Bukavu to gain lessons learned and develop standards of practice. USG support of the RAAAP process as well as coordination with child protection programs are in line with priorities set in PL 109-95.

Current USG Support

Since 2002 the USG has supported programming that addresses the needs of OVC by strengthening local networks to provide a client-focused holistic approach to care and support. Community based care programs for PLWHA and OVC and include a cadre of direct OVC services, assistance for education (payment of school fees), vocational training and job recruitment, referral for medical care, support in starting income-generating activities (IGA) psychosocial support and referrals for spiritual support if desired, nutritional support and community sensitization about OVC needs, rights, birth registrations, inheritance and other issues. In 2006, the USG established an expanded focus on OVC and provided support to 4,284 children in Bukavu, Matadi, and Lubumbashi who received assistance for education, vocational training, nutritional support, income generating activities and psychological support. 1900 orphans went to school and 850 saved money from their IGA. Programs also include several innovative partner-developed activities which include Community Care Coalitions that promote stigma reduction by involving youth as caregivers and promote male involvement in home based care. Community-level OVC activities are strengthened by building the capacity of community and faith leaders to respond the needs of people affected by HIV and improve the resilience of OVC and their households. Community leaders are encouraged to ensure that OVC families are empowered to take a leading role in providing support in education, health, nutrition, child protection, income generation, psycho-social and life skills training.

In order to assure good quality programming, home visitors (volunteers) and household care givers are trained and shadowed in quality assurance visits to ensure that the needs of the OVC are being met and that best practices and lessons learned are shared and disseminated among this large network of stakeholders. At-risk youth are identified for prevention programs and referred to VCT. By implementing a high quality networked OVC program that aims to provide comprehensive services for OVC, the USG hopes to produce a replicable model so that other donors will support OVC programs on a larger scale. This model will also be informed and refined by the findings of the RAAAP and will be supportive of the MINAS and PNMLS directions and OVC National Plan of Action when completed.

The USG also supports community-based HIV support groups for those HIV+ families in Kinshasa. HIV+ children are vulnerable not only to infectious disease, but to stigma and discrimination. Many schools refuse to enroll children with facial rashes. Adolescents need to understand their status prior to becoming sexually active or entering into marriage. Activities for home visits targeting orphans, HIV+ and vulnerable children include: follow-up for missed appointments, assessments of adherence to ARV treatment regimens, linkages to available social services, and instructions on home-based health care. Psychological support is provided on coping with illness and care-giving, as well as the grieving process following the death of a family member. Participant-centered support groups provide opportunities for individuals to meet and discuss coping mechanisms with trained community outreach workers. Disclosure support is provided to parents or caregivers of HIV+ children and adolescents who will receive counseling and support throughout the process of disclosing serostatus to family members.

FY08 Support

At the national level, in coordination with UNICEF, the USG will support the MINAS in their leadership role in child protection and assist them in implementing the national plan of action developed by the RAAAP. The national plan will serve as a guide for implementation of OVC projects, coordinate the implementation of community-based programs to focus on the most affected areas, develop a standard quality service package for OVC, and strengthen the Ministry's role to monitor and evaluate service delivery by government organizations, private residential facilities, NGOs, religious and community organizations. Support to the MINAS will come in part through an individual seconded to the MINAS who will be tasked with organizing the provision of services to vulnerable children, institutional and human capacity coordination, leadership and advocacy, policy development, and norms, in order to position the MINAS to provide cohesive leadership on children's issues. USG will also coordinate with UNICEF to establish social worker guidelines and principles and train a pool of social workers to work at the national and provincial levels. FY08 funds will also continue to support the community-level OVC programs in Bukavu, Matadi, and Lubumbashi, expanding the reach of the current package of services.

FY08 funds will continue to provide Kinshasa community-based psycho-social support activities in conjunction with palliative and ART health facilities. Services include home visits to patients with missed appointments, counseling on adherence and health-seeking behaviors for participants and their caregivers, and support group meetings for participants and their caregivers. Support groups include parents of HIV+ children, HIV+ adults and children with chronic illness. Disclosure, financial problem-solving, staying healthy, positive prevention, self-esteem, and sharing experiences with others are also covered. Support groups are very popular and in great demand, with more than 200 people attending one meeting at the Pediatric Hospital. Decentralization of support groups based in the community will continue with FY08 funds. World Food Program (WFP) distributes food to patients at the Pediatric Hospital periodically, and ITNs are distributed for malaria prevention.

OVC services will also be a central component of the new Integrated HIV program (using AIDSTAR IQC) that will launch in Lubumbashi with FY08 funds. The model of an Integrated HIV program was articulated by the MOH, which envisions comprehensive health care at the site level with strong community linkages. With an ANC prevalence of 6.6%, Lubumbashi has the highest prevalence of the USG 5-year strategy priority cities. With several other USAID health and development projects ongoing in the region, as well as other donor investment, there is an opportunity to leverage other investments (approx. \$10 million) in this high-prevalence region in order to maximize the effectiveness of services for people living with and affected by HIV/AIDS. The Integrated HIV program will also seek to strengthen the continuum of care between health facilities and community level programming by implementing activities at both levels. Clinical and non-clinical needs of OVC will be more comprehensively addressed through this approach, and better coverage of OVCs will be achieved with a new activity in this region. Leveraging USAID education, nutrition, child protection, and economic growth programs in Lubumbashi also expand the program's reach. Since the ongoing OVC program will also receive FY08 funds, the two programs will coordinate to avoid duplication and strengthen each other's efforts. Given the small budget for OVC compared to the enormous need, an additional OVC activity in Lubumbashi will help the USG meet the high demand for services in this critical region. Expansion to other provinces in out years will be determined by their prioritization in the 5-year strategy as well as the results of the DHS.

Products/Outputs

With FY08 funds will serve 9,300 OVC with OVC programs, and will provide 6,000 OVC nutritional supplementation.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	9300
*** 8.1.A Primary Direct	3300
*** 8.1.B Supplemental Direct	6000
8.2 Number of providers/caregivers trained in caring for OVC	850

Custom Targets:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5883.08	Mechanism: Technical Support to the MINAS
Prime Partner: Constella Futures	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 11789.08	Planned Funds: \$700,000
Activity System ID: 18195	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11789	
Related Activity:	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5878.08	Mechanism: ROADS project
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 18280.08	Planned Funds: \$150,000
Activity System ID: 18280	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5881.08	Mechanism: Care and Support OVC & HBC
Prime Partner: Catholic Relief Services	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 11788.08	Planned Funds: \$350,027
Activity System ID: 18214	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11788	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11788	11788.07	U.S. Agency for International Development	Catholic Relief Services	5881	5881.07	Care and Support OVC & HBC	\$350,027

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5884.08	Mechanism: Rapid Country Assessment, Analysis, and Action Planning (RAAAP)
Prime Partner: Constella Futures	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 11791.08	Planned Funds: \$200,000
Activity System ID: 18212	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11791	
Related Activity:	

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: \$1,906,968

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

The USG initiated VCT in the DRC and introduced rapid tests. Currently the MOH estimates that there are 245 testing sites in DRC, of which 167 sites are linked to hospitals, with 78 VCT centers located in communities. In 2006, 578,568 people were counseled, 555,041 were tested, and 509,979 received their test results. HIV VCT programs are growing in scale and coverage in DRC, yet there is still much to do. 2006 BSS indicates that only 8% of youth 15-24 have ever been tested for HIV. Data on the proportion of adults who know their HIV status is unknown at this time, but the results from the DRC's first-ever DHS should provide this information in early 2008.

Challenges

Demand for VCT services in DRC is high. However the current number and capacity of VCT centers to meet the demand, as well as the lack of services for onward referral of those who test positive are issues of concern. Few individuals disclose their status to sexual partners. Provider-initiated counseling and testing has begun through a few innovative donor programs, but it is not yet a component of national policy guidelines.

Leveraging and Coordination

Since 2002, the USG has assisted the PNLs in establishing an evidenced-based VCT program and continues to provide technical support for strengthening national guidelines for VCT testing algorithms, standardized training and reporting, and supervision. The USG model for VCT has been adopted by the Global Fund, which plans to open 100 new VCT centers nationwide. However, bottlenecks in funding disbursements have stalled rapid scale up of programs modeled after USG services. Throughout 2007, the USG supported technical assistance to the CCM of the Global Fund to help remove barriers and bottlenecks. As a result of the TA, DRC has successfully secured \$71 million of Round3-Phase 2 funds for HIV. Once Phase 2 funds are received by the CCM, it is expected that disbursements to implementers will occur without delay and programs will resume with national scale-up, including VCT.

The MAP program, which also included VCT scale-up, reassessed its approach to HIV services in DRC as a result of persistent delays. MAP has realigned HIV programs to work in health zones that already have well-established World Bank support for other health programs. By working in areas with an established World Bank presence, implementation is expected to proceed more efficiently. MAP and Global Fund have signed an MOU to avoid duplication of services in the same health zone. The USG will remain vigilant in working with the national program to assure that the Global Fund and MAP programs are able to implement their ARV programs at scale.

The USG has also leveraged DFID support for the "ABCD Rien que la Vérité" campaign which uses media productions (audio, video, graphic) for VCT promotion.

Current USG Support

The USG supports a mix of community-based VCT centers and facility-based services, with rapid tests at all sites. Community VCT sites, including mobile testing, target high-risk population who often do not use facility-based services. Integrated VCT within TB care and family planning, and youth-friendly VCT are also supported. The mix of sites established in each city considers local needs and epidemiology and include training of counselors, procurement of essential commodities, and referrals to prevention and care programs. Complementing VCT programs with USG BCC programs in the same cities is a priority. Consistency of prevention messaging within the programs as well as information regarding CT will result from coordination among partners through joint planning exercises.

The USG is also providing technical support to the GDRC to update the national CT guidance and norms and training materials that integrate PICT into the health facilities approach. Finger-prick testing, currently used by USG partners, is promoted as a component of national guidelines.

The USG is engaging the private sector through a Global Development Alliance (GDA) with the Seaboard Company in Matadi, providing CT services for its employees and the surrounding population. Both PICT and VCT testing approaches are being implemented, using all entry points such as STI, PMTCT, TB and hospitalization services. Two other GDAs have also been developed with mining companies and serve key high-risk populations in Katanga and South Kivu. Current USG-supported activities in these two provinces are largely restricted to the provincial capitals. With the GDAs, the ability to reach the mining communities in these provinces will increase coverage of a key high-risk population. USG funds to BANRO mining company in South Kivu and an association of mining companies in Katanga support a mix of facility and community-based testing sites.

These activities will be closely linked with BCC prevention programs as well as referrals to care. The GDA in Katanga is quite comprehensive, as it leverages other USAID and private investments including education, democracy and governance, strengthening civil society, microfinance, and other health services.

USG creation of campaigns using music videos from “ABCD Rien Que La Verite” are ongoing. A series of multimedia events starring famous Congolese musicians are highlighting prevention messages as well as the importance of knowing your status. Live events with the musicians have been accompanied by mobile counseling and testing.

Preliminary results of DRC’s first DHS (with HIV biomarker) should be available in early 2008. During the survey mobile counseling and testing has been available so that those interviewed have the opportunity to learn their status. Although this is not a sustainable investment, mobile VCT in conjunction with the DHS enabled many more Congolese to learn their HIV status, receive counseling, and receive referrals to care.

USG FY08 Support

In FY08, the USG will continue to support scaling up CT efforts through multiple approaches and venues, continuing services in the 14 VCT Centers functional in FY07. Dissemination of policy updates (PICT, finger-prick testing, etc.) will be supported by USG and their implementing partners.

The USG will continue to increase counseling and testing efforts among military personnel in conjunction with a FARDC prevention program and by expanding VCT services to a third military site located in Bukavu. USG’s BCC prevention program will also focus on increasing access to and use of VCT services among military personnel and their families and increasing the capacity of the military to conduct large-scale HIV testing. These objectives will be achieved in partnership with NGOs and the FARDC .

Efforts to support counseling and testing services in the continuum of family-centered HIV services will also continue. One barrier to the family-based continuum approach is the unwillingness of some fathers to be counseled and tested . A special initiative will be extended to increase the number of first time fathers/partners. Disclosure rates to sexual partners are currently low; only 24 of the known 125 discordant couples in the Kinshasa maternity clinics shared their status with one another. Efforts will continue to increase partner participation by expanding services according to men’s availability during early evening and on weekends; providing all female clients with invitations for their male sexual partners; community outreach activities to reduce stigma and discrimination; enhancing counselor communication skills; and availability and use of HIV rapid tests.

The current USG strategy to increase demand for testing services will continue. HIV resource centers, the HIV telephone hotline, targeted condom social marketing efforts and the promotion of CT services in the transportation corridor will link HIV awareness and prevention to VCT centers through referral services. Through the ROADS program, mobile VCT efforts will be available at SafeTStop areas to target transportation workers, CSW, out of school youth, and others in the surrounding community. These CT efforts will be linked to prevention and treatment programs for tested individuals.

Counseling and testing will also be a component of the USG’s new Integrated HIV program (using the AIDSTAR IQC) that will launch in high-prevalence Lubumbashi (6.6% ANC) with FY08 funds. The MOH has set a priority of integrating HIV services within the health facility, with a strong link to community-based services. With several other USAID health and development projects ongoing in the region, as well as other donor investment, there is an opportunity to leverage other investments (approx. \$10 million) in this high-prevalence region in order to maximize the effectiveness of services. For CT, the Integrated HIV program will target priority health zones with gaps in access to and uptake of CT services. The USG will support community based CT sites where needed, but will primarily focus on PICT in health facilities. Since the ongoing counseling and testing program will also receive FY08 funds, the two programs will coordinate to avoid duplication and to strengthen each other’s efforts. Given the demand, additional counseling and testing sites in Lubumbashi are appropriate. Expansion to other provinces in out years will be determined by their prioritization in the 5-year strategy as well as the results of the DHS.

Regardless of the type of testing, USG efforts will focus on encouraging individuals to know their HIV status and to be able to take appropriate steps to maintain sero-negativity or to seek HIV services in order to live positively.

Products/Outputs

FY08 funds will provide counseling and testing services (including TB) to 92,000 Congolese.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	95
9.3 Number of individuals trained in counseling and testing according to national and international standards	349
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	81108

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5937.08 **Mechanism:** HIV CT in the Military
Prime Partner: Population Services International **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Counseling and Testing
Budget Code: HVCT **Program Area Code:** 09
Activity ID: 11803.08 **Planned Funds:** \$130,000
Activity System ID: 18554
Activity Narrative: Not applicable
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11803
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28477	11803.28477.09	Department of Defense	Population Services International	11646	5937.09	HIV CT in the Military	\$130,000
11803	11803.07	Department of Defense	Population Services International	5937	5937.07	HIV CT in the Military	\$130,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5978.08 **Mechanism:** KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Counseling and Testing
Budget Code: HVCT **Program Area Code:** 09
Activity ID: 21116.08 **Planned Funds:** \$15,000
Activity System ID: 21116
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8115.08 **Mechanism:** KINSHASA SCHOOL OF PUBLIC HEALTH

Prime Partner: US Centers for Disease Control and Prevention	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 18514.08	Planned Funds: \$0
Activity System ID: 18514	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5918.08	Mechanism: CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 18512.08	Planned Funds: \$10,000
Activity System ID: 18512	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5878.08	Mechanism: ROADS project
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 11801.08	Planned Funds: \$150,000
Activity System ID: 18222	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	

Continuing Activity: 11801

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27395	11801.27395.09	U.S. Agency for International Development	Family Health International	11420	5878.09	ROADS II project	\$150,000
11801	11801.07	U.S. Agency for International Development	Family Health International	5878	5878.07	ROADS project	\$115,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5882.08

Mechanism: Care & Support Intervention, to Include VCT, OD and M&E Program

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 11794.08

Planned Funds: \$537,142

Activity System ID: 18217

Activity Narrative: Not applicable

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11794

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11794	11794.07	U.S. Agency for International Development	Family Health International	5882	5882.07	Care & Support Intervention, to Include VCT, OD and M&E Program	\$533,250

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5862.08

Mechanism: BCC program in 3 regions

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 11800.08

Planned Funds: \$202,022

Activity System ID: 18231

Activity Narrative: Not applicable

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11800

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11800	11800.07	U.S. Agency for International Development	Population Services International	5862	5862.07	BCC program in 3 regions	\$173,978

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$707,891

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Overview

EPP-Spectrum analysis (2006) estimates that 173,100 adults and 42,500 children are eligible for ARV in 2007. The WHO/UNAIDS estimates nearly 250,000 Congolese will be eligible for ARV treatment by 2010. However, in 2006 the MOH estimated that 17,561 were enrolled in ARV treatment only 8.6% of those eligible. Although access to treatment remains a significant challenge, the 2006 figures demonstrate a marked improvement over 2005 estimates of 9,096 people on treatment, only 4% of those eligible for ARV therapy.

Leveraging and Coordination

The GDRC set an ambitious goal of having 81,600 Congolese enrolled on ART by the end of 2006, relying primarily on the Global Fund and MAP's free ARV programs to reach targets. However, in the past few years at both the Global Fund and MAP, funding and coordination bottlenecks have hindered full-scale rollout of treatment programs. In 2007, the USG supported technical assistance to the CCM of the Global Fund to help remove barriers and bottlenecks. Communication and coordination within the CCM and the national program has improved as a result of the TA, and DRC has successfully secured \$71 million of Round3-Phase 2 funds for HIV. Once Phase 2 funds are received, it is expected that disbursements to implementers will occur without delay and programs will resume with national scale-up. Furthermore, the Round 7 proposals was submitted to Geneva early - a positive benchmark of collaboration. In facing persistent delays in implementation due to mismanaged contracts, the MAP has opted to realign HIV programs to work in health zones that already have well-established World Bank support for other health

programs. New, legitimate contracts have been signed with implementers, and by working in areas with an established World Bank presence, implementation is expected to roll out more efficiently. MAP and Global Fund have retained an MOU to avoid duplication of services in the same health zone. The USG's primary concern with MAP's new approach is that existing World Bank health programs is the key determinant of MAP rollout rather than epidemiological evidence, meaning that health zones with the greatest number of eligible ARV patients will not necessarily be prioritized by the MAP program. The USG will remain vigilant in working with the national program to assure that the Global Fund and MAP programs are able to implement their ARV programs at scale.

In order to prepare for ARV scale-up, technical and financial investment in health facility rehabilitation, laboratory equipment, and development of drug distribution systems is underway by multiple bilateral and multilateral agencies. As the AIDS response begins rolling out HIV services and chronic disease treatment models, it will be necessary to integrate HIV services into the existing health care delivery system to ensure early diagnosis, prompt counseling services, treatment of TB/HIV co-infection, continuum of client care, reduction in HIV-related stigma, and the involvement of entire families in HIV services. USG agencies have been champions of developing effective health care delivery systems capable of providing integrated quality care in the DRC. Given this unique role among development partners, the USG agencies will make significant contributions to the national HIV/AIDS treatment services rollout for members of the general population who are HIV+.

Due to the special needs of pediatric AIDS cases, the USG plans to leverage the Clinton Foundation's new program in DRC focused on pediatric treatment and care. The Clinton foundation is working in Kinshasa Lubumbashi, Kisangani, Mbuji Mayi, Bukavu, Matadi, Kananga and Goma with a goal of enrolling 2,000 children in ART and related HIV care programs. The USG's PMTCT plus program in both urban and rural health service delivery will seek to link to pediatric care services, including those provided by Clinton Foundation. The USG OVC program in Bukavu, Matadi and Lubumbashi also refers children to available pediatric AIDS services in each of the locations.

Current USG Support

Given the extremely limited resources of the USG HIV program, ARVs have not been procured by the USG, nor will they be in FY08. However, several USG programs are leveraging other donors' investments in ARV drugs and services to complement USG services. The family-centered care program in Kinshasa hospitals leverages ARVs from other donors, including the African Development Bank and Belgian Cooperation, so that recipients of USG services are linked in a seamless manner to the provision of ART. Similar linkages exist in the home and community-based care programs in Bukavu, Lubumbashi, and Matadi with organizations such as MSF, so that USG program beneficiaries are enrolled into complementary ARV programs.

The USG also provides equipment for diagnostic, disease and treatment monitoring to selected health facilities with significant numbers of children living with HIV/AIDS and the Clinton Foundation then provided the ARVs and other needed supplies. Together these efforts increased the number of children who receive disease monitoring and ARV treatment.

Two pilot projects were started in late 2006 to establish physicians' HIV Grand Rounds in association with the Medical Schools of the University of Kinshasa and the University of Lubumbashi. Several meetings have already taken place including actual case presentations and discussions in FY07. Physicians practice in various settings: university hospitals/clinics, provincial hospitals, private sector, faith-based facilities, military facilities, local NGOs and the NACP are already being participating in Lubumbashi and Kinshasa. HIV Grand Rounds is serving as the basis for a future Continuing Medical Education program with the university medical schools.

The USG is also leveraging private funds for ARVs through a Global Development Alliance (GDA) with the U.S. firm Seaboard Corporation, one of the world's leading agribusiness companies. Seaboard is the major grain miller in DRC, processing some 95 % of DRC's wheat flour through its grain milling entity in Matadi, MIDEMA. This public-private partnership provides STI treatment as an entry point for accessing prevention and behavior change communication programs, counseling, testing (both provider initiated, and voluntary counseling and testing) and ARV and related care to workers in Matadi. The USG is investing \$300,000 to cover training of providers, CT, PMTCT, and equipment for testing CD4 to follow-up patients in ART (including children), and Seaboard's private investment of \$419,000 is used to procure and provide ARV, STI treatment and rehabilitation of the center for this 2-year GDA programs (2007 and 2008). The GDA component of this program is currently scheduled to close in October 2008. In developing this program, MIDEMA has agreed to continue to provide uninterrupted ART to patients enrolled in the GDA program..

USG FY08 Support

With FY08 funds, USG support of ART services will continue at the Kalembe Lembe Pediatric Hospital and in the Salvation Army clinics providing Continuum of care post-birth follow-up care. A referral service will be developed to shift stabilized clients on ART from the hospital to a clinic located nearer to the client's residence. USG technical assistance to the Salvation Army for new ART services in their clinics (drugs, materials and equipment are funded by GFATM) will be continued by the initial training of ten additional physicians in ART. USG activities at Kalembe Lembe Pediatric Hospital will be coordinated with the Clinton Foundation to add 2000 new cases on ART nationwide.

ARV adherence and other supportive services described above will continue to be a component of USG supportive care services and training in the four cities where USG programs are concentrated, so that USG programs can provide high quality care to those who are dually enrolled in USG care programs and other donors' ARV programs. The USG will continue to support HIV-ARV Grand Rounds and will continue to provide sites in Kinshasa and Lubumbashi with information for ARV providers to improve their clinical care in order to maintain quality skills among HIV clinical service providers.

ARV services will also be a component of the new Integrated HIV services program (using the AIDSTAR IQC) in high-prevalence Lubumbashi (ANC 6.6%), which aims to complement and strengthen the GDRC's national plan for integrated HIV services which includes access to prevention, care and treatment programs within each health zone (HZ) with strong community linkages. With several other USAID health and development projects ongoing in Lubumbashi, as well as other donor investment, there is an opportunity to leverage other investments (approximately \$10 million in USG funds) in this high-prevalence region in order to maximize the effectiveness care services. Services will include counseling and testing, lab, TB screening and treatment, OI

management, PMTCT, and ARV services. The Integrated HIV program will also seek to strengthen the continuum of care between health facilities and community level programming by implementing activities at both levels. Expansion to other regions in out years will be determined by regional priorities in the DRC 5-year strategy as well as the results of the DHS.

Pending a performance of the GDA with Seaboard, treatment services will continue through the current agreement in Matadi. Finally, the USG will advocate for and support efforts with other donors to conduct quality assurance as a requisite component for ARV scale-up in DRC.

Products/Outputs

With FY08 funds, the USG will support 5 service outlets providing ART, and enroll 530 new clients for ART, including 225 children under age 14.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	5
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	530
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1050
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	880
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	180

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5918.08	Mechanism: CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 11802.08	Planned Funds: \$40,000
Activity System ID: 18356	
Activity Narrative: NOT APPLICABLE	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11802	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28392	11802.2839 2.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11619	5918.09	CDC-GAP	\$40,000
11802	11802.07	HHS/Centers for Disease Control & Prevention	Center for Disease Control and Prevention, Department of Sexually Transmitted Diseases	5918	5918.07	CDC GAP BASE	\$26,500

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: \$481,134

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

The current condition of and access to HIV laboratories is extremely poor. Minimal donor interest in strengthening lab services, the lack of coordination by the NACP to develop standardized protocols and rationalize lab procurement according to field needs, ad-hoc fee structuring, and gaps in establishing quality control procedures are challenges to improving the conditions of DRC's HIV laboratory services. Global Fund supported an ARV assessment in September 2006 and identified laboratory service fees as a limiting factor to treatment services. Of the 80 sites evaluated, only 36% provided consultation, lab and ARVs without charge. Only 38% of the sites provided free lab services.

Leveraging and Coordination

The rollout of GTATM and MAP programs provide an excellent opportunity for nationwide improvements based on the National HIV Lab Plan recently developed by the PNLs. Thus far, Global Fund has equipped 5 labs with CD4 machines; they expect to do so in all the 11 provincial labs. MAP is supposed to fill in the missing equipment. Challenges remain for a consistent supply of reagents, equipment and reagents for biochemistry and hematology for disease monitoring. Donor collaboration to standardize lab equipment and procedures and to improve coordination will be enhanced by the USG participation in the HIV Laboratory Task Force under the leadership of the PNLs. On the task force, USG supports laboratory as one component of a package of integrated HIV services.

Current USG Support

The USG promotes quality laboratory services that are an essential component to ensuring effective diagnosis, quality patient care, blood safety services, conducting intervention assessments and epidemiologic surveillance of the epidemic. The USG supports HIV laboratory quality improvements by providing technical assistance for the development of national lab policy, norms, procedures and standards, as well as for developing a quality assurance program for laboratories at the national, provincial and district hospitals level and local clinics. USG focuses targeted lab support in the four cities (Kinshasa, Lubumbashi, Matadi and Bukavu) prioritized in the 5-year strategy. The USG also supports an HIV laboratory training site at the KSPH that conducts pre-service and in-service training in HIV laboratory techniques/procedures for students enrolled at the Laboratory Technician Institute, the School of Public Health and the University of Kinshasa Medical School. With FY07 funds, the 2 KSPH HIV training laboratories rehabilitation was completed, lab trainings began and trainees are developing their competency in diagnosis and disease monitoring by using CD4 FACS Count, DNA PCR machines, as well as accurately using HIV rapid tests and microscopes.

The USG is also training four military lab technicians to develop their capability to use rapid tests, manage the data, ensure test results confidentiality, and manage medical waste in accordance with DRC regulations. In addition, supervisory visits, refresher training as needed and support for the lab technicians will occur quarterly. By leveraging private funds through a Global Development Alliance (GDA) a partnership with Seaboard corporation will support upgrades to a laboratory providing ARV services to the local community and transportation workers in Matadi.

Results of a field survey assessment for laboratory equipment needs were completed early in 2007. This survey identified specific laboratory equipment required to implement key HIV services. Priority sites to receive lab equipment were based upon the USG geographic zones as defined in the Five-Year HIV Strategy and collaborative efforts with partners such as the Clinton Foundation's Pediatric AIDS Initiative. As a result, the USG is providing key HIV laboratory equipment for provincial hospitals and has also provided HIV lab equipment to Jason Sendwe Provincial Hospital in Lubumbashi and Kalembe Lembe Pediatric Hospital in Kinshasa. With FY07 funds, two additional provincial labs are being equipped for diagnosis and disease monitoring in Matadi and Bukavu. The HIV quality control/quality assurance plan was finalized in FY06.

USG FY08 Support

In FY08, additional efforts will be concentrated on implementing quality assurance activities in provincial hospitals and key laboratory sites, including finalization of the training guide and complete training of provincial lab service providers. Funds will continue to be used to fill critical gaps in equipment purchases that are necessary to build laboratory capacities to undertake key support services, and the USG will promote the validation of new laboratory techniques. The USG will support in-service and pre-service training of HIV laboratory technicians based on standardized lab procedures. Efforts will target the development of an HIV quality assurance program. In addition to providing technical assistance for laboratory services, the USG will continue to strengthen laboratory capacity at health facilities where models are being developed. Patient care needs, cost, effectiveness and efficiency will help determine the array of laboratory equipment, training and support provided.

Lab services will be a key component of services delivered through the new Integrated HIV program (using the AIDSTAR IQC) to launch with FY08 funds in high-prevalence Lubumbashi (ANC 6.6%). The program will aim to complement and strengthen the GDRC's national plan for integrated HIV services which includes access to PCT programs within each health zone (HZ) with strong community linkages. With several other USAID health and development projects ongoing in Lubumbashi, as well as other donor investment, there is an opportunity to leverage other investments (approximately \$10 million in USG funds) in this high-prevalence region in order to maximize the effectiveness of care services. Services will include counseling and testing, lab, TB screening/treatment, OI management, PMTCT, and ARV services. The Integrated HIV program will also seek to strengthen the continuum of care between health facilities and community level programming by implementing activities at both levels. Funding will primarily strengthen linkages, referrals, services, and trainings in areas in which the USG is already working. Expansion to other provinces in out years will be determined by their prioritization in DRC the 5-year strategy as well as the results of the DHS.

Pending a performance review of the GDA with Seaboard Corporation, lab services will continue through the current agreement with MIDEMA in Matadi.

Products/Outputs

FY08 funds will train 210 individuals in the provision of laboratory-related activities and provide 6 laboratories with the capacity to perform HIV tests and CD4 counts and/or lymphocyte tests.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	6
12.2 Number of individuals trained in the provision of laboratory-related activities	210
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	130000

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5925.08	Mechanism: PSA lab technical assistance
Prime Partner: Professional and Scientific Associates	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 11811.08	Planned Funds: \$40,000
Activity System ID: 18364	
Activity Narrative: NOT APPLICABLE	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11811	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11811	11811.07	HHS/Centers for Disease Control & Prevention	Professional and Scientific Associates	5925	5925.07	PSA lab technical assistance	\$50,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5978.08	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 11856.08	Planned Funds: \$231,437
Activity System ID: 18361	
Activity Narrative: Not applicable	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 11856	
Related Activity:	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28381	11856.2838 1.09	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	11617	5978.09	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$193,670
11856	11856.07	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	5978	5978.07	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$296,134

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8115.08	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 18518.08	Planned Funds: \$0
Activity System ID: 18518	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5978.08	Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 21117.08	Planned Funds: \$64,697
Activity System ID: 21117	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	

Related Activity:

HVSI - Strategic Information

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: \$1,477,369

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview and Challenges

A challenge in implementing evidence-based decision making is the poor quality of strategic information systems and data sources that provide information on HIV/AIDS service use patterns, quality of care, morbidity and mortality. In the last two decades, surveillance has often been interrupted by conflict. However, ANC surveillance data has been consistently available since 2004, and preliminary results from DRC's first-ever Demographic Health Survey (DHS) are expected in December. Monitoring of services is also a challenge. A USG-supported mapping survey was conducted by KSPH to identify HIV services. Data indicated a low capacity to collect, manage and use data for program decision-making, especially among local community organizations. As a result, there is little quality data available on HIV. The planning and coordination of the national response is limited due to an outdated HIV Strategic Plan, which is currently under revision. Currently there are no service delivery databases for PMTCT, VCT, Care & Treatment, or OVC. In addition, the World Bank reduced financial support to the PNMLS M&E unit, reducing the capacity for national management.

Leveraging and Coordination

In collaboration with major donors, USG is a contributing member to several national steering committees tasked with strengthening coordination and implementation of the Three Ones. This collaboration helps to reduce duplication of effort and to leverage other funding. USG has been instrumental in bringing together donors to support the completion of the first DHS for DRC. Unlike past years, there have been delays in obtaining the 2006 ANC surveillance results due to lack of coordination of activities. USG is providing assistance with analysis in the hopes of releasing the report by the end of 2007.

The USG will continue to promote SI as a foundation for planning and coordinating the national HIV response by identifying the following: epidemiologic priorities via ANC, BSS and DHS surveillance; geographic distribution of HIV service sites by mapping exercises; financial assistance to the national HIV response via a Proprietary Assistance Framework grant "Making the Money Work"; HIV service delivery via a national M&E reporting system; and performance issue with HIV services and grantee performance via special studies. The Clinton Foundation and a CDC/ASPH Fellow are supporting the maintenance of an ARV database for the NACP.

Current USG Support

As mentioned, the USG is supporting DRC's first ever DHS, with field work completed and preliminary results expected in early 2008. The USG has supported mobile counseling and testing to accompany the surveillance work, is providing laboratory quality control of HIV test results, and is actively participating in the quality control of the DHS analysis that will be used for the final report. Donors supporting the DHS are: USAID, DFID, UNICEF, UNFPA, World Bank and CDC for a total of \$3.4M.

USG funds technical support in conducting a UNAIDS CHAT exercise (Country Harmonization Alignment Tool) and the USG is a member of the steering committee to implement the new CHAT protocol designed to measure progress in achieving the Three Ones. In addition, the USG provided technical assistance and support in field data collection.

The USG supported geographic mapping of HIV Services through the KSPH. The survey aimed to identify HIV services offered by public, private and NGO communities in 2005-2006. Over 2000 sites were identified by interviews with donors, programs, local authorities. The highest concentrations of HIV services were found in Katanga (19%, 2005 ANC prevalence - 6.6%) and Kinshasa (16%, 2005 ANC prevalence - 3.8%). The lowest rates of available services was found in Equator Province (1%, 2005 ANC prevalence - 6.1%). Also, the USG provided technical assistance to a second mapping exercise to be concluded in 2007 by GFATM and MAP. This mapping exercise will provide additional information on GFATM and MAP supported HIV services nationwide that began in 2006 – after the KSPH report was completed.

The USG also supports program assessments to aid other bilateral and multilateral donors to strengthen their program activities: evaluation of the national blood safety program; evaluation of GFATM sub-grantees performance reporting in Phase I; evaluation of ART services; and evaluation of the MAP program supported by the World Bank.

USG continues to provide technical assistance to the PNMLS. Through this assistance, the National M&E Strategic Framework was validated and several key documents were developed: the National M&E Indicator Guide, the National M&E Training Manual and the first National HIV/AIDS Epidemic Report of 2005. However, with the review process leading up to the restructuring of the MAP program in 2007, the PNMLS M&E Unit has received minimal implementation funds. An MOU between the PNMLS (MAP program) and GFATM supports common performance indicators. In addition, USG provided funds to UNAIDS to conduct a data collection effort on HIV financing by donor agencies called "Making the Money Work". Data analysis will assist major HIV decision-makers to identify funding gaps. Study results will be available in CY2007.

FY08 Support

Working closely with partners, USG agencies will develop and implement a standardized M&E system that will accurately capture program activities supported by USG funds. Using a simple software package, each agency will be able to track and monitor timely progress being made to achieve yearly targets and identify problem areas. System components will include standardized facility-based registers, training registers, policy document matrices, and annual planning and reporting documents. USG will have access to aggregate data sets to assure no breach in patient confidentiality or violation of Institutional Review Board (IRB) rulings. USG agencies will draw guidance directly from PEPFAR policies including the Data Quality Assurance Tool for program-level indicators.

The main intervention continuing in SI is the provision of support to the Center for HIV/AIDS Strategic Information (CISSIDA) to strengthen national HIV/AIDS information coordination, collection and use. USG support will enable the Center to provide technical assistance to national institutions such as the PNMLS, local organizations and international partners in the area of strategic information. CISSIDA will build and strengthen the capacity of organizations receiving direct funding to collect, use, and report quality data via effective training. The CISSIDA website was completed in FY07 and contains information such as EPP-Spectrum estimates, sentinel surveillance surveys, national norms and standards, and special reports such as the Mapping efforts, BSS+ studies, and DHS results. The Center provides technical assistance to the PNMLS in producing annual reports on HIV Activities. Work on the HIV, TB and Blood Safety policy matrix will continue to identify strengths, weaknesses and gaps in HIV national policy. Staff will also assist the PNMLS in the implementation of the National HIV M&E system by training donor agency M&E staff in order that all HIV donors collect data using national indicators (one of the Three Ones principles). Training will also take place for key provincial PNLs and PNMLS staff.

The USG will continue to work with major partners, including the GFATM, UNAIDS, and the World Bank, to provide leadership in the coordination of the HIV/AIDS national response. In collaboration with UNAIDS, WHO and the Ministry of Health, the USG will also continue to provide technical assistance for the development of the new Strategic Framework which will be completed in FY08. In addition, the USG will continue to work with the NACP and the Clinton Foundation to strengthen data collection and reporting for program interventions. An ASPH fellow will work with UNC staff to conduct detailed analysis and evaluation of the family-centered ART program.

The USG supports national surveillance activities to provide HIV prevalence trend data for the general population; to develop a survey protocol and a strategy to increase coverage with the addition of new sites; and to combine BSS and HIV testing in high risk groups (every 3 years). USG technical assistance will continue on the collection of M&E indicators for OVC, in collaboration with UNICEF, DFID, WFP, and MINAS in order to complete the RAAAP by December 2008. Analysis of the 2006 ANC surveillance will be provided in order to complete the final report before the end of the 2007.

The first nationwide ANC Sentinel Survey was conducted with USG financial and technical support in 2004. USG continues to give technical support for the GFATM-financed survey in 2005 and WB-financed survey in 2006. WHO has funding for 2007. USG will provide financial and technical support for the 2008 ANC survey including lab quality control, data analysis, final report writing and dissemination results to all HIV partners.

Pending availability of funds and the ability to leverage other donors, the USG is also considering support to conduct secondary analysis of DHS data in order to inform the targeting and prioritization of programs, as well as the revision and development of national policies.

Products/Outputs

FY08 funds will provide 2,000 local organizations with technical assistance for strategic information activities, train 500 individuals in strategic information, and conduct 2008 ANC surveillance.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	2000
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	500

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5978.08
Prime Partner: Kinshasa School of Public Health
Funding Source: GHCS (State)
Budget Code: HVSI
Activity ID: 21118.08
Activity System ID: 21118
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Strategic Information
Program Area Code: 13
Planned Funds: \$214,888

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5978.08
Prime Partner: Kinshasa School of Public Health
Funding Source: GHCS (State)
Budget Code: HVSI
Activity ID: 21119.08
Activity System ID: 21119
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH COAG
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Strategic Information
Program Area Code: 13
Planned Funds: \$441,434

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8115.08
Prime Partner: US Centers for Disease Control and Prevention
Funding Source: GHCS (USAID)
Budget Code: HVSI
Activity ID: 18522.08
Activity System ID: 18522
Activity Narrative: N/A

Mechanism: KINSHASA SCHOOL OF PUBLIC HEALTH
USG Agency: U.S. Agency for International Development
Program Area: Strategic Information
Program Area Code: 13
Planned Funds: \$0

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8115.08 **Mechanism:** KINSHASA SCHOOL OF PUBLIC HEALTH
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (USAID) **Program Area:** Strategic Information
Budget Code: HVSI **Program Area Code:** 13
Activity ID: 11857.08 **Planned Funds:** \$0
Activity System ID: 18362
Activity Narrative: Not applicable
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11857
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11857	11857.07	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	5978	5978.07	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$214,888

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5918.08 **Mechanism:** CDC-GAP
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Strategic Information
Budget Code: HVSI **Program Area Code:** 13
Activity ID: 11818.08 **Planned Funds:** \$145,000
Activity System ID: 18357
Activity Narrative: Not applicable
HQ Technical Area:
New/Continuing Activity: Continuing Activity

Continuing Activity: 11818

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28393	11818.2839 3.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11619	5918.09	CDC-GAP	\$145,000
11818	11818.07	HHS/Centers for Disease Control & Prevention	Center for Disease Control and Prevention, Department of Sexually Transmitted Diseases	5918	5918.07	CDC GAP BASE	\$11,800

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5947.08

Mechanism: ASPH FELLOWSHIPS

Prime Partner: Association of Schools of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 11820.08

Planned Funds: \$170,000

Activity System ID: 18302

Activity Narrative: Not applicable

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11820

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28375	11820.2837 5.09	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	11616	5947.09	ASPH FELLOWSHIPS	\$181,282
11820	11820.07	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	5947	5947.07	ASPH FELLOWSHIPS	\$85,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5882.08

Mechanism: Care & Support Intervention, to Include VCT, OD and M&E Program

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 11809.08

Planned Funds: \$78,192

Activity System ID: 18218

Activity Narrative: Not applicable

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11809

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11809	11809.07	U.S. Agency for International Development	Family Health International	5882	5882.07	Care & Support Intervention, to Include VCT, OD and M&E Program	\$77,625

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5881.08

Mechanism: Care and Support OVC & HBC

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 11810.08

Planned Funds: \$52,324

Activity System ID: 18215

Activity Narrative: Not applicable

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11810

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11810	11810.07	U.S. Agency for International Development	Catholic Relief Services	5881	5881.07	Care and Support OVC & HBC	\$52,324

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$327,943

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Overview

While there is strong institutional commitment to an AIDS control effort within the health sector, other GDRC ministries need clearer visions of their roles in promoting AIDS control efforts in their sectors. Only recently has HIV/AIDS been incorporated into development planning documents as a major element to the sustainable economic and social development of the DRC. USG agencies are well-placed and in some cases have already begun to promote policy dialog and formulation at key ministerial levels such as the Ministry of Planning, Ministries of Education (Primary and Higher), Ministry of Defense, Ministry of Social Affairs, and Ministry of Agriculture.

Civil society has been weakened by conflict and infrastructural challenges and very few local organizations working in HIV/AIDS have the capacity to organize, design, implement, and manage programs as found in the USG-supported 2006 KSPH HIV Services Mapping Exercise, which is to be updated annually. Local NGOs that have been providing health and HIV services also require technical assistance in planning, implementing, and reporting on their programs. Lack of access to donor-sponsored projects in the 1990s has limited their experience and capacity to manage resources and achieve results. The Global Fund CCM and Principal Recipient (UNDP) have begun addressing these issues.

Leveraging and Coordination

USG assistance will target the implementation of the Three Ones to assure a more coordinated and results-oriented national HIV response. Working with GFATM, MAP, and implementing partners, the USG will promote efforts to improve local capacity to prepare effective project proposals and to implement grants effectively. USG efforts will also promote improved donor coordination in policy and implementation of field activities. Some donor agencies lack sufficient technical expertise and have requested USG assistance in developing and improving their HIV programs (GFATM, DFID). One example of success in the USG assistance was the TA provided to the Global Fund CCM in 2007. The TA improved coordination and collaboration and helped the CCM successfully secure Phase 2 funding, as well as to submit a Round 7 proposal for HIV. In addition, other donor agencies' HIV programs are limited in scope and should be linked to other programs (Clinton Foundation) in order to develop a Continuum of Care network of HIV services from prevention, to diagnosis, to care and treatment. The USG will continue to work with GDRC structures to refine strategic plans of action and strengthen the overall systems.

Current USG Support

USG efforts are targeted to assure that the delivery of quality HIV services is integrated into the existing health care system, a priority recently articulated by the MOH. USG also promotes a National HIV Strategic Framework that uses data for decision-making, prioritizes extension of HIV services based on epidemiology, and institutionalizes the national response to reduce duplication of effort and/or ad hoc approaches to human resource development or supply distribution systems. USG technical expertise is focusing on establishing these priorities during the development of the 2008-2012 National HIV Strategic Framework, which should be completed in 2008. One excellent example of rationalizing a priority need is the development of a comprehensive approach to pre-service, in-service, and continuing education to provide quality HIV services. Training is currently done on an ad hoc basis by each implementing partner in the areas of clinical care, community-based services, program management, and strategic information. In support of the National Programs, the USG will advocate for the development of training programs that are based on standardized national policies and procedures including standardized training materials with identified performance indicators and practical training opportunities. Training for coverage, access and monitoring of HIV services is limited and therefore short-term trainings are a priority. Training will target health care clinical and support services, community-based services, program management, and strategic information.

Several assessments and evaluations were conducted in FY06 with USG support and participation. The following USG supported documents are being used in formulating the new National HIV Strategic Framework: ART assessment, Country Harmonization and Alignment Tool, and the KSPH/GFATM/MAP geographic mapping of HIV services. Other examples of ongoing USG support in other HIV policy development are: an annual forum in the DRC to discuss PMTCT, TB/HIV co-infection, post birth follow-up, and PMTCT Plus issues and experiences. The USG has assisted the PNLs since early 2002 in establishing an evidenced-based VCT program and will continue its efforts to improve support services in expanding VCT services nationwide. USG support to the Ministry of Social Affairs will help ensure a more comprehensive strategy for addressing OVC, and the results of the USG-supported Rapid Country Assessment, Analysis, and Action Plan process will provide key recommendations for a national plan of action for OVC.

The military, through USG technical assistance and funding to the PNMLS/MAP-WB, developed the PALS, its three-year sectional strategic plan covering the 2007-2009 period. In addition, technical assistance will be provided to the Ministry of Defense to create and implement a comprehensive HIV management policy and funds will sponsor the attendance of military commanders at regional military conferences on HIV/AIDS policies specifically addressing HIV stigma.

The USG will also encourage dialogue among all sectors both public and private to discuss HIV/AIDS in a multicultural context. Limiting dialog to official policy-makers minimizes the role of public opinion and awareness and their impact on the success of the national HIV response. DOS Public Diplomacy efforts involving Congolese musicians are helping to open up the dialogue by promoting public discussions and awareness. Activities including radio call-in shows or televised interviews of prominent Congolese provide an opportunity to influence public opinion. These activities provide an opportunity to reach a large audience and to present appropriate HIV prevention and testing promotion messages. They also provide opportunities to increase public awareness and an understanding of Living Positively while reducing the stigma of HIV. Under the leadership of DOS Public Diplomacy, USG is helping to “open up the public dialogue” through innovative mass media channels.

The USG community-based programs are also providing capacity building to over 50 organizations in Matadi, Lubumbashi, and Bukavu, as well as along transport corridors through the ROADS program.

USG FY08 Support

The USG will continue to assist the DRC national programs to refine their treatment protocols and policies as well as assist in the distribution of written documents to partners. This will include technical support for strengthening national guidelines for VCT algorithms, standardized training and reporting, and supervision. The USG will contribute to support the development of the National HIV/AIDS Strategic Framework. The KSPH has conducted workshops on the application of public health principles to the National HIV response and the DOD will provide technical assistance to the Ministry of Defense to create and implement a comprehensive HIV management policy addressing stigma, male norms, violence and alcohol issues, and to provide strategic programming for HIV prevention, counseling and testing, care and treatment programs. Support to the MINAS will continue in order to spur the development of OVC policy, standardization of services, and monitoring and evaluation systems.

Additionally, the USG will continue to support building the capacity (both technical and managerial) of indigenous organizations such as Amo-Congo and Fondation Femme Plus, two of the few local organizations engaged in HIV/AIDS efforts at a large scale. These two local organizations work to implement counseling and testing, OVC, and palliative care programs in Lubumbashi, Matadi, and Bukavu. Through the ROADS program, continued support will be provided for technical assistance in monitoring and evaluation and in community mobilization /advocacy to an estimated 50 different associations, women’s groups and CBOs. The USG will aim to identify other CBOs and FBOs to support with similar capacity building approaches. These efforts will aim to provide local partners with strong enough managerial and technical expertise to be in a position to receive direct donor support by 2010.

Products/Outputs

FY08 funding will provide 65 indigenous organizations with TA for HIV-related capacity building, and provide 5 local organizations with TA for HIV-related policy development.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	15
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	65
14.3 Number of individuals trained in HIV-related policy development	5
14.4 Number of individuals trained in HIV-related institutional capacity building	260
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	300
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	500

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5881.08	Mechanism: Care and Support OVC & HBC
Prime Partner: Catholic Relief Services	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 11815.08	Planned Funds: \$23,029
Activity System ID: 18216	

Activity Narrative: NOT APPLICABLE

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11815

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11815	11815.07	U.S. Agency for International Development	Catholic Relief Services	5881	5881.07	Care and Support OVC & HBC	\$23,029

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5882.08

Mechanism: Care & Support Intervention, to Include VCT, OD and M&E Program

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 11814.08

Planned Funds: \$64,593

Activity System ID: 18219

Activity Narrative: NOT APPLICABLE

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11814

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11814	11814.07	U.S. Agency for International Development	Family Health International	5882	5882.07	Care & Support Intervention, to Include VCT, OD and M&E Program	\$64,125

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5878.08

Mechanism: ROADS project

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 11816.08

Planned Funds: \$75,000

Activity System ID: 18223

Activity Narrative: NOT APPLICABLE

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11816

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27396	11816.27396.09	U.S. Agency for International Development	Family Health International	11420	5878.09	ROADS II project	\$75,000
11816	11816.07	U.S. Agency for International Development	Family Health International	5878	5878.07	ROADS project	\$45,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8118.08

Mechanism: Providing AIDS Care and Treatment

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 11861.08

Planned Funds: \$0

Activity System ID: 18370

Activity Narrative: Not applicable

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11861

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11861	11861.07	HHS/Centers for Disease Control & Prevention	University of North Carolina	5908	5908.07	UTAP	\$71,343

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5978.08 **Mechanism:** KINSHASA SCHOOL OF PUBLIC HEALTH COAG
Prime Partner: Kinshasa School of Public Health **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Other/Policy Analysis and System Strengthening
Budget Code: OHPS **Program Area Code:** 14
Activity ID: 11860.08 **Planned Funds:** \$73,978
Activity System ID: 18363
Activity Narrative: Not applicable
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11860
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28384	11860.28384.09	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	11617	5978.09	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$73,978
11860	11860.07	HHS/Centers for Disease Control & Prevention	Kinshasa School of Public Health	5978	5978.07	KINSHASA SCHOOL OF PUBLIC HEALTH COAG	\$73,978

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5945.08 **Mechanism:** Support of Military Program and Policies
Prime Partner: Ministry of Defense, Democratic Republic of Congo **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Other/Policy Analysis and System Strengthening
Budget Code: OHPS **Program Area Code:** 14
Activity ID: 11828.08 **Planned Funds:** \$20,000
Activity System ID: 18552
Activity Narrative: NOT APPLICABLE
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11828
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28478	11828.28478.09	Department of Defense	Ministry of Defense, Democratic Republic of Congo	11647	5945.09	Support of Military Program and Policies	\$20,000
11828	11828.07	Department of Defense	Ministry of Defense, Democratic Republic of Congo	5945	5945.07	Support of Military Program and Policies	\$20,000

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$4,403,036

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

BACKGROUND

The DRC is a non-focus country with 6 people government-wide dedicated full-time to HIV/AIDS. Due to extremely limited resources in the face of enormous need, DRC's approach to staffing for results in HIV/AIDS that will benefit the Congolese people is substantially different than that of a PEPFAR focus country.

VISION FOR SFR

The USG team in DRC has worked collaboratively over the last several years to assure that HIV/AIDS remains a priority to the US Mission. Prioritizing HIV/AIDS is not a simple task in a country with a fragile democracy, continued violence and armed conflict, massive poverty, and an almost completely decimated infrastructure. Despite these challenges, all agencies working on HIV/AIDS in DRC work collaboratively to realize the vision laid out in their 5-year PEPFAR strategy: to capitalize on the transition from conflict to peace and democracy by assisting the Congolese efforts to mitigate the impact of the HIV/AIDS epidemic.

The USG HIV/AIDS Strategic Planning Group (see the functional staffing chart), often called the "task force," meets on a regular basis to share information, discuss strategy, and identify opportunities for collaboration. Across the 4 agencies involved in PEPFAR, fewer than a dozen people work regularly on technical and strategic planning for PEPFAR, with less than 6 people across the USG team dedicated full-time to HIV/AIDS. The team believes that continuing to work as a small, cohesive unit is the most efficient way to use limited resources in order to achieve common results. At the time of mini-COP submission, the US Mission's Ambassador is in transition. A new vision for collaboration may evolve to fit the priorities of the incoming Ambassador, but for the time being, the USG envisions working together in their established manner for the foreseeable future.

CURRENT STAFFING PATTERN

In focus countries with substantial resources, it may be realistic to recruit staff according to the PEPFAR program areas. However, given the extremely limited budget of the USG team and the many technical areas that USG staffs are expected to engage in with the GDRC, other donors, and implementing partners, staff must be able to work comprehensively across prevention, care, treatment, and other cross-cutting issues. The current staff working on PEPFAR primarily consists of a mix of individuals with public health, clinical and public diplomacy skills, with an emphasis on hiring staff who understand Congolese culture, government, and history. In a country where Global Fund and MAP programs are the largest contributors to national HIV/AIDS programs, USG staffs are required to work with other programs to assure their success. Because USG programs alone cannot go to scale in DRC, working with the GDRC, Global Fund, and MAP is essential. While USG staff regularly provides technical assistance and leadership in prevention, care and treatment to other player, USG staffs apply skills in diplomacy, negotiation, and consensus-building as often as they do technical skills in HIV/AIDS.

The USG has made some progress in filling key staffing needs. The DOD representative, a local hire, was hired in recent months and is now a fully engaged member of the USG task force. CDC currently has 2 vacancies, one administrative and one blood safety and lab improvement manager (recruitment for these positions will take place in FY08). USAID currently has 1 FSN dedicated full-time to HIV/AIDS along with the Health Officer who is able to dedicate 40% of her time to PEPFAR. USAID is currently recruiting to fill a PSC vacancy who will split their time between family planning and HIV/AIDS as well as a second FSN who will dedicate half of their time to HIV/AIDS. A second individual in the Public Diplomacy office at DOS has become engaged in PEPFAR programming. This is not a new position, but demonstrates increased commitment to making HIV/AIDS a priority at the Embassy. The Economic Counselor remains regularly engaged, and serves as a de facto liaison to the Chief of Mission on priority issues. Within DOD, and USAID, FSNs are relied upon to provide technical leadership to the GDRC as well as to implementing partners. A total of five CDC staff provides technical leadership to the GDRC as well as implementing partners: two FTEs (Chief of Party, Medical Epidemiologist and three FSNs (Care/Treatment, Strategic Information/Lab and IT services) in addition to two ASPH Fellows providing M&E and HMIS technical assistance.

The USG once again considered hiring an HIV/AIDS Coordinator, but the reduction in GHAI funds from '07 to '08 has left the USG team in DRC uncertain as to their future funding and whether they will be viewed as a priority country for future PEPFAR support. At the present time, with support for the DRC HIV/AIDS program uncertain from a PEPFAR reauthorization perspective, the USG team decided that setting aside \$500k to bring in a coordinator is not a strategic use of limited resources.

USG agencies contribute the following to achieving results in DRC:

1. Department of State: The Deputy Chief of Mission (DCM) chairs the Mission's interagency HIV/AIDS task force. The Public Diplomacy Officer (Public Diplomacy section) and the Economic Counselor (Economic section) are Strategic Planning group members and participate actively on HIV/AIDS issues. Mission implementing agencies (USAID, CDC, and DOD) provide the technical expertise to manage programs, but final decisions are made by consensus of the HIV/AIDS task force members. The Chief of Mission, through the DCM, would make a final call if the best efforts of the task force did not result in a consensus position. This arrangement is subject to change to align with the incoming Ambassador's vision for HIV/AIDS collaboration in DRC.
2. Centers for Disease Control and Prevention/ Department of Health and Human Services: CDC provides leadership in surveillance, M&E, laboratory strengthening, training and continuum of Family-based HIV care (PMTCT, TB/HIV, Palliative Care and ART). CDC participates on a variety of task forces providing technical assistance on HIV (surveillance, PMTCT, ARV, laboratory support task forces), TB task force, Blood Safety task force, Global Fund (CCM, M&E, technical assistance to UNDP/PR), and the National HIV M&E task force supported by the PNMLS. In addition, CDC provides technical assistance on other donor supported efforts such as the World Bank, GFATM, UNAIDS, DFID.
3. United States Agency for International Development: USAID provides leadership in behavior change communication, the targeted social marketing and provision of condoms, and other primary prevention, home and community based care-and support for PLWHA and OVC, HIV counseling and testing, drug forecasting and other supply chain management issues, and PMTCT in rural health zones. USAID also focuses on linkages with other USG health and development programs, such as TB, family planning, education, child protection, and food and nutrition. USAID provides technical assistance to the Ministry of Social Affairs on OVC issues in collaboration with UNICEF. USAID is second vice-president of the CCM.
4. Department of Defense: DOD provides training to military physicians in the prevention, care and treatment of HIV/AIDS patients within the military community. It establishes a mechanism for surveillance, education and prevention of HIV through the strengthening of labs, VCT services and PMTCT within the eleven military regional hospitals. DOD fosters reputable leadership and improved civil-military relations in the course of field operations, through professional military education seminars and courses.

HOW THE USG TEAM PLANS TO IMPLEMENT SFR IN FY08

The USG team will continue to meet regularly as a cohesive unit to continue to plan strategically, troubleshoot, share information, and collaborate. New staffing proposals will be discussed at the Strategic Planning group meetings to assure that new positions are designed to contribute to the overall USG team's efforts. Some additional steps the team will consider taking in FY08 include: (1) hosting quarterly all USG partner meetings to discuss technical priorities, share successes and challenges, and identify opportunities for partnerships; (2) conduct interagency site visits when possible so that agencies benefit from learning about each other's programs and implementing partners benefit from technical expertise of all USG staff; and (3) sharing annual progress reports across agencies to identify successes and focus on challenges in achieving results. With USAID and CDC co-located as the main implementing agencies of HIV/AIDS funds, collaboration and joint-meetings will continue to be a regular occurrence.

NEW POSITIONS:

No new positions are proposed for '08

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 10643.08

Mechanism: N/A

Prime Partner: US Agency for International Development
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 21123.08
Activity System ID: 21123
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

USG Agency: U.S. Agency for International Development
Program Area: Management and Staffing
Program Area Code: 15
Planned Funds: \$31,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 10643.08
Prime Partner: US Agency for International Development
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 21124.08
Activity System ID: 21124
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: N/A
USG Agency: U.S. Agency for International Development
Program Area: Management and Staffing
Program Area Code: 15
Planned Funds: \$350,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 10642.08
Prime Partner: US Centers for Disease Control and Prevention
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 21125.08
Activity System ID: 21125
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity

Mechanism: N/A
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Management and Staffing
Program Area Code: 15
Planned Funds: \$296,649

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 10642.08	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 21126.08	Planned Funds: \$58,997
Activity System ID: 21126	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 10642.08	Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 21127.08	Planned Funds: \$60,854
Activity System ID: 21127	
Activity Narrative: N/A	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 10643.08

Mechanism: N/A

Prime Partner: US Agency for International Development
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 21128.08
Activity System ID: 21128
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

USG Agency: U.S. Agency for International Development
Program Area: Management and Staffing
Program Area Code: 15
Planned Funds: \$69,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 10644.08
Prime Partner: US Agency for International Development
Funding Source: GHCS (State)
Budget Code: HVMS
Activity ID: 21129.08
Activity System ID: 21129
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: N/A
USG Agency: U.S. Agency for International Development
Program Area: Management and Staffing
Program Area Code: 15
Planned Funds: \$500,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8344.08
Prime Partner: US Centers for Disease Control and Prevention
Funding Source: GAP
Budget Code: HVMS
Activity ID: 19063.08
Activity System ID: 19063

Mechanism: Management and Staffings Costs
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Management and Staffing
Program Area Code: 15
Planned Funds: \$611,817

Activity Narrative: Centers for Disease Control and Prevention/ Department of Health and Human Services: CDC provides leadership in surveillance, M&E, laboratory strengthening, training and continuum of Family-based HIV care (PMTCT, TB/HIV, Palliative Care and ART). CDC participates on a variety of task forces providing technical assistance on HIV (surveillance, PMTCT, ARV, laboratory support task forces), TB task force, Blood Safety task force, Global Fund (CCM, M&E, technical assistance to UNDP/PR), and the National HIV M&E task force supported by the PNMLS. In addition, CDC provides technical assistance on other donor supported efforts such as the World Bank, GFATM, UNAIDS, DFID.

Please see the staffing spreadsheet for a count of other non-technical CDC staff who are involved in the day-to-day support of HIV/AIDS through administrative support.

M&S costs comprise 32% of the total PEPFAR funds managed by CDC

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5900.08

Mechanism: ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 18996.08

Planned Funds: \$90,000

Activity System ID: 18996

Activity Narrative: PEPFAR's portion of USAID/DRC costs for services (financial, human resources, motor pool, security, etc) rendered by DOS (US Embassy/Kinshasa)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8321.08

Mechanism: Management and Staffing Costs

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 18998.08

Planned Funds: \$573,044

Activity System ID: 18998

Activity Narrative: United States Agency for International Development: USAID provides leadership in behavior change communication, the targeted social marketing and provision of condoms, and other primary prevention, home and community based care-and support for PLWHA and OVC, HIV counseling and testing, drug forecasting and other supply chain management issues, and PMTCT in rural health zones. USAID also focuses on linkages with other USG health and development programs, such as TB, family planning, education, child protection, and food and nutrition. USAID provides technical assistance to the Ministry of Social Affairs on OVC issues in collaboration with UNICEF. USAID is second vice-president of the CCM.

Please see the staffing spreadsheet for a count of other non-technical USAID staff who are involved in the day-to-day support of HIV/AIDS programs as part of their Mission responsibilities.

M&S costs comprise 6.5% of the total PEPFAR funds managed by USAID.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5946.08

Mechanism: Management and Staffings Costs

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 11829.08

Planned Funds: \$54,018

Activity System ID: 18555

Activity Narrative: Department of Defense: DOD provides training to military physicians in the prevention, care and treatment of HIV/AIDS patients within the military community. It establishes a mechanism for surveillance, education and prevention of HIV through the strengthening of labs, VCT services and PMTCT within the eleven military regional hospitals. DOD fosters reputable leadership and improved civil-military relations in the course of field operations, through professional military education seminars and courses.

M&S costs comprise 15% of the total PEPFAR funds managed by DOD.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11829

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
28479	11829.28479.09	Department of Defense	US Department of Defense	11648	5946.09	Management and Staffings Costs	\$54,018
11829	11829.07	Department of Defense	US Department of Defense	5946	5946.07	Management and Staffing	\$60,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8349.08	Mechanism: ICASS
Prime Partner: US Department of State	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 19070.08	Planned Funds: \$5,982
Activity System ID: 19070	
Activity Narrative: PEPFAR's portion of DoD/DRC costs for services (financial, human resources, motor pool, security, etc) rendered by DOS (US Embassy/Kinshasa)	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8320.08	Mechanism: IRM
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18997.08	Planned Funds: \$36,956
Activity System ID: 18997	
Activity Narrative: PEPFAR's portion of USAID/DRC costs for the utilization of the Information Technology System maintained by IRM (USAID/Washington)	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8345.08	Mechanism: CSCS
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 19064.08	Planned Funds: \$253,121
Activity System ID: 19064	
Activity Narrative: CDC contributes annually to the State Dept new construction fund to build a new Embassy in Kinshasa.	
HQ Technical Area:	

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8346.08	Mechanism: ICASS
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 19065.08	Planned Funds: \$365,121
Activity System ID: 19065	
Activity Narrative: ICASS services include Basic ICASS Package, access to medical services, security measures (office guards), General Services (travel services, supplies, procurement, shipping and customs, residential leasing and maintenance, Information management, financial management services, human resources management, LES salary/benefits packages, community liaison office, non-residential building operations, short term lease residential building maintenance, ICASS overhead.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			3/31/2008
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
DRC Global Fund Supplemental_final_9 26 07.doc	application/msword	10/3/2007		Global Fund Supplemental*	LKapesa
PUBLIC HEALTH EVALUATIONS_FY08.doc	application/msword	10/3/2007		Other	LKapesa
Budget sheet 2007 09 28 DRC FY08 COP Submission_BRW.xls	application/vnd.ms-excel	10/3/2007		Budgetary Requirements Worksheet*	LKapesa
DRC_MiniCop_Executive_Summary_FY08.doc	application/msword	10/3/2007		Executive Summary	LKapesa
Table 2.1 and 2.2 Justifications FY08 Submission FINAL.doc	application/msword	10/3/2007		Explanation of Targets Calculations*	LKapesa
Table 3.3 Justifications FY08 Submission FINAL.doc	application/msword	10/3/2007		Explanation of Targets Calculations*	LKapesa
Fiscal Year 2009 Funding Planned Activities; N-A.doc	application/msword	10/4/2007		Fiscal Year 2009 Funding Planned Activities*	LKapesa
AB Justification for DRC mini-COP FY08_9.21.07.doc	application/msword	10/5/2007		Justification for AB Budgetary Requirements	LKapesa
DRC DATA COLLECTION TOOL.xls	application/vnd.ms-excel	10/5/2007		Other	LKapesa
Brock letter to Dybul.pdf	application/pdf	10/6/2007		Ambassador Letter	LKapesa
List_of_acronyms_for_Minicop_Oct 1 2007.xls	application/vnd.ms-excel	10/6/2007		Other	LKapesa
Mini-COPStaffChart_DRC 08_9.21.07.pdf	application/pdf	10/6/2007		Other	LKapesa